

QUICK COVID-19 NEW ZEALAND PRIMARY CARE SURVEY

Executive Summary for Series 5, 21 to 27 Aug 2020

This is the fifth of the national surveys of New Zealand general practice experience with COVID-19 and its aftermath. This survey was launched when Auckland was at alert level 3, and the rest of New Zealand at alert level 2, due to a cluster outbreak from an unknown source.

Policy recommendations

It is concerning that some patients with respiratory symptoms are bypassing the triage system to consult directly with their GPs, who are therefore not protected. Messaging to the public around the importance of letting medical staff know about respiratory symptoms should occur. COVID-19 policies and restrictions are also disproportionately affecting the vulnerable: Māori, Pacific, the elderly, the poor, those mentally ill and unemployed. Greater support for vulnerable populations is advised. Some practice staff are under intolerable stress and may require additional support.

Affects of COVID-19 on practice

The strain on practices from COVID-19 has increased with the cluster outbreak, with 90% reporting significant to severe impact, and only 1% reports no ongoing effect. 18% report ongoing effects of COVID-19 leading to staff layoff or affecting leave arrangements, similar to the 20% in S4.

Testing

All but 8% are conducting practice-based testing, with 46% doing over 40 tests per week. There is a range of approaches when patients require testing: 29% conduct these themselves within their practice; 28% refer them to a colleague in-house; 5% refer a nearby designated COVID-19-testing GP or urgent care clinic; and 25% to a community-based testing centre. 88% could test for any reason, with 12% having no testing capacity. 25% of respondents reported there was still lack of financial recompense for testing.

Of concern, 41% reported that patients sometimes or frequently presented with respiratory symptoms to them without previously reporting these to reception. A large number of different reasons were proffered for this.

Patients may decide that the rules do not apply to them:

- *"Don't think THEY could possibly have COVID"* [GP]
- *"Don't take the time to read STOP signs at the door... think general messages do not apply to them"* [PM]
- *"Sense of entitlement or plain stupidity"* [GP]
- *"They lie. At least once every day a patient denies symptoms and then admits them in my office"* [GP]
- *"Have already made their own minds up that it is not COVID. eg 'My husband/kids/work colleagues had it last week so it's just the same thing'!!!!!!!!!"* [GP]

They may not want to have the inconvenience of being triaged and tested:

- *"Didn't want to be sent elsewhere; didn't want discuss twice; wanted to discuss symptoms with Dr not staff"* [PM]
- *"If they mention it on the phone they think we won't see them face to face"* [GP]
- *"Worried about having to have swabs"* [PN]
- *"Don't want to wait for resp clinic, they think it is not a issue, they lie"* [PN]
- *"Worried they maybe directed to a COVID testing station and have to queue"* [PN]
- *"If they have symptoms they will see another dedicated doctor not the one they were booked with"* [PN]

Their consultation may be for something else, so they do not admit to respiratory symptoms:

- *"Coming for another issue they see as more important... happened to have a cough or sore throat at the same time.... interpreted the reception staff's question as what they were coming in for"* [GP]
- *"Usually children whose parents add them onto their own consult as an aside"* [GP]
- *"Turn up for something else, and after 15 mins indicate they've had fever and cough for a week"* [GP]

One nurse comments that patients *"may have a kind of 'alert fatigue' after seeing/hearing so many ever changing rules"*.

Effects on patient care

Decrease in patient volumes is again an issue, reported by 44% (10% in S4), with 54% reporting that well and chronic care visits are still limited for COVID-19-related reasons (20% in S4). One comments that there are “much less other infectious illness consultations this year”.

A number of different issues arising for vulnerable patients are identified, both regarding medical issues “*fear reducing presentation*”; “*missed other diagnoses*”; “*hospital appointments being deferred*”; “*mental health issues prevalent*”, and also social ones “*Need food packs*”; “*elderly are very fearful*”; “*job insecurity*”; “*increasing anxiety*”; “*inability to physically get to a CBAC or testing site. no car, can't take public transport, can't afford a taxi*”; “*swamped with patients wanting to be seen now! it makes it hard for the vulnerable to be seen*”; “*our patients are generally living in poverty and may have no sick leave from seasonal or casual jobs*” and “*overcrowding, social stigma and fear of COVID*”.

Telehealth consultations

55% report they have patients who struggle with telehealth, use of which has again increased under higher Alert levels. 58% of practices are conducting video consultations (up from 31% in S4). Almost all are conducting telephone consultations, and for 55% this is for more than 20% of consultations (up from 21% in S4). 46% are also conducting other types of e-consultations such as via email or patient portal (compare 37% in S4). Reimbursement is an issue for some: “*working just as hard but as a lot of our work is on the phone our income is significantly reduced*”.

Morale

There are positives. Some practices highlight “*understanding patients willing to fit in any change of usual system*”. Teams again feature frequently “*our practice team has really come together*”. One in Auckland under Alert 3 says “*easier 2nd time around - all systems in place, e-scripts - staff up to speed and not so anxious about risk*”. Another reports “*asked to set up a testing clinic starting 9 the next morning. We tested 800 people that day and the next - all the staff in the practice stepped up and were amazing. Excellent team work!!*”

However huge workloads, exhaustion and burnout are common themes: “*nurses continue to have huge workloads*”; “*burnout amongst the staff & partners and the constant level of stress*”; “*overwhelmed by the extra workload.. stressed with the risk*”; “*constant demand from patients*”; “*staff are battle weary, patients are 'COVID complacent' and everyone is irritable*”; “*so much change, difficult to keep up with it*” and “*notable increase of phone verbal abuse from patients*”. One GP writes of being “*under severe financial pressure*” having earned only 20% of income while working full-time in lockdown. Now recuperating at home after severe illness requiring hospitalisation but unable to take sick or holiday leave. “*Working 10 to 12 hours on my half days and 12-13 hours on my full days. I can go 3 days in a row without seeing my kids.*” Worried about personal safety: “*Last week a patient kicked me and threatened to kill me and shoot me because I asked them to wear a mask (turns out they had had viral symptoms too!). It is grim out there*” and professional safety: “*seeing multiple mental health patients, complex elderly, plus "behavioural issues" in children, on a daily basis.. all generating hours of extra work per day, meaning it is dangerous and unsustainable*” and “*a month or more behind in non urgent paperwork and reading clinic letters...terrified that I will miss something*”.

Financial considerations

Most had no issues around personal protective equipment (PPE), but 9% reported reusing or relying on homemade options, and 6% had financial barriers to accessing PPE.

Many report that “*income taken a hit*”. “*Financial viability is in question: "unsure if we will survive given the huge drop in consultations and non urgent services which help to keep practice afloat"*”. One GP reported “*non-clinical manager is unaware of what she doesn't know and is making financial based decisions rather than best practice. Won't listen to the clinicians. It's scary*”.

Method On Friday 21 August, the fifth of the fortnightly Quick COVID-19 NZ Primary Care Survey was launched. An invitation to participate was distributed to general practice GPs, nurses and managers across the country, disseminated by the RNZCGP, RNZCUC, GPNZ, PMAANZ, RGPN, and NZMA. The survey closed on 27 August.

Sample There were 231 respondents: 171 doctors (GPs or urgent care doctors), 21 practice nurses [PN], 3 nurse practitioners (NP), and 30 practice managers [PM].

76% of practices were GP-owned; 75% had more than 3 GPs; 28% independent and part of a larger group, 1% was DHB-owned, 10% owned by a community trust, and 17% as urgent care / after hours. 17% identified as rural.

QUICK COVID-19 NEW ZEALAND PRIMARY CARE SURVEY

Executive Summary for Series 6, 3 to 11 September 2020

This is the sixth of the national surveys of New Zealand general practice experience with COVID-19 and its aftermath. It was launched when Auckland was at alert level 2.5, and the rest of NZ at level 2, due to the cluster outbreak.

Policy recommendations

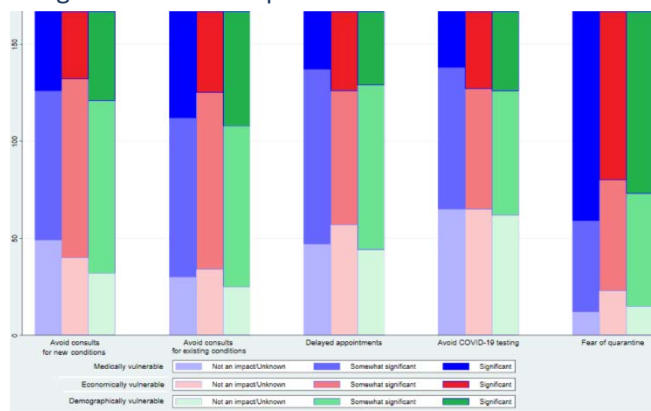
Vulnerable patients are increasingly suffering the ongoing effects of COVID-19. These are from delayed or absent non-COVID-19 medical appointments, anxiety and negative life factors such as isolation, financial hardship, food insecurity and domestic violence. COVID-19 policies and restrictions are also disproportionately affecting those who are medical and economically vulnerable, and these populations need additional support.

Affects of COVID-19 on practice

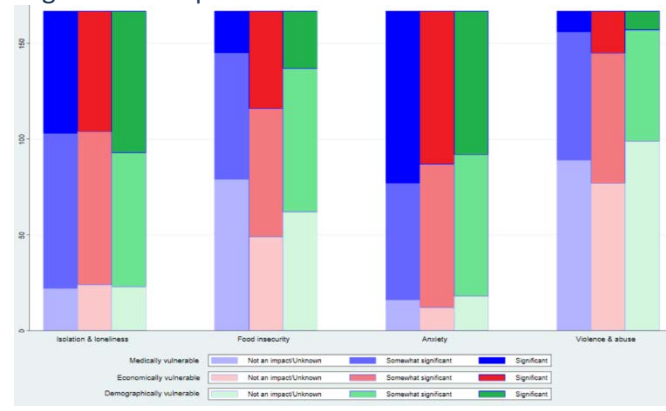
The strain on practices from COVID-19 continues, with 86% reporting significant to severe impact (90% in S5), and 2% reporting no ongoing effect. 20% still report ongoing effects of COVID-19 leading to staff layoff or affecting leave arrangements (similar to 20% in S4 and 18% in S5).

Effects on vulnerable patients

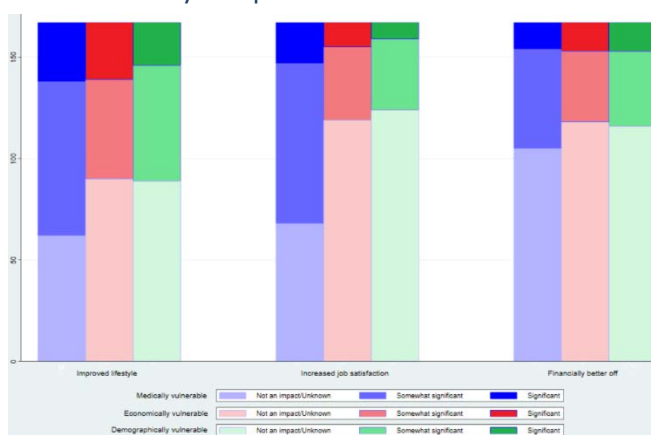
Negative medical impacts



Negative life impacts



Positive lifestyle impacts



This survey focused on COVID-19 effects on patients who are medically (eg type-2 diabetes, immune compromised), economically (eg living in poverty, unemployed, underemployed, recently lost job, casual worker) and demographically (Māori, Pacific, migrant, elderly, in aged care) vulnerable. Respondents thought that delayed hospital admissions (93%) and avoiding consultations for new (71%) and existing (82%) conditions are impacting significantly on their medically vulnerable patients.

For the economically vulnerable, risk of domestic violence (54%) is a big issue, as is fear of quarantine (63%) for the demographically vulnerable. Anxiety (90, 72, 89%), isolation and loneliness (87, 86, 86%) are impacting on all groups.

Improved lifestyle choices in some patients (increased physical activity, home cooked meals, family time) resulting from COVID-19 are seen mostly in the medically vulnerable (63%), as is Increased job satisfaction by working from home (59%), and being financially better off through less spending, government support, increased income (37%).

This project is funded by an MBIE COVID-19 Innovation Acceleration Grant

Conspiracy theories

For the first time, respondents mention concerns about some patients presenting with conspiracy theories:

- *“Have encountered some patients with fixed ideas about conspiracy theories”* [GP]
- *“Concerning comments in a couple of people about conspiracy theories resulting in failure to take responsibility to protect themselves or others (mask wearing and lockdown measures)”* [GP]

Testing

37% of practices are now experiencing challenges in getting PPE, and there are concerns that primary care is missing out: *“We need appropriate PPE supply rather than only if the DHB can spare it - we are seeing the bulk of patients with respiratory symptoms so need the bulk of PPE”* and *“PE request denied by DHB”*. This cost is falling on some practices: *“PPE no longer supplied to us and we have to buy our own to do testing”* but this appears to be DHB-dependent, as another writes *“Excellent PPE and swab supply.”*

Telehealth consultations

65% now report they have patients who struggle with telehealth under the current raised alert levels (increased from 55% in S5). Video consultations are being conducted in 42% telephone consults in almost all (95%) - for 55 % this is for more than 20% of consultations (as per S5), and other types of e-consultations (eg email or patient portal) in 46%. A number of respondents highlight the value they find in telehealth. One GP writes: *“enjoyed the telconsults and have found the tech changes that have enabled this to be good; I realise that face to face care is not always necessary in an established medical-patient relationship; telemedicine saves the patient time (no more travelling, waiting for the Dr, the consult, then the drive to the pharmacy , waiting for script to be made up, drive home- 1 hour or more); the teleconsult process can be very efficient in consultation dx and ordering X-rays / labs/ scripts/ referrals all done while speaking to the pt on a head set”*.

Morale

The positive effects of dealing with COVID-19 on the practice team and other providers continues to be highlighted:

- *“Positive is pulling together and alliance of differing community providers”* [GP]
- *“Overall it has been a very positive experience with both patients and staff all bonding over the shared challenges and creating new ways of managing medical needs”* [GP]

Some practices praise their patients on their understanding:

- *“Patients in general have been understanding & compliant”* [PM]
- *“We have great population here all very kind and understanding”* [GP]

However others comment on the ongoing strain:

- *“We are starting to show signs of burnout- in all team members. Patients are irritable too”* [PN]
- *“The whole team is really tired”* [GP]

Financial considerations

- 20% still report lack of recompense for testing: *“It would be nice to receive the payments for swabs taken over the past 4 months. Last payment received was 13/05/2020. Nil since”*
- 8% currently have financial barriers to acquiring PPE but some are now worried: *“New fear is the news that MOH/DHBs are going to stop supplying PPE to primary care which will add to our financial and emotional burden”*
- 45% now reporting large drop in patient volume: *“patient numbers attending markedly down, affecting viability of the clinic and it’s ability to employ our long term doctors”*

Method On Thursday 3rd September, the sixth of the fortnightly Quick COVID-19 NZ Primary Care Survey was launched. An invitation to participate was distributed to general practice GPs, nurses and managers across the country, disseminated by the RNZCGP, RNZCUC, GPNZ, PMAANZ, RGPN, and NZMA. The survey closed on 11 September.

Sample There were 167 respondents: 120 doctors (GPs or urgent care doctors), 19 practice nurses [PN], 5 nurse practitioners (NP), and 23 practice managers [PM].

67% of practices were GP-owned; 74% had more than 3 GPs; 32% independent and part of a larger group, 2% were DHB-owned, 16% owned by a community trust, and 25% as urgent care / after hours. 25% identified as rural.

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QUICK COVID-19 NEW ZEALAND PRIMARY CARE SURVEY

Executive Summary for Series 7, 17 to 24 September 2020

This is the seventh of the national surveys of New Zealand general practice experience with COVID-19 and its aftermath. It was launched when Auckland was at alert level 2.5, and the rest of NZ at level 2, due to the cluster outbreak.

Policy recommendations

Variability between DHBs resources practices is a continued theme. We now have ethical approval for practices to indicate DHB so we can report these variations in the next series. Practices and patients need to know that their referrals are being addressed as fast as possible - DHBs should not expect GPs to have to re-submit them. The Ministry needs to ensure that all DHBs and PHOs support and resource practices to ensure optimal community-based COVID-19 testing takes place, and that testing is sustained through all alert levels. Clear public health messages on the need for everyone with respiratory symptoms to be tested are called for.

Affects of COVID-19 on practice

The strain on practices from COVID-19 continues, with 77% reporting significant to severe impact (86% in S6), and 2% still reporting no ongoing effect. Only 17% still report ongoing effects of COVID-19 leading to staff layoff or affecting leave arrangements.

Delays

Patients facing delays in diagnosis and treatment for non-COVID-19 conditions is now a major concern.

General practice: 48% report delays for patients attending general practice.

- *"Increased demand for GP appts causing delays to get in"* [PN]
- *"Issues with some patients accessing a phone for telehealth or not having credit if they need to call the practice. Some older patients too scared to leave the house and come to the GP"* [GP]

Out-patients: 79% report delays in outpatient appointments.

- *"Massive delays for hospital outpatient appointments and booked surgeries. Patients still waiting for appointments that were postponed during initial lockdown"* [GP]
- *"DHB seems to be ignoring referrals and them in a pool ie waitlist to get on waiting list"* [PM]
- *"Delayed appointments, denied referrals"* [GP]
- Some report having to re-submit previous referrals: *"Multiple rebookings... forced resubmissions of referrals to secondary and tertiary care"* [GP] and *"Some referrals have been overlooked - so re-referral necessary"* [PN]

Diagnostic investigations: 68% in investigations such as colonoscopy.

- *"Long waits for ultrasound scans ---> delayed diagnosis ; community laboratories are swamped"* [GP]
- *"Radiology all delayed so diagnosis delayed"* [PM]
- *"Delay in bowel cancer diagnosis"* [GP]
- *"Lots of services delayed like colonoscopy gastroscopy"* [GP]

Elective procedures 72% report delays in elective procedures such as hip replacements:

- *"Abscess enlargement, knee joint replacement postponed"* [GP]

Delayed treatments: Many others report delayed treatments leading to more serious disease:

- *"People becoming unwell eg chest pain not dealt with, undiagnosed cancer, bumped off surgery lists"* [GP]
- *"Woman with a delayed diagnosis of melanoma ...now had disfiguring facial surgery"* [GP]
- *"Patients in septic shock prior to presentation"* [GP]
- *"A few virtual breast clinic f/u missing pathology when I as a GP examined breast in metastatic breast disease"*
- *"Severe delays in cancer treatment"* [GP]
- *"Facial cancer which may require more extensive excision in retiree beneficiary"* [GP]
- *"Backlog from those referred for ENT over lockdown which has flow on effects"* [GP]

Delays may also lead to greater inequity: *"More vulnerable patients struggle more to get to appts, often present later in disease course so referral delays have bigger impact"* [GP]

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Mental health

Rising mental health issues and difficulty accessing services to address them is also a major concern, and again an area where inequities are increasing.

- *“Increased need for consults regarding mental health” [PM]*
- *“Redundancies causing financial problems so people giving up health insurance. There'll be more demand on public secondary care as a result” [GP]*
- *“Shopping lists so long consults, increasing numbers with job loss, financial and mental health problems”*
- *“Mental health waits disastrous and very worrying” [GP]*
- *“Mental health is the biggest area - where persistence and health literacy help people get to the top of the waiting list for services. Those economically, educationally or demographically vulnerable ... most needy but least pushy so may be leapfrogged by those better at advocating for themselves in community provided services” [GP]*
- *“Elderly patients are increasingly opening up about how hard the isolation was. Seeing flares of chronic mental health issues in all ages” [GP]*
- *“Generally increased mental health needs and no ability to access counselling” [GP]*
- *“Youth mental health need has escalated but the system... is well beyond capacity” [GP]*

Testing and PPE

34% of practices still report challenges in getting PPE, and 9% say they are reusing or relying on homemade options. One GP comments: *“Concern that DHBs are going to stop supplying PPE. The costs to us are still high compared to normal so if we have to pay for PPE it will be on charged to patients or if we are unable to source adequate PPE then red stream patients will be referred to ED.”* The rationing of resources appears to be continuing in specific DHBs: *“A frustrating gap exists between the DG asking for more testing and what instructions we are given locally. We would like to do more.. but we are asked by the DHB to not do that because they can't afford to pay us for it” [PM]* Only 16% indicate lack of financial recompense for testing (20% in S6), although 1 GP says *“still waiting for payment for some of the April COVID swabs”*.

Patients not presenting for tests when they have respiratory symptoms remains an issue.

- *“Ongoing struggle to keep patients with respiratory symptoms out of the waiting room, despite reception asking screening questions. Some people don't disclose, minimise symptoms or feel reassured with neg covid swab” [GP]*
- *“Very worried about cold flu cough slipping thru [our] triage net (happens every week) People often don't seem to know that all colds and coughs could be COVID, thus message is not getting thru. Public health messaging is too complex: severe covid is more rare, 85% are mild. We need simple widespread messaging to reach all cultures and ages. TEST ALL COLDS COUGHS SORE THROATS - THUS MAY BE NEEDED MORE THAN ONCE. Some think once they have a test they never need another”*

Telehealth consultations

64% still report they have patients who struggle with telehealth: *“Difficulty with telemedicine - patients with poorer health literacy not calling when they should” [GP]*

Video consultations are being conducted in 43%; telephone consults in almost all (99%) – for 45% this is for more than 20% of consultations, and these figures have not changed much since S6.

Method On Thursday 17th September, the seventh of the fortnightly Quick COVID-19 NZ Primary Care Survey was launched. An invitation to participate was distributed to general practice GPs, nurses and managers across the country, disseminated by the RNZCGP, RNZCUC, GPNZ, PMAANZ, RGPN, and NZMA. The survey closed on 11 September.

Sample There were 115 respondents: 82 doctors (GPs or urgent care doctors), 13 practice nurses [PN], 1 nurse practitioner (NP), and 19 practice managers [PM].

74% of practices were GP-owned; 66% had more than 3 GPs; 33% independent and part of a larger group, none were DHB-owned, 15% owned by a community trust, 24% as urgent care / after hours. 28% identified as rural.

This project is funded by an MBIE COVID-19 Innovation Acceleration Grant

QUICK COVID-19 NEW ZEALAND PRIMARY CARE SURVEY

Executive Summary for Series 8, 14 to 22 October 2020

This is the eighth of the national surveys of New Zealand general practice experience with COVID-19 and its aftermath. It was launched when the whole country was back down to Alert level 1. Surveys are now monthly.

Policy recommendations

Care needs to be ensured that telehealth is only used for consultations where appropriate, and that barriers to its use by vulnerable patients are identified and addressed, to prevent increasing health disparities.

Affects of COVID-19 on practice

The strain on practices from COVID-19 is waning, with only 31% reporting significant to severe impact down from 77% in S7), and 36% reporting mild or no ongoing impact. However 22% still report ongoing effects of COVID-19 leading to staff layoff or affecting leave arrangements.

Telehealth consultations

53% report they have patients who struggle with telehealth. 41% are still using some video-consults, whereas 96% are doing some phone, and 43% other forms of e-consultation. This survey focused on barriers experienced by vulnerable patients to telehealth, and some of the solutions implemented by practices.

Specific barriers encountered with telehealth use with socio-demographically vulnerable patients

COVID-19 lockdown was seen to increase the disparity gap for socio-demographically vulnerable patients: *"Some of them didn't even call or know we were open"*

A common theme was patients not having access to the technology, either the physical devices or the paid minutes and data to use them.

- *"Really deprived patients just don't have phones. The whole Covid telehealth plan excluded these people"*
- *"Poverty, frequent phone number changes"*
- *"Those who cannot afford a phone or the phone plan costs for anything more than texting."*
- *"Devices shared among several people so significant privacy issues ability to use phones/ tablets"*
- *"Financial barrier paying for said data or minutes for telephone calls"*

One GP said that patients are *"frightened to pick up phone with no caller ID as think it is police or govt dept"*

A number identified English as a second language as a major issue.

- *"Difficult to understand accents including those of interpreter over the phone, loss of being able to read body language is huge."*
- *"Language barriers in refugee and migrant families. Cannot have interpreter easily available"*
- *"Mostly my refugee patients held off till after lockdown"*

Deafness was a similar problem: *"Very difficult for deaf patients requiring sign interpreter"*

A number also mentioned difficulties engaging with the elderly and cognitively impaired.

- *"Elderly patients hard of hearing and worried about the changes to routines"*
- *"Spent ½ hour instructing a patient how to install the app on his phone. He then wanted to show me his toe and I had 15mins of his face moving about. I just couldn't explain to him how to turn his camera around. Sigh. Elderly quintile 6 Maori. I love it that he really tried"*
- Several mentioned that it was difficult for patients to take calls while at work *"Jobs make them unable to answer their phones during the day"* and others that patients chose telehealth when it was not suitable *"They are using telehealth rather than coming in as not mobile with transport. Often inappropriate problem for telehealth"*.

Specific barriers encountered with telehealth use with rural patients

Telecommunication access was often a major concern with rural patients

- *"Rural patients often have a cellphone but isn't always able to get reception"*

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- *“Rural connectivity can be challenging, no fibre for 95% of our patients so lag can be terrible”*
- *“Patchy broadband and mobile reception, sometimes have to do consult while they stand on a hill on their property!”*

A number of other issues were also identified

- *“Age is the biggest barrier, they are not techno savvy, we are a rural practice, a phone call is fine or house visit”*
- *“Prison workers are not allowed to carry mobiles”*
- *“Challenge has been getting DHB services to use telehealth that's not dependent on receiving text messages (eg using emails to patient), and using telehealth more regularly”*

Several practices however commented that telehealth suited their patients *“My rural patients love not having to leave their farms to come in”*

Solutions implemented to overcome any of these barriers

Practices have come up with a variety of innovative solutions to these various problems.

- *“See refugee and migrant families in-person with phone interpreters”*
- *“Have a Facebook page so those who do not have cell phone reception can access us via messenger”*
- *“Send text msg to ask pt to contact us (works if cell coverage poor, can call us back when working, but doc not always available)”*
- *“Local hub in the community lounge of a retirement village to help people with technology for tele-consults”*
- *When mobile coverage is an issue rural patients may still have access to data so using alternative messaging options like MMH, What's App and messenger”*
- *“Started weekly nurse-led home visits targeting those with LTCs & elderly for BP checks, overdue labs, flu vac, Covid swabs”*
- *“If we have a patient who is due for a blood pressure check, for example, and they do not want to travel into the clinic then we would arrange for them to have one at a local pharmacy and then have a telehealth consultation with the doctor.”*

Testing and PPE

- 33% of practices still report challenges in getting PPE, 12% are reusing or relying on homemade options and 12% also report finance as a barrier. *“DHB not paying PHO for COVID reimbursements was a disappointment”* [GP, Tairāwhiti DHB]. On the other hand, another practice reports *“Income from covid swab meant we were able to give reception and admin staff a much deserved bonus, they have stepped up in a way not trained for”* [GP, Southern DHB]. Other comments include
 - *“We have good supply of PPE through WDHB which helps ease stress”* [GP Waitemata DHB]
 - *“CBACs need to remain open to maintain surveillance”* [GP, Hutt Valley DHB]

General comments

26% of practices still report a decrease in patient workload. One reports *“We are in the CBD and there are many fewer people coming into the city for work”* [GP, Auckland DHB]

For many others there are concerns about increased workload *“I have enjoyed the new tech with eprescribing/ emailing the lab, things I have wanted for years. I am now booked up around 6 weeks ahead due to “catch up”, despite my nurses doing a lot of consults also”* [GP Hawkes Bay DHB]

Concerns about the non-COVID-19 effects on patients still feature frequently, including worrying delays in getting specialist care *“Woeful level of support from secondary care in cancelling OPC appts that were delayed bc of Covid & expecting GPs to re-refer them back to the start of the queue”* [GP, Counties Manukau DHB]

Method On Wednesday 14th October, the eighth of the Quick COVID-19 NZ Primary Care Survey was launched. An invitation to participate was distributed to general practice GPs, nurses and managers across the country, disseminated by the RNZCGP, RNZCUC, GPNZ, PMAANZ, RGPN, and NZMA. The survey closed on 22 October.

Sample There were 129 respondents: 112 doctors (GPs or urgent care doctors), 8 practice nurses [PN], and 9 practice managers [PM]. 76% of practices were GP-owned; 71% had more than 3 GPs; 26% independent and part of a larger group, one DHB-owned, 10% owned by a community trust, 19% as urgent care / after hours. 24% identified as rural.

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