

# QUICK COVID-19 NEW ZEALAND PRIMARY CARE SURVEY

## Executive Summary for Series 9, 11 to 19 November 2020

This is the ninth 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.

There was a significant drop in response rate, possibly attributable to faulty survey links we distributed to some organisations (apologies), but probably also represents survey fatigue. We will field another survey in mid-December, and then take a break over the summer. In February we will focus on possible issues practices may face regarding COVID-19 vaccination.

### Policy recommendations

Acknowledging the small numbers of respondents, it is still evident that issues regarding PPE supply and testing payments remain for some. Ministry of Health directives need to reach and consistently be actioned by PHBs and PHOs in a timely fashion.

### Affects of COVID-19 on practice

3% still report significant to severe impact from COVID-19, but we acknowledge potential bias of those choosing to participate having ongoing issues. For a few, the strain has become intolerable.

- *"I am leaving clinical medicine due to the poor manner this govt has treated the primary care sector and public statement made by MPs that were dishonest and created huge unpaid workload for GPs"* [GP, Canterbury DHB]
- *"I'm going to sell out if my partnership after 27 years; the pressure running these businesses with lack of understanding & support from the Ministry of Health & media is untenable in the short term."* [GP, Capital & Coast DHB]

### Financial impacts

A few respondents report ongoing financial stresses, including 13% reporting lack of payment for testing.

- *"Payments for COVID swabs are very slow from WDHB. Most recent payment was for 11th Sep (as at 11/11) 😞"* [GP, Waitemata DHB]
- *"Still gutted about Labour reneging on emergency funding. and the fact they won't come to the table with nurses strike is disgraceful"* [GP, Capital & Coast DHB]
- *"We have been treated poorly by the Government and financially took a hit despite being frontline"* [GP, Northland DHB]

### Testing and PPE issues

Despite recent Ministry of Health assurances, 22% still report challenges in getting PPE, 8% are reusing or relying on homemade options and only 5% also report finance as a barrier.

*"Primary care staff are furious at MOH PPE management. We still cannot get ANY N95 masks for any reason, and no PPE at all in level 1 even though we are a testing station."* [GP, Southern DHB]

Triage systems are working for some:

- *"Phone triage and know what's coming in, has put extra workload on our receptionists, but maintains strict access into practice, we can tell those with cold or flu like symptoms to remain in their cars and phone when here, a clinician there has time to PPE gear up and handle the patient via our red pod"* [PM, Southern DHB]
- *"We are lucky that we have a garage downstairs, which we are using for COVID testing away from reception and the other patients"* [PM, Counties Manukau DHB]

For others, continued COVID-19 testing is becoming a strain.

- *"I am a nurse who has been assisting the COVID swabbing we provide each afternoon for our patients, this has*

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*been going on for months and months now, us nurses get No recompense for this, the Drs say they take months to get paid for it I'm sick of doing it!!!*" [PN, Waitemata DHB]

- *"Continuing to maintain the "Red Stream" for all fever/respiratory patients (including those presenting for other problems) puts a significant strain and expense on the practice."* [GP, Waitemata DHB]
- *"The red stream is an inefficient use of GP time."* [GP, Waitemata DHB]

### Workload and patient issues

29% still report the effects of COVID-19 limiting chronic care consultations. Practice continue to deal with the accumulated demand and increased health burden.

- *"The elderly have described increase stress not knowing what to do when sick, also increase in loneliness. Many described the 2nd Auckland lockdown was worse than the 1<sup>st</sup>"* [PN, Counties Manukau DHB]
- *"Pent-up demand to see us in-person is tiring now"* [GP, Waitemata DHB]
- *"Busier with catch up from lockdowns plus time for swabbing"* [GP, Counties Manukau DHB]
- *"Extra time for cleaning (room/ remove PPE) after consult, in between patients"* [GP, Waikato DHB]
- *"We are being swamped with work. We can't get staff and we can't keep up"* [GP, Canterbury DHB]
- *"Struggling with patients with "shopping lists" - possible saved them up over the lockdowns or financial barriers to coming more often"* [GP, Auckland DHB]
- *"More complex consultations. Bigger mental health work load. Paperwork exponentially grown with more pushed onto us from secondary care"* [GP, Waitemata DHB]
- *"We are seeing a lot more cancer than we would expect at the moment, and often later presentations. We are very short of appointments"* [GP, Tairāwhiti DHB]

### Telehealth consultations

48% report they have patients who struggle with telehealth. 43% are still using some video-consults (but not often), whereas almost all (97%) are doing some phone, and 52% other forms of e-consultation.

This survey had a particular focus on which patients are considered suitable or unsuitable for telehealth consultations. Consultations suitable for telehealth include those for follow up and discussion about investigation results or a previous consult, patients seeking advice only, well-known patients who regularly attend in-person consults especially for repeat prescriptions, advice for very minor injuries, referral for screening procedures such as colonoscopy, and certifications (eg ACC, WINZ, off-work) especially for stable renewals. Other comments were for contraceptive advice, mental health review and hypertension medical reviews where patients are self-monitoring. Patients having good health and English literacy and being "tech savvy" were also cited factors.

Commonly mentioned as unsuitable for telehealth are consultations requiring physical examination (unless the patient can send a photo or video) and poor access to, or ability to use, the technology. A variety of conditions and presentations were cited as requiring in-person visits including chest or abdominal pain, asthma or COPD exacerbation, pneumonia, stroke symptoms, new onset palpitations, prolonged vomiting and diarrhoea. One response was "bottoms and bellies". Several think that all babies should have in-person consultations, and others the elderly. Other reasons for in-person visits include new patients or those not well known to the practice, complex presentations, and where there is a mental health component.

Again in this survey, some respondents identified efficiency gains with IT solutions such as e-prescribing, and value the introduction of telephone triage.

**Method** On Wednesday 11<sup>th</sup> November, the ninth 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 19 November.

**Sample** There were 62 respondents: 49 doctors (GPs or urgent care doctors), 7 practice nurses [PN], and 6 practice managers [PM]. 69% of practices were GP-owned; 66% had more than 3 GPs; 24% independent and part of a larger group, 6% owned by a community trust, 16% as urgent care / after hours. 14% identified as rural.

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# QUICK COVID-19 NEW ZEALAND PRIMARY CARE SURVEY

## Executive Summary for Series 10, 9 to 17 December 2020

This is the tenth of the national surveys of New Zealand general practice experience with COVID-19 and its aftermath and the last for 2020. It was launched when the whole country was back down to Alert level 1. Surveys will resume in 2021 and focus on issues around COVID-19 vaccination.

### Policy recommendations

There appears to be ongoing issues with some DHBs regarding difficulties and delays with non-COVID-19 referrals, and lack of prompt payment for COVID-19 testing, which need to be addressed. Assessment is needed for the MoH to provide guidance and resourcing to practices to support an ongoing move to telehealth.

### Affects of COVID-19 on practice

11% still report significant to severe impact from COVID-19. For a few, the strain has become intolerable.

*"I am going to sell my practice over the next tax year (I am not at retirement age). We have stopped all evening surgeries (worried we will get resp patients and assessing them outside in the dark is not good plus we don't have enough staff to manage the extra work around these patients at night). We have stopped offering care to rest-home patients and have handed their care to the in-house docs reluctantly (don't know about each home's pandemic plan, where their PPE is etc, plus safer not to come & go from many sites to reduce spread of resp illness to vulnerable elderly plus our own practice patients and our valuable staff)"* [GP, Capital & Coast DHB]

Others are still feeling tired from the strain:

*"We are tired, looking forward to the vaccine - though that could be a logistical nightmare"* [PM, Hutt Valley DHB]

### Telehealth consultations

64% report they have patients who struggle with telehealth. Only 33% are still using some video-consults (but not often), whereas almost all (97%) are doing some phone, and 41% other forms of e-consultation. Respondents were asked to rank the additional external resources or assistance that might help them overcome barriers to telehealth. Top-ranking overall was guidance for triage (mean 3.5), then increase in co-payment for telehealth consultations (2.9) followed by money for extra administrative support involved in telehealth; ways to increase patients' access to technology; and ways to increase patients' IT literacy (all 2.8).

Some indicated that a triage system at booking was needed:

*"Main issue is patients book a telehealth appointment when they need to be seen so have a short phone consult then have to be booked again for inpatient appointment. We only get paid once & lose an appointment slot for the day"*

Another commented *"actually patients want to come in so they can bring their lists of 500 problems and take up more time than allocated"*.

The added costs to practices from telehealth featured in comments, although some have been assisted by their DHB:

- *"We have actually been given some extra funding to assist with telehealth investment - it came via the PHO with in the last 3 months"* [GP, Capital & Coast DHB]
- *"The cost to set up our hardware and software for video consults is currently prohibitive and our patients cannot afford to pay more to cover the cost"* [GP, Waikato DHB]
- *"The increased costs to the practice for telehealth is more than expected and impacts the bottom line quite severely"* [PM, Southern DHB]
- *"Patients often view telephone consultations as a lesser consultation. This results in a reluctance to pay from some patients"*

Regarding increasing patient access to telehealth, one commented *"Rural community here: it would be good just for patients to have reception, even in the centre of town, to start with"* [GP, Taranaki DHB]

### Safe to open up our country

73% think it is safe to allow unrestricted domestic travel, 42% for Pacific islands travel, 27% for trans-Tasman travel, and no-one thinks we should freely open our borders for international travel.

Some thought we should still *"take care with domestic travel"*, that *"the virus is still there. Patients are declining tests"*

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when have symptoms”.

Some had caveats about opening to our Pacific island neighbours – that we “need to choose carefully which Pacific Islands” and only open “to islands without COVID” such as “Niue and the Cooks”, “not like Tahiti that actually have COVID cases”. Some thought that “Pacific islands may not be ready” and “the risk to them is too great currently”.

It was acknowledged that it will be good to open to Australia but not safe to do so yet:

*“Would be good to get the trans-Tasman bubble soon as so many of our patients have family there”*

There is awareness of the dangers of opening borders internationally, but perhaps there could be more exemptions:

*“Need ongoing border protections otherwise will be swamped by covid19 - however, it would be good allow in non residents/citizens who have a genuine reason to be here eg international students, close relatives of residents”*

Another thinks it is “outrageous that sports teams and film crews are being allowed in and families are not”.

## Staffing

17% report that layoffs or leave arrangements of clinicians or staff due to COVID-19 are an ongoing stress. One is feeling the impact of lack of medical staff availability:

*“Really impacting on a availability of international medical graduate GPs”* [GP, Whanganui DHB]

In another practice, a nurse has lost her job due to dropping patient numbers:

*“I have been laid off from my practice nurse job due to a decrease in patient volume and thus a decrease in income for the practice. I am considering going into another area of community nursing that is not general practice now”* [PM, Auckland DHB]

## Testing and PPE issues

13% still report lack of financial recompense for testing is an issue, and 6% indicated financial barriers in obtaining PPE. Swabbing is still a major stressor for some practices:

- *“The red stream is putting a huge strain on our staffing resources in the surgery, but I can't see a quick end to it”*
- *“Difficulty deciding whether to send every URTI related case for testing particularly in children”*
- *“We swab anyone with flu symptoms. Currently have a surge of pre-schoolers with temps over 40 and no other localising signs”*
- *“Reluctance from patients to comply with testing/red stream when community cases low”*
- *“Patients decline tests mainly due to time off that may be unpaid”*
- *“Huge delays in COVID-related payments by the DHB - 8-9 weeks!”* [GP, Waitemata DHB]

## Workload and patient issues

30% still report the effects of COVID-19 limiting chronic care consultations, and practices still continue to deal with the accumulated demand and increased health burden. Some are still feeling overworked:

- *“We are much busier now than usual catching up from quiet period earlier in the year. Doing a lot of unpaid administration for DHB”* [GP, Nelson-Marlborough DHB]
- *“More to health than COVID. Mental health / cancer / chronic care are suffering, for a contagion that is all but absent from NZ”*
- *“Secondary care push back to GP due to back log in secondary care from cancellations over COVID and then thresholds changing meaning pts not seen at all or having to re-refer back again adding to already huge paperwork burden”* [GP, Waitemata DHB]

On the other hand, 14% report an ongoing large decrease in patient volumes, with concurrent financial concerns. For one, “the situation has nearly returned to pre-COVID situation in my own practice”.

**Method** On Wednesday 9<sup>th</sup> December, the tenth of the Quick COVID-19 NZ Primary Care Survey was launched, the final for 2020. 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 19 Nov.

**Sample** There were 64 respondents: 50 doctors (GPs or urgent care doctors), 7 practice nurses [PN], and 7 practice managers [PM]. 81% of practices were GP-owned; 66% had more than 3 GPs; 19% independent and part of a larger group, 11% owned by a community trust, 9% as urgent care / after hours. 16% identified as rural.

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# QUICK COVID-19 NEW ZEALAND PRIMARY CARE SURVEY

## Executive Summary for Series 11, 11 to 18 February 2021

This is the eleventh of the national surveys of New Zealand general practice experience with COVID-19 and its aftermath and the first for 2021. Surveys now focus on issues around COVID-19 vaccination.

**Policy recommendations** General practices need clear, comprehensive and timely information about their role in the vaccine roll-out and reassurance that they will be adequately funded. Dedicated drive-in clinics may be an effective strategy, but the electronic register needs to be robust to ensure practices can know who has been vaccinated and who is responsible for 2<sup>nd</sup> dose follow-up.

### Where COVID-19 vaccines should be delivered

Many of the 96 respondents thought vaccination could occur in multiple locations, particularly in dedicated centres and general practices, as well as nurse-led clinics. Few considered community pharmacies as suitable venues: *“Pharmacies not suitable as they are not equipped to manage reactions or to safely distance for the observation times”* [GP]. One added rest-homes as a venue.

Dedicated vaccination centres	86%
General practice	75%
Nurse-led clinics	52%
Community-outreach / patients home	46%
Hospitals	24%
Community pharmacies	23%

Some practices considered they have capacity to deliver vaccines based on their ‘flu vaccine experience: *“we do every flu season so have a well worn protocol”* [GP], and *“we opened on Sat to do flu vaccine , could do same for covid”* [GP]. Running drive-through clinics as previously conducted for ‘flu vaccine during lockdown were seen as effective: *“Drive-through clinics... worked really well for our GP group for flu vaccines during covid. We were able to book at 2 minute intervals towards the end”* [GP].

One GP suggested *“huge drive-in clinics would be best eg at sports parks with ambulance on site. Barcode scanning to identify patients rather than paper-based systems, ideally linked to covid tracer app. Need to be mix of traffic management, administration and clinical personnel on site”*.

Many practices however do not think they can do the vaccinations: *“we are too small”* [GP], *“I dont think general practice should deliver vaccines”* [PM], *“should be in dedicated clinics at a variety of times”* [GP]; *“can’t work and do vaccines. Is additional to current workload- and significant workload too”* [GP], *“general practice will not be able to do their business as usual for months if they are having to do covid vaccines. Worse effect than lockdown”* [GP], and *“should be in designated vaccinating centres not in general practice”* [GP].

### Who should deliver the vaccines

The majority thought nurses or nurse practitioners should deliver the vaccine, and that GPs should be able to deliver it without requiring specific accreditation. Over half supported the idea of increasing the workforce by bringing back retired health professionals. There was a strong message of ‘all hands on deck’: *“the more vaccinators the faster it get done”* [GP], *“anyone who can! This needs to be a combined effort across health”* [PM], as long as they are trained:

Registered or practice nurses	93%
Nurse practitioners	71%
All GPs	62%
Retired health professionals	53%
Enrolled nurses	44%
COVID-19 vaccine-accredited GPs	39%
Community pharmacists	25%

*“Provided they all do the Covid-19 vaccine training”* [GP]. Other ideas were *“health care assistants under standing orders and supervision”* [PM], *“community trained vaccinators under supervision”* [GP], *“train laypeople to vaccinate but have professional staff there in case of medical issues”* [GP], and one GP suggested medical students.

### When general practices should deliver the vaccine

Most practices thought vaccination should only be done during normal office hours: *“office hours only. We’re tired enough as it is”* [GP], and *“we don’t have capacity or manpower or compensation”* [GP].

During office hours	75%
Weekends	43%
After hours	35%

A number are concerned about reimbursement: *“if done after hours or weekends needs to be extra payments to*

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general practice to cover staff hours" [GP], and "there is general nervousness that GP will be undervalued and overlooked with the vax roll out as we were with flu last year" [GP].

### Other vaccine issues

Vaccine storage and maintaining the cold chain is a significant concern for a number of respondents: "how the supply will be delivered, frequency of deliveries, package size to plan fridge space" [PN], "the key is the storage of vaccine" [GP], and "provided the correct cold chain is maintained and the appropriate vaccine fridge is easily and readily available" [PN].

Another issue is maintaining good record-keeping: "GP being fully informed via NIR of who is vaccinated" [GP]; "difficult part will be keeping track of subsequent doses. My concern with widespread vaccine providers is who would be responsibility for chasing the stragglers" [GP], and "that our PMS links with immunisation register, having a separate web based one will slow us down" [GP]. One GP requests "an IT system with simple interface that is fast and live updated and links to patient's NHI, showing eligibility category and vaccination status (or declined), and GP".

### What needs to be known to deliver vaccine safely and effectively

There were a range of responses about educational needs. A number related to storage and cold chain. A PM wants to know about "supply - when they will be delivered/available and with enough notice so that dedicated clinics can be arranged for efficient delivery". GPs want to know about "contra-indications and pre-cautions", "main side effects", "logistics of delivery", "vaccine safety and data", "timing of booster", and "who can't safely receive it?"

Patient education is seen as important: "all the answers that the public will ask about the vaccine" [PM], "education re vaccine hesitancy" [GP], "a simplified explanation about the vaccine for patients" [PN], "small flyer re the vaccine to give to patients receiving the vaccine" [GP], and "information to give to patients which is clear and easy to read" [PN].

Practice managers are concerned about the logistics and want "timely information about when the vaccine will be arriving in our area and the amounts" and "time frames and expectations of the roll out and the effect on also delivering flu vaccine on time to our patients". Several respondents mentioned that they do not want a repeat of the poor communication about vaccine availability that happened last year: "clear informing the public re the availability of the vaccine once it is properly set up in general practice (unlike the flu vaccine debacle over lockdown)".

### Affects of COVID-19 on practice

Only 6% report no current capacity to test for COVID-19, and 64% have capacity based on clinical judgement. 28% report that COVID-19 continues to put quite severe to severe impact on their practice, but 40% report no, or only mild, impact. Ongoing impact relates to issues such as "masks, covid triage, red green streaming... all takes a lot of time on top of already busy load, also a lot pushed out to us from hospital and chasing things missed from hospital" [GP]. Issues with secondary care referrals is a common theme: "increased workload is ongoing. A number of referrals to secondary care being sent back due to capacity issues. Having to refer a patient several times for some specialties has become the norm, but is no less frustrating. Lack of communication from secondary services about what they are doing to address these issues" [PM], and "DHBs are dumping a lot of work on general practice because we can't say no" [GP, Canterbury DHB].

Some are still frustrated about lack of funded PPE "need funded N95 fit testing and supplies or will need to refuse to see respiratory illness patients during outbreaks" [GP, Taranaki DHB], and "ongoing frustration with lack of acknowledgment that covid is aerosol and therefore not providing the correct PPE - need N95 masks for staff doing swabbing" [GP, Auckland DHB].

**Method** On Thursday 11<sup>th</sup> February, the 11<sup>th</sup> Quick COVID-19 NZ Primary Care Survey was launched, the 1<sup>st</sup> for 2021. 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 18<sup>th</sup> Feb.

**Sample** There were 96 respondents: 81 doctors (GPs or urgent care doctors), 6 practice nurses [PN], and 9 practice managers [PM]. 77% of practices were GP-owned; 69% had more than 3 GPs; 28% independent and part of a larger group, 9% owned by a community trust, 13% as urgent care / after hours. 19% identified as rural.

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