

Series 6– Quick COVID Clinician Survey Summary (Australia)

Series 6 of the Quick COVID-19 Clinician Survey was fielded from 7th to 13th of August 2020 and received 64 responses. Confirmed cases of COVID-19 in Australia increased by 2,394 over the survey period to 22,358. Cases in Victoria comprise 71% of all Australian cases, with 96% of new cases during the survey period occurring in Victoria. Lockdown measures in Victoria may have decreased daily case rate, though deaths rates continue to rise. There have been 106 deaths due to COVID-19 during the survey period, with all but one in Victoria. Residential aged care accounted for 304 new cases (12%) - all in Victoria – and 20 deaths (27%). Members of the Australian Defence Force have been mobilised to support aged care facilities, many of which have been overwhelmed.

Demographics Most participants were general practitioners (n=62, 97%), of whom 21 were practice owners. Two practice nurses participated. 15 participants (23%) worked in rural practices. All jurisdictions except Tasmania or the Northern Territory were represented, with the majority from NSW (n=17, 27%) and Victoria (n=19, 30%).

Strain on practice continued to be reported across the board, with half of participants reporting major to severe strain (n=33, 52%). Unsurprisingly, the strain remains greatest among Victorian respondents, with 63% reporting high to severe impact compared to 47% of respondents outside of Victoria.

Stressors specifically experienced by general practices during COVID-19 include:

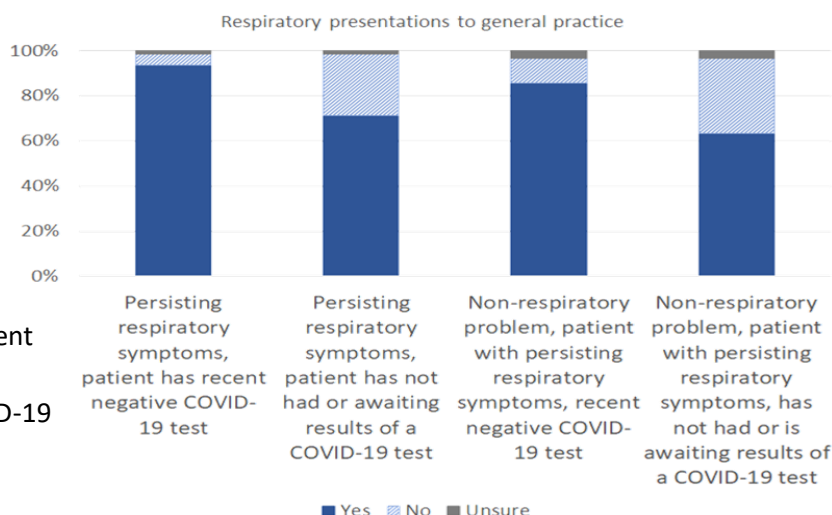
- General practitioners unavailable due to: illness or quarantine (77%); or working in respiratory clinics (14%)
- Front desk or reception staff being unavailable due to illness or quarantine (66%)
- Limiting well and chronic care visits (64%), large decreases in patient volume (38%)
- Supply issues for PPE (61%), financial barriers to PPE (30%), reusing or relying on homemade PPE (41%)
- Patients struggling with Telehealth (61%)

Consultations Face-to-face consultations remain the predominant format outside of NSW and Victoria, with 82% of respondents reporting more than half of all consults being conducted face-to-face. This compares to 42% in NSW and Victoria combined. Telephone consultations are being used at all practices. Nearly all respondents reporting a high proportion of telephone consultations (>50%) were in NSW and Victoria. Video consultations remain less common, though are being used by 31% of practices.

GP-led Respiratory Clinics (GPRCs) are set up specifically to assess and treat patients with respiratory symptoms to reduce spread of COVID-19 in general practice and the community. Of all participants, 75% are aware of a GPRC in their local area, 19% of participants report that they do not have a GPRC in their local area, and 6% were unsure of the availability of these clinics. Of all participants, six (9%) work in a GPRC, and two (3%) work in another type of COVID-19 testing centre.

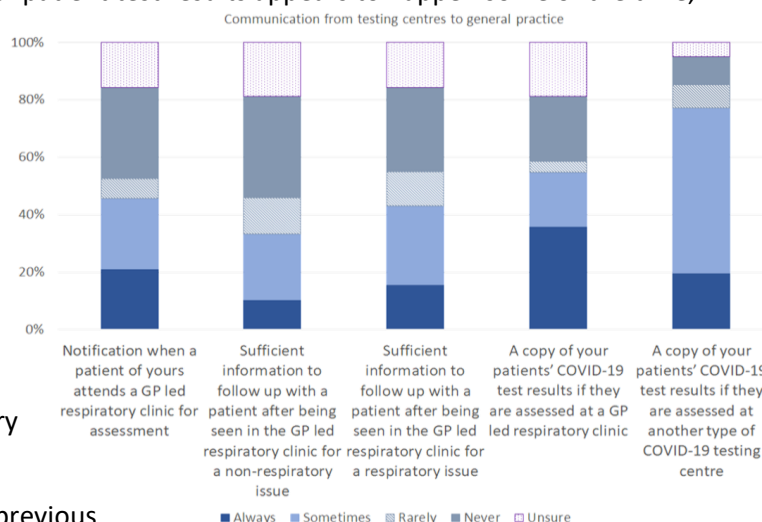
Respiratory presentations to general practice are occurring, where patients who have respiratory symptoms and could attend a GPRC or other testing centre are still presenting to their usual GP. Almost all participants (97%) have had patients present to their general practice with persistent respiratory symptoms.

- 71% report patients presenting with respiratory symptoms without a recent COVID-19 test result, and 94% report seeing patients with a recent negative COVID-19 test but persistent symptoms.
- Patients are also presenting for non-respiratory problems where they have concurrent respiratory symptoms; 64% report such presentations for patients with no recent COVID-19 test, and 86% for those where they do have a recent negative test result.



Information exchange between GP respiratory assessment clinics, other testing sites and general practice is important to support continuity of care for patients and to support an ongoing positive relationship between patients and their usual general practice. Exchange of patient test results appears to happen some of the time, however, sharing of information to support ongoing care for patients is often not happening.

- 36% always receive a copy of their patients' COVID-19 test results from a GP led respiratory clinic, and 20% from other testing sites.
- 39% rarely or never receive notification their patient has attended a GP respiratory clinic.
- For following up patients who have had assessment in a GP led respiratory clinic, only 33% report always or sometimes receiving sufficient information to follow up non-respiratory issues, and 43% for respiratory issues.



COVID-19 testing and treatment

Over the previous fortnight, one-third of respondents (33%) reported testing people for SARS-CoV-2 infection in their practice.

- 88% report triaging and referring respiratory patients for COVID-19 testing
- 31% report treating COVID-19 patients in general practice
- 27% report sending patients to hospital for COVID-19 treatment
- 56% report have recommended patients with respiratory symptoms self-quarantine
- 17% have monitored patients at home for symptoms of COVID-19

Open Text Questions: We asked GPs to tell us about their experience of their patients attending GP respiratory clinics and other testing centres:

Patients do not know when to attend a GPRC or other testing centre despite messaging throughout GP clinics about presence of respiratory symptoms. Participants believe potentially inappropriate presentations to general practice are due to (i) disbelief in the severity of symptoms, and (ii) wanting to see their regular GP.

- *"Patients consistently underestimate the significance of their symptoms and need to be tested and self-isolate."*
- *"Mums being reluctant to get young kids tested, entering GP practices when there are sign posts advising not to enter with certain symptoms"*
- *"Some patients don't seem to be getting the message that even non-COVID-19 respiratory illnesses need to go to respiratory clinics and not usual general practice. Either that or they don't care. There seems to be no understanding about the impact on GPs of getting any respiratory illness themselves."*
- *"...Patients are expressing their first preference of being assessed by their regular and familiar GP"*

GPs are contributing to COVID-19 management and follow up, though do not feel supported in doing so. Clear guidelines for GP management of COVID-19 as well as communication from respiratory clinics and other testing centres are needed to allow primary care clinicians to provide continued support for patients.

- *"GPs must absolutely be involved and we urgently require clear guidelines on home management of mild covid cases. We must also receive covid testing results."*
- *"General respiratory illnesses need to be assessed. Personal follow-up by GPs makes a difference to patient testing/behaviour/ isolation and CovidSafe app use."*
- *"Once I refer patients to Resp Clinics I do not get any information or letter/dc summary or covid results back so I cannot follow up my regular patients. "*
- *"If patient attends resp clinic, I get no feedback. I get COVID result if they attend testing centre but only if I provide form to refer them."*