

9 March 2020

## Update on PHN / General Practice response to COVID-19 in Victoria

### Executive summary

This briefing paper by Victoria's six Primary Health Networks (PHNs) outlines the current response and future preparedness of Victoria's primary health sector to adequately deal with COVID-19.

While we believe there are fundamental principles and protocols still to be agreed to ensure an integrated government response (see Appendix A), the PHNs have identified several issues which are hampering primary service delivery in the community today.

While not an exhaustive list, our extensive consultation with general practitioners (GPs) has highlighted the following four issues which need to be immediately addressed:

- 1. Inability of many general practice facilities / capacity to isolate patients with suspected COVID-19**
- 2. Lack of appropriate PPE supplies**
- 3. Difficulties with pathology collection / transport**
- 4. Information flow to, and support of, general practices, including clear referral pathways**

Some of these issues have been highlighted by the sector in recent days, as there is additional focus and commentary on the role of GPs during this crisis. As governments respond, the potential solutions outlined in this paper may assist with PHNs being the critical "on the ground" link between DHHS / DoH and general practice. With the appropriate resourcing and guidance, our staff are ready and best placed to assist and support general practices around Victoria.

### Key issues/potential solutions

#### 1. Isolating patients with suspected infection

Even though the prevalence of COVID-19 in the community is still relatively low, general practices are being overwhelmed fielding enquiries from patients, community members and other health professionals.

Current DHHS and DoH advice to worried patients (via hotlines and web pages) is to contact or visit their GP in the first instance. However, an estimated 80% of GP clinics do not have the physical structural facilities for a patient to enter via a secondary entrance where they will not come into contact with other patients or unprotected practice staff. In most cases patients are proceeding directly to reception desks or waiting in waiting rooms with other patients.

GPs are especially concerned about how they can safely perform screening and testing functions if / when infection rates increase, whilst best protecting themselves, their practice staff and other patients.

For patients who are turned away from GP clinics, options may be hospital ED departments and Urgent Care Centres (where similar risks of cross infection may occur) or ambulance (which may unnecessarily tie up resources).

The government's recent announcement of hospital screening clinics is a step in the right direction but does not help those community members outside metropolitan Melbourne, nor those who find accessing care difficult due to transport and/or communication issues. This will be a critical issue in small communities where the same GPs service the primary care and acute medical facilities. Place-based solutions, based upon primary care and acute service integration, may need to have a regional context to reduce the prospect of service closure or disruption in individual communities.

*Potential actions / solutions by DHHS / PHNs:*

- Audit and identify which GP clinics can safely isolate patients with virus symptoms.
- Advise those clinics without appropriate facilities of where to refer patients (other GPs, local hospital ED or screening clinics).
- Establish alternative protocols for GPs to triage or test patients outside normal clinic areas (ie in car parks) or enable workarounds, such as hiring a room at a secure location to enable testing.
- Encourage (and fund) telephone and telehealth consultations and quickly provide training for GPs who are not familiar with telehealth options / procedures.
- Establish the capacity to triage and test elderly or people with disabilities in Residential Aged Care Facilities and within their homes including through the use of telehealth, Nurse Practitioners and nurses with advanced assessment skills.

## **2. PPE for GP clinic staff**

In recent weeks, Victorian PHNs have immediately distributed some 250,000 face masks to GP clinics as requested by DHHS and DoH. We welcome the announcement by Health Minister Greg Hunt that a further 54 million masks have been procured, and believe PHNs are the best placed to distribute these given their intimate knowledge of general practice in their areas. We also welcome the updated guidelines related to PPE released by DoH on 8 March 2020.

This should address GPs' concerns and their requests for clarity on supply, use and fitness for purpose, including their feedback that the P2/N25 masks first supplied were all small sized, and did not account for the diversity of the health workforce.

Additionally, GPs have voiced that there is a severe lack of other PPE equipment required (such as gowns, protective eyewear and gloves) which puts them, their staff and other vital health workers at considerable risk.

Many GPs have indicated that they are not willing to consult or test a suspected patient without this protection. If they choose not to consult, this will further strain primary care resources and cause financial difficulties for health care professionals who are usually self-employed, without sick leave and unable to work from home.

If they do consult without the full PPE, they risk spreading the virus to their vulnerable patients.

## *Potential actions / solutions by DHHS / PHNs:*

- Using their unique data and knowledge of local general practice, allow PHNs to direct the distribution of appropriate PPE to the most appropriate clinics (ie those who are already regularly testing and those able to meet future demand).
- Support DHHS in planning for and responding to changes in primary care workforce capacity.

### **3. Pathology collection / transport**

General practices usually send patients to a pathology clinic for blood tests (and other pathology) required to determine a patient's viral status. However, practices have provided feedback that pathology clinics are declining requests to test for COVID-19 for the same reasons as are some GPs (ie lack of ability to isolate patients and lack of PPE).

Even if a patient is tested at a clinic, the general practice may face the refusal of transport companies to transport specimens or they may have to fund expensive courier costs. There have been some anecdotal reports of specimens transported via taxis.

## *Potential actions / solutions by DHHS / PHNs:*

- An accessible solution for pathology based in each community needs to be developed. Pathology work has for some time been outsourced to external service providers, with laboratories usually connected with particular commercial entities. Working collaboratively with these entities will be critical to developing timely solutions to this issue.
- The issue of transport, whether of patients, workforce or specimens, will require a place-based approach with several models of care that follow agreed principles developed for local use.
- There is an urgent need for a PHN / DHHS working group to develop these models of care and related pathways (for people, workforce and specimens) and provide clear communication to all parties on agreed protocols. This includes providing 'warm' referrals if a GP has a high-risk patient.

### **4. GP-specific communication / support issues**

As COVID-19 has developed, information for general practices prepared by DHHS and DoH has been disseminated by PHNs with urgency. Our understanding is that most practices are using DHHS quick reference guide and guidelines. We acknowledge and welcome the commencement of twice weekly communiques from Dr Brendan Murphy, Chief Medical Officer, to GPs across the country. The Victorian PHNs are well placed to support the actions that will stem from these updates, and will liaise closely with DHHS and State health services to ensure an integrated and collaborative approach.

These actions will build on communications that PHNs have already initiated including regular updates on their websites and via email, with links to other DHHS and DoH resources, fact sheets and Chief Health Officer alerts. PHN seminars and webinars have also provided practical information and support for general practice staff.

Within resource limits, PHNs are also contacting practices by phone or having staff personally visit clinics to ensure they have the latest information. Importantly, vital feedback about issues, such as those listed above, is collected from practices via these methods as well as emailed surveys to ensure hotspots are identified.

There has been criticism in some circles and the wider media about information not reaching GPs or, conversely, with so much information coming at them from so many parties they are unable (due to lack of time or resources) to determine what is critical and relevant to their practice. Without a single 'source of truth', and with the rapidly changing nature of issue, there have also been some examples where timing and messages from DHHS and DoH have not been fully aligned.

As seen from last week's events, there is also a need for dedicated support (and possibly priority screening) for GPs or practice staff who have been exposed to an infected patient and/or is exhibiting symptoms themselves.

Lastly, although PHNs have engaged with their local hospital networks, this appears to be patchy due to a lack of formal, structured communication / co-operation between primary and tertiary care providers.

#### *Potential actions / solutions by DHHS / PHNs:*

- On behalf of all Victorian PHNs, a **single** communications contact should be established between DHHS and VTPHNA to co-ordinate and streamline all COVID-19 communication to primary care practitioners. This will be especially helpful as we enter traditional flu season and GPs are also flooded with information about flu vaccination strategy / vaccination clinics / aged care.
- Establish and promote a dedicated hotline and communication outlining what GPs and their staff should do if they are exposed to the virus and/or are experiencing symptoms.
- PHNs to continue to rapidly communicate to general practices (and other primary care practitioners where necessary), promoting DHHS and DoH resources and, most importantly, tailoring and condensing critical information according to local need.
- PHNs to collect and communicate feedback from general practices back to DHHS, though a process which allows the rapid identification of issues and implementation of effective solutions. This is essential to address both community and geographical complexity (ie high density vs rural locations).
- Support DHHS in developing formal communication channels between primary care and hospitals.

## SUMMARY

Victorian PHNs have intimate knowledge of general practice in their regions and are ready to provide both strategic advice and operational support to the 'frontline' health care workforce on behalf of DHHS.

The key issues listed above are the most pressing at this point in time, but we will need to remain agile and responsive as the situation changes. As planning for a COVID-19 pandemic gains momentum, PHNs are well placed to contribute practical advice on what is happening, and what needs to happen, in primary care settings across the state, especially in regional / rural areas where other services are limited.

We are eager to work with DHHS, DoH and other health stakeholders towards having a clearly defined governance structure and agreed accountabilities which will support statewide planning and decision-making.

With agreed pathways, carefully curated information flows and appropriate resourcing, we believe there is much PHNs can do to help contain and lessen the impact of COVID-19 on our essential frontline health workforce, and ultimately, the wider Victorian community.

## APPENDIX A

To ensure an agile and efficient response to the COVID-19 virus, Victoria's PHNs are committed to working with DoH, DHHS and all other stakeholders to ensure an integrated plan is developed and communicated as a matter of urgency.

We believe this can be achieved by taking into account the Three P's:

### Principles

All stakeholders need to agree and abide by a set of principles that will underpin all decisions going forward. These principles would include:

- Equity
- Transparency
- Efficiency
- Effectiveness
- Intersectoral collaboration

### Planning

Many efforts at all levels of the health system will be compromised without a clearly articulated plan where delegations of the Commonwealth and State are set out and responsibilities are allocated for community-based integration across and incorporating all health sectors (primary, acute, aged care), specific populations and geography.

This would reduce uncertainty amongst health professionals, improve communication flow and strengthen the reputation of all agencies in the media and wider community.

### Place-based approaches

While an overarching plan must set the principles and objectives at a national level, there must be flexibility for solutions that take into account metro, regional and rural-based models of care and the ability to tailor options according to local capacity and capability.