

GP Clinical Council – Summary of Matters Considered in 2020

The year provided many challenges for the community requiring GP input and advice, most specifically relating to the bushfires and COVID-19 pandemic.

There were six meetings for GPCC originally scheduled for 2020, but predominantly due to the impact of the COVID-19 pandemic, a total of 18 meetings were held (mainly via Zoom) with most meetings having a very high attendance by members.

Jillian Harrington (Chair of the Allied Health Clinical Council), Dr Louise McDonnell (Clinical Lead for HealthPathways), Dr Harry Pope (Penrith GP Respiratory Clinic) and Dr Richard Stiles also attended most meetings and their contribution was valued.

Issues Considered by GP Clinical Council

The key issues considered by GPCC over 2020 are summarised as follows;

Covid-19 Pandemic

The COVID-19 Pandemic was a significant issue for GPCC from March onwards. The following outlines the key issues considered and identified by GPCC over that time, in addition to general updates of Wentworth Healthcare activities and sharing of new information from the Ministry of Health, the Department of Health, and the NBMLHD.

- Input into concept and initial ideas regarding GP Respiratory Clinics (GP availability, site requirements, PPE availability)
- Input into communication methods to Practices, noting there was a lot of information published over the COVID-19 period
- Issue of GP notification of COVID-19 tests undertaken and results of the same, significant risk issue identified by GPCC
- PPE guidance (availability, types, utilisation, training for all Practice staff), issues and concerns raised/discussed on multiple occasions
- HealthPathways updates on COVID-19
- Winter Strategy input
- Telehealth criteria, simplification required
- Hospital in the Homes GP Interface, GP involvement and cost implications, ongoing issue
- Care Monitor COVID-19 interface

- Palliative and Supportive Care during COVID-19
- NSW Testing Criteria, interface with managing patients with respiratory symptoms
- Pathology test results
- COVID safe app
- Telehealth change, especially diagnosing/treating children
- Focus needs to be made to supporting Primary Care to manage COVID, not just emergency response
- Telehealth consistency across all Primary Care providers (i.e. Bulk Billing compulsory for GPs but not Allied Health providers)
- Impact of COVID on the provision of Primary Care services was noted
- Identification of the need to ensure the COVID-19 experience can be used as an opportunity to learn and improve all aspects of patient health and in particular systems interface from all healthcare providers.
- Patient confusion of testing options
- Discussion regarding Pharmacist involvement in Wentworth Healthcare activities. It was noted there are Pharmacists currently involved in AHCC and ICC.
- RACGP are also putting together guidelines for COVID management
- Input into the creation and monitoring of the Wentworth Healthcare COVID plan
- Gap in GP Respiratory Clinic for Lithgow identified
- The use of video telehealth was discussed, noting it does take time for patients to set up so is not as an effective use of allocated time as is telephone Telehealth
- Extension of Contracts for GP Respiratory Clinics
- Risk identified in that system relies on Patient Honesty
- Ideas were discussed regarding how Wentworth Healthcare and GPs can assist in keeping Health Professionals vigilant with regard to COVID-19, especially following the Lakemba case

Residential Agenda Care Facilities (RACFs)

This topic was an area of consistent concern to GPCC over the year, with issues summarised below.

- RACF Transfers – it was noted early during the pandemic that ambulance transfers will require secondary assessment prior to the transfer taking place.
- Models of Care for were considered, including the concept of a resident GP.
- Advanced care planning during COVID.
- COVID-19 Communication Pathway for RACFs – Outbreak Management Response prepared by the NBMLHD was discussed.
- COVID-19 RACF Outbreak – Preparedness and Response Plan for Primary Care guideline prepared by Wentworth Healthcare (and GPs) was presented for discussion.

- An update on Advanced Care Planning – RACFs in a COVID context was discussed.
- Considerable discussion took place on the Newmarch house situation with regard to the role of Primary Healthcare.
- NBMPHN is recognised as being ahead of other PHNs with engagement of RACFs for COVID preparedness. Guidelines are being put together for COVID management locally.
- GPs expressed their ongoing concerns about their role in managing COVID situations in RACFs and RACF preparedness generally. Suggested the need to conduct a real time exercise on pandemic preparedness for RACFs.
- Royal Commission into Aged Care will not cover COVID situation in aged care specifically.
- Briefly updated on Draft Report into Newmarch House that has been released.

Other Matters

The GPCC also consider a range of other issues and topics which are outlined below;

- Input into Bushfire Support (i.e. self-care for GPs)
- Input into Bushfire PTS utilisation
- Health Needs assessment (Feedback from GPs sought)
- Annual Influenza Clinics/approach
- Community Based Respiratory Centre Presentation from LHD
 - GP involvement/MBS support
 - Quick access to oxygen
- Medicare issue restricting of funded psychological services
- Feedback into GP Wellbeing and Burnout Prevention
- Integrating Care with NBMLHD
 - Community based Obesity and Diabetes Services
 - Community Health Respiratory outreach services
 - My Health Record measures have been redefined to monitor more meaningful use within both general practice and acute care settings
 - Joint regional mental health and suicide prevention
 - Opportunity to be more involved in the broad regional planning activities for pandemic response with the LHD is now under development
- Feedback on PTS operations provided
- Feedback on the Pilot of the Community Health Respiratory Outreach Services was shared
- Feedback provided on promoting Training and Education grants for GPs (AOD)
- Discussion occurred on GP understanding of NDIS, and frustration as expressed that the NDIS process is often independent from, and minimal integration, with GPs. Wentworth Healthcare to consider training for GPs on the topic of NDIS.