

COVID-19 RESPONSE THROUGH A PRIMARY CARE LENS: THE JOURNEY SO FAR AND TRANSITIONING TO THE “NEW NORMAL”

THE ‘OVERNIGHT’ TRANSFORMATION OF PRIMARY CARE

Looking back over the past few weeks since the COVID-19 pandemic emerged within New Zealand, it is remarkable to recognise the extraordinary response that has occurred at a local and national level in our quest to eliminate the virus.

Primary care has gone through a remarkable transformation in a very short space of time, with general practices moving from face-to-face consultations, to virtual consultations almost overnight, in order to minimise the risk of COVID-19 transmission.

This has been a significant adjustment for patients as well, with general practices receiving very positive responses from patients about the quality of care they received in these virtual consultations.



Figure 1: Virtual consult training session with Upper Hutt Practice

As with any new and untested model of care, some limitations are emerging that impact on the equity of service provision, particularly for patients who run out of credit on their mobile phones or who do not have access to digital technology. We are investigating interim support for these patients, to enable their “digital inclusion”.

In the midst of COVID-19, general practices found innovative ways to continue with childhood immunisations and flu vaccinations clinics, while keeping these patients separate from unwell patients. Some clinics were conducted outside in the car park, while other practices screened at the door, staggering the patients through, as well as running dedicated Saturday morning flu clinics.

Other innovations have come into play. Te Awakairangi Health Network pharmacists worked behind the scenes in general practices to give GPs the ability to prescribe signature-less prescriptions remotely through authorised systems, and to email these prescriptions directly to the pharmacy of the patient’s choice. The health promotion team created an online social platform Te Awa Active to support patients and bubbles in Korikori (exercise), Kai & Wai (healthy eating), Te Mana Hauora (wellbeing), Whānau connectedness and Moe (sleep hygiene). In the first two weeks of lockdown, thousands connected to the platform and it now has 500 followers.

ESTABLISHING COVID-19 TESTING WITHIN OUR LOCAL COMMUNITY

Alongside this remarkable and rapid transition of primary care services, came the need for the creation of specific Community Based Assessment Centres (CBACs) where general practices, Healthline, and other health and wellbeing providers could refer people with COVID-19 symptoms for assessment and swabbing. These centres run in addition to ongoing daily assessment and swabbing within our general practices.

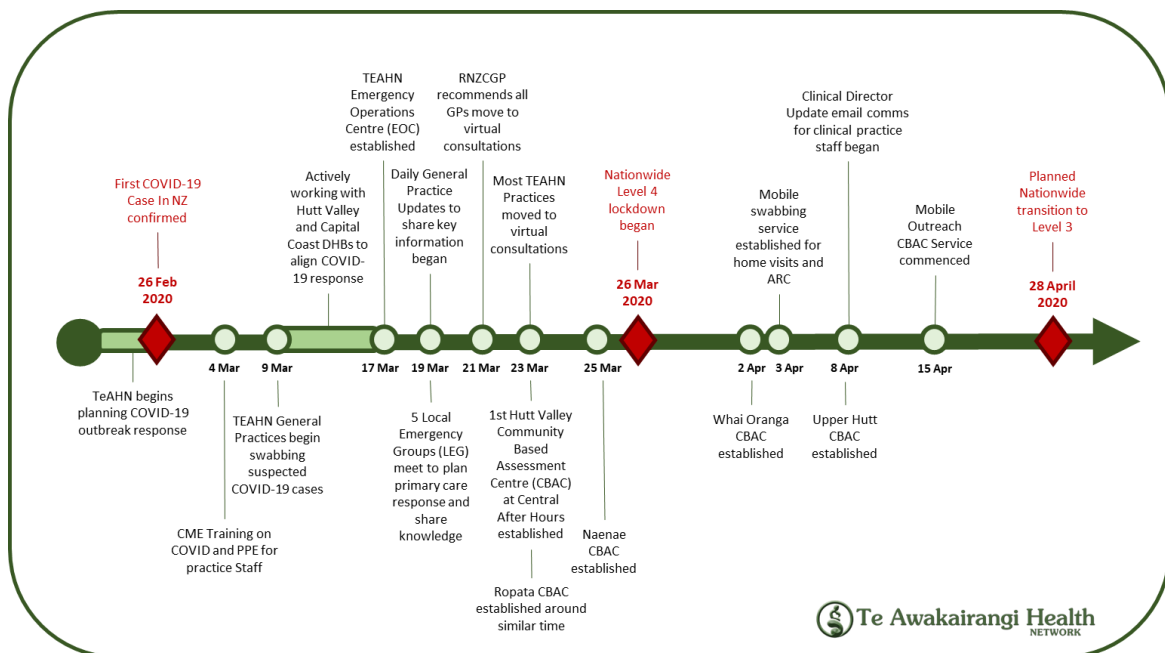
Over a two-week period from 23 March, we and our partners collectively:

- Established five fixed CBAC sites across the Hutt Valley;
- Provided the first mobile CBAC service in New Zealand a week later, travelling to and swabbing people who were unable to reach a fixed CBAC location, or who resided in Aged Care Facilities;
- Put in place an Outreach CBAC service alongside our iwi Te Rūnanganui o Te Ātiawa. This enabled whānau and vulnerable people in more isolated communities to access assessments and swabbing. These started on 15 April in Wainuiomata and have been since held in other areas such as Trentham, Petone, Timberlea and Stokes Valley.



Figure 2: Frontline CBAC staff swabbing for COVID-19 in their Personal Protective Equipment (PPE)

The following timeline shows the key events in our local Hutt Valley COVID-19 response since late February.



We are all in this together

Unprecedented times lead to increased levels of local collaboration across organisations and sectors. We've seen this with general practices, Primary Health Organisations (PHOs) such as Te Awakairangi Health Network (TeAHN) and Ropata, local Whānau Ora collectives, Māori and Pacific health leaders and providers, other community health and well-being providers, the District Health Boards (DHBs) and WREMO/City Councils all working closely together to support the health, wellbeing and welfare of local residents.

Fantastic examples of increased collaboration across the healthcare sector continue to emerge, with some community pharmacies lending general practices some of their stock when national flu vaccine supply delays hindered vulnerable community members being immunised. We are aware of this happening in at least two different localities within the Hutt Valley.

Ensuring frontline staff had access to an adequate supply of masks, gowns, goggles, face shields and hand sanitiser, and knew how to use it, was paramount in ensuring staff safety and in minimising transmission risk. This was achieved through the PHOs that support and fund the general practices working closely in partnership with the Ministry of Health and DHBs.

Establishment of the Outreach CBAC service (as a means of providing equitable access to swabbing and assessment services) was only possible through general practices and Te Awakairangi Health Network working closely with and encouraging referrals through our local Maori and Pacific health leaders, providers and iwi: Te Rūnanganui o Te Ātiawa, Kokiri Marae Health and Social Services, Pacific Health Services, Whai Oranga O Te Iwi Health Service, and Hutt Union and Community Health Service.

The welfare needs of many whānau and people are being addressed through a wide range of community organisations connecting together, supported by WREMO and the City Councils, and the Whanau Ora Commissioning agencies.

The “new normal”

This week is a time of further transition into what primary care and the local community response needs to be now we are in Alert Level 3. In many meetings across general practice involving clinicians, owners and managers, we are hearing comments that we will be moving into a “new normal” over the coming months. This is uncharted territory, with the challenge of COVID-19 and the burden of chronic disease, mental health and social stressors. But it also brings an opportunity to change the model of care, to support the increased utilisation of technology, and to review funding to incentivise the right behaviour and address inequities.

It is during these times that we see true community spirit and collaboration for better equity and health for all. We have been inspired across the journey by seeing our values of Whānaungatanga, Manaakitanga, Rangatiratanga and Pūkengatanga play out at all levels.

For further information

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KEEPING YOU INFORMED OF DEVELOPMENTS WITHIN LOCAL PRIMARY CARE

Te Awakairangi Health Network (TeAHN) is a Primary Health Organisation (PHO) that exists to plan, fund, support and extend the delivery of a range of primary health care services to more than 120,000 people living in the Hutt Valley. We support 19 general practices operating from 22 sites within the Hutt Valley, operating a diverse mix of general practice models including not-for-profit community trust, Iwi owned, sole proprietor and large group practices. We manage a wide range of programmes and services that extend general practice care across the Hutt Valley. Our service teams of Healthy Family Coaches, Outreach Nurses, Community Health Workers and Wellbeing (primary mental health) professionals provide more intensive support and brief interventions for individual clients and their families and whanau. We work alongside local Whanau Ora collectives, Māori, Pacific and other community providers, other primary care networks, and our DHB partners, to empower whanau, build resilient communities, and improve the health of the whole Hutt Valley population, with a focus on the needs of vulnerable groups (such as Māori, Pacific, low-income people and refugees).