



Report on EURACT's COVID-19 survey: How did you deal with COVID-19 as a GP?

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Introduction

In December 2019, the SARS CoV-2 virus was detected for the first time in the Hubei province in China (1). It then spread rapidly across the entire globe and was declared a pandemic by WHO on March 12th of 2020 (2,3). General practitioners (GPs) in many countries had to adapt quickly to constantly changing conditions and take protective measures for patients and their teams (3). Different geographic areas and countries were affected by the pandemic in very different ways. Protective material (e.g. FFP2 masks, gowns) were scarce in many places (4). The workload in the various settings and countries was very different: GPs in less affected regions reported significantly lower patient numbers for usual care during the lockdown, others, who were involved in testing or care of patients in nursing homes or outpatient clinics, described a severe overload and were at risk of infecting themselves.

At the beginning of the pandemic, EURACT as a network of European GPs, seized the opportunity to ask each representative, from a total of 41 countries, about the local medical care situation, the (actual) legal conditions and the concrete medical everyday life (e.g. testing, triage, protective clothing).

We are aware that the data described below is only a snapshot from the very beginning of the pandemic and partly out of date today. However, the goal of this survey was to share experiences and good practices on a personal, organisational and political level with the chance to share a variety of experiences.

Methods

An electronic survey, developed and piloted by EURACT Executive Board and the chairs of 3 committees (BME, ST and CME), was distributed among all 41 EURACT Council Members (representatives of all member countries) on April 8th of 2020 and was closed on April 30th of 2020. Data was analyzed by DV. Only descriptive statistics were used (SPSS, Version 25).

Results

Thirty-three country representatives (80,5%) participated in the survey. Among the respondents (which are all GPs), nearly half of them (48,5%) are involved in a health service

provided practice either as employee or as self-employed, 36% are working in a private practice and 15% are actually not involved in clinical care.

Lockdown

Besides three countries (Sweden, Slovakia, North Macedonia), every other country (30) had a nationwide lockdown: the first one (Ukraine) since the beginning of March, the last one (Israel) in the beginning of April 2020. Lockdown did not mean the same in all countries; Figure 1 shows the different lockdown conditions applied.

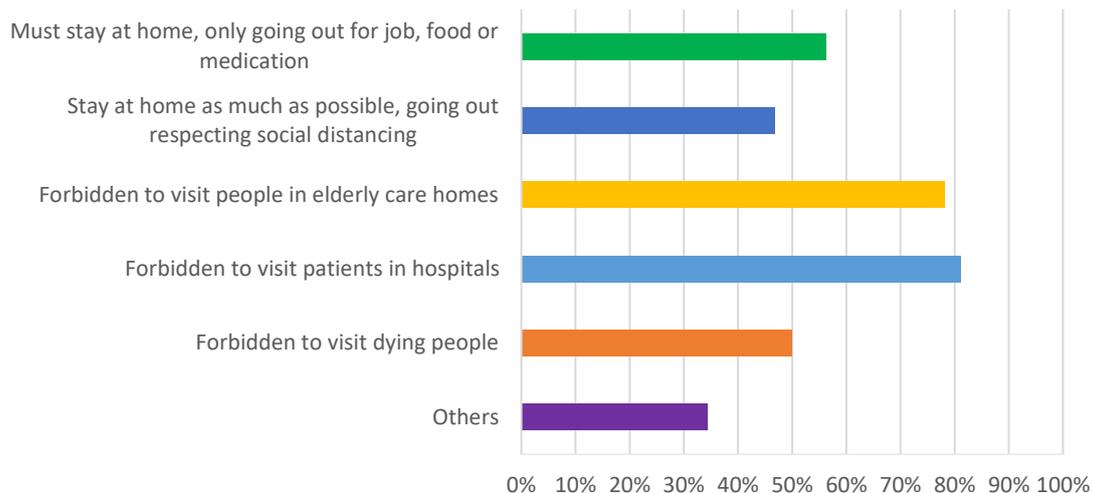


Figure 1: Different lockdown conditions Responses in percentages.

Patients with suspected infection

In different countries patient care was very different. Patients suspected of having COVID-19 and who needed a face-to-face assessment (testing, symptom-check) were mostly seen in special COVID-19-hospital units (84%) or in ambulatory primary care centers (48%) (multiple answers possible), also in hospitals (emergency department) and private practice. Other solutions for decentralized support were “fever-centers” or mobile units that could make home visits. If ambulatory primary care centers for COVID-19 had been established, they were mostly run by GPs alone (27%) or in cooperation with hospital and/or local government (39%).

Testing

GPs were able to arrange COVID-19 testing to diagnose acute infection (67%) and for antibody-tests (24%). Fifty percent of those who performed tests could do this for all patients but 12% of them only for care providers.

Protective equipment

GPs who handled testing and/or saw suspected patients had the following protective equipment at their disposal (multiple answers possible) (see Table 1).

Equipment was mostly provided by the government (61%), local authorities (42%) or bought by the GPs themselves (54%). Forty-three percent of the respondents reported compulsory use of masks for all citizens in their country (including any available mask). The question whether the GPs were adequately supplied with protective material (scale from 1 (no supply) to 10 (full supply)) was answered on average with "6" (range: 1-10, median: 5.5).

ANSWER CHOICES	RESPONSES	
Masks	100.00%	33
Gloves	96.97%	32
Goggles	54.55%	18
Face Shield	69.70%	23
Full suit	51.52%	17
None	0.00%	0
Total Respondents: 33		

Table 1: Availability of protective equipment. Responses in percentages and total numbers.

Telephone triage and consulting

Nearly all countries (31 of 33) offered telephone-triage for patients. Table 2 shows the different personnel solutions. Especially doctors managed the telephone-triage, next to nurses and trained call handlers. Also paramedics, receptionists or epidemiologists, all subsumed under “others”, were deployed. In only 15% of the countries were GP trainees and/or medical students asked to support this triage. Forty percent of the countries involved retired GPs in telephone-triage and, occasionally, in direct patient care.

ANSWER CHOICES	RESPONSES	
Trained call handlers	48.48%	16
Nurses	54.55%	18
Doctors	66.67%	22
GP trainees	15.15%	5
Medical Students	15.15%	5
Not applicable	3.03%	1
Other (please specify)	24.24%	8
Total Respondents: 33		

Table 2: Who is providing the telephone-triage? Responses in percentages and total numbers.

Usual care was managed by maintaining home-visits (45% of respondents), seeing patients in one’s own practice (73%) and by telephone or tele/video-consulting. Eighty percent of

respondents reported the possibility of video consultations. Nearly half of the GPs (45%) had arrangements for palliative care of people with COVID-19 at home.

Training for GPs

Figure 2 shows how GP training was organised in order to provide them with a clearer picture of the problems of dealing with COVID-19. Due to the lockdown, all not-suspended trainings were offered virtually/by distance learning.

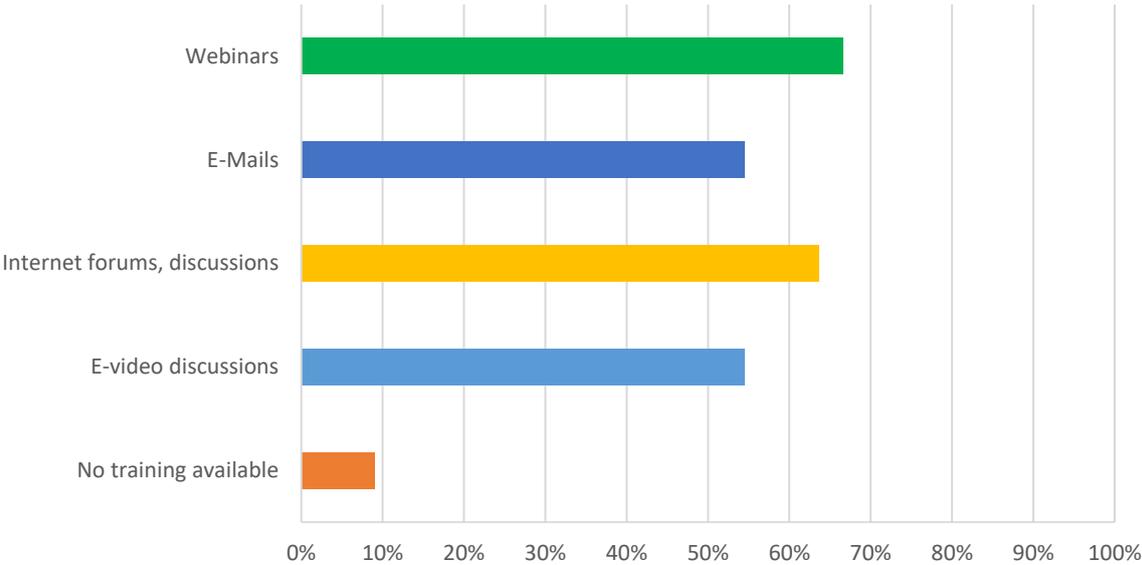


Figure 2: Organisation of GP training during COVID-19 pandemic. Responses in percentages.

Financing and funding

Different models in different health systems have been implemented in a short time to finance and fund the new GP services. Almost 40% of respondents indicated no changes yet.

ANSWER CHOICES	RESPONSES	
None	39.39%	13
Increase in funding for specific services	24.24%	8
Specific funding for COVID-19 related care	39.39%	13
Specific funding for telephone triage	30.30%	10
Reduction in need to reach quality standards	18.18%	6
Other (please specify)	18.18%	6
Total Respondents: 33		

Table 3: Changes in financing and funding. Responses in percentages and total numbers.

Discussion and Conclusion

The goal of this survey was to share experiences and (good) practices on a personal, organisational and political level. In the heat of the battle against COVID-19, all GPs felt the need to share and to learn from each other. For this reason we shared the raw data with EURACT's council members and country members quite quickly. The respondents' "tips and tricks" were openly published on our website to inspire and support GPs from all European countries. Furthermore, we believe that inspired GPs can have an important impact on the local (primary) health care organisations and maybe on (local) governmental level too.

However, with this report, we aim to officially spread our data and findings and hope to increase the possible impact on handling a pandemic in the future. We acknowledge that many of the above-mentioned conditions will have changed by now, certainly at this time when the peak of the pandemic seems to have subsided. Therefore, further surveys on this subject should follow. Nevertheless, a learning process has started to help us better deal with future pandemics.

References

1. Lake, M. A. What we know so far: COVID-19 current clinical knowledge and research. *Clin. Med.* 20, 124–127 (2020).
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3. <https://www.euro.who.int/de/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>
4. Dunlop, C., Howe, A., Li, D. & Allen, L. N. The coronavirus outbreak: the central role of primary care in emergency preparedness and response. *BJGP Open* bjpgopen20X101041 (2020) doi:10.3399/bjpgopen20X101041.