



## Practice Survey on COVID-19 Changes May/June 2020

### Practice Survey on COVID-19 Changes May/June 2020

**The ICGP would be grateful for your assistance in providing strong evidence so that we can inform discussions around practice changes during COVID-19 and the supports needed going forward for general practice.**

**We are asking for only one reply per practice - and this could be completed by any staff member.**

**We have tried to keep the information requested to a minimum but also to cover all areas so as a result the survey here will take you less than 10 minutes. We have not made any questions mandatory except the Q1 re consent. Of course, we hope you will complete as many as possible.**

**Thank you for taking the time to contribute data to inform this discussion and ensure accurate information is available from general practice.**

- \* 1. I confirm that I have read the introductory information and email invitation for this survey.  
I consent to my data being used as part of this survey and any publications as a result of the findings.  
I understand that my data will be retained on a secure server and for a short period will be held on a server located outside the E.U.  
Data will only be held until the research is completed and it will then be deleted.
- Yes I consent to the above (ticking this is a requirement to proceed)
- No I do not consent to the above, click DONE at end of survey to exit.



## Practice Survey on COVID-19 Changes May/June 2020

2. Is your practice located in

- A City
- A Town
- A Village

3. Please indicate where your practice is located:

4. How many FTEs GPs and Practice Nurses currently work in the practice overall? Please note we are asking for full time equivalents here so if a PN usually works three days per week that is 0.6 FTE. Please enter in DECIMAL format.

FTE GPs

FTE Practice Nurses



## Practice Survey on COVID-19 Changes May/June 2020

### Practice Changes

5. How has teamwork in the practice changed compared to before the COVID-19 changes?

- Very increased teamwork amongst the practice team
- Increased teamwork amongst the practice team
- Remained the same
- Decreased teamwork amongst the practice team
- Very decreased teamwork amongst the practice team

6. How has connectivity with other service providers (Consultants/Pharmacists) in general changed compared to before COVID-19?

	Very increased connectivity	Increased connectivity	Remained the same	Decreased connectivity	Very decreased connectivity
Consultants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

7. How is the COVID-19 pandemic affecting the practice you work in terms of profitability?

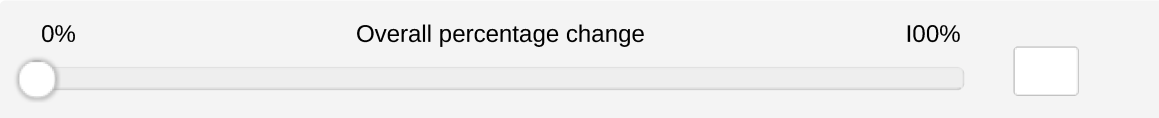
- Practice profit has improved
- No change in practice profit
- Practice profit has decreased
- I don't know if the practice profit has changed

8. If change noted, have you or someone else in your practice had the opportunity to do a formal comparison between your current business performance now compared to the first 2 months of 2020 or this time last year or is the above based on anecdotal evidence?

- Yes, we have conducted a formal assessment
- No, based on anecdotal or informal evidence

9. If change noted, what percentage increase or decrease do you anticipate?

0% Overall percentage change 100%



10. Has the practice you work in introduced any of the following measures to help the business manage the financial effects of COVID-19? Please tick all that apply.

- Have informed staff to take annual leave early
- Have asked staff to reduce their hours and work them back up later in the year
- Have formally reduced staff hours and payment until profitability improves
- Have made staff redundant
- Have applied for the employer wage subsidy scheme

11. If the practice you work in has made redundancies or reduced salaries/hours which of the following possible staff groups have been affected? Please tick all that apply.

- Cleaners
- Healthcare assistants
- Practice nurses
- Advanced nurse practitioners
- Practice managers
- Receptionists
- Salaried GPs
- Other (please specify)

12. What physical/consulting changes have been noticed in your practice? Please tick all that apply.

- Patients waiting outside/in car
- Triage before entering
- Limiting number of patients in waiting room
- No longer use waiting room
- Increased infection control practices
- Structural changes to reception and waiting area
- Telephone triage
- Completely managing 1st presentation fo new problem by phone
- Video consultations
- Increased use of healthmail
- Repeat prescription approach in terms of patient attending practice
- Using e-script
- Using healthmail for prescriptions
- Other (please specify)

## 13. Are you currently providing the following services for your patients?

	Yes	No
Face-to-face assessment for patients with symptoms who may have COVID	<input type="radio"/>	<input type="radio"/>
Face-to-face assessment for urgent medical conditions non-COVID related	<input type="radio"/>	<input type="radio"/>
Face-to-face consultations for bloods only for those with chronic conditions	<input type="radio"/>	<input type="radio"/>
Face-to-face consultations for full consult for those with chronic conditions	<input type="radio"/>	<input type="radio"/>
Childhood immunisations	<input type="radio"/>	<input type="radio"/>
Face-to-face antenatal care	<input type="radio"/>	<input type="radio"/>
Video consultations	<input type="radio"/>	<input type="radio"/>
Safety bloods for those on long-term medication if these are recommended e.g. lithium, methotrexate	<input type="radio"/>	<input type="radio"/>

## 14. Are you able to access the following in your area without referral to emergency department?

	Yes, similar to before	Yes, increased access	Yes, reduced access	No access	Don't Know
Chest x-ray	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital phlebotomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 15. Has your local hospital service provided you with pathways to access the following services?

	Yes	No	Don't Know
Early cancer referral for suspected breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early cancer referral for suspected lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early referral for suspected prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent gynaecology access without referral to the emergency department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent cardiac services without referral to the emergency department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent TIA assessment service without referral to the emergency department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 16. Has your local hospital service provided you with out-patient pathways for those with chronic conditions at the more severe end of the disease who require combined GP and consultant led care?

	Yes	No	Don't Know
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ischaemic heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Has your local hospital service provided you with access to paediatric assessment in terms of any of the following?

	Yes	No	Don't Know
Access to assessment for acute paediatric non-COVID medical conditions without the need to go to ED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pathways for paediatric outpatient referral for those who require consultant input for new diagnoses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pathways for paediatric outpatient for those with existing chronic medical conditions that require combined GP and consultant led care e.g. cystic fibrosis, diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Would you support the development of clearly defined care pathway between GP/community and acute services using an electronic/online system?

Yes  No  Don't Know

19. How busy is your practice overall now compared to pre-COVID-19?

Less busy  The same  Busier

20. Thinking about the last day of work this week in the practice - How many staff (GPs and Practice Nurses) were on duty on the day? Please note we are asking for full-time equivalents here so if someone worked half a day that is 0.5 FTE. Please enter answer in DECIMAL format.

FTE GPs

FTE Practice Nurses

21. How many face-to-face consultations were there on the last day in the practice? Please enter in WHOLE number format.

By GPs

By PNs



22. How many video consultations were there on the day in question? Please enter in WHOLE number format.

By GPs

By PNs

23. How many telemedicine consultations were there on the day in question? Please enter in WHOLE number format.

By GPs

By PNs

24. How many visits by GPs were made on the day in question? Please enter in WHOLE number format.

To homes

To nursing homes

25. Overall, have you seen a decline in non-COVID-19 related consultations from any of the following? Please tick all that apply.

- Under 6's
- Over 70's
- Patients with chronic conditions
- Patients with mental health concerns