GP LINK Lunches | Dr Kerry Chant

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/ political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.

Dr Kerry Chant

Dr Ken McCroary

Ken McCroary - Welcome everybody to a further edition of GP Link Lunches. Today we feature Dr Kerry Chant. I interviewed Kerry a couple of months ago, during winter, while COVID was still very active in our community. Remember if you are not yet a member of GP Link visit the website at sswgp.link.

As we are all well and truly aware the COVID-19 pandemic continues to wreak havoc throughout South Western Sydney and the rest of the country and well globally really.

I continue to deal with the balance of ever increasing infection rates with the evolving strains of virus and different presentations and symptomatology throughout our community. Winter being upon us we have the increased challenges of dealing with seasonal influenza and the other current circulating viral respiratory illnesses such as respiratory syncytial virus and rhinoviruses.

I have recently been working with the Chief Health Officers office at NSW Ministry of Health, Health Protection Unit contributing to the development of the residential aged care facility winter tool kit for COVID-19 and influenza.

Dr Kerry Chant is a Public Health Physician, Chief Health Officer for New South Wales (NSW) and Deputy Secretary, Population and Public Health, NSW Ministry of Health. Dr Chant has extensive public health experience, having held a range of senior public health positions in NSW since 1991. She has a particular interest in bloodborne virus infections, communicable disease prevention and control, and Indigenous health.

Ken McCroary - I was wondering if you could just bring us up to date with the current state of covid play in NSW please?

Kerry Chant - So currently we are experiencing quite high levels of COVID transmission in the community, and it is associated with the wave of the BA4, BA5 Omicron sub variant. We are expecting the wave to be peaking in August, but the size and the shape of the wave is influenced by our actions and clearly by getting vaccinated and maintaining vigilance with testing and remaining isolated and preventing further spread and also those simple practical measures such as wearing masks in indoor environments, all of these are within our control to slow the spread and reduce the impact.

One of the things that came out of our respiratory clinic is we actually set up a second site. Our respiratory clinic is an independent site from our regular practices and then we set up another independent site out at Sydney Olympic Park from last March where we introduced the Commonwealth vaccine program, so we were the offshoot of the respiratory program and we ended up being across the road from the giant NSW health hub signifying how good it was as a location and a site but in western Sydney being a general practice-led service to deliver vaccine was really positive, as well it was one of the first times in the pandemic I felt like we could actively take action that people were positive about. They were always nervous and worried when we were trying to work out whether they had COVID or not, when you are in a position to give a vaccine and to provide advice to patients about preventing COVID they were really appreciative of the help we could provide, so overall I was lucky enough to see some of the real benefits and things we could do to access community during the pandemic and recognise there is still quite a way to go.

Ken McCroary - Yeah, it has been an interesting ride hasn't it, so I know you have an interest in GP wellbeing and doctor wellbeing as well and with all of these changes throughout the pandemic and the new waves of practising with your groups, how have you been able to manage the pressure and stress on your team and have you been putting anything into place that would help with that?

Michael Bonning - Yes we have and again sometimes clinical service need has been everything when everything has been incredibly busy and COVID has been running a bit wild but we're putting more time into getting people together for social reasons for when we could and how we could, whether it was outdoor or in small groups and things so we could remind everyone we are a team and we are together.

One of the other focuses, and it was more around everyone's professional development planning last year, was to recognise there was this big thing that was going to make their practising lives challenging and so as a practice, and also as colleagues, what could we do to progress people's careers and help them launch new things within the practice we want to do more of, whether it is weight management in a comprehensive multidisciplinary way well, how can we do that, you know.

We are struggling more with and I think all practices have seen this with the weight of uncertainty anxiety, moods, conditions in our patients. I think this in some ways this makes the practice of medicine much harder and so how are we actively setting up our service to try and better manage our patients so that in the end we also look after ourselves? And so that single practitioners don't end up with a large number of a certain type of patients, and so a lot of that almost load-sharing in the practice has been something we have had to take much more active care about these last two years. Some of it doesn't cost a thing apart from a little bit of time.

I like to get to work early on a Tuesday and just across and hour-and-half or two hours just try and talk to everyone. Tuesday is our busiest day in practice all of our rooms are full and on that day some people starting, some people finishing, you just get a chance to catch up with everyone you get a chance to have a chat about things, have a laugh, a couple of people go and grab a bite and those little things. I would probably be doing administrative work anyway so why not make it a bit more fun and enjoyable by sitting together with a few others looking through mail or talking about some cases in the practice. It does require a bit of effort but it certainly does not cost much to kind of look out for everyone else and for them to look out for you because that cultural part is what you want just as much as you want to put into it, you want everyone to look out for one another so we have really tried to demonstrate that over this period of time and then to recognise that people need to make changes.

One of my colleagues just really needs to take some time out, a lot going on in their life and the first response from us as a practice is 'great let's pare things back for the next three months and work with you on how you want to play this and how we best look after you and the patients you see. So it's pretty multi-pronged but certainly again any little active step I think is greatly appreciated by your colleagues and it is one of those things you pay forward because you know you are going to need it at some point whether it is this year or next year or years down the track but you are doing it for everyone you are doing it for the culture that will help you as a practitioner in the future as well.

Ken McCroary - So, what are the main aims at the moment from your office and the ministry and public health units around particularly our region but also the rest of our state in trying to manage and try and deal with this upcoming peak.

Kerry Chant - At the moment our focus is making sure we are using full use of the suite of tools we have to reduce the impacts on people, so that is for instance making sure everyone who is eligible is aware of their eligibility for antivirals, that people know the importance of getting tested and know the importance for instance of registering their rapid test so that we can make sure that they get access to the antivirals in a timely way so that is probably one key factor. The second is making sure people understand the evidence around vaccination and the fact that for the Omicron variant two doses of vaccine is not sufficient, you need to have three or more depending on your age and underlying health conditions and we are also trying to give this concept that being up to date is the safest thing for you.

The next component is we really want to focus on vulnerable settings and that would be aged care, disability, corrections and our hospitals to reduce the risk of transmission in those setting where we know there are particularly vulnerable individuals and maintaining that vigilance for visitors to those facilities maintaining mask wearing, making sure people don't go into those facilities unless it is actually themselves seeking healthcare if they have any symptoms of COVID. Balancing the need in certain settings to have visitors for people's health and wellbeing and that is a juggling act and I understand the challenges for aged care facilities at this time but given we are in COVID and it is a long game we do need to know how to adjust our settings in relation to things like visitors, and make sure we have got that strong awareness around the need for not attending those facilities if you have got any symptoms.

And then the other final focus is really and I can talk in greater detail is also making sure we work with those members of the community that we know from our epidemical data of being more greatly impacted by COVID and really work with those communities to ensure that there is no differential access to antivirals, that there is not differential access to things like vaccination and also that they have got a good understanding of how they can protect themselves and the others around them.

Ken McCroary - I think it is probably an appropriate time to talk a bit more about those vulnerable groups you have mentioned - the aged, the disabled, justice health, mental health people from significant health co-morbidity background. One of the really great things I think you guys have been doing is the production of the GP COVID and flu vax and medication toolkit particularly for residential aged care facilities. Can you explain a bit of that to my colleagues please?

Kerry Chant - Of course, so I just want to acknowledge your contribution to the development of that toolkit and to say that we will hope to evolve that product and assess its usefulness in this setting. To do that we discussed some strategies that might be useful and one of those ideas came up in consultation with GPs was having a pre-consenting or pre-assessment model and this was to make sure we had a system so everyone was assessed for their eligibility for antivirals that would work through which antiviral would be suited to them or what medication changes or other things that would need to concurrently be put in place and that that had been discussed with the resident or

decision making next of kin in those circumstances. This was always to make it much simpler for when there is an outbreak or incursion in aged care facilities that GPs could rapidly have confidence in prescribing the antivirals and that we were also conscious that sometimes other GPs will cover for other GPs or there would be an on call deputising service that is providing care and again we felt that this would facilitate those decision making to support patients accessing antivirals in accordance with there wishes.

Ken McCroary - I really like to way it is making us pre-empt. The wave is coming we know that the outbreak if it is not in your facility that you are visiting at the moment, it is coming and being prepared is probably the number one way to deal with this pandemic in this really high risk group we know that they have got the greatest death rate, the greatest hospitalisation rate, the greatest severe disease rate by factor of multiple. One of the things I also noticed during the review we still have got a bit of an issue with vaccinating for COVID in our aged care facilities. We had an initial federal rollout and then there was confusion and mix up and even now a lot of the residents still don't know the status. I have had some issues with trying to figure out who has been vaccinated and who is not. I think there is a bit of an onus on us to look after our patients holistically and that would include their vaccine so in the toolkit it also talks about COVID vaccine, doesn't it?

Kerry Chant - That is correct it also talks about the influenza vaccine and COVID so even though the peak of influenza season has diminished we have seen a decline in hospitalisation and case notification for influenza we still are urging people to get vaccinated for influenza we are always a bit cautious that we might see a later peak so it is always worthwhile to make sure your residents are up to date with influenza as well, so it covers both influenza and COVID vaccination.

Ken McCroary - Yes, and that not just the primary cause which it is for some people particularly for those in aged care there is a high risk for some immunosuppressed people would be a tertiary cause. So, they could be getting fourth or fifth vaccines that they should have already had by now and I think it is a good idea that we are checking that they have all had three, four or five that they are supposed to be getting to keep them safe you would agree?

Kerry Chant - Absolutely, and I think it is also important that if someone has had COVID and you are waiting the recommended period to vaccinate them there is almost a flag in the record and really a prompt for the nurses to check with you to authorise that immediately at the time it is due so that there is no delay in getting those and achieving that up to date status.

Ken McCroary - So double checking that all our vaccines for influenza are also completed could be really important because some of the facilities have not done them yet and it is up to us to be double checking. Sometimes we have to be going out ourselves and doing that. The PHN out here

in South West Sydney actually is able to financially support GPs to do that so if you have got patients not up to date yet I really would suggest that my colleagues do discuss with the PHN as well. Now with the tool kit one of the main issues is getting prepared for people when they do get the infection whether it be COVID or influenza and having even pre-charted a prn medication with the antivirals on them. Now antivirals they are not a straightforward kettle of fish, are they? There are issues with filtration rate with kidney function particularly Ritonavir and its reactions to other medications the Nirmatrelvir has kidney impact so I think it takes a fair while to get these things right. What would you advise us around the oral antivirals for COVID?

Kerry Chant - Well there are a number of toolkits that can actually assist GPs in working through those and obviously pharmacists can also assist if you are needing expert advice in relation to drug interactions. But because of the fact that some of them are complex obviously the molnupiravir is a little less complex with its drug interactions it really is a useful hopefully the toolkit is found useful in working through those issues when you are not trying to be in a crisis when you might be confronted with an outbreak, and you need to assist multiple patients.

Ken McCroary - Yes, absolutely there is online tools that Liverpool interaction kit that will help us, but I went to a facility yesterday of the 164 residents only 14 of them had been pre-screened for COVID medication so if there was an outbreak this weekend there is no way that that is going to be up and running within a five-day period and that is really important we have to start early particularly within five days?

Kerry Chant - That is correct and look I think that is a key learning that we do want to make sure we can really get very timely access the earlier the better so hopefully the listeners to this podcast can embrace the toolkit and give us some feedback on how we can simplify it and streamline it and also how you might be able to access expert advice if you need to through your pharmacist or other things. So, we would also like to know some ways in which people have used the toolkit and how they have streamlined the use.

Ken McCroary - Yes and then a hint to everybody start early getting consents from next of kins and people responsible or guardian tribunals can take some time it took us about three weeks to get our 14 residents at this one place sorted out which is a fair bit of time and we had a one week delay with one of our doctors coming down with COVID so starting early is the only way we are going to get on top of this. You also mentioned the Molnupiravir that is also going to be supplied to the facilities so it obviously actually going to be there so the delay in getting that into people is going to be us getting it charted, correct?

Kerry Chant - That is correct and obviously you can do phone orders and there is other mechanisms for ordering but as I said having that pre work up and pre thinking hopefully will make it easier for you so I mean given that COVID is going to be with us obviously we are tackling this wave but there will be future waves we don't have a crystal ball so we don't know the nature, extent and scope of those but we can predict it will continue to occur in waves and obviously aged care residents will continue to be amongst our most vulnerable so I would urge your listeners to actually actively engage we are really willing to take back feedback and we are planning in consultation with general practice and the facilities to evaluate the tool kit and adjust it so I think it is very much a living document but ultimately what we want to do is make it easier for the antiviral prescribing to occur.

Ken McCroary - Yes exactly and with the antivirals we are also looking at antivirals for influenza as well so we have got the oseltamivir as part of the tool kit and that has got two forks there is the treatment regime and also the prophylactic for those that have been exposed to an outbreak of influenza and there is a bit of issue there with checking people's renal function to adjust doses the 75 or 30mg doses and how often they are getting the doses whether it be bd or daily can you give us some advice about the Tamiflu or Oseltamivir as well please?

Kerry Chant - Yes, so basically some of the key points would be that we are asking GPs and the toolkit allows that to have a recent review of the kidney function so that you can choose the right medication so basically again this means that when you are confronted with an outbreak you can really get that medication into them as soon as possible both the prophylaxis and treatment component. There are also documents that are being developed which really support outbreak response and the public health units are always there 24/7 to support GPs when they have concerns about needing guidance in relation to outbreak response.

Ken McCroary - We were talking earlier about our region the South West of Sydney particular and the issue we have with essentially being previously COVID central we were in curfew, I had to get a permit to drive home after work when the lockdowns were out here because our numbers were so high and we are expecting similar issues this time?

Kerry Chant - I think I draw your attention to the latest ABS report had some insights into how we have performed and highlight some areas we need to work on to address these issues the data is for deaths registered up until June so obviously it has got a number of caveats around it but I think this a previous reports that I have reviewed really highlights a couple of salient features.

One is that those who have died with COVID, the age standardised death rate is two times higher with a country of birth overseas compared to a country of birth being Australia. That rate differential is 15.6 deaths per 100,000 for those born overseas compared with 7.6 for Australian born and there are particular countries of birth that are associated with a very high age standardised death rate and one of those in particular is the Middle East. It is 46.9 deaths per 100,000 also just an interesting statistic is that people born in Oceana, and I know you have a number of Pacific Islander communities in South Western Sydney they have the lowest median age of death at 72.1 where as the median age for other groups was much higher.

So again, this data we are looking at reminds us we have got to do better and target our messages and support for particular groups where there are differentials, another aspect of socio-economic status so the deaths from COVID are three times higher deaths from the most disadvantaged quintile than the least disadvantaged. So, as I have indicated addressing those disparities and outcomes by country of birth and socioeconomic status are a key priority and it really is essential that we continue to do a lot of targeting and working in partnership with infected communities but also work in partnership with general practice practitioners who service those communities and also can give us valuable insights into how we can better support those communities.

Ken McCroary - Yes you are definitely right South West Sydney we have 40% of our residents don't speak English at home we have got a large islander population without doubt we are the number one per annum region in the whole country for dementia so the age groups are here as well, we have got probably twice the Aboriginal and Torres Straight Islander population than the rest of Metro Sydney and so yes it really means there is an increased effort required to get through to these people that are the most vulnerable and try to help them protect themselves and their families to get through this in one piece.

Kerry Chant - I think it is just basically just we have to double our efforts and the communities are amazing in terms of the resilience and we have got much to learn from the communities in terms of their strengths and resilience but we do need to understand what the barriers and how we can provide those services to meet their needs, and I would just like to acknowledge the key role of general practitioners but also pharmacists and other health practitioners who also can give us those valuable insights.

Ken McCroary - Absolutely, and yes apart from us GPs and our pharmacists our practice nurses have stepped up and done an amazing job over the last two and a half years with vaccinating patients, dealing with education, assisting with medications now as well so there are a lot of people out here trying to do some work but we definitely need more support and we appreciate your time, we appreciate all the efforts you have been doing. Now you were mentioning yesterday a bit about repeat infections as well have you got anything to enlighten us about the numbers and the progression we think is going to happen with repeat infections as well going forward?

Kerry Chant - we have just started looking we have intermittently reported on re infections but obviously with the reduction in the re infection period we are now saying that you need to consider you could be re infected within 28 days after you have been released from isolation so sort of that approximately 5 weeks from when your first diagnosed. That just reflects the fact that these current variants have immune escape properties so regardless of vaccination status or infection then you are at risk of re infection.

Ken McCroary - I think that has been excellent advice for everyone in the region Dr Chant, so I really appreciate your time with us today. I guess is there anything else you would like to get out to the GP's working locally?

Kerry Chant - Probably one other comment that I also think that some of the differential impacts with COVID and the death rate is also attributed to underlying health conditions and I just really want to do a big call out for all the preventative work that the GPs are doing and the importance of that chronic disease prevention and also the early detection of diabetes, the management of obesity, smoking I think I just want to do a big thank you to GPs I know we have talked a lot about COVID but you are impacting on the lives of your patients through you great chronic disease management and you pro active preventative prevention efforts.

Ken McCroary - Yes, particularly now with COVID and the adverse effect it can have on these chronic underlying health conditions the diabetes, the heart failures, as well so extra work there for us, right?

Kerry Chant - I really do want to extend my appreciation and is going to be really important you are able to engage your patients about all of that important preventative disease management because we are aiming to optimise health over all so, we need to maintain a strong focus on COVID but over all our objective is to improve the health of your community.

Ken McCroary - thank you as well the support we have had from your team and the state health department has been really superb and the camaraderie and the way we are able to work together for shared outcomes for patient care and for community care really for me has been the silver lining for the pandemic. Thanks for joining us.

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