GP LINK Lunches | Dr Ahilan Parameswaran

Dr Kenneth McCroary (pictured), 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.

Ken McCroary – Welcome to the latest instalment of GP Link Lunches.

Dr Ken McCroary

Dr Ahilan Parameswaran

With the ever-evolving COVID-19 pandemic and its significant impact on practitioners and the community we care for, I have been encouraged and pleased to see GP Link's increasing involvement and collaboration with other health organisations in South Western Sydney. We continue to represent and advocate on behalf of South Western Sydney general practitioners and general practices.

Recently GP Link has been collaborating with South Western Sydney Primary Health Network and the South Western Sydney Local Health District in developing primary care plans for both acute and long term COVID-19 general practitioner and the primary health teams management in the community.

As a member of the COVID-19 Working Group, I have been working with Dr Ahilan Parameswaran from the South Western Sydney Local Health District.

Ahilan is currently one of the two medical leads for the South Western Sydney Local Health District COVID Community Response Team.

He is the deputy director of Bankstown-Lidcombe Hospital Emergency Department and is a visiting medical offer at Royal Prince Alfred Hospital. He is also one of the staff specialists at the Sydney Clinical Skills and Simulation Centre based at RNSH where he is the college supervisor for emergency medicine trainees undertaking elective terms in medical education and simulation.

I was very interested to spend some time with Ahilan and explore some of his insights, particularly with the increasing role of general practitioners in community management of COVID-19. I Interviewed Ahilan at the end of last year.

Welcome Ahilan and thanks for joining me. Can you bring us up to date with what is happening?

Ahilan Parameswaran - Obviously in South Western Sydney we had the highest number of COVID cases out of any of the health districts in 2021. [As at December last year] we have managed probably a total of 22,000 – 23,000 adult patients. At our peak last year we had about 5000 active cases that we were managing through our Covid response team. After the lockdown came in and especially as the vaccination rates increased we saw a fairly precipitous drop in numbers and we actually got down to about 200 active cases at any given time.

Ken McCroary – So its obviously a very changing and advancing space, so just for the GPs reading this, what is the organisation you are representing today and what have you been doing over the past 18 months?

Ahilan Parameswaran - I'm one of the two medical leads for the South Western Sydney Local Health District COVID-19 Response Team. Manoshi Weerasinge is the other medical lead. Our medical service was established in August and we were redeployed from our regular roles, so previously I was an emergency physician at Bankstown as a deputy director there, and also worked at the Simulation Centre at RNSH and also at Royal Prince Alfred Hospital as well.

The medical service was put in to complement the existing nurse-led service, so our Primary Community Health Team had been managing COVID patients in the community since the beginning of the pandemic. As the Delta outbreak worsened there was a need for medical input, medical governance and medical support for that existing team so that's where we came in. What we did was essentially establish the medical service which at its peak had about 30 consultant doctors from a variety of specialties, a lot of them from ED, but we also had people from geriatrics, respiratory and quite a few other specialities.

As the numbers decreased we also decreased our staffing and we are sitting at about 10 at the moment. Our role has shifted a little bit from during the worst of it, when what we did was supplement the nursing reviews of some of the very high risk patients and in addition to that we also took escalation. If a nurse was calling a patient and they were worried about that patient they would escalate to us and we could do a telehealth review of them.

As we have moved into this new phase with lower numbers the medical team is there purely as an escalation service so if the nurses call a patient and are worried then they escalate to us and we review them. The service itself, in terms of its purpose, is not so much to manage patients at home or manage deterioration, it is more to monitor for deterioration.

Obviously when providing care via telehealth there are a lot of limitations on what you can do. It is very difficult to do a lot of things and particularly with COVID, a lot of the interventions really need to happen in an in-patient setting. The thing with COVID that is interesting is that people can get sick before they symptomatically get worse.

Everyone will have heard of silent hypoxia, so that's where the nursing and medical team has come in, is to pick up that deterioration early, before the patient may necessarily be aware of it, so that when patients go into hospital, they're not presenting in extreme circumstances requiring resuscitation and intubation in ED.

Instead they're presenting earlier in their disease course where they can get disease-modifying therapies like dexamethasone and oxygen and potentially have a shorter stay in hospital and reduce the requirement potentially for intensive care. Our service is really about monitoring for deterioration. There is an element of managing some of the common symptoms of COVID, but it is very much focused on monitoring these patients and picking up when they become unwell and then making sure they get to the right place to get the specific treatment they need.

Ken McCroary - So as you know we are a local organisation here in South Western Sydney representing the local GPs and there is quite a bit of concern and confusion about the management moving forward of acute Covid in the community. We have discussed this at length, and you've been really reassuring about the risks and what the role is supposed to be and the small distraction essentially of the $25 item payment. Are you able to expand on that a little bit for me please?

Ahilan Parameswaran - I don't want to necessarily speak for the Commonwealth and I'm not quite sure of the reasoning behind that $25 rebate. I know that there is a lot of concern, every GP website and article, as soon as I scroll down to the comments section, I can see just how concerned people are about it. The view of the medical service is essentially, if someone is sick enough or you are worried enough about them, that you think you need to do a face-to-face assessment, that they probably need to be in hospital.

There is very little you are going to be able to achieve by going out to a home apart from potentially listening to the chest which is going to tell you what you already know – which is that the patient is sick. And if you need that level of intervention then why not get the patient in the ED where someone can do that and also get an x-ray, get a greater set of investigations and make a better assessment of whether that patient is unwell or not and whether they need to come into hospital.

That has always been our approach with the C0VID-19 Response Team and we almost never do home visits. The exceptions have been that some patients require INR testing, and also there are obviously a lot of patients who were in isolation with their families and their families required swabs so we had a swabbing team that would go out and swab those patients. Certainly from the medical service, we never did a home visit and I never felt that home visits were really missing from our service.

Ken McCroary - That is very reassuring, particularly when you were talking previously about the telehealth involvement and the digital monitoring would be a more important role that the GPs would be playing. So in terms of supporting and helping and advice from yourself for the GPs and their general practices in South Western Sydney, what can you tell me about what you envisage things to look like over the next few months? What reassurance can you give them about the monitoring if they do take on patients, it will be more telehealth-related rather than face-to-face I guess?

Ahilan Parameswaran - I think the district has been managing all the adult COVID patients for this long and there is no intention from us to dump or shift the responsibility entirely onto GPs without any support. I don't know if we even intend on entirely sending these patients to GPs. What has happened is that there has been a lot of messaging from a state and federal level that GPs need to be involved in the care of COVID patients and certainly a lot of GPs have said they are the right people to be looking after those patients.

So from our point of view we want any transition of care, for any GP who wants to be involved – we actually want to work with them and not have completely separate silos of COVID management.

In terms of the support we want to give, hopefully by the time this interview is printed we will have started doing our education sessions for GPs – our medical team has a lot of experience managing these patients.

What we have found in terms of signs of deterioration, or how patients deteriorate and when they deteriorate – we want to share that with GPs.

The other thing with our medical service is that in the same way that nurses escalate to us we would like to be an escalation service for the GPs. So if you're doing a telehealth assessment on a patient and you're not quite sure what is wrong or you just want some advice or practical guidance then the South Western Sydney Local Health District is intending for our medical team to be that escalation service for the GPs, so they can call the number and be put through to the medical team and then get that assistance if needed.

We have a lot of resources in terms of all the procedures and protocols – everything we have had to develop during the past six months or so, and that's there for everyone to use and we are very happy to share that. From a telehealth point of view I think GPs have been doing that already for a long period of time, so in terms of those particular skills I suspect we'd be teaching people to suck eggs. The only thing that is different is really the actual disease that you're managing via telehealth, that's where we can potentially provide a lot of assistance and education.

Ken McCroary - That's been so informative and hopefully been reassuring to a lot of my colleagues as well. I will finish up here, any further or final comments that you'd like to throw in for the GPs in South Western Sydney?

Ahilan Parameswaran - The only thing I would say is I know that communication channels between primary care and the Local Health District are limited, and a lot of people feel that they are inadequate, but what we have in terms of being able to communicate with GPs is the Primary Health Network so the only bit of advice I could potentially give is to keep an eye out for the Primary Health Network communications because if we're trying to get a hold of GPs that's probably the channel that we will come through.

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