GP LINK Lunches | Dr Manoshi Weerasinghe

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 Manoshi Weerasinghe

As a recent co-presenter for a combined South Western Sydney Local Health District and South Western Sydney Primary Health Network webinar on COVID monitoring, post-COVID and long-COVID, I met Dr Manoshi Weerasinghe from the South Western Sydney Local Health District.

Dr Manoshi Weerasinghe is a Consultant Physician and Geriatrician, and is the co-lead for the South Western Sydney Local Health District COVID-19 Community Response Team. She currently works as a staff specialist in Geriatric Medicine at Campbelltown Hospital and is the director of the Campbelltown 'Hospital in the Home' service. She is a Fellow of the Royal Australian College of Physicians.

Manoshi completed her MBBS with honours at the 140-year old Faculty of Medicine at the University of Colombo in Sri Lanka. She trained in Specialist Medicine and then in Endocrinology & Diabetes in Sri Lanka before coming to Australia in 2010 to get further training in Endocrinology. After deciding to continue her medical career in Australia she gained experience in General Medicine & Neurology before training in Geriatric Medicine at the Nepean, Campbelltown and Mona Vale Hospitals in NSW.

In addition to her MBBS and the FRACP, Manoshi is also a member of the Royal College of Physicians of London and has a Doctor of Medicine degree from the University of Colombo. Manoshi has conducted research in the fields of falls prevention, medication management and frailty.

I am very interested in hearing further from Manoshi about her experience with managing COVID-19 in the South Western Sydney community and her thoughts with the likely increase in contribution of general practice to the ongoing COVID management and the management of post and long COVID.

Thank you so much Manoshi for joining me and welcome to GP Link lunches and can you give me your take on on COVID.

Manoshi Weerasinghe - I was actually taken into this role because I lead the ambulatory care in Campbelltown so it's because of the 'Hospital in the Home' expertise that I was brought into this team.

The numbers are not the issue, it's how severe the infections are, how much intervention in required and how much time each clinician has to spend on each patient. That's the important thing for GPs as well – how much time you need to invest in each patient.

Initially there was a lot of apprehension, even within our medical team, even though we had very senior consultants, because everything was new – there was no protocol for most scenarios. For example, I had a situation where the mother was in hospital and then the father was hypoxic needing to be in hospital and one child was sick, the other two were not yet sick. There's no protocol to sort that out on the phone, right? So we just had to make decisions on the run, the sick child had to go to Westmead kids so we determined they would all go to Westmead as a family.

Situations like that were daunting and things like that GPs will come across and deal with as they go, it doesn't take long to pick things up. By September everyone knew all the questions, all the answers, and the team upskilled very quickly because they had their senior expertise in the background, not necessarily COVID-related but its still clinical decision-making and judgement that is needed at the time. That's something that you can emphasise to the GPs, that it's not as daunting as we think as long as we identify the risks and the deterioration there are pathways to deal with patients. Except for two of us, none of us were respiratory physician.

Ken McCroary – We first came in contact during a co-presentation on long COVID. Now, if you've had 23,000 cases patients in the community that means we're looking at about 2,500 expected cases of long COVID just locally and that's going to fall to GPs to manage. Can you give me a run-down on your experience and advice to GPs in dealing with long COVID?

Manoshi Weerasinghe - The bulk of long COVID will need to be managed by the GPs because there is limited respiratory clinic support so there'll be very few patients who can be accommodated into a respiratory clinic and the rest will have to be managed in the general practice setting. What happens with long COVID, what we see in the community, is not severe long COVID – we see the less aggressive ones.

The people who end up in hospital with severe disease are the people with lots of complications, lung issues, de-conditioning, frailty, that's the admitted population – that is the cohort that the medical team would be managing.

The GPs with the support of their allied health teams, will manage the remainder of patients suffering long COVID symptoms, and some of these will end up needing respiratory support and rehabilitation support, multi-disciplinary care, potentially including geriatric care. That is something we will have to look into more extensively at a district level.

In the GP setting it will be essential to use the allied health support, for example dietitians, physiotherapists and exercise physiologists, to cater to the long COVID less severely ill patients. That will be a learning curve for everyone because this is a new disease and we don't know what the long term implications are going to be.

Some patients may end up on home oxygen for example, which would need to be managed by a respiratory physician, whereas other patients will have lung problems but not necessarily need that level of expertise but still experience a general decline and they will be managed by their GPs. We will need to monitor this carefully to prevent this scenario and make sure that this frailty doesn't last into the next 20 years.

Ken McCroary - With the long COVID symptomatology, the chronic heart and lung disease, the significant mental health impacts, the musculoskeletal problems and the fatigue, tiredness that people will be getting, how would your organisation be able to support the local GPs with this moving forward?

Manoshi Weerasinghe - I think there are talks at the moment about establishing clinics for long COVID. The respiratory clinics are already accommodating most of these very high risk patients, but I'm not sure what the district-wide approach is going to be at this stage in terms of expertise, funding and set-up for that kind of clinic.

Ken McCroary - With GPs being uncertain and unsure about being involved with acute and long COVID management, what would your advice be directly to the GPs who are on the fence or confused and either getting some information, or misinformation about whether they do step up to participate in long COVID management?

Manoshi Weerasinghe - I would say this is an opportunity. For Ahilan and myself, we didn't have COVID experience apart from what we had seen daily, but we had to step up to the role.

COVID is going to be one of the chronic diseases that we have to deal with but it is new and we have to adapt accordingly.

I would say to the GPs to just start doing, start seeing the patients, and they will learn as we evolve. Each hospital will have its own respiratory team, or its expert COVID team, and they will be more than happy to be involved in the ongoing care. They don't necessarily need to see all the patients but they can facilitate the support, potentially with the help of the respiratory clinics when necessary. We will need to develop models of care for the future management as we all gain more experience, but the first step is to start seeing the patients.

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