**JDMGP**

**Thanks briefing etc**

GP – Linwood Med centre

10 years Female

Teaching at Uni and DHB

Maori whakapapa to Te Arawa, Ngai Tahu (a convers about dialect Ng Ka)

Train Auckland 7 years then worked mostly SI. Originally Invercargill

1 year GP in South Auckland

(John explaining his migration)

**Focus here is Covid but also may be stuff you do outside on telemed**

Do maybe 1 tele consult a week now (only see pts for 1 day )

All tele med consults during Covid

Pts at home in lockdown?

Yes all at home in wee bubbles

No pts in rest home – 1 doctor looks after them

Used telephone phone not allowed to use zoom cause of privacy and our practice doesn’t have online one you can purchase.

**Practice wide decision?**

Pretty much yes – so quick

Mostly our concern out pts and they wouldn’t have access to computers (cost availability)

**Any consultations with more than 1 other HP?**

No not at same time – no

Would talk to a pt then speak to someone else

Had some previous experience? – no do it now did not do it before

We always called with results but not full consultations

**Did the absence of a face image alter dynamic of consultation?**

Yes face to face much better particular with mental illness or if someone unwell nice to see

Diff to do whakawhanaungatanga on phone - but you can

Hui process and Mihi mhi and as part whakawhanaungatanga I would ask about migration

Really nice actually

Helped with ID of pts

**What learning experience - for telemed?**

Came up with a tele hui process with students to help them

ID self roles why speaking them making a connection – pts worried about what happening in the practice that was what I would share

Lack image makes you work harder on things eg ID structure easier on phone – sometimes easier Face to face more casual. On phone have to follow structure

**Any consultation you thought its OK But???**

Did consultation if had to be seen, send onto clinic to see someone else -triaging and sending in if necessary

If thought they could wait till I was practicing would book to see me but could send to someone if needed to

**Guides for us but not pts any thoughts about How engaged were pts**

I think my pts were really engaged, I was directing it made sure a nice structure. Everyone was really respectful lock down and a little scared. No complaints knew could come in if they needed to see one of us. Respectful of lock down but knew they cld come in

Not that fussed though as very few want tele consults now

Yes its mostly my younger working pts that don’t want to come in

Catch up check on symptoms etc.

**Vary approach to Maori clients?**

The Hui process worked well that I transferred it over to everyone except use of Te Reo and thinking about Maori epidemiology – particularly sore throats – could not swab – so prescribed antibiotics

Got a spike in Rheumatic hear disease now post covid

(John commented on hui process)

What we do a lot know is texting we do a lot now about scripts etc.

**Any critical incidents aside from Rheumatic fever?**

(John e.g. privacy, whose with them etc. abuse contraceptive advice )

Re Privacy

Asked is it Ok to talk now?

**With regards to vulnerable pts – controlling indvidula injury someone else controlling conversation? (John)**

Did not come up against that – but maybe I missed something

**Do you have a structure?**

Yes that was …not giving you a lot am I

Notes in tele med consult very careful things like . pt verbally identified recording unable to examine etc

**Anything that enabled consults to work ?**

Home and in practice was that we did get patients in did not have to be fully telehealth speaking to pt at home

There was a bubble of others they could see. So I did not feel unsafe at all.

Had practice bubbles as a team

**Still using phone now?**

Yes younger and pts I see a lot - of tele consult saves them coming in

Pts I see a lot – chronic pain , mental health tele med in between

**Anything with benefit hindsight that was problematic**

1 point

Rheumatic fever stuff thinking about treating

Should all stay at home over winter COPD pts all stayed well

Secondly – pts that usually end up in hospital all stayed well. I became confident at teaching pts how to treat themselves at home. COPD and pain management at home worked well

But older that wanted to come back

**Any training ?**

Something on GP web page and NPS??

**Did it help?**

Scared me actually all thigs that could go wrong – medical legal as well,

That why notes were so meticulous – terrified me

Concern about inequity – Know about rheumatic fever -will be interesting to see what comes form that

(Joh digital divide) Our most vulnerable pts cannot access – get left behind again -

**(comments from John)**

**Can tech we used now work for Maori?**

Can. Did for mine depends who is on the other end of phone

For clinical staff keep in mind risk factors. Epidemiology but people have trouble with that in their face to face consultations as well .

**Role marae based health workers any contact?**

Maori community responded incredibly.

Whanua up North – road blocks etc PH ambassadors

Locally Rehua dropping off food parcels medications to my pts and Kaumata

**Any Tele Med from them**

? after pause

Yes Maori mobile nurses were doing consults – *DR* - Maori Diabetic nurse doing tele med consultations dropped off medication letters etc to my pts Doing telemed consults