Hi Tika,

All good. Just 2  points, where I say that it is hard to consult with  people on the phone who have  accents and I mention Indian, I really mean any ethnicity where English is  a second language.

Secondly , I mentioned that patients could not see private consultants in person  during lock down. However some  consultants were doing  telephone and zoom  consultations.

Regards

Joanna

Tika Ormond: So, um, first of all,

Can you send through- you'd read the consent form.

Tika Ormond: I'll get you to send that through. Yeah.

Joanna Thwaites: Look, I sent it through.

Tika Ormond: Oh, OK. So I'll just need to check that and I'll get back to you if I haven't got it.

Joanna Thwaites: Okay, yes. I mean, I could see that this will be recorded that I might that someone may come back and show me what they've edited that

Tika Ormond: Lovely.

Joanna Thwaites: All that kind of stuff. And that is used for research

Tika Ormond: Yeah, thanks. Yeah, so, um, do you have any questions before we start the interview?

Joanna Thwaites: Know you are up in speech language - is this as much to do with communication

Tika Ormond: It's more to do with. So it's an into professional research project, looking at people's use of tele health during Covid and what supports where there out there. What have you learnt, and what do we need to think about going forward, because we know it's not going to go away.

As in tele health

Joanna Thwaites: So, okay, let's well as kind of I suppose you might think at the end of the day, it's still a little bit to do with communication.

Tika Ormond: You're quite right. It has

Tika Ormond: To do with communication you're quite right

Tika Ormond: I suppose it's also to do with what supports are around the the IT side of it and … Yeah, so we'll go into that with the questions. Okay. All right. So in terms of your discipline is you are a general practitioner you are a GP.

Tika Ormond: And how many years have you been in practice.

Joanna Thwaites: Thirty even years.

Tika Ormond: 37 years Excuse me.

Joanna Thwaites: Been 37Yes, in January.

Tika Ormond: Wow.

Tika Ormond: That's amazing. Congratulations. And so can you just give me a sense of the ethnicity background of your patients.

Joanna Thwaites: Predominantly Pakeha, predominantly middle socio economic range. Very few Maori and Pacifica

Okay.

Tika Ormond: Okay, great. Any Chinese

Joanna Thwaites: Thereis quite a few Chinese - a few

Joanna Thwaites: South Americans, a few

Philipinos. Not as much in my own particular branch but interesting the younger doctors in my practice now have got a much broader, more broadly, diverse population.

Tika Ormond: Okay, great. Thank you. And so in terms of your role it is being a GP. So in terms of that service that you would say, now we're talking about purely around lockdown three while lockdown for but level three and level four what service where you providing in that time.

Joanna Thwaites: I was at work every day during what had to be done in if necessary. If necessary I would call the patient into the surgery but I was offering telephone consultations.

Tika Ormond: Got it.

So they would be a range of assessment and sort of follow up type services.

Joanna Thwaites: Both to follow up. Hello, Dr. my back is not better and so do you think we could have an x ray kind of thing. All done on the phone.

Joanna Thwaites: And then the other ones might be a new problem, like I have got a bit pain. So it could be new problem musculoskeletal problem or abdominal problem or reflux

Joanna Thwaites: Could be a new problem or follow up problem or probably simply someone who wants to have a chat to follow up to let me know how the mood is going because I want to follow up their antidepressant medication Someone who might just need a need a repeat of blood pressure pill doesn't feel so awkward not seeing a doctor but at the very least they like to talk about. Something as simple as just a repeat blood pressure because that works.

Tika Ormond: So you've talked about people with mood disorders reflux blood pressure back issues. You said something else. And I've lost it. And I'm looking at now the range of patients. So was there anything I suppose here, the question would be, what was - you looking at the whole

3

Tika Ormond: What am I trying to say here is in terms of……

Joanna Thwaites:. I mean, there were very few young people ringing in

Joanna Thwaites: Okay. Like, I would say. Very few people younger than 20 if that case it will appear. Parents would ring on their behalf.

Joanna Thwaites: And they'll be very few over the age of, say, eighty. Yeah, I'm

Joanna Thwaites: Not quite sure are we just talked about those four weeks of level four

Joanna Thwaites: Not sure happened to the older people

Tika Ormond: Well, that's where you see we go, you got that whole change, didn't you, in terms of presentation of strokes and heart attacks and all of those different things. They. I mean, they just went silent didn’t they

Joanna Thwaites: They did. They went so silent. On man rang me and said, Want to talk about my chest pain I had last night. Well, I said, look, I'm sorry. You have to come in. I can't do that on the phone.

He came in and next and I was driving them into hospital.

Tika. He had an acute heart thing

Joanna Thwaites: And he ends up being okay but there's that some people were just a little bit too cavalier

Joanna Thwaites: Or yes, I just didn't know it was pretty bad, but they just put up with it. But then when it comes to hospital?

Joanna Thwaites: Got it, got it.

Tika Ormond: Okay. And thinking about this, how much Tele health had you done before this whole experience.

Joanna Thwaites: Very little. Usually I would actually ring a patient and say this is your result and this what we need to do or I would send a text.

Some of the older people. Who were deaf may have an alternatively sent an email into the practice of it was another way of communicating with them through lockdown.

Joanna Thwaites: An email would come in to the administration staff and it will be forwarded to me here and bit random not Tele health really Occasionally they ring the nurse. Do you think I need to see the doctor about such and such.

Tika Ormond: Yeah, okay. And so, um, In terms of the platform that you used

What did you get told what to use

Joanna Thwaites: No. All we were allowed to do whatever we did ourselves. I chose to use my own private cell phone in my iPhone because it has good hearing and I can be private and walk around with it.

Also not jamming up phones at work. Taking up a land line

I just want not jam up a landline so I just used my iPhone. One of the other doctors, who's very tecky. She's zoomed people she got into zoom very fast. She seems to know what about that kind of stuff. But the other doctors or the other doctors that at our practice all

Were ringing people, which is perhaps not worth a lot, not, not, I mean someof them you you just talked

Tika = On the phone. Okay. And so that was okay so

Tika Ormond: I suppose, then my question, there would be, what did you lose from not having that

Tika Ormond: Like we are now we can see each other. What did you lose by having audio only do you think

Joanna Thwaites: Well,

People didn't come with lots of different .. there's no extra complaints. They didn't say and by the way, look at this. And while I'm here could you please check this. They got right to the essence of the problem.

114

00:10:17.700 --> 00:10:22.800

Joanna Thwaites: There was not much deviation. People will come to talk to them. I have a list, they didn't. I didn't have lists. Just, it was just the problem

Tika Ormond: Problem. Okay.

Joanna Thwaites: And some people I would do a lot of time talking to in the practice and they were not the sort of people that did. You would pick that people were quite happy to get off the phone.

You might think as a correlation people who chat chat chat chat in person in person when you've got them on the phone didn’t

An obvious person to listen to on the phone. They're not as chatty as quite

Tika Ormond: Then I've heard other patients say, well, actually I found it easier, being on zoom or on Tele health because I found I could talk more about myself than when I'm actually face to face with the practitioner.

The vice versa bit

Joanna Thwaites: That are the more about themselves. More listening to the..what the actual complaint the presenting that complaint. Less distracted. More focused from my point of view

Joanna Thwaites: I think it's possible that because that's, that's one of the reasons too they're not distracted by all the other things

126

00:11:16.560 --> 00:11:28.800

Joanna Thwaites: I mean would be interesting to hear what they say. But, so, yeah. Could you say and what do you think about this. And check this skin lesion. So I just focus from my point of view, and I suppose you know yeah

Tika Ormond: No, that's good. And so

Did you feel that you needed any support with that modality in terms of being able to do a service like that.

Joanna Thwaites: I would like to have had a system with a phone could be attached to my head.

Then I could have been typing at the same time.

Tika Ormond: Oh, sorry. So if you'd had a headset your phone.

Joanna Thwaites: My phone up like this and then I was doing single thing with my computer

Tika Ormond: That you couldn't put it on speaker phone because then it wouldn't be a confidential phone call.

Joanna Thwaites: You could have done that. But, um,

I didn't do that I

I could have. I could have done so after but also as often and even the way I work as I listened intently to the patient and give them my attention. Then right up

Joanna Thwaites: I abbreviate what they've said. Sometimes I would if I didn't write that the consultation at a time, I would forget later than some of the details which doesn't help.

Joanna Thwaites: In terms of support Pegasus health where offer saying, Do we can we help you can we support you.

Joanna Thwaites: Okay. And I think that they would have been very good. IfI had said look I really wants to do, zoom, now that I've done, … I've seen there is another thing is another thing you can do patients called??

Tika Ormond: Yeah, there's another one. Yeah, there's a few platforms. Now,

Joanna Thwaites: Basically could have done FaceTime, but I didn't really feel it would add a much more

Joanna Thwaites: Like myself. Yeah.

Tika Ormond: Okay that's good and and

Tika Ormond: Was there any difference for you between level three and level four

Joanna Thwaites: Years was a huge those people just that we were totally encouraged not to get people to come and during the before to stay away from doctors surgery. So the only people we were seeing will be sick people.

Joanna Thwaites: Sick people who might have viruses and stuff. And like we might each doctor might see a couple of patients a day from, you know, from 15 or 20 so a lot was very different.

Joanna Thwaites: In level three ot loosened up people came in.

Joanna Thwaites: It was usually much closer to business as usual than level 4 for which is not business as usual.

Okay.

And

Tika Ormond: Do you think, apart from what you said before about

Tika Ormond: Those people who used to be chat, cha that and cover a

list. Was there any other

Tika Ormond: Sort of people from any different group that found it more difficult or different like did you have to approach things differently with different people.

In any sense.

Joanna Thwaites: (Long paused) Now you mention it I would have thought it might have been more difficult if I had someone with an accent like someone like an Indian or some of those patients

And I don't really remember them ringing in that much.

Tika Ormond: Okay.

Joanna Thwaites: Don't think

Joanna Thwaites: So no, I can't think of anything off hand and

Tika Ormond: That's fine, that's fine. You've already mentioned the one where you drove the guy in obviously with the heart issue. Were there any other critical incidents that felt difficult to deal with in that manner; under Tele health

Joanna Thwaites: Sometimes we would give, no not particularly,

Joanna Thwaites: If somebody to pain. I would say if you've got this, this, and this, you need to come and but if you got this you are safe to wait till tomorrow. So we were still able to triage at that level. Um, the other incidents.

Joanna Thwaites: Just, I think people seem to be well

Tika Ormond: Yeah, they

Joanna Thwaites: Do they were well. They were at home.

Joanna Thwaites: Yeah, we didn't have to do anything. And that was a nice weather all those kind of things. So the thing with the people that we rang

Joanna Thwaites: Some people might ring us - just I can't come in, but my my injury is still bad . Could you please to see the form to the ACC or ACC has do that without seeing that that examining the patient. So that was good

Joanna Thwaites: Working and Income said no, you don't have to see patients will just like keep all the benefits going to meet CSI.

Joanna Thwaites: Or some other routine bureaucracy bureaucratic stuff we

didn't have to do. And it was quite good.

Tika Ormond: That's very good.

Joanna Thwaites: But those that ACC and Work and Income were very supportive. For patient actually made it easier

Tika Ormond: About that going on from there is, how did you work into if you needed to refer to other health professionals, was that sort of stopped at that point, or did you just

Joanna Thwaites: Well, especially the private specialists didn't want to see people

Joanna Thwaites: No, so we would, I would say, look, I think you need to see a private suspicious and I do the referral, but nothing will happen till after lockdown

Joanna Thwaites: lockdown

Joanna Thwaites: To go to hospital we would just say, look,

Joanna Thwaites: Stay at home.

Joanna Thwaites: Or when the emergency departments. I think you should go to the hospital.

Tika Ormond: Right. And did that feel like a frequent thing that you had to do

Joanna Thwaites: No,

194

00:17:21.450 --> 00:17:21.870

Tika Ormond: Okay.

195

00:17:22.230 --> 00:17:25.020

Joanna Thwaites: Okay, had remarkably little acute stuff.

196

00:17:25.350 --> 00:17:26.460

Tika Ormond: Yet, and that's what… Because

Joanna Thwaites: We were bit short staffed. DR wise

Tika Ormond: Yeah.

Joanna Thwaites: I occasion I had to triage or talk to one of the other patients have a doctors patients.

Joanna Thwaites: And I didn't know them.

Joanna Thwaites: It was ok but better when they where - I knew my own patients.

Joanna Thwaites: I didn't know. If you gave them time and talk to them and ask the right questions. You got the and usually the same ended satisfactory for both

Joanna Thwaites: Was more difficult for people when I was talking to people. I didn't know. If you gave time got there. Usually satisfactory for both

Tika Ormond: Yeah. And so how did you, how did you get round that

Tika Ormond: Know, calling, you know, how did you get around that. What did you do to

Joanna Thwaites: Well, I would just . I did have the medical files in front of me.

Tika Ormond: Cool.

Joanna Thwaites: So I was, I was real quick check of medications that they were on, no problem. So I get an idea of what they were like,

Joanna Thwaites: Yeah, Then I would get them to tell the story what the problem was. We would muddle our way through really o

Joanna Thwaites: Know, I didn't even that situation didn't have to bring them in, really.

Joanna Thwaites: quite happy just if I was happy talking that their situation they were having to wait.

Joanna Thwaites: Yeah, I'll take that can wait.

Joanna Thwaites: Yeah, it was, it was quite good.

Tika Ormond: Excellent. So how was the timing aspect for you in terms of appointments in that view.

Joanna Thwaites: Well, there's never a good, a good

Time is never good for me at work.

Joanna Thwaites: Right, the phones. The phone calls were meant to be 15 minutes

221

00:19:02.370 --> 00:19:08.550

Joanna Thwaites: Okay, if the patient wasn't home at the particular time. Or if I had something interrupted

222

00:19:09.330 --> 00:19:20.400

Joanna Thwaites: I felt sorry for people who are booked into a phone consultation at 10:15 then may be something that happened at work or maybe I'd had to see somebody and then I might be ringing them up at 11:15 and I felt a bit bad about that .

They were still given a 15 minute concert but teach have a 15 minute consultation on the phone.

Tika Ormond: Okay, okay. And did you get any feedback about how people felt about that

Tika Ormond: The service.

Joanna Thwaites: On the whole people would have preferred to see the doctor in person.

Joanna Thwaites: But the interesting thing is that some people have continued this now.

Yes. Say can I please have a phone consultation, because it's now becoming the norm

Tika Ormond: A new norm.

Joanna Thwaites: Haven't Had anyone phone consult today maybe when nice today rather than the person come in, they just wanted to discuss on the phone. So it has started

A new norm. The other thing is people with rashes and people with skin conditions that they just want to know, like that guy I talked quite a lot to do with on the phone during lockdown sent an email with a picture of a skin lesion and was able to say, Look, it's nothing to worry about.

Joanna Thwaites: And so it's made a bit yes it has made it ..

saved time coming in

Joanna Thwaites: Especially if get more More covid

Tika Ormond: You know, yeah.

239

00:20:27.510 --> 00:20:27.930

Joanna Thwaites: God

Tika Ormond: And so okay so people prefer to come in. But for some people it's becoming more of the norm.

243

00:20:41.370 --> 00:20:48.840

Tika Ormond: And so in terms of that structuring of appointments and things like that. How did was that done

Tika Ormond: Reception

Joanna Thwaites: Online. It was done online. So people would people who would normally make

Joanna Thwaites: An appointment with me online.

Joanna Thwaites: Uh huh, through our website.

Joanna Thwaites: You're saying we are not giving appointments with out , dah dah dah – you will need to make a 15 minute telephone

Joanna Thwaites: Telephone appointment.

Joanna Thwaites: Right. And if they didn't like that they would have to be triaged. Traged bad news. First of all, before with or even by me before we get them to come in

.

Tika Ormond: Okay, so how, what happens if it, if you need (pause) . So if you needed more than 15 minutes you get, like you said, you just take more time and then you'd be late for the next one. Is that how it works. Sort of thing.

Tika Ormond: So yeah and so have you gone from phone to zoom now or are you still preferring phone rather than zoom

Joanna Thwaites: Phone

Tika Ormond: Fine, fine. So would you move to zoom for it or not.

Joanna Thwaites: Or you, I suppose, if you think about it from my point of view, I have phoned patients CDs, 37 years is necessary to tell yourself to

Joanna Thwaites: See, have I were to say, Look, I've had a cock up of the medications or something . I'm really

Joanna Thwaites: I have always phoned patients so it's very easy to pick up the phone and just Yeah,. So although that was slightly different different as the patient is requesting a phone consultation.

Tika Ormond: Yeah.

Joanna Thwaites: I'm so used to using the phone just to talk to people

Awesome so long for whatever reason. Yeah. No, I have no particular is that I don't ….

Tika Ormond: Ya know, fair enough. Absolutely. So do you think I'm going forward with these patients that are now. So if patients ask you to zoom would use zoom

Joanna Thwaites: If they really wanted to zoom. I could do it. I would do FaceTime, or what's the other program called –docseeme?

Tika Ormond: Something like that.

Yeah. Yes. Okay.

Tika Ormond: Okay. And so going forward. Is there anything else that you're thinking in terms of changing practice for tele health or for that those platforms for yourself.

Joanna Thwaites: Me - no. No, I'm happy just doing it as it is

270

00:23:05.310 --> 00:23:06.060

Joanna Thwaites: Easy as okay

Tika Ormond: Yeah, and it feels then just it's more like an extension of something that you've been doing for years, but you're just doing more of it.

Tika Ormond: Yes.

Joanna Thwaites: And it's been initiated by the patient, rather than me.

Joanna Thwaites: So if I see a result.

need to see so and so

Joanna Thwaites: In this situation, the patient is initiating the telephone contact, not me. So that's the only difference

Joanna Thwaites: Do you see.

Joanna Thwaites: So I wouldn't want to have a consultation, although sometimes it's what would end up a result might come, I think, oh gosh, I'd better ring to tell her. I'll be to bring them to say this is a saturation and ……

278

00:23:41.400 --> 00:23:46.470

Joanna Thwaites: Yeah, so I would initiate this call that phone call and it would actually

Joanna Thwaites: Usually be a kind of consultation, I guess, in this case, the patient is ringing and requesting the consultation. Yeah. So, the ball is in their court

Joanna Thwaites: I don't know.

I just don't think I could be zooming different people all day.

I'm seeing them all day though. That’s ridiculous

Tika Ormond: It's great. Yeah, that's wonderful. And I think that's

Okay, so one last question would be,

Tika Ormond: In terms of tele health and covid How you feeling?

Joanna Thwaites: Well, I feel now that we have what we what we've done so far is that what if we wind down to lock down again. I feel very comfortable doing what I did, I think,

Joanna Thwaites: One of the, one of the things we have also been forced to do is

Joanna Thwaites: electronic prescribing which we hadn't done before we email prescriptions directly to the pharmacy.

Tika Ormond: Right

Joanna Thwaites: So patients can just go straight to pharmacy and pick it up. Less paper

Joanna Thwaites: I think in terms of another lockdown. We've got a few strategies we didn't have before

Joanna Thwaites: Also paperless prescription, so to speak, they just go to the pharmacy, the pharmacy can just handle it

Yeah. Um, I think people would know that they've survived and we're locked down. We're not doing very much - health better often be so when you're not so busy and not rushing around

Joanna Thwaites: And who knows, I might even change my stance about zoom.

299

00:25:25.710 --> 00:25:27.690

Tika Ormond: But you don't need to. You doing fine.

Joanna Thwaites: The other thing is about the poor patients stuck at home waiting for you to phone, but…

301

00:25:33.210 --> 00:25:35.400

Tika Ormond: You can t. Yeah, yeah.

302

Joanna Thwaites: But if you out and about, and then are sick of waiting for the doctor goes the supermarket. If I ring on the phone, they can take pick up the phone, but if I wanted to talk to them it's a slightly different ballgame, and they

Joanna Thwaites: Have requested us. Actually, I mean,

Joanna Thwaites: If there was a demand. If you do ask if you can find any patients who were, you know, who were treated. During this time, we really good to know what they think. But it doesn't demand we would change do you just have to

Tika Ormond: Yeah, but then when I think it's

Tika Ormond: It's probably only for it was, it's what we offered. So we offered zoom or phone calls for those

Joanna Thwaites: And what happened with your people

Tika Ormond: Would be 90 something percent did zoom

Joanna Thwaites: With your patients?.

Tika Ormond: Yeah, but I think that's also because of we're looking and working on speech. And so it's sort of

Joanna Thwaites: Yes

Tika Ormond: You know what I mean.

You have to be able to look at their mouths and you have to

Tika Ormond: hear their voices and

Tika Ormond: All of that. Yeah, yeah.

Joanna Thwaites: Absolutely.

Joanna Thwaites: There is lot we don't have to see apart from rashes etc

Joanna Thwaites: Yeah, I would have to feel their tummys etc. then they have to come in

Joanna Thwaites: Right, which you can do a lot by just looking as well

Tika Ormond: Yes. Yeah, exactly. Brilliant.

Tika Ormond: Thank you so much.

Tika Ormond: Appreciate your time and

Tika Ormond: Thanks, and we will, I will be in touch. Once we've put it together.

Joanna Thwaites: Let's go. Okay, see ya.

Tika Ormond: Bye.