I am a GP in

I've worked in GP since 2003. I have a graduate diploma in Public Health.

During COVID era I was an owner and clinical lead in a GP practice.

COVID is and influenza-like-illness or ILI (i.e. a common cold virus). GPs are the experts in dealing with ILIs.

I will make just 2 points:

1.

Learning from Swine Flu – GP is the most important part of the health system.

As occurred during swine flu the majority of clinical issues were dealt with in GP. As occured in swine flu, most of the media and government attention was given to hospital issues rather than GP.

The role of GP in swine flu and covid was:

Early stages – screening returned travellers, arranging testing, answering questions, continuing normal GP services.

Vaccination stage – Majority of vulnerable patients (i.e. the elderly) were vaccinated in GP. GP has established connections with community, runs annual old age vaccine programs and child vaccination programs. Support was needed for some less able practices to operate vaccination programs.

Late stage - The great majority of cases were and still are (for COVID) dealt with in GP.

2. Communication with GPs.

There was both too much and not enough information. The public health set up in Australia like all health services is split between federal and local with both public and private services operating various functions. GPs got communication on testing/vaccination/safety protocols from all sorts of places. Just like swine flu we were left wondering who to listen to with often conflicting information. In general the AMA is not a useful conduit for information to GPs, at least in WA.

State and federal, public and private operators need to work together in genuine emergencies to cooperate on communication with GP. It would be good to give GPs information at least a day prior to general public release occuring on many issues such as testing, vaccination rules etc... so that we can prepare for the anticipated questions from patients.

Regards, Dr Nicholas McLernon .