

Appendix 3: Responses from national coordinators and their GPs to marked higher or lower values for specific issues found in their country.

Question	Highest percentage responses	Lowest percentage responses
Patients consulted in the practice	<p>AR: During the pandemic many patients were seen in the practice as there were no national recommendations for phone consultations.</p> <p>GE: In Georgia it is common to visit the GP to be checked. COVID-19 prevalence was comparatively low in during the 1st wave and GPs kept seeing their patients.</p>	
Use of PPE during F2F consultations		<p>DK: There were very few F2F consultations as the majority of patients were consulted over the phone or directly referred to the hospital. For the very few F2F contacts an individual risk assessment and not wanting to scare the patients might have resulted in sometimes not using PPE (cultural approach).</p> <p>FR: French guidelines don't recommend gloves for contact with healthy skin, but only if there is risk of contact with body fluids. Hand hygiene measures were underlined.</p>
Measurement of oxygen saturation during F2F consultations		<p>DK: Few Danish guidelines promote the use of oximeters, using them is relatively new in Danish general practice and GPs have to purchase themselves.</p> <p>HU: Oximeter not present in all Hungarian practices.</p> <p>PL: Oximeters no standard equipment in Polish general practices, some GPs voluntarily use them.</p> <p>RO: Oximeters are not in the guidelines, it's not required to have the device, some GPs voluntarily use them.</p>
Additional diagnostic testing	<p>BE: Focus was on risk assessment, COVID-19/non-COVID-19 and in case of doubt patients were referred to hospital. Overall mild illness was seen and additional testing in Belgium general practice was already low.</p>	

Antibiotic prescribing	<p>RO: For patients with longer symptom duration, and no SARS-CoV-2 test available, GPs could prescribe antibiotics, and if patients were already on antibiotics –from the pharmacy without prescriptions– GPs generally advise to finish this treatment.</p> <p>UK: National data show that in the early phase of the pandemic antibiotic prescribing went up but then went down as the pandemic progressed.</p>	HU: Mild symptoms, lacking signs of bacterial infection.
Hospital referral		<p>HU: Relative less COVID-19 than in other countries, and high rate of patients with mild symptoms.</p> <p>IE: Due to extremely strict measures, comparatively low COVID-19 prevalence, many patients with mild symptoms. Only really sick patients were referred to hospital.</p>
Overall advice for preventive measures (e.g. social distancing, mouth/nose protection) and for COVID-19 suspected to home isolate		<p>DK: items mentioned in the form considered general knowledge, parts of form overlapping, e.g. home isolation=social distancing.</p> <p>PL: These measures, including quarantining, were broadly reinforced by the government.</p> <p>UK: Initially the UK favored a casual approach to lockdown thinking the problem would be solved by herd immunity.</p> <p>AR: Social distancing was mandatory for everyone, and part of government regulation. GPs additionally advise to those not following the regulation.</p> <p>BE: Most focus was on explaining quarantine. In the participating practices, focus was on home isolating and less on social distancing. In the first period there was a lot of controversy about nose/mouth protection, other measures considered common knowledge and on posters in waiting room.</p>

The core trial team identified marked higher or lower values for some of the items in the 2nd phase PPAS and contacted the network facilitator to discuss these issues with the GPs in the registering practices and feedback to us. Germany, Greece and Netherlands haven't responded.