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3 July 2020

Mr Aaron Harper MP  
Chair  
Health, Communities, Disability Services and Domestic  
and Family Violence Prevention Committee  
**Via email:** [health@parliament.qld.gov.au](mailto:health@parliament.qld.gov.au)

Dear Mr Harper

Thank you for providing AMA Queensland with the opportunity to provide feedback to the Inquiry into the Queensland Government's Health Response to COVID-19. AMA Queensland is the state's peak medical advocacy group, representing over 9600 medical practitioners across Queensland and throughout all levels of the health system. AMA Queensland members have been significantly impacted by the COVID-19 pandemic and the following submission reflects the views of AMA Queensland members.

Since the beginning of the COVID-19 pandemic, a core focus of AMA Queensland and the Federal Secretariat has been to support general practice as the frontline of the response. While the Queensland Government's response to COVID-19 was commendable, AMA Queensland have identified a number of areas where concerted action is still needed.

### **Communication**

Consistent, succinct and contemporaneous communication across all media from a single trusted source should be provided. The public has been receiving conflicting and inaccurate information about when they need to be tested, and how they should approach testing, and what comprises effective prevention and mitigation strategies. The messaging has been improving, but this confusion is causing undue community distress and system inefficiency. Involvement of the medical profession at all levels in planning and disseminating the public health message is essential.

Communication around the supply of personal protective equipment (PPE) was an ongoing concern amongst our members in private practice. Early in the pandemic, AMA Queensland conducted an online survey about the allocation of PPE in practices and hospitals. It was reported that over 70% of Queensland doctors at the frontline of the COVID-19 crisis did not have sufficient PPE.<sup>1</sup> In addition to this, 53% had to dig into their pockets to buy masks and other PPE for themselves and their staff.<sup>2</sup>

GPs reported there was considerable confusion around who was responsible for distribution of PPE. It was initially announced that doctors should go to their nearest Primary Health Network (PHN) to source adequate PPE. However, when GPs approached their PHNs, they were turned away as they were not "frontline workers". This is just one of the examples where there was unsatisfactory communication.

The lack of adequate communication in this regard caused unnecessary confusion and concern as all doctors, regardless of whether they work in public or private settings, are frontline workers. AMA

<sup>1</sup> AMA Queensland, Media Release – "Frontline doctors plead for protection in fight against COVID-19" (1 April 2020).

<sup>2</sup> Ibid.

Queensland has also been concerned by the lack of transparency with respect to the availability of PPE at both national and state/territory level. Private stocks of PPE are reportedly still low and some exorbitant prices have been reported.

However, AMA Queensland does acknowledge and commend the hard work from the Queensland Government to source PPE for Queensland health's workforce during a pandemic. Nonetheless, better preparation and better communication may have prevented undue distress that GPs and the community endured.

### **Environmental sustainability and COVID -19**

AMA Queensland believes reducing air pollution and dust in Brisbane and sustained action in environmental sustainability in hospitals and health care settings will help lessen the risk of morbidity and mortality from COVID-19.

There is no safe level of air pollution<sup>3</sup> made up by toxic chemicals such as car fumes, or particulate matter, due to dust and smoke. It increases the vulnerability of those already at risk of COVID 19,<sup>4</sup> the elderly and people with chronic disease.

Measures to reduce air pollution such as reducing creating dust and other pollutants and adoption of improved air quality standards<sup>5</sup> and monitoring should be introduced immediately by the Queensland government in consultation with Brisbane City Council (BCC), to address its responsibility to the public's health during the ongoing COVID-19 pandemic.

Air pollution, especially small particulate matter in dust, fumes and smoke, cause airway and lung inflammation and disease. This enables viruses such as SARS-Co V- 2, that causes COVID 19 to produce more serious infection and death. Small particles (2.5 micron) from air pollution enter the blood stream causing cardiovascular disease including hypertension, which is associated with a much greater risk of death and serious illness with COVID 19. Although the individual effect may not be dramatic, air pollution impacts on everyone living in Brisbane and hence is a major public health issue. Children's health, including brain development,<sup>6</sup> is impacted by air pollution.

There is some evidence to suggest that viral transmission may be increased with air pollution,<sup>7</sup> especially particulate matter. At a time of strict social measures to reduce COVID 19 viral transmission, measures that can reduce dust and other pollutants in the air which may contribute both to disease and transmission should be introduced.

The Queensland government in consultation with Brisbane City Council (BCC), can make Brisbane a safer cleaner city, reducing by:

- Ceasing the non-essential leaf and dust blowing in parks and streets. Blowers resuspend small particles which remain airborne exposing those nearby to the polluted air. In addition the excessive noise impacts on mental health,<sup>8</sup> with increased concerns due to COVID 19;<sup>9</sup>
- Minimise other vehicle and equipment emissions;
- Adopt the air quality standards advocated by the health experts.<sup>10</sup> This would have targets that incorporate all air pollution and particulates including dust and bushfire smoke, "attributable to a natural event".

<sup>3</sup> <https://lungfoundation.com.au/wp-content/uploads/2019/08/Information-Paper-Air-Quality-Positioning-StatementV2.pdf>

<sup>4</sup> <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/whos-at-higher-risk-from-coronavirus/>

<sup>5</sup> <https://lungfoundation.com.au/wp-content/uploads/2019/08/Information-Paper-Air-Quality-Positioning-StatementV2.pdf>

<sup>6</sup> <https://pubmed.ncbi.nlm.nih.gov/30789769/>

<sup>7</sup> <https://www.theguardian.com/environment/2020/apr/24/coronavirus-detected-particles-air-pollution>

<sup>8</sup> <https://www.phaa.net.au/documents/item/2516>

<sup>9</sup> <https://www.abc.net.au/news/health/2020-04-30/coronavirus-mental-health-second-wave-impacts-of-pandemic/12197930>

<sup>10</sup> <https://lungfoundation.com.au/wp-content/uploads/2019/08/Information-Paper-Air-Quality-Positioning-StatementV2.pdf>

- Improved monitoring<sup>11</sup> in sites at risk of higher pollutant levels (eg busy roads) or at risk populations (eg schools).

As Queensland starts to lift restrictions during this time, AMA Queensland encourages the Queensland Government to invest in more renewable energy products and for clean technologies to be integrated across traditional industries to reduce energy costs for business and consumers.

We would also encourage the the Queensland Government to follow through on the following policy actions to address emissions in hospitals and health care settings, particularly as hospitals contribute 44% of total global emissions:<sup>12</sup>

1. Establish an Office of Sustainable Health Care (OSH) to provide advice to the Minister of Health, the Director-General and health services on how to best improve the health systems performance on sustainability and climate change objectives.

The OSH should:

- i. set benchmarks and targets for sustainability in health services;
  - ii. develop a plan to invest in green/sustainable infrastructure for hospitals;
  - iii. establish a terms of reference for a review of procurement policies and practice;
  - iv. establish an engagement strategy for clinicians, managers and other staff; and
  - v. develop an online climate change clearinghouse to store best practice evidence.
2. Undertake a pilot program in environmental sustainability in metropolitan and rural/regional hospitals.

AMA Queensland considers that establishing an OSH within Queensland Health will help the Queensland Government meet their emissions reductions targets of a 30% reduction by 2030 and zero emissions by 2050.<sup>13</sup>

AMA Queensland has placed environmental sustainability as one of the top priorities for 2020-2022, and will continue to advocate for more action. AMA has joined the Global Green and Healthy Hospital network as a health professional and academic organisation and is willing to work with the Queensland Government to work towards a more sustainable Queensland healthcare system.

### **Aboriginal and Torres Strait Islander issues**

Aboriginal and Torres Strait Islander people have a higher susceptibility to COVID-19 due to higher rates of underlying chronic diseases, overcrowded living conditions, lack of food security, inadequate income and other social determinants of health, such as water.

AMA Queensland members working on the frontline in Aboriginal and Torres Strait Islander communities report that they are significantly under-resourced and would not be able to cope if COVID-19 spreads in these areas. If COVID-19 enters Aboriginal and Torres Strait Islander communities, particularly in remote areas, they face the prospect of not being able to provide proper care and avoidable deaths will occur.

Whilst the AMA is supportive of the Government's existing measures to help combat COVID-19, which includes over \$50 million for telehealth services for Aboriginal and Torres Strait Islander people and increased capacity for remote communities to prevent outbreaks through screening fly-in and fly-out workers, supporting the evacuation of early cases, and mobile respiratory clinics, further targeted measures for Aboriginal and Torres Strait Islander communities are necessary.

<sup>11</sup> <https://www.brisbane.qld.gov.au/clean-and-green/natural-environment-and-water/air-quality/clean-air-index>

<sup>12</sup> Malik, A., Lenzen, M., McAlister, S., McGain, F., (2018) The Carbon footprint of Australian health care, Vol2 January 2018 The Lancet

<sup>13</sup> Department of Environment and Heritage Protection, "Pathways to a Clean Growth Economy.", 4. [https://www.qld.gov.au/data/assets/pdf\\_file/0026/67283/qld-climate-transition-strategy.pdf](https://www.qld.gov.au/data/assets/pdf_file/0026/67283/qld-climate-transition-strategy.pdf)

AMA Queensland recommends a dedicated pool of funding for Aboriginal and Torres Strait Islander communities and organisations to draw on for specified purposes including the procurement of personal protective equipment, point-of-care tests, staffing and consumables, capital expenditure, isolation and quarantine facilities, and satellite and outreach services to address current service gaps. Importantly, the amount of funds allocated for this funding pool should be considered on a needs-basis.

Testing is critical, and it must be an urgent priority to ensure that every Aboriginal and Torres Strait Islander health service is provided with testing kits, the associated consumables, and the necessary training. Specialised Indigenous health services and programs that respond to the needs of the majority of Aboriginal and Torres Strait Islander people who live in cities and towns must be made a priority and properly funded to provide greater protections coming out of this pandemic.

Additionally, the establishment of a dedicated Indigenous Health and Hospital Network to supplement the already well-functioning Indigenous health centres with small Indigenous hospitals is urgently needed. These centres are urgently needed to expedite diabetes/dialysis, large ear and eye cases which are unsuitable for day surgery in rural and remote towns and cancer screening procedures (such as colonoscopies and breast biopsies). These Indigenous Hospitals will have staff to help the seriously unwell Indigenous patients so identified in these small Indigenous hospitals. Additionally, these hospitals will chauffeur the patients through their major hospital admission, which will lead to a decrease to the current high level of discharge against medical advice which is causing lower probability of cancer survival and low access to renal transplant.

### **Vaccination Campaign**

AMA Queensland calls for a strong pro-vaccine public education campaign to be supported by the Queensland Government, and for actions to be taken against celebrities who use their fame to promote anti-vaccination theories.

A public health information campaign to educate Queenslanders on the vital role of immunisation during this pandemic (via multiple channels) will allow people to make informed choices based on facts not misleading beliefs. AMA Queensland believes anyone who speaks against the science of vaccination needs to expect to be held to account. It is crucial to challenge baseless claims, and halt the spread of misinformation online.

AMA Queensland suggests if people have any concerns around vaccination, they should visit their GP to receive factual evidence based information.

### **Electronic Prescribing**

The Commonwealth Government announced that it will fast-track the implementation of electronic prescriptions (e-Prescriptions) by mid-2020. E-Prescriptions enable patients to share their prescription electronically with the pharmacy. The AMA is working with the government throughout this process. Commonwealth legislation allowed prescribers to still write and sign a paper-based prescription, however a digital image or PDF of the entire prescription could be created to send via email, text, or fax. This would be sent directly to a pharmacy of the patient's choosing. The prescriber must keep the paper prescription on file for two years for audit and compliance purposes (originally the requirement was for prescribers to send the original prescription to the pharmacist via mail following transmission of the electronic copy, however this was inefficient and administratively burdensome for prescribers and the AMA called for a change).

Fast tracking e-Prescribing and the Special Arrangement have been important steps to reduce the risk of COVID-19 transmission. Electronic methods of prescribing reduce the need for patients to come into a medical practice unnecessarily, and, in conjunction with telehealth and pharmacy home delivery services, reduce the need for vulnerable patients to leave their home to receive medication.

While the Commonwealth acted quickly, the Special Arrangements were dependent on changes to the legislation for each jurisdiction. The delay by the Queensland Government to introduce electronic scripts did cause some confusion for doctors in Queensland, who assumed they had the same electronic prescribing options as the rest of the nation. Supporting a permanent, integrated e-Prescribing change should be strongly supported by the Queensland Government.

Thank you again for providing AMA Queensland with the opportunity to provide feedback on this issue. If you require further information or assistance in this matter, please contact Mr Jeff Allen, AMA Queensland Policy Manager on [REDACTED]

Yours sincerely



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