



RACGP

Royal Australian College of General Practitioners

*RACGP Queensland submission to the  
Queensland Parliamentary Health,  
Communities, Disability Services and  
Domestic and Family Violence  
Prevention Committee*

*Inquiry into the Queensland  
Government's health response to  
COVID-19*

*3 July 2020*

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**Inquiry into the Queensland Government's health response to COVID-19**

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## 1. Introduction

The Royal Australian College of General Practitioners (RACGP) Queensland Faculty welcomes the invitation and the opportunity to provide a submission to the Queensland Parliamentary Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee's inquiry into the Queensland Government's health response to COVID-19.

The RACGP is Australia's largest professional general practice organisation, representing over 41,000 members working in or toward a career in general practice, including over 7,900 members in metropolitan, regional, rural and remote Queensland.

The RACGP is responsible for:

- defining the nature and scope of the discipline
- setting the standards and curricula for training
- maintaining the standards for quality general practice
- supporting specialist general practitioners (GPs) in their pursuit of excellence in patient and community service

The role of GPs as frontline health service providers must be formally recognised in pandemic preparation, response and recovery. GPs have continuous relationships with their patients and communities both before and during health emergencies, including opportunistic encounters with patients due to the high demand for primary care, and are often best placed to understand local needs and impacts.

The pandemic has highlighted how essential the role of general practice is in responding to emergencies. As the cornerstone of Australia's health system seeing 85% of the population every year, GPs and their teams can and should be central to national, state and regional emergency planning. Unfortunately, this is often not the case, with GPs extremely concerned about the ongoing exclusion of primary healthcare from emergency or pandemic planning.

## 2. General comments on the response

The governments' responses to the COVID-19 pandemic has yielded positive results. Queensland and Australia has performed incredibly well in comparison to other countries around the world, managing to successfully limit the spread of COVID-19 and flatten the infection curve within our communities.

The early policies agreed by the Australian Health Protection Principal Committee (AHPPC) and implemented by the Australia's federal, state and territory governments have reduced initial pressure on our healthcare system, ensuring it is ready to cope with potential future waves of infection as society gradually reopens.

Specialist GPs have responded decisively and proactively to the pandemic emergency. In just a few weeks, general practices have implemented significant changes to the way they work. They have developed creative new ways of working in order to continue to deliver safe and essential care to their communities. For example, GPs set up outdoor clinics to deliver influenza vaccinations, established respiratory clinics, have rapidly embraced telehealth and overcome many technical and system challenges in the process.

The pandemic has had a significant impact on the viability of general practices and the ability of GPs to provide holistic care to their patients. Income has fallen sharply as people stay at home and put off seeing their GP. The pandemic has also exposed some of the failings in the government's funding model for general practice which is funded through Medicare, but is relied on by state and territory governments as a key component of their public health responses.

There is a strong sense that more could have been done – both in the early stages of the pandemic and as it has progressed – to support GPs in their role as frontline healthcare workers. To ensure GPs and their teams are better

positioned to respond to future waves of COVID-19 (or other outbreaks of infectious disease) and deal with the expected rise in other health issues caused by the pandemic, further action is urgently needed.

Due to the unprecedented nature of the pandemic, some errors and oversights are inevitable. However, it is vital the lessons from this pandemic help inform the Queensland Government's response to any future infectious disease outbreaks. Indeed these lessons will also be invaluable in planning for better responses to our annual cyclone season, bushfires and other natural disaster emergencies.

### 3. Discussion

The RACGP Queensland Faculty would like to highlight the following discussion items for the attention of the Queensland Parliamentary Inquiry in relation to the COVID-19 pandemic response:

1. Impact of the pandemic on patients
2. Access to and use of PPE
3. Influenza vaccinations
4. Aboriginal and Torres Strait Islander people
5. People from CALD backgrounds
6. Preventing the spread of misinformation
7. Telehealth and secure messaging
8. Communication and collaboration with GPs

#### 3.1. Impact of the pandemic on patients

The COVID-19 pandemic has had a significant impact on people seeking care from their GP. Patient attendances have fallen dramatically due to concern about contracting the virus. As not all health issues can be managed or treated via telehealth, and some patients are not comfortable with using telehealth, it is critical that people are not deterred from seeking face-to-face care when they need it.

General practices remained open for business during the pandemic, with almost 97% of respondents to a recent RACGP survey currently offering patients face-to-face consultations. This is in stark contrast to other services in the community that have closed, such as hospital outpatient clinics or maternal and child health centres, with patients instead seeking face-to-face appointments with GPs due to the temporary closure of these facilities.

Despite this, RACGP members report people with serious health conditions such as diabetes, heart disease, asthma and hypertension are not having their condition reviewed by their GP and are missing important routine checks. The risks associated with a lack of ongoing management of common medical conditions is substantially higher than the small risk of exposure to COVID-19 while visiting a general practice. Practices have robust systems in place for infection prevention control and management.

Further reports suggest cancer referrals at Australia's leading oncology centres have fallen by up to 30%. These figures indicate that patients are not presenting to their GP with early symptoms. There has also been a reported 50% decline in pathology testing. The consequence of this will be late or missed diagnoses, poorer health outcomes and increased costs to the state health system from delayed treatment.

To support and encourage patients to seek care during the pandemic, the RACGP felt compelled to invest in our *Expert Advice Matters* campaign <https://www.expertadvicematters.com.au/>, urging all patients to take care of their health and wellbeing during the COVID-19 pandemic and consult with their usual GP for any health concerns.

In late March 2020, Queensland health implemented a range of measures to refocus the public healthcare system. Specifically, in order to ensure that there was sufficient capacity available to deal with the forecast peak in COVID-19 cases, restrictions were introduced on the delivery and acceptance of non-urgent category 2 and 3 elective surgery and category-3 specialist outpatients referrals.

Hospital and Health Services (HSS) around the state took a variable approach to elective waiting list management. Concerns remain with the management of lower category patient. Only last week the QLD Health Director-General advised GPs that from 1 July 2020, HSSs would re-start processing category-3 referrals which had been returned to GPs or put on hold since late March 2020. However new referrals would not start to be processed until 1 August 2020.

The RACGP fully understands the need to pause elective surgery and the acceptance of category-3 referrals. However, some GPs have reported the removal of patients from the waiting list entirely. Some HSSs rather than simply pausing category-3 patients removed them completely from the waiting list. Many GPs felt that they were not consulted in this process. Patients also remain concerned that if they are referred again that they will now go to the bottom of the waiting list. Some of these patients have already been waiting for one or two years for non-urgent but important procedures.

#### **RACGP Queensland recommends:**

- ❖ The Queensland Government invest in a range of public media and communications campaigns which highlight the importance of not delaying seeing a GP and accessing essential treatment, whether for existing health conditions or new symptoms.
- ❖ The Queensland Government provide additional resources to ensure existing category-3 referrals are fast tracked and that new category-3 referral that have been withheld until after 1 August 2020 are seen as soon as it is possible.

### **3.2. Access to and use of personal protective equipment (PPE)**

PPE includes masks, gloves, gowns and protective eyewear. They are necessary to examine patients safely and effectively. This is critical to protect healthcare workers, their families and the communities in which they live, as well as patients attending face-to-face consultations. However, timely access to PPE by GPs has been highly variable across all parts of Australia including here in Queensland.

Provisions should have been made earlier to protect GPs as frontline health workers. GPs are unable to provide care to their patients safely without proper PPE. The need for this equipment is particularly acute when consulting with patients who may have COVID-19 but have not yet been tested or are awaiting results.

At a time when GPs are contending with a significant fall in revenue, they require urgent access to federal and state emergency stockpiles of PPE. During a pandemic such as this, GPs on the frontline should not be expected or required to source private supplies of PPE. In many cases when GP practices tried to access PPE from their usual suppliers, these were out of stock or what stocks there were available were diverted to the national and state stockpiles.

Early during the pandemic the Queensland Government advised that it had a stockpile of PPE. RACGP Queensland was later advised that the Queensland PPE stockpile was available to supply Queensland Health facilities only. GPs would need to source supplies privately (which were not available due to worldwide demand), or to source PPE items from the national stockpile through the federal funded Primary Health Networks (PHN).

Unfortunately the logistical challenges faced in ensuring PPE was made available where it was needed most appeared to overwhelm some PHNs, resulting in restricted access for practices. When stock was available there were long waits and only limited supplies and generally only surgical masks were provide, not the other important items such P2/N95 masks, gloves, gowns and protective eyewear.

At the same time as lack of supply of PPE to many Queensland GPs, they were increasing frustrated as the Queensland and Federal Governments advice for patients who were unwell to see their GP, but were not able to supply these GPs

with the necessary PPE. Many GPs had to resort to homemade equipment (e.g. masks and face shields), or buying supplies (while they lasted) at excessive retail prices with non-medical suppliers and other stockists such as hardware stores.

The lack of supply of PPE and the confusion and a lack of transparency regarding supply and distribution created unnecessary stress, concerns and a decline in morale for many Queensland GPs. While the government advice to patients who felt unwell was to see their GP, some GPs reported feeling unsafe to work due to a lack of PPE.

#### **RACGP Queensland recommends:**

- ❖ The Queensland Government should urgently address the supply shortages of PPE (P2/N95 masks, gloves, gowns and eyewear) to GPs and general practices when normal supplies and stockpiles are depleted.
- ❖ That planning for future pandemics include the establishment of distribution channels for appropriate PPE that are able to respond to local requirements, not which Government funds or supplies the items.
- ❖ Clearer advice on the appropriate use of PPE should be based on agreed national guidance.

### **3.3. Influenza vaccinations**

Issues around the supply and distribution of influenza vaccines across the country continue to persist, despite official advice issued to the public that it was imperative to get vaccinated earlier this year.

In a poll of over 1000 RACGP members in late April 2020, 55% reported that they are unable to access enough stock to provide influenza vaccinations to their patients.

Timely and adequate supply of National Immunisation Program (NIP) influenza vaccinations for general practices is a recurring difficulty each year. The increased demand in 2020 could not have been anticipated far in advance, however, improvements for appropriately calculating and distributing annual vaccination stock for practices can be made.

Patients presenting to pharmacies for vaccinations instead of general practices fragments care and health records. It also reduces opportunities for effective vaccine counselling, screening and preventive healthcare. This year has seen many over 65-year-old patients having been given the influenza vaccine designed for younger patients in pharmacies.

In Queensland like the majority of states and territories, our most vulnerable patients must visit their GP to obtain the publicly-funded influenza vaccination. This model ensures they can affordably access their vaccination, are offered the correct type of vaccination, have their medical records updated, and are offered other appropriate health services and advice by their regular GP.

Pharmacies are not equipped to manage adverse reactions to vaccination and anaphylaxis which is a rare life-threatening medical emergency. Additionally, they do not uniformly meet accreditation standards around access for the elderly and those with disabilities and for post vaccination monitoring of patients.

Despite this, in recent years there has been an increase in public communication of new sources from which patients can access their vaccinations. This has caused confusion among patients about the best way to seek their annual influenza vaccination. Misled by these public messages, patients mistakenly seek influenza vaccinations too early in the year, elderly patients are given the wrong vaccination, or pay privately for a vaccination they could have received for free on the NIP.

It is important that the Queensland Government messaging to patients provides clear information about the most appropriate source to obtain a publicly-funded influenza vaccination. Importantly, pharmacies should be educated to ensure they do not inappropriately provide vaccinations to vulnerable patients.

While Queensland continues to be one of the higher performing states in terms of timely provision of immunisations, there is still room for improvement.

**RACGP Queensland recommends:**

- ❖ Adequate supply of influenza vaccinations (NIP and Private) be prioritised for general practice before supplied to pharmacies.
- ❖ The provision of NIP vaccinations be contingent on the ability to upload relevant information to the Australian Immunisation Register.
- ❖ The annual supply for influenza vaccinations be calculated using Standardised Whole Patient Equivalent values.

### 3.4. Impact of COVID-19 pandemic on Aboriginal and Torres Strait Islander people

Many RACGP members who work in mainstream general practice or other health services regularly provide healthcare to Aboriginal and Torres Strait Islander patients. Measures to keep the virus out of remote communities have been ambitious and focussed on preventive action. To date, there have been no confirmed Aboriginal and Torres Strait Islander cases in remote or very remote locations.

The Queensland Aboriginal and Islander Health Council (QAIHC) and Aboriginal Medical Service (AMS) sector has demonstrated its leadership, expertise and adaptability during this pandemic. The immediate and effective response from within the sector has occurred in spite of existing resource limitations.

There is currently no evidence to indicate that Aboriginal and Torres Strait Islander peoples with chronic conditions are at a higher risk of serious illness from COVID-19 than non-Indigenous people with similar chronic conditions and of the same age. Age and chronic conditions, rather than Indigeneity, are the risk factors, though this is further impacted by access to appropriate and culturally safe health services.

While there is a critical need to protect frontline staff, there is also a need to ensure that the community has access to appropriate healthcare. Aboriginal and Torres Strait Islander leaders should be involved in developing and implementing recommendations around the identification of populations with a higher risk of contracting COVID-19 and those vulnerable to serious COVID-19 illness.

As resources and focus are redirected to address COVID-19, there is potential for adverse health outcomes as a result of reduced availability of, access to and engagement with healthcare. There are risks, already evident in some cases of patients not presenting to primary care for routine health checks and management of chronic disease, reduced access to specialist medical services, extended wait times for elective care and restrictions on travelling to access specialist care.

In the context of Aboriginal and Torres Strait Islander health, this is likely to have a significant effect, given the relatively higher burden of chronic disease across the population. It is not yet clear how these delays and shortages will be managed.

NACCHO and the RACGP have identified an urgent need to provide practical advice to healthcare teams delivering prevention and management of COVID-19 to Aboriginal and Torres Strait Islander people in primary healthcare, based on best available evidence. Alongside researchers at the Australian National University, we aim to address this knowledge gap by delivering a range of clinical recommendations on the prevention and management of COVID-19.

It is also important to note the need for community-specific and culturally appropriate information. A number of communities have already developed resources to suit local environments, for example the Kimberley Coronavirus Animation, and the QAIHC COVID resources.

Telehealth provision to Aboriginal and Torres Strait Islander people needs to be culturally safe, well-resourced and supported. The introduction of MBS item 92004 has generated considerable discussion. Primarily, concerns have been raised about how to conduct a high-quality and effective health assessment that is valued by the patient via telehealth.

In addition, without adequate quality controls and oversight, there is no way to guarantee the 92004 health assessment will be conducted in a culturally and clinically safe way that benefits the patient. The RACGP and NACCHO are currently developing resources to support effective telehealth for Aboriginal and Torres Strait Islander people during the pandemic, including the 92004 health assessment (funded by the Commonwealth Department of Health).

Aboriginal and Torres Strait Health leadership will remain important to navigate the 'post-COVID-19' environment. The pandemic highlights a need to explore what is required by QAIHC and AMSs to provide effective primary healthcare during emergencies such as epidemics, pandemics and natural disasters. It will be opportune to conduct a needs analysis for resources to support the sector during future pandemics, epidemics and natural disasters.

The response to COVID-19 demonstrates it is able to act definitively, rapidly, collaboratively and follow evidence-based advice in the face of a serious health emergency. This sets an important precedent in how the governments approaches other complex policy challenges in the future, particularly those relating to Aboriginal and Torres Strait Islander health.

**RACGP Queensland recommends:**

- Additional resources be provided to support QAIHC with a particular focus on delivering culturally appropriate preventive health activities, and addressing social determinants of health to ensure community preparedness for future pandemics.

### **3.5. Impact of the COVID-19 pandemic on people from culturally and linguistically diverse (CALD) backgrounds**

There is a need to ensure that the most vulnerable people in our communities and those at higher risk are supported and cared for. Patients of CALD, refugee and asylum seeker background are experiencing reduced access to general practice and routine medical services as a result of the pandemic. There are specific barriers for this cohort that have arisen from the introduction of COVID-19 MBS telehealth services. These include:

- Limited English language skills
- Reduced access to technology including phones and internet connectivity
- A lack of video consultation platforms currently available that enable the use of interpreters
- The unavailability of the Translating and Interpreting Service (TIS National) for video consultations. Video consultations offer a layer of 'visual examination' and non-verbal information, superior to telephone consultations, which is particularly useful where language barriers exist
- An increase in mental health symptoms, compounded by past experiences of trauma.

GPs have reported that the pandemic has had a devastating impact on patients who have been living in uncertainty for prolonged periods. Many are from countries severely affected by COVID-19, particularly Iran.

Additionally, this group has been significantly impacted by a loss of casual work as a consequence of the pandemic. GPs have also reported a lack of multilingual options when using the COVID-Safe application and online symptom checkers.

**RACGP Queensland recommends:**

- Targeted education to be provided in different languages, tailored to carrying health literacy levels, around COVID-19 testing, public health management strategies, and the implications of a positive test and the need for self-isolation.



### 3.6. Preventing the spread of misinformation

The COVID-19 pandemic has given rise to the spread of harmful misinformation via social media platforms such as Facebook, Twitter and Instagram. In particular, advice regarding vaccinations from non-medical experts can jeopardise the health of people who read and accept this information as truth. The RACGP has [welcomed news](#) that popular social media platforms are acting to limit the impact of misleading information concerning the COVID-19 pandemic.

There have also been instances where a lack of restraint and critical and objective reflection in more traditional media has generated and circulated misinformation and invited reactions against necessary public health measures (e.g. unwarranted and over exuberant promotion of 'cures' and progress in vaccine development, demonising populations and inflaming grievances against state and territory governments).

The RACGP echoes calls from the Australian Medical Association for increased public health education to be provided around the importance of vaccinations and their role in combating the spread of disease. Development of a vaccination is likely key to ending the COVID-19 pandemic. It is also critical that people are encouraged to get their influenza vaccination this year to ensure hospital beds do not become overcrowded with patients presenting with influenza and COVID-19 simultaneously.

We encourage the Queensland Government to continue to respond swiftly to limit the distribution of misleading information, particularly around vaccinations, on all media platforms. An appropriate balance must be found between removing harmful information and ensuring people's right to freedom of speech is maintained.

#### **RACGP Queensland recommends:**

- Queensland Government launch a public awareness campaign to educate Queenslanders about the importance of immunisation, and heeding the advice of medical experts rather than celebrities who promote views contrary to scientific evidence.
- Ensure clear, concise, consistent and accessible evidence-based information on clinical care for different population groups, especially those vulnerable and at higher risk.

### 3.7. Telehealth and secure messaging

The RACGP is grateful for the federal government's rapid mobilisation of availability of telehealth for patients. At risk patients and patients under isolation and quarantine can continue to obtain medical services. The move to telehealth consultations did create a number of legislative and technical challenges, one of the most significant being how to manage prescribing, which is still a paper-based process (although the infrastructure for electronic prescribing has existed for some time).

The Federal Government announced that prescriptions could be faxed to pharmacies was welcomed. Unfortunately, GPs and pharmacists did not realise for some time that this was dependent on enabling state legislation. There was a long delay in Queensland developing and implementing this legislation. This caused significant concern for GPs, pharmacists, and their patients. Once enabled prescribers were able to create an image of the prescription to send on to the patient's pharmacy of choice via email, text message or fax. Prescribers were afforded the flexibility to then retain the paper prescription for a period of two years, reducing the administrative and financial burden of sending these to pharmacies.

This situation has also highlighted the lack of electronic requesting of pathology and imaging services, as well as an inability to safely and securely handle other documents electronically, such as medical certificates, medical reports and other communications with patients and other interested persons.

Electronic transfer of information between QLD Health and private GPs is still essentially by pencil, paper and fax machine. This is not best practice in the 21st century. This sort of communication should be by software compatible templates and be delivered by secure electronic document transfer.

**RACGP Queensland recommends:**

- The Queensland Government seeks to extend the temporary digital prescribing legislation introduced during the COVID-19 pandemic and moves to a full e-Prescriptions system.
- The Queensland Government develops and implements a secure digital messaging system between QLD HHS and general practice.

### 3.8. Communication and collaboration with GPs

Although there has been an abundance of communication regarding the pandemic, there have been issues around the timeliness of information and confusion regarding Federal vs state jurisdictional requirements.

The RACGP has made efforts to disseminate information to our members in a timely manner, including frequently updating our COVID-19 dedicated website, <https://www.racgp.org.au/coronavirus> and providing members with a dedicated daily (now bi-weekly) COVID-19 bulletin based on announcements and information from the Queensland and Federal governments.

The RACGP recognises different levels of government and agencies have different roles and responsibilities relating to managing the pandemic response. However, the cross-jurisdictional and inter-agency roles must be better coordinated and streamlined.

The role of GPs as frontline health providers must be formally recognised in pandemic preparation, response and recovery. GPs have continuous relationships with their communities before and during health emergencies, including opportunistic encounters with patients due to the high demand for primary care. General practice should therefore be firmly embedded in national and all state/territory planning.

As federally funded organisations tasked with local state based primary care coordination, and efficiency and effectiveness of medical services, PHNs should be supported to better integrate general practice and primary healthcare into pandemic response planning, coordination and recovery, in close consultation with GPs and GP bodies.

The experience during the current pandemic and the recent bushfire crisis has highlighted the variability in PHN preparedness. Areas with lower levels of preparation experienced poor linkage and coordination, with inconsistent messaging to general practices operating in their areas, creating confusion and division. The requirement for a national, uniform approach to PHN engagement with general practices before, during and after health emergencies would alleviate some of this confusion.

**RACGP Queensland recommends:**

- ❖ General practice should be firmly embedded in the Queensland State Health Emergency Coordination Committee and other key state-wide and local planning and response groups responsible for pandemic and other emergencies.
- ❖ Information regarding patient admission or discharge from hospital or other services be promptly shared with the patients regular GP.
- ❖ Timely reporting to GPs of information regarding patient COVID-19 test results, including via My Health Record.

## 4. Conclusion

The RACGP Queensland Faculty wishes to acknowledge and thank the Queensland Government for its ongoing engagement with key health stakeholders during the COVID-19 pandemic.

The RACGP has participated in the regular and ongoing Primary Care QLD SHECC briefings with the peak GP and Primary Care bodies from across the state throughout the pandemic. The RACGP welcomes future opportunities to continue working with the Queensland Government in a collaborative manner to meet our common objectives of supporting the health and well-being of all Queenslanders.

GPs and general practice teams across Queensland have been working tirelessly to continue caring for their patients during this unprecedented global pandemic. As frontline health staff, they must be supported to keep doing so. The RACGP hopes the lessons from the COVID-19 response will highlight the longstanding need for increased funding to be provided by all levels of government to support general practice, which will enable ongoing patient access to high-quality, affordable care. This pandemic has highlighted the critical role that GPs play in Queensland healthcare system. This must not be jeopardised due to inadequate funding and a lack of coordination.

RACGP Queensland would welcome the opportunity to discuss our submission further with the *Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee* should the Committee have any questions or comments regarding this RACGP Queensland submission. Please contact Mr James Flynn, State Manager, RACGP Queensland, on [REDACTED] or [REDACTED]