Final Report

Review of Capital Health Network's COVID-19 Response

November 2022

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Summary of findings and recommendations

The following slides present the key findings and recommendations from the review process, and are intended to offer a standalone summary of what emerged from the project.

More detailed information about each component of the report is provided in the Appendices.

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Key takeaways - stakeholder engagement (1/2)

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Informed by the engagement findings, the project team identified the following five key takeaways.

01

There is an opportunity to reflect the learnings from the COVID-19 response in the development of an 'Emergency Response Framework' that outlines a proactive, coordinated and situational approach to preparing and responding to diverse public health emergencies. The framework should reflect leading practice principles, complement existing regional emergency response frameworks and articulate the role of CHN in responding to public health emergencies.

02

CHN's stakeholder relationships has been a strength of its response to the COVID-19 pandemic. CHN should continue to prioritise a mature organisation-wide approach to relationship management with external stakeholders and maintain these relationships to support future response activities.

03

CHN has established strong relationships and visibility with primary care providers. There is an opportunity to deliver more capacity-building support to primary care providers around emergency preparedness and response management to support the sector to continue delivering primary care through future public health emergencies.

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Key takeaways - situational analysis (2/2)

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Informed by findings of the situational analysis, the project team identified the following five key takeaways.

04 Primary care delivery was impacted during COVID-19, including a decrease in people accessing general practice, interruption to management of chronic conditions and reduced diagnosis of new conditions. There is a role for primary care in the years following an emergency response to identify and manage emerging health needs. This requires sustainability of primary health care providers in the response phase to ensure availability and continuity of care in the recovery phase and beyond.

05 The scale and intensity of the COVID-19 pandemic was unexpected, requiring a rapid and agile response to meet the health and wellbeing needs of communities. Evidence on what worked well in the primary health care sector (and at a systems level) is available and continues to emerge. These learnings should inform future emergency planning by PHNs and system stakeholders to support disaster resilience and rapid mobilisation of joint governance mechanisms, workforce and resources for future emergencies.

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Recommendations (1/3)

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The following recommendations are intended to inform the development of a PHN-led Emergency Response Framework by CHN that enables a best practice response to future public health emergencies



Locally relevant and informed — develop a PHN-led emergency response framework that is informed by national and territory strategy and planning documents. The emergency response framework should:

- be locally specific, with consideration to the region's demographics, geography and health service landscape
- use a disaster resilience approach to support primary health care providers and community to build their capacity in emergency management
- take an all-hazards approach, with detailed sub-planning for specific risks/hazards in the CHN region - risks should be informed by risk assessment approaches consistent with the ACT Emergency Plan.
- outline activities across four phases - *prevention, preparedness, response, recover (PPRR)*
- be underpinned by existing national principles for emergency management
- define the role of the PHN and primary care providers in the ACT in the event of an emergency response
- incorporate mechanisms to practice the implementation of the PHN-led emergency response plan



Joint planning — undertake PHN-led emergency response planning in consultation and collaboration with ACT Health to ensure PHN-led emergency response activities and governance mechanisms complement and align with ACT Health emergency planning as a key stakeholder in the service system and 'Lead Response Agency' for public health emergencies

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Recommendations (2/3)

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The following recommendations are intended to inform the development of a PHN-led Emergency Response Framework by CHN that enables a best practice response to future public health emergencies.



Advocacy — advocate at the local, territory and national level for the role of PHNs and primary care and the value they bring to effective, coordinated and cooperative emergency management.



COVID-19 learnings — build on local and national learnings of the COVID-19 pandemic through exploring, developing and implementing models of care, systems and processes that support an agile and coordinated emergency response. This could include:

- establishing a volunteer primary health care workforce that can be rapidly mobilised
- maintaining existing governance arrangements with sector partners and agencies to support rapid integration and coordination at the regional level
- platforms/systems valued by providers e.g. HealthPathways, telehealth support, and systems for monitoring primary care capacity

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Recommendations (3/3)

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The following recommendations are intended to inform the development of a PHN-led Emergency Response Framework by CHN that enables a best practice response to future public health emergencies



Capability and sustainability - explore, plan and deliver disaster resilience capability building activities in collaboration with local primary health care providers. Activities should include:

- education and training - to be available ongoing as continuing professional development
- business continuity planning support
- social and emotional wellbeing supports



Internal leadership and governance - establish internal structures within Capital Health Network that lead the development, review and implementation of the PHN-led Emergency Response Framework. This includes:

- governance mechanisms with executive oversight to deliver on the development and regular review of CHN's Emergency Response Framework
- establishing an internal emergency response team with executive leadership and consisting of staff across teams and levels to support rapid activation and management of response activities commensurate with emergency intensity
- establishing clear and transparent channels of communication for CHN staff led by the CHN leadership team
- addressing internal workforce needs in an emergency response through disaster resilience activities that cover knowledge and capability, role clarity and wellbeing supports relevant to emergency health management

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Appendices

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Appendix A - Recommendations

A description of each recommendation and what it involves, the intended benefit/outcome, and suggested actions are provided.

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Recommendation 1: Locally relevant and informed

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Develop a PHN-led emergency response framework that is informed by national and territory strategy and planning documents. The emergency response framework should:

- *be locally specific, with consideration to the region's demographics, geography and health service landscape*
- *use a disaster resilience approach to support primary health care providers and community to build their capacity in emergency management*
- *take an all-hazards approach, with detailed sub-planning for specific risks/hazards in the CHN region - risks should be informed by risk assessment approaches consistent with the ACT Emergency Plan.*
- *outline activities across four phases - prevention, preparedness, response, recover (PPRR)*
- *be underpinned by existing national principles for emergency management*
- *define the role of the PHN and primary care providers in the ACT in the event of an emergency response*
- *incorporate mechanisms to practice the implementation of the PHN-led emergency response plan*

Implementation considerations:

- Convene an internal working group with Executive sponsorship to lead the development of a CHN emergency response framework
- Develop an emergency response framework template that incorporates key elements and principles from national guidance documents, including the Australian Disaster Resilience Handbook and Australian Arrangements Handbook
- Undertake a mapping/scoping activity to identify and document the role and responsibilities of CHN teams across the 4 stages (PPRR). This should include stakeholder engagement, advocacy, communication

This would contribute to:

- Development of a locally informed and collaborative response to public health emergencies
- Awareness among sector stakeholders of how CHN can be involved in an emergency response to support early engagement
- Defined expectations on the role and functions of CHN in an emergency response
- A coordinated partnership approach during a public health emergency response

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Recommendation 2: Joint Planning

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Undertake PHN-led emergency response planning in consultation and collaboration with ACT Health to ensure PHN-led emergency response activities and governance mechanisms complement and align with ACT Health emergency planning as a key stakeholder in the service system and 'Lead Response Agency' for public health emergencies

Implementation considerations:

- Continue PHN representation/membership on the Health Emergency Management Steering Committee
- Develop an emergency data framework that outlines an overarching data set across the 4 phases (PPRR). Existing data systems should be leveraged (e.g. clinical audit tools, CRM) and governance arrangements outlined to support appropriate and timely sharing of data.
- Engage ACT Health to develop an approach to joint planning and draw on learnings from other joint planning approaches to support effective engagement. For example, the NSW collaborative group engaged for HealthPathways
- Identify opportunities to engage primary health care providers in joint planning processes

This would contribute to:

- Identification of opportunities to develop and strengthen capabilities informed by local public health emergency response
- Increased recognition of CHN as a credible and key partner in emergency response planning
- Improved awareness among stakeholders regarding CHN's role, responsibilities and capabilities
- Improved connection across organisations and sectors, including business, communities and government
- Primary health care provider experiences and perspectives are valued

Recommendation 3: Advocacy

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Advocate at the local, territory and national level for the role of PHNs and primary care and the value they bring to effective, coordinated and cooperative emergency management.

Implementation considerations:

- Continue existing work being undertaken to support the collection and use of good quality data (quantitative and qualitative) to demonstrate the value of CHN and the primary care sector in an emergency response
- Use existing platforms (e.g. Health Emergency Management Steering Committee) to communicate and advocate for the role and value of PHNs and primary health care sector in emergency response planning to a wide and diverse range of stakeholders. This includes government, service providers and community.
- Develop a communication strategy for targeted advocacy to general practice that includes 'good news stories' to highlight what has worked well in the sector

This would contribute to:

- General practices feel valued and involved (doing 'with' providers rather than 'to')
- Raising awareness and acknowledgement of the role and value of primary health care providers in an emergency response
- Shared learning and generating interest in new ways of working

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Recommendation 6: Internal Leadership and Governance

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Establish internal structures within Capital Health Network that lead the development, review and implementation of the PHN-led Emergency Response Framework. This includes:

- *governance mechanisms with executive oversight to deliver on the development and regular review of CHN's Emergency Response Framework*
- *establishing an internal emergency response team with executive leadership and consisting of staff across teams and levels to support rapid activation and management of response activities commensurate with emergency intensity*
- *establishing clear and transparent channels of communication for CHN staff led by the CHN leadership team*
- *addressing internal workforce needs in an emergency response through disaster resilience activities that cover knowledge and capability, role clarity and wellbeing supports relevant to emergency health management*

Implementation considerations:

- Explore suitable internal membership for the establishment of an internal emergency response team including executive leadership and staff across teams and levels
- Commence the establishment of an internal emergency response team that will support the development, review and implementation of an Emergency Response Framework
- Undertake a Training Needs Assessment to:
  - Identify relevant skills, capability and expertise that could be utilised during a public health emergency
  - Scope gaps in knowledge, skills and capabilities of internal staff relevant to public health emergency
  - Inform future education and training for internal CHN relating to public health emergencies
- Develop a CHN Emergency Response Communication Strategy that outlines internal structures and processes for communication during public health emergencies

This would contribute to:

- Establishing internal systems and struture to lead the development of a CHN Emergency Response Framework
- Appropriate internal mechanisms to support rapid activation and management of response activities
- Establishing channels of communication within CHN to ensure timely and accurate dissemination of information

Appendix B - Stakeholder Engagement Findings

The findings from stakeholder engagement activities have been summarised into five themes. Each theme has been organised under a strengths, weaknesses, opportunities and threats framework.

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Theme 1

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Internal planning and coordination for a timely and effective response

- The responsiveness and flexibility of CHN in delivering COVID-19 response activities was perceived positively by stakeholders. However, opportunities to improve identified a need for a more coordinated and structured approach including frameworks and processes for activities such as logistics
- Stakeholders feel strongly that a pandemic/emergency response plan would help CHN to more effectively prepare for, initiate and lead response activities in the primary care sector and in coordination with key agencies as part of a broader territory wide response
- There is opportunity for CHN to establish data systems that will support a rapid response, inform the implementation of response activities and proactively identify and respond to sector challenges as they arise
- During a public health emergency there is a shift in priority and focus from BAU activities such as commissioning services to emergency response
- CHNs ability to quickly respond to external information sources was a strength of their response enabled through internal communication and collaboration

Internal planning and coordination

CHN

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Strengths

Responding to policy and information changes and timeliness of information received from the Commonwealth.

Internal coordination and collaboration of communication materials

Responsiveness, flexibility and agility in coordinating and delivering response activities (PPE, vaccine roll out, developing covid-safe protocols)

Supporting commissioned providers to rapidly adapt to telehealth

Quickly pivoting to online delivery of events, education and training whilst maintaining quality

Leveraging learnings from previous public health emergency responses (e.g. bushfires)

Seeking feedback and using a quality improvement approach to reflect and make changes to response activities

Using survey data to understand challenges being experienced by health workforce

Managing competing priorities (e.g. commissioning) to ensure the PHN could provide a timely response to COVID-related health needs

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Weaknesses

PPE processes were consistently reported as a weakness due to lack of structure, support and coordination.

Identified issues related to PPE processes included stock management and tracking, reliance on QI team for delivery and stakeholders perceiving that they needed PPE straight away.

Sharing information and communicating across CHN were frequently reported as challenging. Contributing factors included:

- information lost in translation or misunderstood by CHN
- coordination of various sources of information
- lack of clarity on roles and contact details of CHN staff by stakeholder

CHN's initial response to COVID was reactive and ad-hoc rather than being planned and coordinated

Planning and coordination of the response was led by Commonwealth and State — didn't connect with primary care providers early on or was delayed in initiating a response

Internal work was undertaken as part of the response but not utilised (e.g. list of GPs to provide clinical support in RACF or hospital)

Perceived lack of preparedness for an emergency response and understanding of how to support primary care

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Opportunities

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Threats

Stakeholders consistently suggested that CHN develop a pandemic plan to provide a proactive and coordinated crisis and/or emergency response

Key components and considerations when developing a plan were suggested and include:

- criteria to identify when to initiate the response
- preparing for and responding to different types of emergencies
- aligned to a broader territory wide and/or health system response
- inclusion of tested systems and tools that support scalability and remote access
- articulate roles and responsibilities (internal and external)
- internal policies and procedures should be adapted to support transition to work from home arrangements and streamlined approval processes
- testing implementation of the plan

Develop a framework/processes to respond to demand for PPE in emergency response situations

Establish and maintain data systems that support rapid response and action in an emergency situation. For example, regional data on practices and GPs (number, location, where they deliver services, who can deliver outreach in emergency situations)

Develop a business continuity plan outlining how to maintain and connect services during the response

Other PHN commissioning activities and planning delayed to support prioritisation of the COVID-19 response

Theme 2

CHN

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Internal staff capability and capacity for a timely and effective response

- Internal workforce capacity and resourcing is a critical component to initiating and sustaining response to a public health emergency over time. Dedicated roles within CHN are needed to drive the emergency response and should be recruited to as early as possible
- Stakeholders identified the need for internal directive leadership and 'top down' communication to deliver an org-wide coordinated emergency response
- CHN staff felt well supported and valued by CHN during the COVID-19 pandemic, however there is opportunity to embed strategies that improve workforce engagement and satisfaction, particularly for staff leading response activities
- Staff perceived that internal communication and collaboration improved during COVID-19. This should be maintained beyond the pandemic and further strengthened in future emergency responses through role clarity and processes to facilitate information sharing
- The impact of staff turnover on the strength and continuity of stakeholder relationships can be addressed by prioritising strong stakeholder relationships at the organisational level

Internal capability and capacity

Partnering for better health

Strengths

Staff felt well supported, valued and appreciated by CHN. Examples included the proactive mental health and wellbeing support provided through care packages during lockdown and managing workloads.

Transition to working more collaboratively across CHN teams, contributing to a supportive environment

Establishment of two dedicated roles for the COVID response

Diverse skills of CHN staff to draw on internal expertise as needed

Attributes of personnel in leadership (CEO and General Manager Primary Care Programs) reported as pivotal to coordinating the response

IT support to transition staff to work from home

Flexibility provided to the HealthPathways Clinical Editor to increase working hours as needed to develop and update pathways based on high turnover of information and last minute receipt of information

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Weaknesses

Lack of internal communication about roles, responsibilities and permissions — leads to confusion amongst staff, duplicative efforts and inefficiencies

Staff reported not always knowing what was required of them, who was doing what and colleagues that could be engaged for specific tasks and/or based on their skill set.

Constraints in availability to rapidly mobilise as part of the response due to limited staff capacity to backfill roles and organisational capacity to upskill staff as needed

Not recruiting staff and establishing a COVID-specific team until later in the response

More directive leadership needed in a pandemic response to make decisions and direct tasks

Lack of available training for internal staff to complete their role including when onboarding new staff

Lack of process/structure to facilitate sharing of information and collaboration across the organisation other than email

Limited awareness among staff of the Internal Working Group established

Change in job satisfaction for staff tasked with COVID response activities leading to staff turnover

COVID response activities were additional to business-as-usual (BAU) activities for some teams and could have been better coordinated/shared across the organisation

Limited organisational capacity for logistics role, such as availability of storage space and transport for PPE distribution

Limited or disrupted resourcing — for example, COVID-19 response could have benefited from another dedicated HealthPathways Clinical Editor. Review cycle and development of other pathways were delayed due to limited resourcing.

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Opportunities

Establish opportunities for cross-PHN support to 'borrow' staff when a PHN is experiencing staff shortages

Embed increased collaboration between internal teams during COVID into the organisation's emergency response

Disseminate information through the organisation via the Executive Leaders

Incorporate mechanisms to recognise staff contributions (e.g. extra hours worked) to ensure staff feel valued and appreciated

Establish a culture of strong stakeholder relationships to ensure sustainability of these relationships during staff turnover

Utilise COVID-19 Project Officers and/or team to be the internal conduit to share information about what each team is doing internally as part of the response

When establishing new teams, support staff by catering to their level of knowledge

Threats

Expectations by DoH of the PHN's capacity and capability to undertake previously uncommon activities, such as coordinating and delivering PPE

High staff turnover creating instability within the organisation's internal workforce and impacting the continuity and strength of stakeholder relationships

LImited internal capability in PHN around epidemiology or clinical issues to draw on and demonstrate credibility

Challenges in workflow and maintaining momentum due to gaps in workforce availability (e.g. leave), particularly in 'teams of 1.'

Staff tasked with leading the COVID response activities experiencing low job satisfaction as a result of decreased BAU, concerns around capacity and increase in working hours

Workforce wellbeing, burnout/fatigue

Absence of protocols that support staff safety for new or previously uncommon hazards, including risks associated with handling and delivery of PPE and consideration of requirements to work from home (e.g. exposure to domestic and family violence).

Other organisational resource decisions influence on capacity to respond (e.g. decreased size of CHN car fleets)

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Opportunities

Continue the PCERC ongoing at a reduced frequency to support an agile response to future emergencies

Walk-in centres would provide valuable contribution around challenges and potential solutions and should be considered for PCERC membership

Continue to develop strong relationships and forge partnerships with sector stakeholders to support an emergency response. In particular, CHN's relationship with ACT Health should be maintained and further strengthened post COVID.

Leverage the strength of the PHN network by developing a broader PHN crisis team and/or nominating a representative for the PHN network to coordinate activities and avoid duplicative efforts across the PHN initiative. Opportunities to communicate and share information with PHN staff beyond PHN CEOs should be considered.

CHN to be engaged in the response early through involvement in sector committee meetings etc on behalf of primary care. This can be supported through continuity of engagement with the health directorate.

Improving communication by establishing clear connection points for CHN to receive information and communicating information via the CHN website

Optimising the use of HealthPathways as a communications tool for clinicians, including:

- developing insights on health issues based on page views and developing response activities aligned to these
- leverage the growing audience and reach of HealthPathways for future health directives
- build out the disaster planning / management content on HealthPathways (i.e. preparing and setting up their practice during a public health emergency) beyond condition-specific pathways

Threats

External risks or dependences relating to effective communication included:

- comprehensiveness, consistency and timeliness of information from DoH impacting volume and quality of information that can be provided to stakeholders
- information being released to the general public at the same time as PHNs
- different messaging received from Commonwealth and State agencies
- keeping up to date with high turnover of information

Expectations and reliance of general practices on CHN to rapidly provide information, however this is driven by what and when information is shared by the Commonwealth

Large volume of and changes to information to be communicated to general practice, resulting in practices feeling frustrated overloaded with information

As COVID response winds down, there is a risk that relationships will fade

Stakeholders develop information with a NSW focus to be shared with ACT providers, however ACT may require territory specific information

Communication to practices occurs via a mass email which may not be opened or read by practices leading to information being missed and practice staff feeling frustrated that information hasn't been communicated to them and/or isn't filtering through to other staff

External factors that cause risks or constraints in the optimisation of the HealthPathways platform include:

- large volume and turnover of information provided to CHN is a risk to providing information that is incorrect, not current or overwhelming — this can lead to stakeholders losing faith in the HealthPathways platform
- availability and capacity of Subject Matter Experts to view content prior to publishing due to competing priorities
- perceptions of HealthPathways among stakeholders
- HealthPathways team receive information at the same time as the sector, whereas information is needed the day before it is communicated widely

Theme 4

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Supporting GPs, primary care and aged care providers in broader system response to COVID-19

- CHNs strong relationships with the primary care sector and ability to identify and communicate information was identified as a strength in the response to COVID-19. Supporting general practice with information and delivery of PPE helped to build and maintain trust with providers
- There is an opportunity for CHN to strengthen communication with primary care providers in future responses through more coordinated messaging and maintenance of central contact lists/databases.
- Stakeholders identified an opportunity for CHN to provide practical support to general practices to prepare for and respond during a public health emergency. This includes business continuity planning, education and training and peer support
- Factors resulting from the public health emergency are likely to exacerbate existing workforce challenges and reduce the capacity of providers to engage in activities outside of providing patient care
- Virtual engagement with general practice worked well broadly, however it presents a barrier to one-on-one practice support

Supporting general practice, primary care and aged care

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Strengths

Delivery of PPE and coordination of vaccine roll out perceived to have worked well

Engagement participants consistently reported that CHNs strong existing relationships with primary care stakeholders, particularly general practice, enabled the organisation to respond and communicate quickly, and strengthen the reach of CHNs response.

Strong relationships with general practices and pharmacies enabled CHN to establish databases

CHN staff known to primary care stakeholders helped to build trust, particularly with GPs

Direct line of communication between CHN and health professionals

CHN perceived as the 'go to' source of information for general practice and other health professionals, particularly for the vaccine roll out

Events held by CHN were well attended

Support for commissioned providers to quickly adapt to telehealth models of delivery

Willing and able to respond to challenges experienced by general practice. For example, working with the Pharmacy Guild so GPs knew where to access antiviral medications

Supported and advocated for general practice to be more active in the response, particularly in the management of vaccinations and antivirals

Amid the high volume of information, identifying and staging the communication of the most valuable information for GPs

Advocacy and support for priority population groups (establishment of first ACCHO GPRC in Australia, early communication through brochures)

Rapid reviews in NSW RACFs to assess outbreak preparedness

Resource development (e.g. Winter Planning Checklist and GP Toolkit)

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Weaknesses

Relationships are led by individuals — there is a need to shift relationships with GPs from individuals to the organisation

Lack of practical support/guidance provided to general practices to navigate and respond to the pandemic. For example, creating a COVID safe practice, managing active COVID cases presenting to the practice and implementation and delivery of telehealth

CHN commencing work that cannot be progressed as contingent on other stakeholders. For example, surveys developed for COVID Care at Home could not be progressed due to delays in providing GPs access to digital health records.

Moving to a remote way of working by PHN staff meant engaging general practices through face-to-face visits was limited

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Opportunities

Provide a more intentional support role for general practices beyond only sharing information.

Engagement participants consistently suggested that CHN provide support to general practice and other primary care providers around business continuity planning for public health emergencies/pandemics. This included:

- supporting the creation of an Emergency Management and Response plan
- actively supporting implementation of the plan
- Identify and prepare for electricity/internet/equipment considerations

Provide training to primary care providers on how an emergency response works. Stakeholders identified existing scenario based training for general practice provided by the Public Health Unit

Facilitating general practices to work collaboratively. For example, facilitating webinars for GP leaders to discuss issues, provide peer support and advice and receive coaching from subject matter experts

Establishing a central internal stakeholder contact list

Coordination of messaging to general practice during public health emergencies

Strategies to maintain the emotional resilience of the health workforce are needed to manage risk of burnout and fatigue

Threats

Restrictions on funding for service providers to deliver COVID response activities limited what could be explored/delivered

Service providers approved for COVID response funding impacted by time lag between DoH providing funding to PHN

Reporting requirements set out by DoH placing pressure on service providers

Reduced capacity of general practice to engage with PHN and/or take on programs/initiatives/tasks that work well due to predominant focus on treating patients

Perceptions of external stakeholders that the PHN has control over the response of individual general practices

Health workforce burnout and fatigue may exacerbate existing workforce issues (lower GP:population ratio, ageing GP workforce, reduction in training GPs)

Any past negative experiences of stakeholders of working with CHN may impact willingness to engage in future

Providers contracting COVID-19 or isolating reduces workforce availability

CHN and general practices rely on external resources to access equipment during an emergency (e.g. laptops, PPE, medical equipment)

General Practice Respiratory Clinics could not be promoted by other organisations, resulting in people being unaware of them or unclear on which clinic attend

No strategy to support allocation of excess vaccine doses

Theme 5

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The role of a PHN in responding to pandemic or other PH emergency scenario

- The PHN should prepare for public health emergencies to support a proactive primary care response
- Emergency response planning by CHN should be completed in coordination and consultation with other organisations/agencies in the territory to deliver a region wide response that avoids duplication
- There is a need to consider the PHNs role beyond the immediate pandemic response. This includes the recovery period and contributing to the evidence base on the role of primary care in a public health emergency
- Stakeholders broadly spoke about the need for CHN to identify and communicate their role in an emergency response. This can be challenged by the national response and limited contingencies in the service system requiring PHNs to step in
- There is opportunity for CHN to continue providing leadership on the primary care response, this includes advocacy on the role and value of primary care

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Emergency response role of PHNs: SWOT Analysis

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Strengths

- Standing up initial response in timely way and showed ability to adjust quickly
- Some aspects of response that were perceived as weaknesses internally were perceived positively by external stakeholders (e.g. PPE distribution)

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Weaknesses

- Clearly communicating the role of the PHN to stakeholders prior to the pandemic
- Some stakeholders reported that certain response activities, such as PPE logistics and distribution, was not within the remit of a PHN.
- PHNs not having enough mechanisms to learn about what is happening in the sector through workforce surveys etc.

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Opportunities

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- Continuing to provide leadership on primary care emergency response and planning.
- Work in collaboration with ACT Health to develop a territory wide emergency response. The response should consider the development of clear protocols around evacuation centres, workforce and emergency kits. If ACT Health has an existing emergency response plan, CHN should build upon and connect their response activities to this plan.
- Exploring CHN's role in the recovery phase of a public health emergency (e.g. health workforce burnout, long COVID).
- Contribute to research activities as a facilitator/partner/coordinator and develop the evidence base around a learning health system. In particular, building evidence around the primary care response and health system redesign strategies.
- Communicating and advocating the role and value of the PHN to stakeholders (ACT Health and Commonwealth). Advocacy efforts should also involve the role of primary care in supporting disaster management and identifying local community needs.
- Surveys and engagement of primary care sector to learn about issues being experienced.
- Support for providers to maintain positive service delivery changes made during the pandemic.

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Threats

- Limited contingencies outside of PHN stepping in to fill the role in a lot of situations.
- Balancing the response to what was needed 'on the ground' with directions from DoH.
- Effectiveness of CHN's COVID response influenced by effectiveness of the wider national COVID response.
- PHN taking on tasks outside their capability e.g communicating public health/epidemiological and clinical information and logistics for PPE delivery may impact on the PHNs reputation.

Key takeaways

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Informed by the engagement findings, the project team have identified the following five key takeaways.

1. There is an opportunity to reflect the learnings from the COVID-19 response in the development of an 'Emergency Response Framework' that outlines a proactive, coordinated and situational approach to preparing and responding to diverse public health emergencies. The framework should reflect leading practice principles, complement existing regional emergency response frameworks and articulate the role of CHN in responding to public health emergencies.

2. CHN's stakeholder relationships has been a strength of its response to the COVID-19 pandemic. CHN should continue to prioritise a mature organisation-wide approach to relationship management with external stakeholders and maintain these relationships to support future response activities.

3. CHN have established strong relationships and visibility with primary care providers. There is an opportunity to deliver more capacity-building support to primary care providers around emergency preparedness and response management to support the sector to continue delivering primary care through future public health emergencies.

4. The needs of CHN's internal workforce should be considered and responded to as part of an emergency response. Workforce needs are broad and include communication, knowledge/capability, role clarity, leadership and direction, and support for staff wellbeing.

5. There are a range of factors that are outside of the PHN's control when responding to a public health emergency, however there is opportunity to continue and further strengthen PHN-led activities/systems that worked well during the COVID-19 pandemic to support an agile and coordinated response to future public health emergencies.

Stakeholder Perceptions

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"CHN had established good relationships with external stakeholders, their reputation had been built and stakeholders understood the role of the PHN. This enabled the response to get up and running quickly"

-Internal CHN staff

"In retrospect we should have supported practices with business continuity more before COVID started. Provided them with training to ensure they were ready to respond"

- Internal CHN staff

"Don't know if it is in their remit, but working with Allied Health. In terms of COVID, could be recovery liaison with Allied Health and linking patients with long COVID to physio or OT, or sourcing funding"

- External stakeholder

"We could have set up an internal response working group within CHN to come together, meet and talk about approach and responses to reduce the decentralised approach"

-Internal CHN Staff

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Appendix C - Situational analysis findings

The findings from the situational analysis have been organised under three areas of enquiry.

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Peer PHN Comparison

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What have other PHNs across Australia done to respond to COVID-19 in their regions?

The COVID-19 Primary Health Care Support Framework has been developed by ACT Health and CHN to enable a structured approach to coordinating continuous delivery of primary health care during the COVID-19 pandemic.

Capital Health Network has been allocated 'lead agency' for a number of activities within the framework that focus on the primary health care sector, these include adoption of virtual care, education, communication, HealthPathways and utilisation of interpreter services.

'Primary Health Networks supporting the COVID response across Australia' highlights several key response activities undertaken by PHNs throughout the COVID-19 pandemic. These include new models of care, consumer resources and collaborative working groups to develop risk management approaches.

Hunter New England PHN (HNEPHN) reviewed their function and role during the pandemic across three phases and identified the need to build on and sustain successes including telehealth, HealthPathways, and education and training.

North Western Melbourne PHN (NWMPHN) white paper demonstrates the value PHNs bring in enabling a rapid systems response that is coordinated and integrated across sectors to deliver person-centred care that meets people's holistic needs.

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Peer PHN Comparison (cont.)

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What have other PHNs across Australia done to respond to COVID-19 in their regions?

Central Eastern Sydney PHNs paper identifies six strategic priorities focused on meeting the health, social and information needs of community, and building sector capability and integration to support the PHNs response to COVID-19, as well as preparedness for other public health emergencies in future.

WAPHAs 'COVID-19 Response - Strategic Statement' has been developed by WAPHA to scope and define their role in supporting the primary care sector in transition to living with COVID-19, and compliments the local public health system response.

WAPHA has outlined the activities they will be undertaking within each of the five workstreams that have been tasked to Australian PHN's in supporting primary care including developing care pathways, refreshing General Practice Respiratory Clinics (GPRC) and procuring clinical services.

Developed in 2022, Northern Queensland PHNs review of General Practice, ACCHO's and GPRC's highlights the importance of general practice in responding to public health emergencies and outlines future initiatives to enhance the sector through capacity and capability building activities post COVID-19.

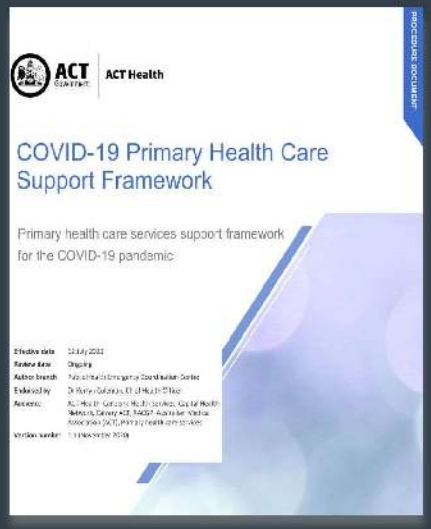
The 'capacity tracker' is currently being rolled out in PHNs across Australia to support timely and targeted activities that respond to the current and potential challenges experienced by primary care providers, inclusive of (but not limited to) the pandemic.

COVID-19 Primary Health Care Support Framework

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The COVID-19 Primary Health Care Support Framework has been developed by ACT Health and CHN to enable a structured approach to coordinating continuous delivery of primary health care during the COVID-19 pandemic.



The *COVID-19 Primary Health Care Support Framework* was developed by ACT Health and Capital Health Network in consultation with key stakeholders. The Framework aims to support the ongoing delivery of primary health care services during COVID-19. In-scope primary health care services covered by the framework include general practice, community-based care (e.g. allied health and pharmacy), and other generalist primary health care (e.g. Aboriginal and Torres Strait Islander services).

The framework objectives include continuing to deliver safe and appropriate care during COVID-19 through:

- telehealth or supporting infection control
- including those in isolation or quarantine
- integration and collaboration, including care pathways

The objectives of the framework will be met through activities categorised under five action areas. These activities will remain relevant throughout the COVID-19 pandemic.

Five action areas to support the objectives

1. Support safe delivery of primary health care services
2. Ensure access to primary health care services and in-reach mental health services and psychosocial support services for people with COVID-19 in quarantine
3. Facilitate collaboration, care pathways and workforce capacity
4. Maintain access to primary care services for priority populations
5. Communication and education activities

Source: ACT Health. (2020). COVID-19 Primary Health Care Support Framework. Available: https://www.health.act.gov.au/sites/default/files/2021-02/COVID-19%20Primary%20health%20care%20support%20framework%20Nov%202020.pdf

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COVID-19 Primary Health Care Support Framework (cont.)

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Capital Health Network has been allocated 'lead agency' for a number of activities within the framework that focus on the primary health care sector, these include adoption of virtual care, education,, communication to the sector and community, HealthPathways and utilisation of interpreter services.

Capital Health Network have been identified as the lead agency for a number of activities within the framework, including:

1. Support primary health care services in adopting telehealth and e-prescribing
2. Facilitate the establishment of the Commonwealth-funded GPRC's
3. Conduct regular educational activities to provide primary health professionals with current COVID-19 information
4. Support GP's and Allied Health to provide care to COVID-19 patients through telehealth (supported by F2F as required)
5. Primary care support working group to meet regularly to support communication and collaboration across primary health care
6. Develop COVID related HealthPathways and update existing pathways
7. Ensure primary health care providers and specialists reviewing patients in outpatient settings understand the Translating and Interpreting Service (TIS) for non-english speakers
8. Develop communications to raise awareness of primary care services to maintain public confidence of safety to access care
9. Ensure regular communication to primary care providers about other specialised services

Source: ACT Health. (2020). COVID-19 Primary Health Care Support Framework. Available: https://www.health.act.gov.au/sites/default/files/2021-02/COVID-19%20Primary%20health%20care%20support%20framework%20Nov%202020.pdf

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PHN's supporting the COVID response across Australia

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'Primary Health Networks supporting the COVID response across Australia' highlights several key response activities undertaken by PHNs throughout the COVID-19 pandemic. These include new models of care, consumer resources and collaborative working groups to develop risk management approaches.

Victorian PHNs
Established through collaborative design, 15 new mental health hubs known as HeadtoHelp.

Hunter New England PHN
Establishing a risk management approach for COVID-19 outbreaks in RACF through leading a regional, multi agency working group.

North Western Melbourne PHN
Develop and pilot an integrated model of care for COVID-19 positive patients including stepped care and social supports.

South Western Sydney PHN
Develop resources for consumers that could be used by general practice to communicate COVID information in simple text.

North Western Melbourne PHN
Collaborating with the community to develop a suite of information videos in 18 different languages.

Source: Health Voices. https://healthvoices.org.au/issues/nov-2020/xxxx/

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Hunter New England PHN

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Hunter New England PHN (HNEPHN) reviewed their function and role during the pandemic across three phases and identified the need to build on and sustain successes including telehealth, HealthPathways, and education and training.

Phase 1: control and preparation

Key activities and approach:

- Agile response enabled by reducing BAU activities
- Response led by governance, leadership and management mechanisms
- Virtual education delivered at the regional and sub-regional levels in collaboration with other organisations
- Recorded webinars held around identified topic areas, including managing resilience and self care. Ongoing availability of webinars via HealthPathways.

Phase 2: emergency pandemic management

Key activities and approach:

- Scenario planning and template development for general practice
- Development of a 'capacity status tracker' (refer to *'capacity tracker'*)
- Establishment of an emergency operations centre for out of hospital emergency coordination between primary care/ LHD
- Development of a primary and aged care risk matrix

Phase 3: recovery period

Identified strategies to build on phase 1 and 2 learnings in the recovery period, include:

- Support primary care providers by identifying priorities and sharing successes/innovation/learnings. The importance of this being led by providers in a voluntary capacity is highlighted
- Community campaign to support re-engagement with health care
- Piloting care models and initiatives that improve care access while responding to needs emerging from the pandemic
- Increasing engagement with allied health providers to be enabled by an engagement strategy
- Continuation of internal activities to sustain workplace culture and improvements in flexibility and innovation.

Phase 1 & 2 learnings:

- Increased engagement with providers due to Covid-19 should be continued
- Attendance rates indicate importance and value of education support for the primary care sector - this should be sustained
- Positive utilisation and acceptance of telehealth, with providers valuing support offered by the PHN
- Covid-19 has had a negative impact on providers, including the emotional wellbeing of staff and practice income and caseloads
- PHN updates and HealthPathways perceived as being the most valuable COVID-19 support provided

Source: Nankervis et al. (2020). COVID-19: Perspectives from the experience of one Australian Primary Health Network. Asia Pacific Journal of Health Management. 15(3). 1-10.

Central Eastern Sydney PHN

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Central Eastern Sydney PHNs paper identifies six strategic priorities focused on meeting the health, social and information needs of community, and building sector capability and integration to support the PHNs response to COVID-19, as well as preparedness for other public health emergencies in future.

Actions aligned to six strategic areas were identified to address challenges and opportunities emerging from COVID-19. Actions relevant to a broader emergency response are identified below:



Source: CESPHN. (2020). Lessons from COVID-19: challenges and opportunities for primary care. Available at: https://www.cesphn.org.au/preview/communications-1/3508-covid-19-challenges-and-opportunities-for-primary-care/file

1. **Monitoring and addressing population health impacts:**
   - increase monitoring of population health impacts to identify changes resulting from pandemic
   - use regional planning to address mental health service demand
   - use qualitative data to identify and respond to challenges and opportunities
2. **Providing information and advocacy**
   - provide localised information on service availability and promote the value of having a regular GP and general practice services
3. **Responding to social determinants**
   - partner to engage communities in response efforts and address barriers to accessing services
   - strategies to address barriers to virtual care (how to use technology, access to equipment and data etc)
4. **Building service resilience and capacity**
   - embed online engagement into regular training and CPD programs
   - provide business development and workforce planning support to providers
   - establish local leadership networks for information sharing, clinical and community leadership
5. **Reimagining how primary care is delivered**
   - implementing virtual CPD program for health care workers on risk and safety related to emerging issues
6. **Strengthening integration**
   - use NSW Human Services Outcomes Framework to build cross agency responses
   - co-design and jointly commission to address identified gaps and priority areas
   - promote uptake of MyHR
   - increase e-referrals, secure messaging and discharge communication
   - develop emergency response strategy

COVID-19 Response - Strategic Statement

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WAPHAs 'COVID-19 Response - Strategic Statement' has been developed by WAPHA to scope and define their role in supporting the primary care sector in transition to living with COVID-19, and compliments the local public health system response.

Western Australia Primary Health Alliance's (WAPHA) *'COVID-19 Response - Strategic Statement'* has been developed in alignment with WA Health's system-wide response to COVID 19 and outlines their role in supporting primary care with COVID-19 management and living with COVID. The document aims to define the strategic context and provide guidance for the development of services, clinical guidelines and resources. WAPHA have identified a series of enablers that need to be considered and addressed in their response to COVID-19 management in primary care.



Enablers

- Healthpathways - access to referral protocols for effective patient management
- Support for commissioned service providers - advice on government mandates and workforce support
- Digital health - support delivery of care through digital technologies e.g. telehealth and e-prescribing
- Planning for longer term care to manage the impact of COVID-19 in the WA community - support providers with the health impacts of COVD-19 such as mental health and health screening
- Stakeholder engagement - using stakeholder engagement to inform COVID-19 response activities
- COVID-19 case modelling - undertake modelling for primary care response planning
- Communications - information and communication targeted at priority target populations
- Advocacy - continue advocating for the WA health system

Source: WAPHA. (2022) COVID-19 Strategic Statement. Available at: https://www.wapha.org.au/wp-content/uploads/2022/01/COVID-19-Response.pdf

COVID-19 Response - Strategic Statement (Cont.)

Partnering for better health

WAPHA has outlined the activities they will be undertaking within each of the five workstreams that have been tasked to Australian PHNs in supporting primary care, including developing care pathways, refreshing GPRC's and procuring clinical services.

COVID-19 Positive Community Care Pathway

- Development of a care pathways through collaboration with WA Department of of Health and in partnership with GPs
- Pathways will be fit for purpose, connect members of the community with the right level of care, clear, localised, responsive to changes in medical treatment and national stockpile availability and outlines rapid escalation arrangements.

Support for Primary Care from the National Stockpile

- Continue to maintain the primary responsibility for coordination of the vaccination roll out in WA including surveying the workforce to understand emerging issues, challenges and opportunities and distributing up to date clinical information through HealthPathways.
- Ongoing coordination for the logistics of PPE and ordering of pulse oximeters.

Commissioned home visits

Procurement of a clinical service provider to deliver at home care for COVID-19 positive patients whose regular GP has limited capacity or who do not have a regular GP.

Extension of the role and reach of GP Respiratory Clinics

Undertake a refresh of existing GPRC's in WAPHA including expansion into the after hours period.

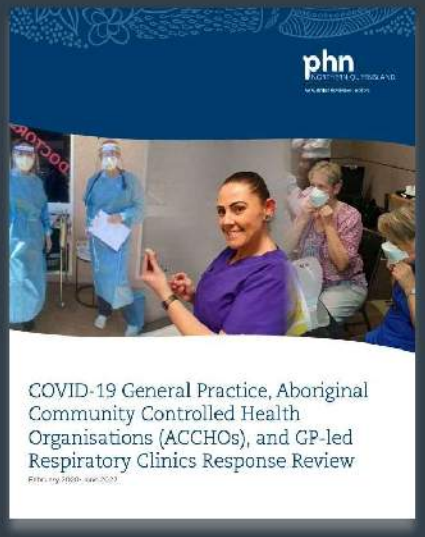
Provision of up to date and reliable resources for general practice

Continue to deliver support and education on topics including Clinical guidelines, Commonwealth and State policy direction, MBS items, Telehealth policy, infection control.

Source: WAPHA. (2022) COVID-19 Strategic Statement. Available at: https://www.wapha.org.au/wp-content/uploads/2022/01/COVID-19-Response.pdf

COVID-19 General Practice, Aboriginal Controlled Health Organisations, and GP-led Respiratory Clinics Response Review

Developed in 2022, Northern Queensland PHNs review of General Practice, ACCHO's and GPRC's highlights the importance of general practice in responding to public health emergencies and outlines future initiatives to enhance the sector through capacity and capability building activities post COVID-19.



Source: NQPHN. (2022). COVID-19 General Practice, Aboriginal Controlled Health Organisations and GP-led Respiratory Clinics Response Review. Available: https://nqphn.com.au

NQPHN's '*COVID-19 General Practice, ACCHO and GPRC Response Review*' highlights the importance of the primary care sector in underpinning Australia's response to COVID-19. The review highlights the fundamental shifts and adaptations that general practice rapidly implemented through the pandemic to continue delivering care to their communities. New models of service delivery were implemented by general practices including introduction of triaging and screening for appointments, use of PPE during appointments, telehealth appointments and managing workforce capacity of reception staff.

NQPHN has highlighted through the review the impact of COVID-19 on primary care and the ongoing challenges of the sector to continue delivering high quality care including:

- workforce shortages, capacity constraints and burnout
- continuing peaks and troughs of the COVID-19 pandemic
- funding constraints

In response, NQPHN has established the '*Build Back Better - Primary Care*' initiative to increase capability and capacity of primary care.

'The Build Back Better Initiative will provide general practice with opportunities to gain skills to support their teams through future challenges".

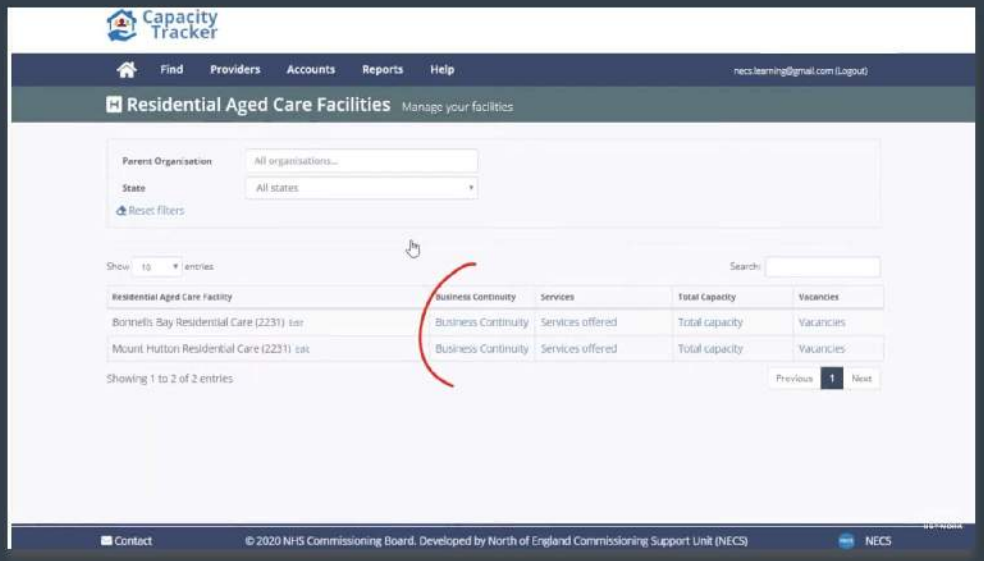
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Capacity tracker

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The 'capacity tracker' is currently being rolled out in PHNs across Australia to support timely and targeted activities that respond to the current and potential challenges experienced by primary care providers, inclusive of (but not limited to) the pandemic.



Source: HNEPHN. Capacity Tracker. Available at: https://thephn.com.au/programs-resources/capacity-tracker

The capacity tracker was established in April 2020 and is available to general practices, Aboriginal Medical Services and residential aged care facilities (RACFs) in the HNEPHN region. The tool is currently being rolled out to PHNs across Australia.

The tool enables:

- providers to provide timely communication to the PHN about current or potential issues
- updates to be made in real time and securely at no cost to the provider - updates may include issues relating to workforce, PPE supplies, vacancies, admissions, appointments
- the PHN to rapidly mobilise support and resources to providers

Examples of support initiated via the capacity tracker include:

- support workforce coverage during periods of inadequate resourcing or backfill to avoid service closure
- dispatch interim PPE supplies
- vaccine distribution

Policy Scan

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What is the role of PHNs in responding to COVID-19 or other public health emergencies?

A public health emergency has the potential to impact the health of the community and can be triggered by a range of events, such as natural disasters, disease outbreaks and incidents causing casualties. An emergency response framework should be ready to respond to all types of emergencies.

PHN's have supported the COVID-19 response at the Commonwealth, State, Territory, jurisdictional and community levels, demonstrating their role in coordinating and leading cross sector response activities.

The white paper advocates for the role of Primary Health Networks in leading and coordinating the planning, preparedness and response of primary healthcare in future public health emergencies.

The white paper provides five recommendations as for more integrated emergency preparedness, response and recovery - authorisation, recognition, funding, resourcing and preparedness through the development of regional emergency plans.

QPHN's submission to the inquiry indicates the need to clarify and optimise the role of primary health care in an emergency response and develop mechanisms that support sector collaboration to deliver responsive, patient-centred care.

The National Strategy for Disaster Resilience highlights the need to establish disaster resilient communities that take shared responsibility and have the knowledge and capability to recognise and respond to local risks.

Six of the seven actions outlined in the National Strategy for Disaster Resilience align with the role of PHNs. Broadly, these include sector leadership and partnership, risk management, and building capacity and capability through education and training.

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Emergency Health Management

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A public health emergency has the potential to impact the health of the community and can be triggered by a range of events, such as natural disasters, disease outbreaks and incidents causing casualties. An emergency response framework should be ready to respond to all types of emergencies.

The Australian government define a public health emergency as an event that has the potential to impact on human health.

On the ground response is the responsibility of state and territory health authorities across Australia, while national responses are managed by the National Incident Centre.

Events that are considered a public health emergency include:

- *Natural disasters like bushfires, cyclones, earthquakes, floods or tsunamis*
- *Plane, train or other major transport accidents*
- *Chemical, biological, radiological or nuclear incidents of national significance*
- *Bombing or armed attacks*
- *Communicable disease outbreaks*

Source: https://www.health.gov.au/health-topics/emergency-health-management/about#what-a-public-health-emergency-is

PHNs supporting the COVID response across Australia

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PHN's have supported the COVID-19 response at the Commonwealth, State, Territory, jurisdictional and community levels, demonstrating their role in coordinating and leading cross sector response activities.

Commonwealth level response activities

- Distribution of PPE to General practice
- Establishment of GP-led Respiratory Clinics
- Establishment of mental health hubs (Vic PHN's)

State, Territory and jurisdictional level response activities

- Contributing to local health emergency management response
- Coordination of multi-agency responses, including hospital and health service districts, RACF's, public health units and ambulance services

Community level response activities

- Localised information and resources for GPs
- Clinical education
- Business continuity support
- Mobilising and coordinating primary health care and community supports to provide care

Source: Health Voices. https://healthvoices.org.au/issues/nov-2020/xxxx/

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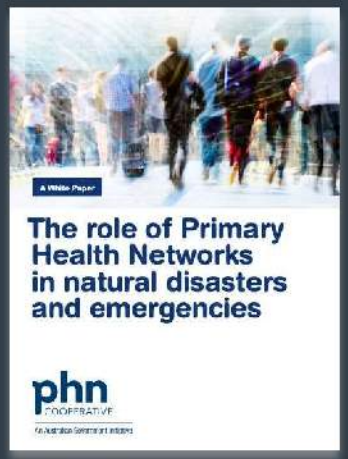
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The role of Primary Health Networks in natural disasters and emergencies

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The white paper advocates for the role of Primary Health Networks in leading and coordinating the planning, preparedness and response of primary healthcare in future public health emergencies.



Source: PHN Cooperative. (2021). The role of Primary Health Networks in natural disasters and emergencies. Available at: https://nbmphn.com.au

In 2021, the PHN Cooperative published a white paper to outline the role of Primary Health Networks in responding to public health emergencies. PHN's have demonstrated their integral role in coordinating and activating a primary health response through COVID-19 and the 2020 bushfires.

During public health emergencies, the delivery of primary care to communities requires leadership and coordination to ensure care is available and accessible to those who need it. Without coordination of the primary care sector and clear pathways for community into primary care there is an increased risk of unnecessary presentation to hospitals, placing further strain on a sector with limited capacity.

The role of primary care in public health emergencies should be included in disaster planning and emergency response, including in regional management response and protocols.

How can PHN's help?

- Primary Health Networks are well placed to coordinate and lead primary care during public health emergencies as they have knowledge of their local communities, are integrated, work across sectors and are able to mobilise and coordinate primary care quickly.
- PHNs are able to work across all levels of government to advocate for the inclusion of primary care into federal, state and regional health emergency response plans.
- The role of PHNs as the first point of contact and coordination should be included in preparedness and response plans allowing for coordination of activities, communication of localised information, and service mobilisation and availability.

The role of Primary Health Networks (cont.)

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The white paper provides five recommendations for more integrated emergency preparedness, response and recovery - authorisation, recognition, funding, resourcing and preparedness through the development of regional emergency plans.

01.

Authorised

Authorisation of PHNs by national, state and territory governments to coordinate primary health care responses.

02.

Recognised

Recognition of PHNs as key agencies and participants in national, state and regional public health emergency preparedness and response.

03.

Funded

Funding of PHNs and primary care providers by the Australian Government to regionally established emergency planning, preparedness and responses.

04.

Resourced

Ensuring adequate resourcing by the Australian Government for primary health resources and arrangements as required nationally.

05.

Prepared

Development of regional emergency plans for activation and engagement of PHNs and primary healthcare.

Source: PHN Cooperative. (2021). The role of Primary Health Networks in natural disasters and emergencies. Available at: https://nbmphn.com.au

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QPHN's Submission to Inquiry into the Health Response to Covid-19

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QPHN's submission to the inquiry indicates the need to clarify and optimise the role of primary health care in an emergency response and develop mechanisms that support sector collaboration to deliver responsive, patient-centred care.

Queensland PHNs (QPHNs) developed a joint submission to the *Queensland Parliament Health, Communities, Disability Services and Domestic Family Violence Committee* as part of the *Inquiry into the Health Response to Covid-19.*

QPHN's submission highlights several key considerations, including:

- systems that integrate care needs across service settings work well and PHNs have a role in supporting primary care to transition to new models of care and utilising technology
- telehealth worked well during the pandemic and should be expanded to provide care closer to home
- PHNs have local knowledge and intelligence (HNA, general practice data) and strong networks with community leaders and networks that can inform planning and actions that respond to local needs
- primary care stakeholders need to be included the emergency response from the outset
- need for greater awareness and acknowledgement of primary care
- need to define the roles and responsibilities or primary care as part of an emergency response at the national level

QPHNs **recommendations** to the Inquiry include:

1. Clarifying and embedding the role and scope of PHNs into state disaster planning and response processes
2. Developing a statewide primary care disaster management response plan that complements Queensland and national disaster response plans
3. Formalising processes to aggregate data intelligence from the primary care sector as part of disaster planning
4. State government and QPHNs to work together to identify and embed innovations from Covid that should be transitioned to BAU
5. State government to establish a cross government forum that included PHNs and is responsible for addressing the interface between primary health care and other sectors

Source: QPHN. (2020). Submission to the Queensland Parliament Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee. Inquiry into the Health Response to Covid-19.

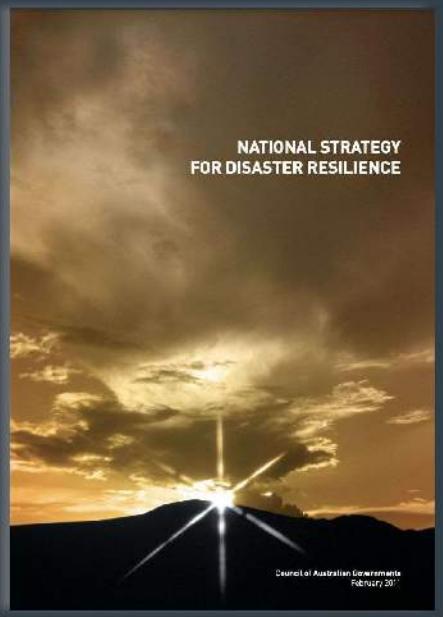
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National Strategy for Disaster Resilience

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The National Strategy for Disaster resilience highlights the need to establish disaster resilient communities that take shared responsibility and have the knowledge and capability to recognise and respond to local risks.



Source: COAG. (2011). National Strategy for Disaster Resilience. Available at: https://knowledge.aidr.org.au/media/2153/nationalstrategyfordisasterresilience.pdf

Disaster resilience requires collective and shared responsibility across all sectors of society to achieve an integrated and coordinated approach to preventing, preparing, responding to and recovering from disasters.

Contributing factors and considerations for disaster resilience include:

- climate change identified as a key factor increasing the risk of future disasters, including frequency and severity
- disaster resilience is influenced by a community's remoteness and population profile, including density, mobility and demographics (e.g age, socioeconomic status, English as a second language)
- disaster resilience planning should:
  - be action based
  - strengthen the capacity and capability of community
  - Consider risks and risk management across social, built, economic and natural environments
  - focuses on shared responsibility, acknowledging responsibility will not be held equally between sectors/organisations/individuals

Identified roles

- **NGOs:** Source of support and advice, critical to supporting communities to cope and recover from a disaster
- **Business:** understand risks, provide resources, expertise and continuity of essential services during or soon after a disaster
- **Individuals:** draw on guidance, resources and policy, be aware of and actively prepare for risks based on their local context

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National Strategy for Disaster Resilience

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Six of the seven actions outlined in the National Strategy for Disaster resilience align with the role of PHNs. Broadly, these include sector leadership and partnership, risk management, and building capacity and capability through education and training.

- **Leading change and coordinating effort**
  - Community leaders contributing to a more disaster resilient nation (beyond individual interests)
  - Build and strengthen existing partnerships for a shared, coordinated and planned response

- **Understanding risks**
  - Preparedness and recovery informed by risk assessments, with knowledge and understanding of local risks to informing action
  - Emergency message are clear, considered and consistent with national advice
  - Routinely sharing information across sectors and community, and building understanding at all levels

- **Communicating with educating people about risks**
  - Sharing knowledge and lessons learned to support innovation and best practice
  - Accessibility of information (e.g. web) and equity of access
  - Informed by target audience and relevant to the local context
  - Training and awareness to increase local capacity

- **Partnering with those who effect change**
  - Strengthen partnerships (policy, research, operational functions) to for knowledge transfer and to respond to changing risk environment
  - Use existing networks and connections (NFP and private sector) to support reach into community and continuity of services

- **Empowering individuals and communities to exercise and choice and take responsibility**
  - Local communities are engaged and have knowledge of local risks, impact, responses and mitigation
  - Accurate and authoritative information adjusted to audience
  - Providers undertake business continuity planning

- **Supporting capabilities for disaster management**
  - Activities include prevention, preparedness, response and recovery are delivered before, during and after a disaster and are delivered in partnership
  - Emergency responses understood and rehearsed
  - Considers community risks and risk reduction measures
  - Delivered in partnership with communities
  - Post-disaster assessment is routine, involves stakeholders and findings are shares

Leading Practice

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What are the key principles, outcomes and / or evidence- based frameworks that apply to public health emergency preparedness and response?

The '*Role of primary care in the COVID-19 response*' was developed by WHO as interim guidance for the management of COVID-19 in primary care, and identified the sectors main role as continuing the provision of essential primary care services.

A policy brief developed by the OECD reflects on international responses to COVID and highlights the importance of primary care, particularly in reducing demands on the health system, and synthesises international findings to inform and strengthen future health system responses.

The OECD policy brief highlights the critical role of primary care in global responses to pandemics ad outlines three phases of care that can be delivered by primary care providers throughout a pandemic - routine care and continuity, during, and post.

A rapid review of national primary care response guidelines identified gaps in current Australian guidelines relevant to surge capacity, operational and service continuity, and access to medication, and highlighted the role of telehealth in addressing some of these challenges.

Informed by learnings from previous pandemics, the Department of Health aimed to engage the primary care sector early in the COVID-19 pandemic, recognising their frontline role and the importance of effective, bi-directional communication and planning. 'COVID-19: Impacts and Opportunities for Australia's Healthcare System' uses learnings from the COVID-19 response to provide guidance on potential opportunities to inform future public health emergency management. These include, improving pandemic clinical care, understanding the effect on priority populations and impact on broader health care needs.

Leading Practice (cont.)

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What are the key principles, outcomes and / or evidence- based frameworks that apply to public health emergency preparedness and response?

A health system response to a pandemic can be split into three phases - propagation, post-peak and post-pandemic, with impacts and opportunities on the health system being unique to each phase.

Findings from a synthesis of 67 evaluations relating to the COVID-19 pandemic response demonstrate the need for open, targeted and multi-modal communication, interagency collaboration, consumer engagement and role clarity at the sector level.

The Royal Commission into National Natural Disaster Arrangements inquiry report describes the need for nationally consistent and coordinated emergency responses that support governments and communities across all stages of disaster management, whilst ensuring emergency responses remain locally-led.

The inquiry report recommends that PHNs and primary care providers play a key role in emergency response planning and delivery to ensure role clarity, service continuity, effective use of resources and surge capacity.

The AUSHEALTHRESPLAN provides a framework for jurisdictions to request support from the federal government to respond to major incidents that are expected to exceed the capacity of the local health system.

The ACT Emergency Plan outlines leadership and governance mechanisms for emergency management in the territory and is underpinned by 4 principles - comprehensive, all-hazards approach, public safety and community engagement, and risk-based.

Leading Practice (cont.)

Partnering for better health

What are the key principles, outcomes and / or evidence- based frameworks that apply to public health emergency preparedness and response?

The ACT Emergency Plan takes an 'all-hazards' approach and informs a range of sub plans which detail the management of specific hazards that could occur in the territory, or operational arrangements and functions that may be required.

The Australian Disaster Resilience Handbook identifies a range of disaster management roles for general practice including community surveillance, care coordination and continuity, and psychological first aid, and points out the importance of business continuity planning for effective disaster management.

Five principles underpinning Australia's COVID-19 primary care response can be applied to future pandemic responses. These include vulnerable populations, treating people in the community setting, continuity of routine care, support for providers, and provision of mental health services and supports.

The Australian Disaster Resilience Handbook outlines the need for cross-sector systems integration, an all-hazards approach, addressing the diverse needs of communities and the provision of tailored and accessible communication that empowers effective decision making.

The Handbook provides guidance for developing a disaster management plan informed by a risk assessment and focused on four key phases - prevention, preparedness, response and recovery (PPRR).

The Emergency Arrangements Handbook sets out a range of responses to emergency situations based on severity and identifies 11 key principles for emergency management.

Based on learnings from Australia's response to multiple public health emergencies in recent years, the Australian Government has committed to established a Centre for Disease Control in Australia

Strengthening the frontline: How primary health care helps health systems adapt during the COVID-19 pandemic

A policy brief developed by the OECD reflects on international responses to COVID and highlights the importance of primary care, particularly in reducing demands on the health system, and synthesises international findings to inform and strengthen future health system responses.

The OECD Policy brief is based on reviews from internal health system responses to COVID-19. Based on learnings, it highlights that:

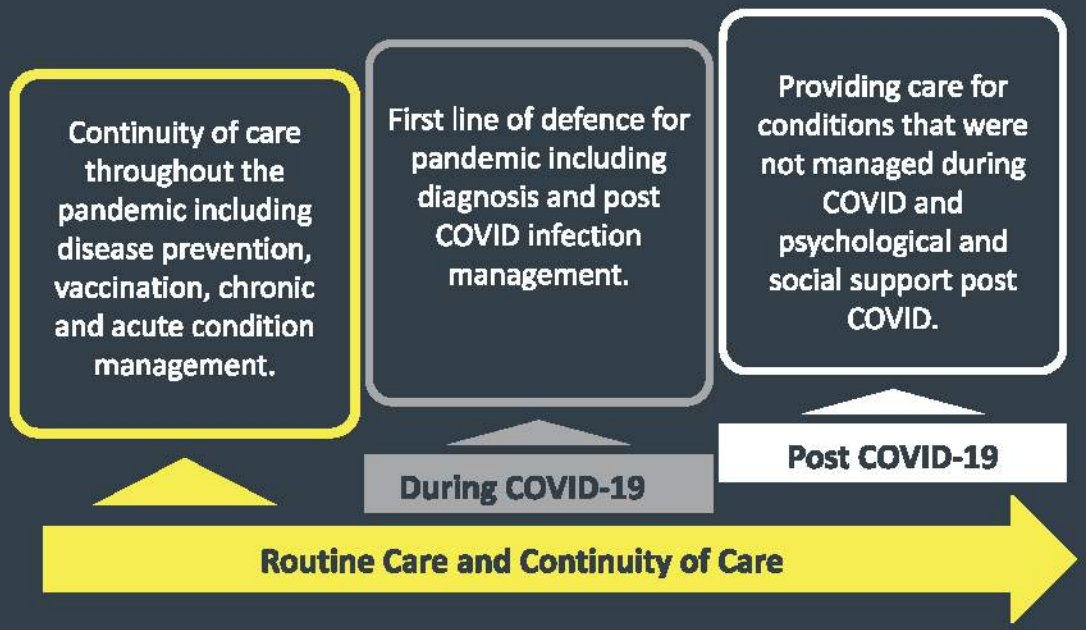
- An effective health system response requires coordination and input from all levels of the system, including primary care and community care
- An innovative approach to healthcare is needed for a successful pandemic response. Innovations should be maintained to ensure strength in future public health emergency responses
- The impact of COVID on individuals includes physical, mental and social impacts
- People living with chronic conditions are a highly impacted due to interrupted continuity of care and increased susceptibility to the health effects of COVID-19 infection
- There has been a decrease in urgent care referrals from primary care for conditions such as cancer
- Primary care systems are critical to a successful pandemic response through a reduction in pressure on the health system
- International primary care responses included home-based programs and reconfiguring primary care delivery, and referenced Australia's GP-led Respiratory Clinics as a successful model of care
- Reorganisation of roles and responsibilities of health care providers can support successful care e.g. using community pharmacists
- Digital technologies such as telehealth, home monitoring and ePatient portals supported care continuity during COVID, however these needed the support of financial incentives e.g MBS items

"Strong primary health care helps to cope with the surge in demand while maintaining care continuity"

Source: OECD. (2021). Strengthening the frontline: How primary care care helps systems adapt during the COVID-19 Pandemic. Available: https://read.oecd-ilibrary.org/view/?ref=1060_1060243-snyxeld1ii&title=Strengthening-the-frontline-How-primary-health-care-helps-health-systems-adapt-during-the-COVID-19-pandemic

Strengthening the frontline: How primary health care helps health systems adapt during the COVID-19 pandemic

The OECD policy brief highlights the critical role of primary care in global responses to pandemics ad outlines three phases of care that can be delivered by primary care providers throughout a pandemic - routine care and continuity, during and post.



OECD. (2021). Strengthening the frontline: How primary care care helps systems adapt during the COVID-19 Pandemic.

Source: https://read.oecd-ilibrary.org/view/?ref=1060_1060243-snyxeld1il&title=Strengthening-the-frontline-How-primary-health-care-helps-health-systems-adapt-during-the-COVID-19-pandemic

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Australia's national COVID-19 primary care response

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Informed by learnings from previous pandemics, the Department of Health aimed to engage the primary care sector early in the COVID-19 pandemic, recognising their frontline role and the importance of effective, bi-directional communication and planning.



Perspectives

Australia's national COVID-19 primary care response

A rigorous and well supported primary care response to COVID-19 is essential to protect the most vulnerable people in Australia

- In March 2020, the Department of Health an action plan was initiated to develop and refine the national COVID-19 primary care response
- Based on learnings from previous emergency responses where primary care had not been adequately engaged in planning and response activities, and recognising the frontline role of primary care, a *Primary Care COVID-19 Preparedness Forum* was held. The forum aimed to engage the primary care workforce early, undertake collaborative planning and initiate bidirectional communication between health authorities and providers
- A range of primary care stakeholders participated in the forum, including general practice, allied health, pharmacy, Aboriginal and Torres Strait Islander Health, the disability sector and PHNs
- The resulting primary care response considered the following challenges:
  - protection of the public and workforce from COVID-19 infection
  - managing symptomatic patients in the general practice setting
  - ongoing health care of vulnerable cohorts at increased risk of infection
  - community based pathology testing
  - the impact on business continuity
- The national COVID-19 primary care response has highlighted that investment provided by the Commonwealth ($2.4 billion funding package) is *"enabling effective frontline care while mitigating spread, and protecting the health of the nation's most vulnerable population groups."*

Source: Desborough et al. (2020). Australia's national COVID-19 primary care response. MJA. 213(3). 104-108.

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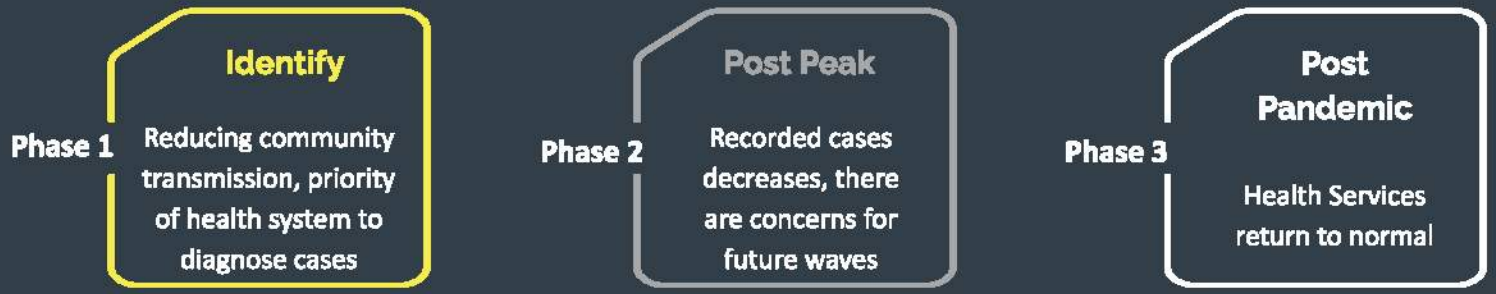
COVID-19: Impacts and Opportunities for Australia's Healthcare System

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'COVID-19: Impacts and Opportunities for Australia's Healthcare System' uses learnings from the COVID-19 response to provide guidance on potential opportunities to inform future public health emergency management. These include improving pandemic clinical care, understanding the effect on priority population and broader health care needs.

This article aims to highlight the impact of COVID-19 on Australia's healthcare system and and the importance of using the experience of responding to COVID-19 to learn, prepare for the future and seek out opportunities for sustained improvements in the healthcare system. It recognises three phases for the health system to respond to a pandemic:



Source: Stu Babbage. (2020). COVID-19: Impacts and opportunities for Australia's healthcare system. Available: https://www.pwc.com.au/important-problems/business-economic-recovery-coronavirus-covid-19/healthcare-system-impacts-opportunities.html

Using objective information, learnings from the response to COVID-19 can be examined to inform the planning, preparedness and response to future public health emergencies while also identifying the impacts on the healthcare system as a result of COVID. There are opportunities to explore:

- pandemic clinical care management, including diagnosis and care pathways
- non-pandemic health care needs and the impact of a pandemic on the delivery of other health care needs
- priority populations, communities and rural and remote communities and the effects experienced during a pandemic and post-pandemic needs
- future preparedness and response approaches

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COVID-19 Impacts and Opportunities for Australia's Healthcare System (Cont.)

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A health system response to a pandemic can be split into three phases - propagation, post-peak and post-pandemic, with impacts and opportunities on the health system being unique to each phase.

Phase 1: Propagation

- Redirection of resources - delay in treatments and clinicians working to the top of scope
- Rural and remote impacts - unique requirements due to limited availability of health services to deliver care during peak outbreaks
- Staff wellbeing - increase pressure on the workforce to deliver care and continue adhering to public health measures and family concerns
- Communication - there is a need for clear clinical guidance and community information
- Aged care - vulnerable cohort of populations and a limited capacity and capability to respond to pandemics in facilities
- Community pharmacy - support in triaging patients presenting

Phase 2: Post Peak

- Future waves - active preparation for future waves
- Service viability - impact on viability for allied health, community health services and aged care
- Private health - lack of clarity around impact on private health services
- Burnout - expected increase in clinicians and administrators experiencing physical and mental toll

Phase 3: Post Pandemic

- Mental health - increase in mental health issues among community and frontline staff
- Telehealth - a need for continued government funding
- Collaboration - continue to use the connections formed across the sector

Source: Stu Babbage. (2020). COVID-19: Impacts and opportunities for Australia's healthcare system. Available: at: https://www.pwc.com.au/important-problems/business-economic-recovery-coronavirus-covid-19/healthcare-system-impacts-opportunities.html

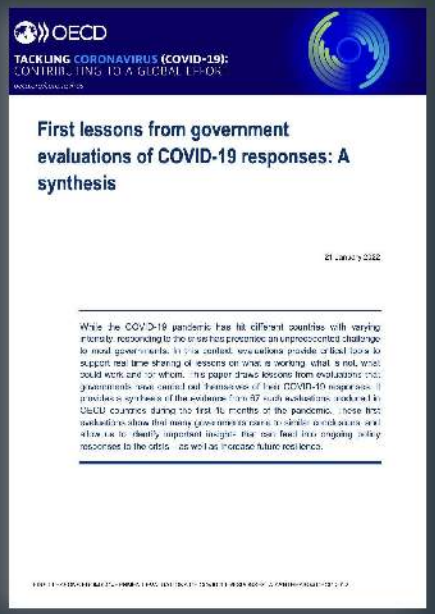
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First lessons from government evaluations of COVID-19 responses

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Findings from a synthesis of 67 evaluations relating to the COVID-19 pandemic response demonstrate the need for open, targeted and multi-modal communication, interagency collaboration, consumer engagement and role clarity at the sector level.



This paper synthesises evaluation insights and lessons learned from 67 evaluations about the first 15 months of the COVID-19 pandemic response. These evaluations were contributed by 18 OECD countries. The paper details key insights about lessons learned and what did/did not work well. Lessons learned generally focus on the role and response of government, however many are also relevant to a local response. These include:

- Targeted, informed and coherent messaging is needed to build trust
- Interagency cooperation is effective and needs senior leadership involvement and governance arrangements with clear roles and directives
- Crisis management requires defined internal communication and reporting mechanisms
- Communicating to community and frontline staff is more effective when using a mix of traditional and new channels (e.g. digital)
- Consumers should be involved in decision making
- Clear roles and responsibilities at a sector level are important to mitigate duplication and gaps in service delivery
- Clear and consistent communication is critical, and a lower volume of targeted communication may be more effective
- When communicating guidelines, the scientific rationale should be included to build trust and mitigate confusion

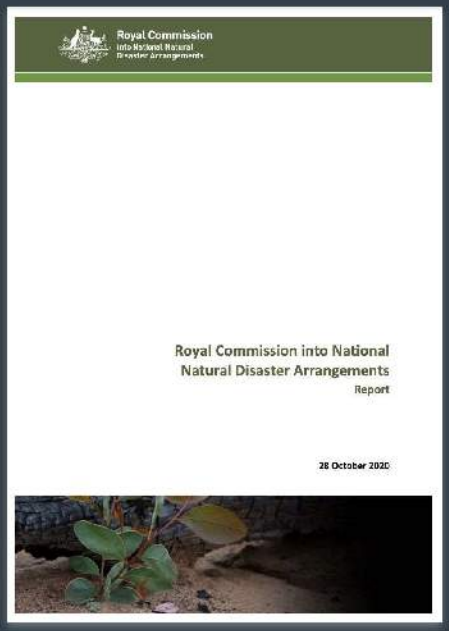
Source: OECD. (2022). First lessons from government evaluations of COVID-19 responses: A synthesis. Available at: https://read.oecd-ilibrary.org

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Royal Commission into National Natural Disaster Arrangements Report

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The Royal Commission into National Natural Disaster Arrangements inquiry report describes the need for nationally consistent and coordinated emergency responses that support governments and communities across all stages of disaster management, whilst ensuring emergency responses remain locally-led.



Source: Commonwealth of Australia. (2020) Royal Commission into National Natural Disaster Arrangements Report. Available at: https://naturaldisaster.royalcommission.gov.au/

In February 2020, the national inquiry was announced with the purpose of reporting on national natural disaster arrangements. The scope included all levels of government, private and NFP sectors, and communities, and all stages of disaster management. Key points include:

- Disaster management is primarily the role and responsibility of states and territory governments. The Commonwealth government plays a supporting role focused on national coordination, consistency and cooperation
- Local knowledge and responses are essential.
- Risk should be managed by the lowest level of government that is able to manage it
- Locally-led approaches are foundational and a 'strength of the disaster management system.' Deep engagement should underpin disaster management approaches.
- A focus on disaster resilience at a national level that considers disaster management stages is recommended
- There is a need for state and territory governments to deliver, evaluate and improve education and engagement programs that promote disaster resilience for members of the community
- Consistency in emergency communication across jurisdictions (i.e. borders) is essential.

"Natural disasters are expected to become more complex, more unpredictable, and more difficult to manage. We are likely to see more compounding disasters on a national scale with far-reaching consequences."

"A resilient nation will plan thoroughly for disasters, and seek to manage and mitigate all of the attendant risks. It will build the capacity of communities to prepare for, adapt to, and recover from disasters."

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Royal Commission into National Natural Disaster Arrangements Report (cont.)

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The inquiry report recommends that PHNs and primary care providers play a key role in emergency response planning and delivery to ensure role clarity, service continuity, effective use of resources and surge capacity.

The inquiry report outlines recommended roles, responsibilities and considerations for PHNs and primary care, including:

- a 'whole-of-community' approach is needed to support good health outcomes during a natural disaster - this includes joint LHD/PHN planning
- primary care providers have an important role during the response and recovery phases, as well as in the delivery of ongoing care to address emerging health needs
- primary care providers have a role in reducing demands on acute health services through triage, diagnosis and treatment
- PHNs and primary care have not routinely engaged in emergency responses, resulting in a lack of clarity regarding roles and responsibilities, as well as barriers to service delivery. PHNs and primary care providers should be included in disaster management processes at all levels.
- challenges to engaging primary care and PHNs in disaster management planning and preparedness include funding (private business) and resourcing
- dedicated training and capacity building activities may help to overcome barriers for primary care to provide surge capacity
- although PHNs are not funded by the Commonwealth for emergency management, they have the flexibility to undertake certain functions
- volunteer primary care practitioners should be engaged by registering a pool of providers before an emergency. For example, the Nepean Blue Mountains PHN register which supported the 19/20 bushfire response.

Health recommendations

- **15.2 Inclusion of primary care in disaster management:** Governments should develop arrangements that facilitate greater inclusion of primary health care providers in disaster management. This includes representation on committees and plans, providing education, training and other supports
- **15.3 Prioritising mental health during and after natural disasters:** Governments should refine arrangements to support localised planning and delivery of appropriate mental health services following a natural disaster
- **5.4 Enhance health and mental health data sets:** Governments should agree to:
  - Develop consistent and compatible methods and metrics to measure health impacts
  - Take steps to ensure appropriate sharing of datasets

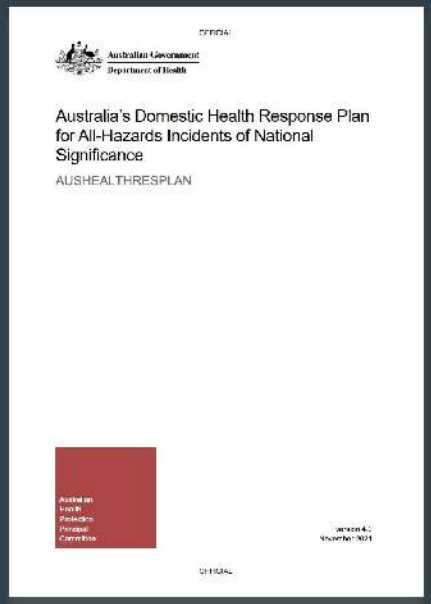
Source: Commonwealth of Australia. (2020) Royal Commission into National Natural Disaster Arrangements Report. Available at: https://naturaldisaster.royalcommission.gov.au/

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Australia's Domestic Health Response Plan for All-Hazards Incidents of National Significance

The AUSHEALTHRESPLAN provides a framework for jurisdictions to request support from the federal government to respond to major incidents that are expected to exceed the capacity of the local health system.



The Australian Domestic Health Response Plan (AUSHEALTHRESPLAN) provides a national framework and mechanisms for effective health coordination and response arrangements for all-hazards incidents of national significance (AHINS). An AHINS is defined as a *'major incident which results in a significant number of casualties (with significant or critical trauma injury) or cases (of communicable disease) requiring a health sector response.'*

An AHINS response aims to minimise the impact on people and the local health system, and is generally triggered when the capacity of a state or territory response/resources is anticipated to be overwhelmed, or complex political management is required. AUSHEALTHRESPLAN focuses on patient management and transfer, availability of health workforce and resourcing.

AUSHEALTHRESPLAN includes 3 key stages with corresponding actions and triggers. These stages include - standby, active and stand down. The 'active' and 'stand down' stages of the plan are triggered by the Chief Medical Officer.

Source: Department of Health. (2021). Australia's Domestic Health Response Plan for All-Hazards Incidents of National Significance. Canberra: ACT.

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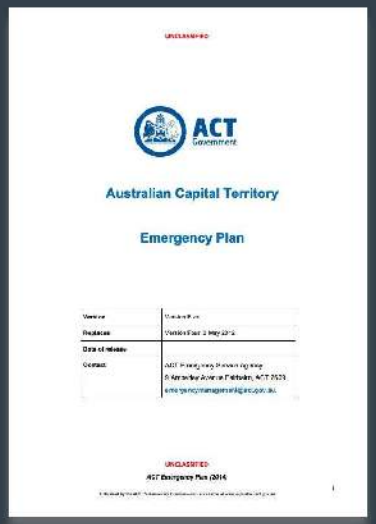
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ACT Emergency Plan

C+HN

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The ACT Emergency Plan outlines leadership and governance mechanisms for emergency management in the territory and is underpinned by 4 principles - comprehensive, all-hazards approach, public safety and community engagement and risk-based.



Source: ACT Government. (2014). ACT Emergency Plan. Available at: https://esa.act.gov.au/cbr-be-emergency-ready/emergency-arrangements

The *Emergencies Act 2004* outlines emergency management arrangements in the territory and informs the ACT Emergency Plan. The ACT Emergency Plan outlines:

- the intent to provide an integrated response that is flexible and scalable, and which leverages the skills and resources of local government and communities
- the potential for cross jurisdictional support to meet resourcing requirements during significant emergencies
- authority roles and governance mechanisms at the territory level and relationship to national governance arrangements
- ACT Health as a lead response agency for public health issues - this involves leading management of the response to an incident

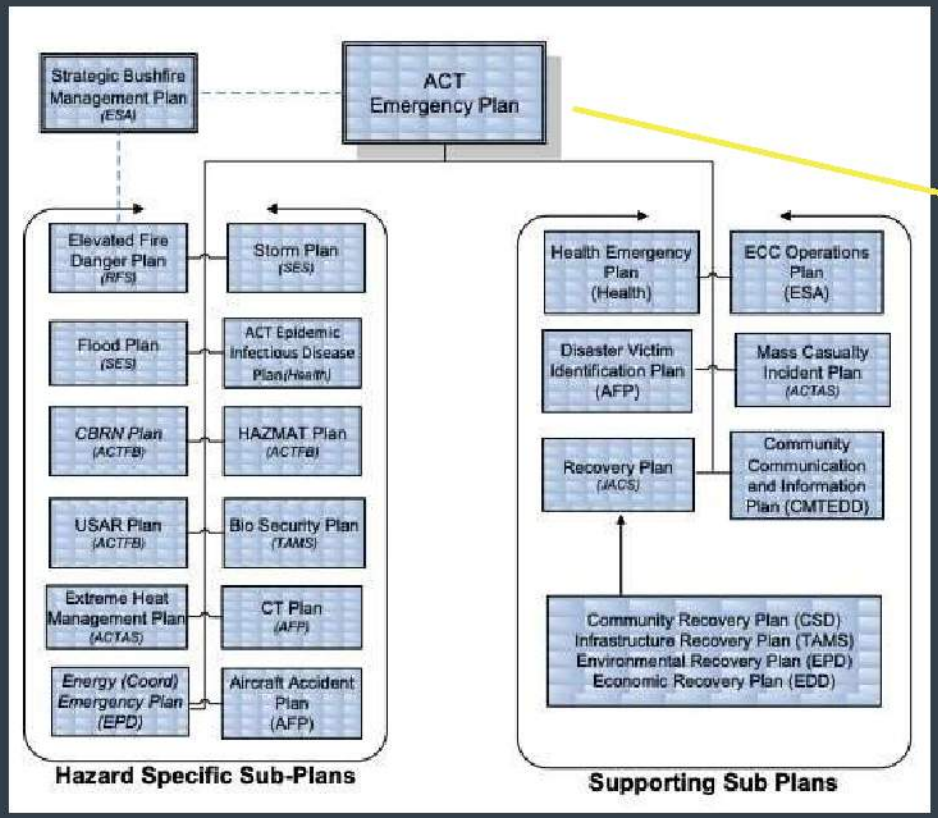
Core principles of emergency management in ACT

- **Comprehensive approach** - covers prevention, preparedness, response and recovery (PPRR)
- **All hazards** - acknowledging that many hazards result in similar issues.
- Involvement of all agencies enabled through **cooperative, coordinated and consultative relationships** between territory government and other levels of government, private sector and community organisations
- **Public safety and community engagement** - effective, timely and accurate information to members of the public
- **Risk based** approach informed by Risk Management Principles and Guidelines (ISO 31000), which provide a tool for the assessment of risks. Hazard specific sub-plans are prepared for identified hazards

ACT Emergency Plan (cont.)

Partnering for better health

The ACT Emergency Plan takes an 'all-hazards' approach and informs a range of sub plans which detail the management of specific hazards that could occur in the territory, or operational arrangements and functions that may be required.



Hierarchy of ACT Emergency Plan and Sub Plans

ACT Emergency Plan is the overarching emergency plan, with hazard specific and supporting sub plans. Sub plans meet the requirement of the Act to plan for emergencies where there is a *'reasonable possibility'* of occurrence in the ACT (hazard specific sub plans), and outline operational considerations and functions that may arise (supporting sub plans)

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Australian Disaster Resilience Handbook - the role of general practice

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The Australian Disaster Resilience Handbook identifies a range of disaster management roles for general practice including community surveillance, care coordination and continuity, and psychological first aid, and points out the importance of business continuity planning for effective disaster management.



General practice is acknowledged as being central to disaster recovery. The handbook identifies a range of key roles for general practice during and after a disaster, including:

- delivering healthcare services
- providing other system responders with insights into community needs and experiences - this includes surveillance in the recovery period
- coordination and continuity of care, including physical health and social and emotional wellbeing
- continuity of medications for patients
- psychological first aid
- early reassessment for people with chronic conditions
- preventative health care, including vaccination and education

Business continuity planning is fundamental to disaster preparation for general practice. Identified resources for general practice include:

- The Emergency Response Planning Tool (ERPT) - supports practices to prepare, respond and recover.
- RACGPs Pandemic Flu Kit - provides planning and preparedness guidance.

Source: AIDR. (2019). Health and Disaster Management. Available at: https://www.aidr.org.au/media/7381/aidr_handbookcollection_health-and-disaster-management_2019.pdf

Five principles for pandemic preparedness

CHN

Partnering for better health

Five principles underpinning Australia's COVID-19 primary care response can be applied to future pandemic responses. These include vulnerable populations, treating people in the community setting, continuity of routine care, support for providers, and provision of mental health services and supports.

The national COVID-19 primary care response is underpinned by five key principles. These principle intend to guide the response to the COVID-19 pandemic as well as future health emergencies, and include:

1. Protection of vulnerable people: Some members of the community (both patients and health care workers) identified as being more vulnerable to the COVID-19 infection and requiring dedicated strategies and funding. For example, telehealth, point of care testing and guidelines for RACFs.

2. Provision of treatment and support services to affected people: supporting effective management of patients in the community setting when acute care is not required. For example, community respiratory clinics established during the COVID-19 pandemic.

3. Continuity of regular healthcare services for the whole population: evidence indicates that people are at greater risk of other health complications when they stop engaging with primary care due to fear of infection. There is a need for members of the community to continue to engage in regular health care to effectively identify and manage other health concerns (e.g. chronic disease).

4. Protection and support of primary healthcare workers and primary care services: Protecting primary health care workers with their physical health through the provision of appropriate equipment (e.g. PPE), as well as business continuity support for sustainable primary care services beyond the pandemic.

5. Provision of mental health services to the community and the primary healthcare workforce: Primary care plays an important role in mental health care service provision. As the mental health impacts of a pandemic are experienced by both patients and health care workers, supports are also needed for the health workforce.

Source: Kidd, M. (2020) Five principles for pandemic preparedness: lessons from the Australian COVID-19 primary care response. British Journal of General Practice. 316-317.

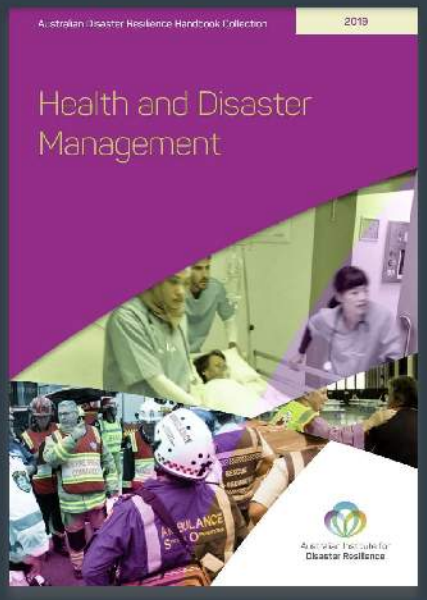
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Australian Disaster Resilience Handbook

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The Australian Disaster Resilience Handbook outlines the need for cross-sector systems integration, an all-hazards approach, addressing the diverse needs of communities and the provision of tailored and accessible communication that empowers effective decision making.



Source: AIDR. (2019). Health and Disaster Management. Available at: https://www.aidr.org.au/media/7381/aidr_handbookcollection_health-and-disaster-management_2019.pdf

The main goal during a disaster is to *'ensure the disruption to services that underpin good health is minimised and the sense of wellbeing in communities is restored."*

The handbook provides guidance for health care organisations to understand their role, capability and capacity to respond to a disaster. The following key points are highlighted:

- An **integrated approach** that is multidisciplinary and engages stakeholders within and across services, sectors (private and NFP) and governments is required
- An **'all hazards approach'** supports management of any disasters that eventuate - this is opposed to specific measures for specific hazards
- **Addressing the diverse needs of communities** (e.g. older people, First Nations people, children, pregnant women, people with a disability, people with a chronic condition, culturally diverse communities)
- Use a **'risk communication'** approach to provide information to the community.. Risk communication should be adapted to target audiences to ensure it is accessible and relevant, and empower people to make effective decisions. Communication should include information about situation severity, likelihood of impacting target audience, what people should do to reduce the risk/impact and answer the following questions:
    1. What is happening?
    2. What are you doing about it?
    3. What should we do?

Australian Disaster Resilience Handbook (cont.)

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The Handbook provides guidance for developing a disaster management plan informed by a risk assessment and focused on four key phases - prevention, preparedness, response and recovery (PPRR).

Disaster management activities should be grouped into prevention; preparedness; response; recovery

- Prevention: strategies generally embedded in other policies e.g. vaccination, safe work and supported through early warning systems, surveillance and infrastructure design
- Preparedness: building sector, organisational and community capability, surveillance mechanisms, supply chain management, MOUs and resources that can be mobilised
- Response: communication to the public, implementing risk reduction methods (e.g. quarantine areas), assessment of health needs and impact on the health system, evacuation
- Recovery: ongoing surveillance to understand health impact. Recovery should be underpinned by 6 principles - understanding context, recognise complexity, community-led approaches, coordinate all activities, communicate effectively, and recognise and build capacity

Guidance for developing a disaster management plan

- establish a planning committee
- conduct risk assessment to identify risks and risk reduction strategies
- identify responsibilities - this may be determined by existing policy, guidance or federal direction
- identify resources and services required, their capacity and gaps
- develop disaster management arrangements and systems e.g. communications; community education; disaster operations centre management; liaison; information management; public information and warnings; resource and financial management.
- document plan
- establish monitoring and review mechanisms

Documenting a disaster management plan

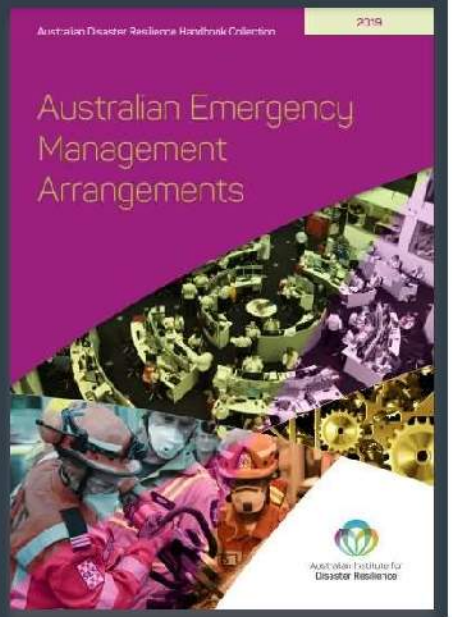
The documented plan should include:

- ➔ assumptions made plan development
- ➔ risk assessment results
- ➔ overall plan
- ➔ roles and responsibilities
- ➔ functional areas (e.g. services)
- ➔ threat specific plans (e.g. flood/bushfire/pandemic)

Australian Emergency Arrangements Handbook

Partnering for better health

The Emergency Arrangements handbook sets out a range of responses to emergency situations based on severity and identifies 11 key principles for emergency management.



Responses to emergencies of varying size and impact

INCREASING SIZE, INTENSITY AND COMPLEXITY →

INTENSITY	IMPACT	RESPONSE
CATASTROPHIC	• A whole of government response is required • Normal decision-making may be degraded • Resource coordination may be overwhelmed • Crisis plans may be activated. Significant relief and recovery arrangements may be required. International assistance may be requested	• Impact may be greater than previous experience and modelling • More than one state/territory may be impacted • Severe disruption to community, economic wellbeing, social networks, infrastructure and environment • Impact may be across an extensive area and may continue for a very long time • The consequences of the impact may be felt across numerous sectors
MAJOR	• Multi-state/territory and multi-agency command, control and coordination arrangements are in place • Strategic resource coordination may be required • Specific hazard plans may need activation • Specialised assistance from other states and territories, from the Australian government, or internationally may be required	• Impact across a significant area • Significant population or population centres may be impacted • Impact over an extended period of time • The impact may have consequences beyond the area of the impact
MINOR	• Response by individual state/territory • Jurisdictional plans and arrangements sufficient • Jurisdictional recovery plans sufficient	• Local and minor impact • Short duration

Principles of emergency management

- Primacy of life
- Comprehensive (PPRR)
- Collaborative
- Coordinated
- Flexible
- Risk based
- Shared responsibility
- Resilience
- Communication
- Integrated
- Continual Improvement

Source: AIDR. (2019). Australian Emergency Arrangements Handbook. Available at: https://www.aidr.org.au

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Australian Centre for Disease Control

CHN

Partnering for better health

Based on learnings from Australia's response to multiple public health emergencies in recent years, the Australian Government has committed to established a Centre for Disease Control in Australia

The Australian Government have announced the establishment of the Australian Centre for Disease Control (AuCDC) that will aim to improve planning, preparedness and response to public health emergencies and prevention of chronic conditions.

The Australian Government will collaborate with state and territory governments, health and aged care stakeholders and community members to inform the development of the AuCDC.

The Australian Government have outlined the goals of the Australian CDC as:

- ensuring preparedness in responding to ongoing pandemics
- leading the federal response through an evidence-based and informed approach to infectious disease outbreaks
- preventing chronic and communicable diseases

Planning of the Australian CDC is currently underway.

Source: Australian Government. Australian Centre for Disease Control. Available at: https://www.health.gov.au/initiatives-and-programs/australian-cdc

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Appendix D -Review Methodology

The methodology for the review of Capital Health Networks COVID-19 response was endorsed by the project working group prior to the commencement of the review process.

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Engagement approach

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To ensure that engagement is meaningful and captured the right people at the right time, the engagement activities occurred across four key phases.

1 Stakeholder identification

CHN identified a list of stakeholders who hold a relevant and informed perspective on CHN's COVID-19 response activities, and were invited to participate in the engagement process.

2 Recruitment + scheduling

Stakeholders were recruited to a relevant method of engagement through targeted invitations and online scheduling.

3 Facilitate engagement

Focus groups and interviews were facilitated with individuals or small groups organised around either similar perspectives or similar areas of involvement.

4 Analysis + reporting

Outputs of the engagement activities were analysed to develop a report that summarised the findings in a de-identified way.

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Purpose of the engagement

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Stakeholder engagement activities will collect information and insights through focus groups and interviews with key internal and external stakeholders using a SWOT framework.

The purpose of this engagement is to:

- engage with relevant stakeholders who were involved in CHN's COVID-19 response activities to understand their perspectives of the following aspects of those response activities:
  - strengths [internal]
  - weaknesses [internal]
  - opportunities [external]
  - threats [external]
- Analyse findings to identify key themes emerging and present findings back to CHN.

In scope engagement activities include:

- Coordinating with CHN to develop a stakeholder contact list
- Providing key messaging and communications content to assist CHN to distribute invitations to participate
- Setting up logistical arrangements for booking and scheduling prospective participants
- Facilitating a series of remote (online) interviews and focus groups with relevant stakeholders over a defined timeline
- Recording notes from engagement activities for internal project team use and analysis.

Out of scope engagement activities include:

- Recruiting stakeholders to participate in engagement activities that are not already known to CHN or identified by CHN
- Engaging with stakeholders about topics outside the scope of CHN's COVID-19 response activities
- Engaging with stakeholders outside the agreed methods and timeframes outlined in this proposed approach
- Producing a detailed summary of stakeholder engagement findings that is in addition to the development of the overall review report

Stakeholder engagement framing questions

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The framing questions below highlight the type of information and insight the project team were seeking in stakeholder engagement activities. Facilitation materials were developed around these framing questions.

1. What has been your awareness of and/or involvement in CHN's COVID-19 response activities, including:
   - relevant activities prior to the pandemic
   - standing up the initial response to COVID-19
   - during the period of continuing COVID-19 restrictions and outbreak management
   - during the more recent policy setting around living with COVID-19

   (awareness / involvement)

2. At each of these timepoints, what would you identify as the strengths of CHN's response? What worked well?

   (strengths)

3. At each of these timepoints, what would you identify as the main limitations or challenges of CHN's response? What wasn't effective? Were there any gaps?

   (weaknesses)

4. What are the opportunities for CHN in responding to a public health emergency like COVID-19? What role can a PHN play?

   (opportunities)

5. What are the main problems or risks that CHN could anticipate to face when responding to a public health emergency like COVID-19?

   (threats)

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Desktop research approach

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The findings of the stakeholder engagement process were considered and compared to the findings of a targeted desktop research process focused on peer PHN comparison, policy scan and leading practice.

The research questions outlined were used by the project team to present back the findings of the situational analysis in the form of a slidedeck report.

The report was structured with main sections based around the three research questions, with a summary of key take-aways (subjective) supported by desktop research findings (objective).

Findings were used to consider the outputs of the stakeholder engagement phase within the broader strategic environment and evidence base.

	01 PEER PHN COMPARISON	02 POLICY SCAN	03 LEADING PRACTICE
Framing question:	What have other PHNs across Australia done to respond to COVID-19 in their regions?	What is the role of PHNs in responding to COVID-19 or other public health emergencies?	What are the key principles, outcomes and / or evidence- based frameworks that apply to public health emergency preparedness and response?
Suggested source documents:	• Program documents supplied by CHN • Scan of publicly available information and updates from a sample of 6 peer PHNs	• PHN White Paper • National Strategy for Disaster Resilience 2011 • Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) • Australia's Domestic Health Response Plan for All-Hazards Incidents of National Significance	• Australian Emergency Management Arrangements Handbook • AIDR Health and Disaster Management Handbook • WHO Role of primary care in the COVID-19 response • Selection of research articles reviewing lessons learnt from COVID-19 response activities in primary care sector

Background and rationale

Appendix E

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Project context

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Understanding the drivers and rationale for delivering the Review of Capital Health Network's Response to COVID-19 was a critical component to commencement of the project.

1

Since the emergence of the COVID-19 in March 2020, Capital Health Network (CHN) have been delivering a range of activities focusing on COVID-19 planning and response, such as:

- coordination and comms
- PPE distribution
- information and education
- primary care vaccine program

2

The review considered aspects of CHN's COVID-19 response activities such as:

- partnerships and engagement in territory-wide response
- COVID-19 specific activities
- internal and external COVID-19 communications.

A review of the Territory-wide response (i.e. activities of other agencies) was out of scope.

3

CHN engaged Beacon Strategies to undertake an independent review including engagement with key stakeholders and a thorough analysis of strengths, weaknesses, opportunities and threats (SWOT).

4

Beacon Strategies used the outcome of the review to develop a set of actionable recommendations, that will help CHN by informing development of a PHN-led Emergency Response Framework to enable a best-practice response to future public health emergencies.

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Project objectives

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The Review of Capital Health Network's COVID-19 Response was designed to achieve the objectives** listed **below.

1. Undertake a review of CHN's COVID-19 response activities by collecting information and insights through desktop review of supplied documentation and interviews with key internal and external stakeholders.

2. Analyse findings based on a SWOT [strengths, weakness, opportunities and threats] framework to identify key themes and implications.

3. Develop a report containing a set of actionable recommendations that can be used to inform CHN's Emergency Response Framework to enable a best-practice response to future public health emergencies.

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Phase 5: Change management support
Support CHN to outline proposed activities in response to the findings and recommendations of the review.
October-November 2022
Phase 4: Reporting and recommendations
Analyse project findings and develop a review report and recommendations.
October 2022
Phase 3: Situational analysis
Undertake targeted desktop research to position findings within strategic and operating environment.
September - October 2022
Project roadmap
Phase 2: Stakeholder engagement
Plan for and undertake stakeholder engagement with key stakeholders to understand strengths, weaknesses, opportunities and threats.
September 2022
Phase 1: Project establishment
Define project context and develop key project management documentation enabling visibility of project deliverables, timelines and accountabilities.
Upon commencement and ongoing



This report is supported by funding from the ACT PHN through the Australian Government's PHN Program.