

27 June 2024

Department of Health and Aged Care
GPO Box 9848
Canberra ACT 2601

Via email: NIS@health.gov.au

Dear NIS secretariat,

Re: Public Consultation of the Discussion Paper Towards the National Immunisation Strategy 2025-30

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the Discussion Paper Towards the National Immunisation Strategy 2025-30. Our comments on priority areas 1, 2, 4 and 5 are outlined below.

Priority Area 1: Improve immunisation coverage through universal and equitable access to vaccination, with a focus on First Nations people

- General practice is the patient's first point of contact within the healthcare system. 80% of Australians have a usual GP and 90% have a usual general practice.¹ GPs provide holistic care through all stages of a patient's life and are therefore best placed to provide vaccinations. This existing relationship also provides GPs opportunities to encourage vaccination uptake and treat any adverse events that may arise.
- The RACGP has concerns about expanding access through pharmacy to increase immunisation coverage. Vaccinations performed by pharmacists can present safety issues because it reduces opportunity for coordinated comprehensive care in general practice, adds to health system complexity, and fragments care. Fragmenting healthcare has been shown to be less safe and more expensive than models that facilitate continuity of care.
- MBS patient rebates need to adequately reflect the cost of providing vaccinations as out of pocket expenses can be a significant barrier, especially to people from low socioeconomic populations and Aboriginal and Torres Strait Islander communities. Financial constraints will result in lower vaccination rates and postponement of medical visits.
- A lack of cultural safety can also deter people from attending health services, and result in lower vaccination rates.
- If a vaccine is recommended in the National Immunisation Handbook or by the Australian Technical Advisory Group on Immunisation (ATAGI), it should be available on the National Immunisation Program (NIP). For example, NIP should include influenza for all age groups, the respiratory syncytial virus (RSV) vaccination in adults and the hepatitis A and hepatitis B vaccinations for Aboriginal and Torres Strait Islander adults.
- The Strategy should aim for jurisdictional alignment regarding vaccination schedules and funding, as currently this varies depending on the state or territory, leading to inequities.

Priority Area 2: Strengthen community engagement, awareness and acceptance of immunisation

- Vaccination rates in Australia are falling, and vaccine preventable diseases such as measles (which was virtually eradicated in 2014) are increasing. Public awareness campaigns on individual and collective responsibility to protect children and the community can improve community engagement with immunisation. High-quality education about the benefits and risks of immunisation will help increase understanding in the wider community. Awareness building should include transparent reporting on the reduction in disease cases since the introduction of immunisation, along with comparisons and acknowledgment of the rare instances of adverse outcomes.
- Educational resources addressing health literacy concerns and vaccine hesitancy, which can be distributed through general practices and other health services, will assist patients in understanding the importance of immunisation.

Priority Area 4: Use data and evidence to monitor performance, target interventions and build confidence

- Upload to AIR

All recognised vaccination providers should report all vaccinations to the Australian Immunisation Register (AIR) to ensure information is accurate and up to date. Currently, hospitals are not required to upload immunisation records to the AIR and not all health services consistently upload information. The RACGP recommends all immunisations, including travel and other non-National Immunisation Program (NIP), should be uploaded to the AIR as the central immunisation repository so records are accessible at all times.

- Integration between software systems

All vaccine providers should have access to upload to the AIR directly from their clinical information system. The current lack of complete integration with the AIR across, not just in general practice but the healthcare system more broadly, presents a significant challenge in getting records into the AIR. Technology that streamlines access to the AIR and shares immunisation information across the healthcare sector is required to support all providers to upload all immunisation records.

- Automated decision support

Automated decision supports could be embedded in general practice software or connected to the AIR to provide personalised immunisation recommendations whenever individuals or healthcare professionals view the AIR. This decision support system should be tailored to each jurisdiction, as different areas have varying immunisation provisions and recommendations.

- Use of AIR data

The AIR currently provides reporting that can help track **national vaccination coverage rates**, however this is limited to NIP vaccines as these are the only vaccine records that are mandated for upload. For the AIR to be able to inform public health policy and research into vaccine-preventable diseases, vaccine records outside of the NIP must also be captured.

Priority Area 5: Strengthen a diverse immunisation workforce to work with Australia's diverse population



The RACGP recommends vaccination MBS item numbers allow practice nurses and general practice-based pharmacists (who have completed the appropriate training) to administer vaccines whilst not under direct GP supervision. Currently, GPs must be present when flu vaccines are administered for patients to receive an MBS rebate. A new MBS item number, which maintains medical oversight but allows practice nurses to administer the vaccine without direct supervision, will enable more efficient systems within general practice. This would ease pressure on practices as they free up GP time while maintaining medical oversight. This enables GPs and practice teams to effectively participate in well-funded shared care models. This could be based on existing MBS item 10988 - Immunisation provided to a person by an Aboriginal and Torres Strait Islander health practitioner or, previous item number 10993.

Thank you again for the opportunity to provide feedback on the Discussion Paper Towards the National Immunisation Strategy 2025-30. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely,

Dr Nicole Higgins
RACGP President

Reference

1. Australian Department of Health. Annual Medicare Statistics – Financial Year 1984-85 to 2019-20. Canberra:Department of Health; 2020.