



RACGP

Royal Australian College of General Practitioners

Submission to Senate Finance and Public Administration Committee: Lessons to be learned in relation to the Australian bushfire season 2019-20

RACGP May 2020



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Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to the Senate Finance and Public Administration Committee Inquiry: Lessons to be learned in relation to the Australian bushfire season 2019-20.

The RACGP is Australia's largest general practice organisation, representing more than 40,000 members working in or towards a career as a specialist general practitioner (GP).

GPs are the frontline of Australia's healthcare system. Nine out of ten people visit their GP every year and GPs provide more than 2 million consultations to Australians each week.

In times of natural disaster and emergencies, the health impact on people and communities is significant. GPs are essential in supporting individuals and communities before, during and in the aftermath of natural disasters and emergencies, such as the 2019-20 Australian bushfires. GPs must therefore be adequately supported and included in planning, mitigation, response and recovery aspects of disasters and emergencies.

The submission focuses on the role of GPs and the primary healthcare system in relation to the 2019-20 bushfires. Responses have only been provided to those terms of reference relevant to the general practice profession.

Responses to the Terms of Reference

- 1. Advice provided to the Federal Government, prior to the bushfires, about the level of bushfire risk this fire season, how and why those risks differed from historical norms, and measures that should be taken to reduce that risk in the future.**

N/A

- 2. The respective roles and responsibilities of different levels of government, and agencies within government, in relation to bushfire planning, mitigation, response, and recovery.**

The RACGP notes that different levels of government and agencies within governments have different roles and responsibilities relating to disaster arrangements. However, the cross-jurisdictional and inter-agency roles must be better coordinated and streamlined. Efforts to embed GPs in the wider healthcare response to the fires were confused due to state/territory government management of emergency planning and Federal Government responsibility for general practice. The RACGP has consistently flagged these issues over the years and will continue to work with state emergency management structures to bridge this gap.

The role of GPs as frontline health providers must be formally recognised in natural disaster preparation, mitigation, response and recovery. GPs have continuous relationships with their communities before, during and after disasters and emergencies – including opportunistic encounters with patients due to the high demand for primary care during and after disasters. General practice should therefore be firmly embedded in national disaster planning. Including an RACGP representative on the Australian Health Protection Principal Committee (AHPPC) is therefore recommended. The RACGP also believes that there should be formal and permanent GP representation on state/territory disaster

management committees to ensure that GP led plans, responses and solutions are embedded, and that GPs are involved at governance and strategic levels for state wide responses.

The RACGP recommends that each jurisdiction should also establish a working disaster response plan, including scenario planning that are exercised, reviewed and updated every 12 months with the involvement of GPs. The RACGP also recommends the establishment of state based health disaster response roundtables, and notes that NSW has established one already, led by the RACGP, which is working effectively.

As the key, federally funded organisations tasked with local primary care coordination, and efficiency and effectiveness of medical services, Primary Health Networks (PHNs) should be supported to better integrate general practice and primary healthcare into emergency response planning, coordination and recovery, in close consultation with GPs and GP bodies. The experience during the 2019-20 bushfire event was that there was variability in PHN preparedness. Areas with lower levels of preparation experienced poor linkage and coordination, with inconsistent messaging to general practices operating in their areas, creating confusion and division. Requirement for a national, uniform approach for PHN engagement with general practices before, during and after emergencies and disasters would alleviate some of this confusion.

Noting that some PHNs already have this in effect, the RACGP recommends that all PHNs develop a skills register of practicing clinicians (for example those who have had emergency management training) who can and will respond during disasters, local trauma cases, and pandemics, both in a locum and volunteer capacity; and a mentorship program between experienced GPs and newer GPs during disasters. GPs represent a large workforce, and if planned and streamlined appropriately, a resilient system and network of appropriate professionals can be called upon in the event of local and state based emergencies.

3. The Federal Government's response to recommendations from previous bushfire Royal Commissions and inquiries.

N/A

4. The adequacy of the Federal Government's existing measures and policies to reduce future bushfire risk, including in relation to assessing, mitigating and adapting to expected climate change impacts, land use planning and management, hazard reduction, Indigenous fire practices, support for firefighters and other disaster mitigation measures.

In December 2019, the RACGP recognised climate change as a health emergency and advocates for policies that mitigate health risks of climate change at local, state and national levels.¹ Many scientific experts identified strong links between the 2019-20 bushfire events and climate change.²

More research into mitigation strategies to tackle key underlying causes of increased bushfire risk are needed. Consecutive summers of intense bushfire smoke under worsening climate change conditions, will negatively impact health outcomes.

5. Best practice funding models and policy measures to reduce future bushfire risk, both within Australia and internationally.

N/A

¹ Royal Australian College of General Practitioners. Climate change and human health: Position statement. East Melbourne, Vic: RACGP, 2019. Available at <https://www.racgp.org.au/advocacy/position-statements/clinical-and-practice-management/the-impact-of-climate-change-on-human-health> [Accessed 23 March 2020].

² Whitbourn, M. Strong links between worsening bushfires and climate change: experts. Sydney Morning Herald, February 3 2020

6. Existing structures, measures and policies implemented by the Federal Government, charities and others to assist communities to recover from the 2019-20 bushfires, including the performance of the National Bushfire Recovery Agency;

The RACGP welcomed the establishment of the National Bushfire Recovery Agency to lead the national response to the recovery from the 2019-20 bushfires. It is vital that this national agency works collaboratively with state based disaster recovery agencies in recognition that disasters are local events that have unique impacts on each community, due to location, population and other demographics.

GPs play a longitudinal role in assisting with community recovery, especially in rural and remote communities and as such, must be formally represented within disaster recovery agencies and subsequent disaster recovery plans. GPs are important in the acute response phases of disaster and emergencies, but are especially vital in supporting communities once short term services have vacated.

To ensure effective recovery from future emergencies or disasters, the RACGP advocates for:

- Formal general practice representation in disaster recovery review, response and planning, to reflect the vital and longitudinal role of GPs in mental and physical health recovery following disasters.
- Allowances within the MBS to support GP provision of physical and mental health care during disaster recovery including the introduction of specific disaster recovery MBS items and exemptions from MBS compliance activities.
- Financial and other support to general practices and GPs in disaster affected areas to support long term sustainability of general practice businesses, to increase capacity to provide continuing care to communities during disaster recovery and to support the emotional and financial wellbeing of GPs, practice teams and practice owners.
- Investment in research into primary care responses to previous disasters and emergencies to assist in planning for future disasters and health emergencies.

7. The role and process of advising Government and the federal Parliament of scientific advice;

N/A

8. An examination of the physical and mental health impacts of bushfires on the population, and the Federal Government's response to those impacts

The RACGP stresses the importance of recognising the role of GPs in providing mental health care in the long term to communities following disasters and emergencies. Reflections from GPs affected by the recent floods in Queensland were that GPs shouldered the burden of mental health impacts experienced by communities once the acute situation had subsided and communities were rebuilding.

Without appropriate support, GPs often are overwhelmed by patients experiencing mental health issues following disasters, which often arise in consultations where mental health is not the primary presenting problem (for example, patients present for a script or a mole check-up, and then disclose their despair, hopelessness, and frustrations to their GP).

While the funding allocation for the provision of psychological first aid training for managers and frontline workers was welcomed, the RACGP view is that this was not sufficient enough to adequately support the demand. GPs reported that there were no accessible, affordable courses to support their own rapid mental health upskilling and waiting lists for established counselling services were too long, with some patients still on waiting lists months after referral. This points to the need for more support and resources to ensure people can access the mental health care they need both in the immediate aftermath of a disaster and the long term.

Consecutive summers of intense bushfire smoke has been linked to significant short and long term health impacts and negative health outcomes, especially for the most vulnerable members of the community. This puts increasing pressure on general practices with more attendances due to respiratory diseases such as asthma, chronic obstructive pulmonary disease, and respiratory infections. The RACGP calls for increased support to general practices for the expected increase patient attendance due to bushfire smoke pollution. The RACGP also advocates for increased financial support for research into the health effects of bushfire smoke as the extent of the impact is still largely unknown.³

There was limited specific information provided to, and about, vulnerable groups such as pregnant women, people with heart disease, young children and older people during the bushfire events. It is recommended that tailored information is developed to ensure these more vulnerable groups are receiving specific health information and advice pertinent to their personal situations, and to alleviate any anxiety that may be experienced.

9. Conclusion

The 2019-20 bushfire event in Australia was catastrophic, unprecedented and will have long lasting health impacts. The RACGP strongly urges standard involvement of GPs in disaster and emergency response plans to ensure there is a clear, consistent and planned primary care response in the event of future emergencies and disasters. This will ensure the best healthcare is available to support the health and wellbeing of affected communities and emergency responders.

³ Yu, P et al. Bushfires in Australia: A serious health emergency under climate change. *The Lancet*, 2020; 4(1): e7-e8. DOI [https://doi.org/10.1016/S2542-5196\(19\)30267-0](https://doi.org/10.1016/S2542-5196(19)30267-0)