



ACT Health

COVID-19 Primary Health Care Support Framework

Primary health care services support framework
for the COVID-19 pandemic

Effective date	12 July 2020
Review date	Ongoing
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Audience	ACT Health, Canberra Health Services, Capital Health Network, Calvary ACT, RACGP, Australian Medical Association (ACT), Primary health care services
Version number	1.1 (November 2020)

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Purpose

The purpose of this Framework is to document and coordinate activities to support the delivery of primary health care services during the novel coronavirus Sars-CoV-2 (COVID-19) pandemic and support the coordination of 'out-of-hospital' services for persons affected by COVID-19.

This Framework has been developed by ACT Health and the Capital Health Network, in consultation with members of the COVID-19 Primary Health Care Response Working Group (Working Group). The Working Group has representatives from key government, private and non-government stakeholders who work with primary health care services. The roles and responsibilities of key stakeholders are outlined in Table 1.

Table 1: Roles and responsibilities of key stakeholders in the COVID-19 primary health care response

Organisation	Roles and Responsibilities in COVID-19 primary health care response
ACT Health	<p>ACT Health is responsible for managing the public health response to the COVID-19 pandemic in the ACT, via the Health Emergency Control Centre (HECC). This encompasses:</p> <ul style="list-style-type: none">• COVID-19 surveillance;• Case investigation and contact tracing;• Determining isolation and quarantine requirements;• Daily symptom monitoring and release from isolation for people in isolation or quarantine; and• Communication activities relating to the epidemiology of COVID-19 in the ACT, and recommendations for testing as well as infection prevention and control. <p>With respect to supporting primary health care during the COVID-19 pandemic, ACT Health's role and responsibilities include:</p> <ul style="list-style-type: none">• Support for planning and implementation of alternate models of care, where needed, to balance the burden of care across the health delivery spectrum and protect priority populations in the ACT;• Facilitating access to primary health care services for people in isolation and quarantine;• Monitoring primary health care system capacity and supporting scaling up and scaling down of services as required, depending on the local epidemiology;• Providing targeted and consistent communications about the COVID-19 public health response to primary health care providers in the ACT;• Advising primary health care providers and health care facilities in the ACT on appropriate infection prevention and control measures, including use of personal protective equipment;• Providing advice and support to primary health care in relation to changes in management of pharmaceuticals;• Identification of service-wide planning gaps for priority populations and provision of support to service providers to address these gaps;

Organisation	Roles and Responsibilities in COVID-19 primary health care response
	<ul style="list-style-type: none"> Managing the National Immunisation Program (NIP) in the ACT and implementation of strategies to support NIP vaccine uptake during the COVID-19 pandemic; Liaising with community organisations, and non-government health providers to determine capacity and ability to respond; and Providing education to upskill community organisations and non-government health providers where needed.
Canberra Health Services	<p>Canberra Health Services (CHS) administers a range of publicly funded health facilities, programs and services including two public hospitals, four nurse led WiCs, six community health centres and a range of community-based health services including early childhood services, youth and women's health, community nursing and allied health, dental health, mental health and alcohol and drug services. The GP Liaison Unit at CHS aims to enhance communication and partnerships between the hospital and General Practitioners to facilitate seamless health delivery and better patient outcomes.</p> <p>CHS, through the Clinical Health Emergency Coordination Centre (CHECC), is responsible for managing the Territory-wide acute care response to the COVID-19 pandemic in the ACT and for managing the ongoing delivery of outpatient and community-based health services operated by CHS. With respect to primary health care during the COVID-19 pandemic, CHS is responsible for:</p> <ul style="list-style-type: none"> Service planning for alternate models of service delivery, where needed, and risk management to enable ongoing provision of primary health care services administered by CHS, including ambulatory care services provided at public hospital campuses, walk-in centres, community health centres, community care nursing and allied health. Service planning and management of the Respiratory Assessment Centres (RACs) at Weston Creek and EPIC. Communication of changes to outpatient and community-based service delivery to patients, non-government providers and primary health care health professionals in the ACT.
Capital Health Network	<p>Capital Health Network is responsible for supporting primary health care services to respond to COVID19 and to continue delivering high quality primary health care services including the management of people with chronic disease throughout the COVID19 pandemic.</p> <ul style="list-style-type: none"> Support for planning and implementation of alternative models of primary health care, where needed, including digital health (telehealth and e-prescribing) and shared care models. Provide PPE from the National Medical Stockpile (NMS) to General Practice, Community Pharmacy and other providers as determined by the Commonwealth Department of Health. Working with the Department of Health and ACT Health around the integration of General Practice Respiratory Clinics (GPRCs) Development of care pathways to support assessment and management of COVID19 Development of care pathways for chronic disease and other local services that may be impacted by the COVID19 pandemic. <p>Coordinate communications with ACT Health for primary health care providers with a focus on infection control, management of COVID19, and usual care.</p>

Organisation	Roles and Responsibilities in COVID-19 primary health care response
Winnunga Nimmityjah Aboriginal Health and Community Services	<p>Winnunga Nimmityjah Aboriginal Health and Community Services (WNAHCS) is an Aboriginal community controlled primary health care service responsible for providing a culturally safe, holistic health care service for the Aboriginal and Torres Strait Islander people of the ACT and surrounding regions. Winnunga provides comprehensive multidisciplinary primary health care including general practitioners, practice nurses, midwifery, social health and cultural support, mental health and substance misuse services, needle and syringe exchange, dental, allied health, outreach, community support and a prison health service.</p> <p>During the COVID-19 pandemic in the ACT, WNAHCS is responsible for maintaining the usual health services available for their clients, as well as providing support and clinical management for clients who are diagnosed with COVID-19. In addition, WNAHCS has been contracted by the Australian Government to operate a GP-led respiratory assessment centre during the COVID-19 pandemic.</p>
Calvary ACT	<p>Calvary ACT operates Calvary Public Hospital Bruce, Clare Holland House Hospice, two private hospitals (Calvary Bruce Private and Calvary John James Private), the Haydon Retirement Community and a range of aged care, disability and other community support services operated under Calvary Community Care. The GP Liaison Unit at Calvary Public Hospital Bruce aims to enhance communication and partnerships between the hospital and General Practitioners to facilitate seamless health delivery and better patient outcomes.</p> <p>With respect to primary health care during the COVID-19 pandemic, Calvary ACT is responsible for:</p> <ul style="list-style-type: none"> • Service planning for alternate models of service delivery and risk management to enable ongoing provision of primary health care services administered by Calvary ACT, including ambulatory care services provided at Calvary Public Hospital Bruce and services provided by Calvary Community Care. • Communication of changes to outpatient and community-based service delivery to patients and primary health care health professionals in the ACT.
Canberra After hours Locum Medical Service	<p>Canberra After hours Locum Medical Service (CALMS) is a medical deputising service owned and operated by Canberra General Practitioners. CALMS member doctors participate in a roster to provide after-hours care at clinics located at the Canberra Hospital, Calvary Public Hospital Bruce and Tuggeranong Community Health Centre. CALMS doctors can also provide after-hours home visits when clinically indicated (generally for residents of aged care facilities).</p> <p>During the COVID-19 pandemic, CALMS is responsible for providing ongoing access to after-hours general practice medical care for the ACT community.</p>
Royal Australian College of General Practitioners ACT/NSW	<p>The Royal Australian College of General Practitioners (RACGP) is Australia's largest professional general practice organisation and represents urban and rural general practitioners. The RACGP supports GPs and general practice registrars through ongoing professional development activities, developing resources and guidelines, helping GPs with issues that affect their practice and developing standards that general practices use to ensure high quality health care.</p>

Organisation	Roles and Responsibilities in COVID-19 primary health care response
	During the COVID-19 pandemic, RACGP ACT/NSW is responsible for providing advocacy, education, training and professional advice to GPs to support the ongoing provision of GP services.
Australian Medical Association ACT	<p>The Australian Medical Association (AMA) ACT Branch represents registered medical practitioners and medical students who are AMA members. The AMA advocates to promote and protect the professional interests of doctors and the health care needs of patients and communities.</p> <p>During the COVID-19 pandemic, with respect to primary health care, the AMA ACT is responsible for distributing communications to members to aimed at providing education and professional support and for advocating for the health care needs of the ACT community.</p> <p>AMA will also negotiate changes to contract for varied work practices of CMO, VMO and staff specialists.</p>
GP Synergy	<p>GP Synergy is the Regional Training Organisation for GP Registrars in the ACT. It is responsible for the training of GP registrars and the support of training practices and GP supervisors.</p> <p>During the COVID -19 pandemic , with respect to GP training it is responsible for ensuring that GP Registrars continue to receive adequate training and to liaise with the relevant Colleges if GP registrars contribute to surge workforce in the acute care sector to determine whether this can still count at training time.</p>

Scope

Primary health care services in the ACT can be broadly defined as encompassing all generalist health care services provided to patients who are not admitted to hospital, excluding services provided by non-GP medical specialists. This includes health care provided by General Practitioners (GPs), nurses (including general practice nurses, community nurses and nurse practitioners), allied health professionals, midwives, pharmacists, dentists and Aboriginal health workers. Primary health care can be provided in community-based clinic settings or in the home.

Primary Health Care Services

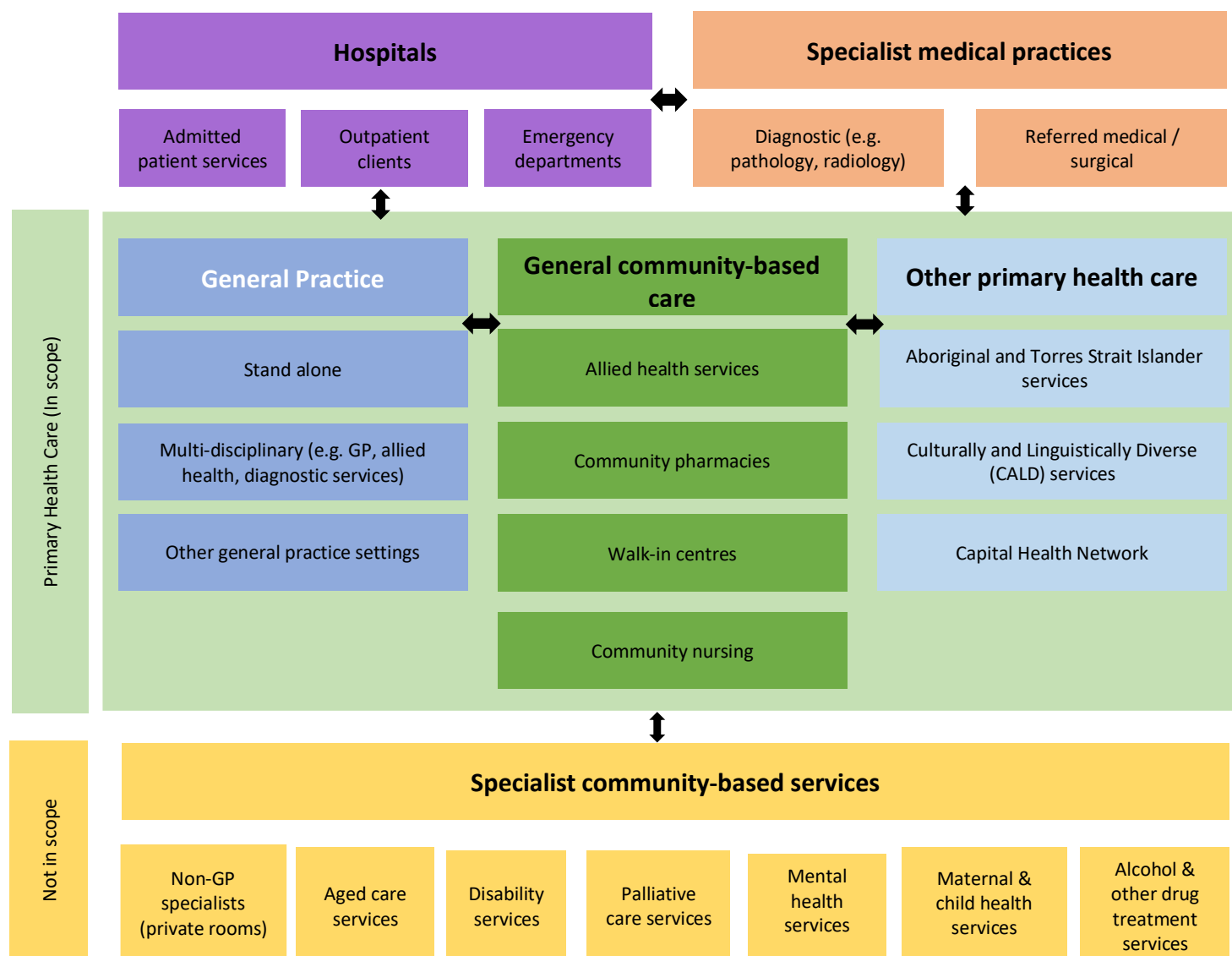
In recognising the purpose of this document as a reference source to assist in the COVID-19 pandemic response, primary health care services are considered to include only primary health services of a general nature, and those services offering specialist services that support COVID-19 patients.

For the purposes of this Framework, primary health care services include (Figure 1):

- General practice;

- General community-based care (including allied health, pharmacy, Walk-in centres (WiCs), community health centres, community nursing); and
- Other generalist primary health care services for priority populations (including Aboriginal and Torres Strait Islander services, Companion House).¹

Figure 1: In-scope health care services in the ACT



Adapted from AIHW Primary health care and its interactions with broader health care and community service sectors: https://www.aihw.gov.au/getmedia/1918d07d-e913-4e31-8325-1f496833d775/8_3-primary-health-care.pdf.aspx

Specialist community-based services such as non-GP specialists in private rooms, aged care services, disability, palliative care, maternal and child health, mental health services and alcohol and other drug treatment services are not within the direct scope of this document due to their specialist nature. Many of these specialised services have specific needs and

¹ Australian Institute of Health and Welfare 2014 Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW

are captured in other plans. However, it is acknowledged that facilitating relationships and referral pathways between generalist and specialist community-based health services during the COVID-19 pandemic is important, and this is reflected in the Framework.

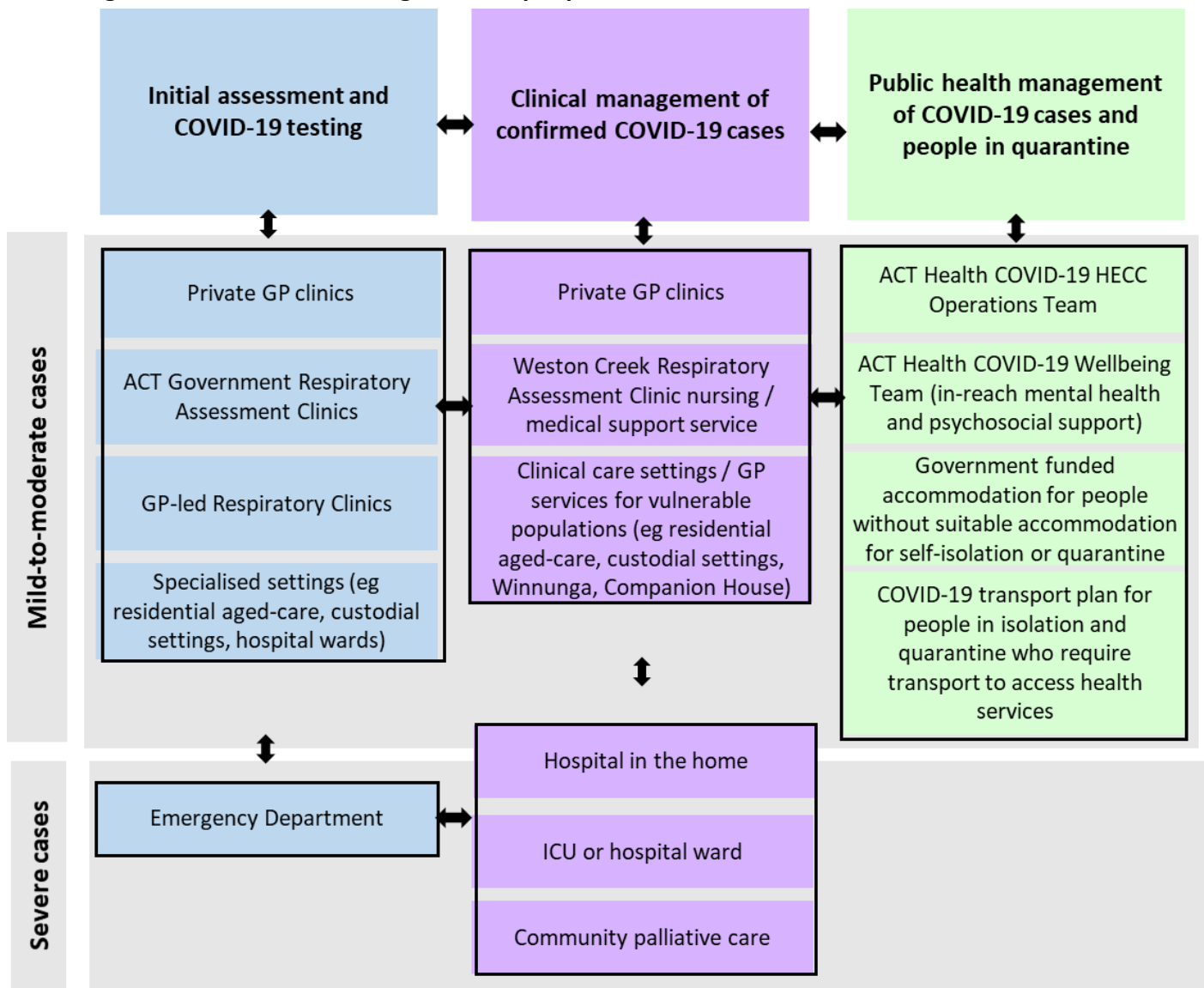
In developing this Framework, it is acknowledged that the COVID-19 pandemic has magnified a range of long-standing challenges to the delivery of primary health care services in the ACT relating to existing funding models, risks to business continuity during emergencies, and integration of primary health care with outpatient and acute care services. Addressing these issues is beyond the scope of this Framework.

Overview of management of people with COVID-19 in the ACT

Initial assessment and testing of people with suspected COVID-19 in the ACT can take place in a range of public and private health care settings (Fig. 2). It is anticipated that approximately 80% of people with COVID-19 in the ACT will have symptoms of mild-to-moderate severity, with clinical management occurring in an out-of-hospital setting, whilst around 20% will have more severe symptoms and require management in an in-patient or palliative care setting.

ACT Health has responsibility for the public health management of COVID-19 in the ACT. While the Health Emergency Control Centre (HECC) at ACT Health is activated during the COVID-19 pandemic, the public health management of COVID-19 is the responsibility of the COVID-19 HECC Operations Team. To assist with certain needs that may become apparent when ACT Health are communicating with people in isolation or quarantine, the HECC has established a Wellbeing Team that can provide psychosocial support and psychological care to people whose lives have been impacted by COVID-19 through isolation, quarantine, contact tracing and/or testing for COVID-19. The HECC can also facilitate access to Government-funded accommodation for people who are required to be in isolation or quarantine and do not have suitable accommodation, and transport for people who need to access face-to-face health care during their period of isolation or quarantine.

Figure 2: Overview of management of people with COVID-19 in the ACT



Objectives

The objectives of the Framework during the COVID-19 pandemic are to:

- I. Assist primary health care services in the ACT to safely provide health care during the COVID-19 response by encouraging and facilitating use of telehealth and electronic health technologies, where appropriate, and supporting appropriate infection control practices to enable ongoing delivery of face-to-face care whilst minimising the risk of COVID-19 transmission in primary health care settings;
- II. Support primary health care services to manage low-to-moderate severity cases of COVID-19 in the community;
- III. Support primary health care services to provide usual care services to people in quarantine or isolation in the ACT, where feasible;
- IV. Ensure people in isolation or quarantine in the ACT have access to primary care services, mental health services and psychosocial support services;
- V. Facilitate integration of care pathways between primary health care services, specialist community-based services and other health services including acute care, disability, mental health and aged care services during the COVID-19 pandemic in the ACT;
- VI. Collaborate with intersecting health services, including but not limited to specialist community-based services, acute care, population health, aged care, mental health and disability services to ensure COVID-19 risk minimisation measures are consistent and proportionate to the current risk of COVID-19 transmission in the community;
- VII. Collaborate with intersecting health services to maintain referral pathways and monitor primary health care workforce capacity to enable redistribution of workforce if required to adapt to changing community health needs;
- VIII. Identify and manage gaps and risks in primary health care service delivery in the ACT that arise due to the COVID-19 pandemic, particularly with respect to identified priority populations including people aged 65 years and over, people with chronic health conditions, Aboriginal and Torres Strait Islander people, Medicare ineligible people, people from culturally and linguistically diverse backgrounds, people with unstable accommodation and people living with a disability;
- IX. Support primary health care services to understand the role of ACT Health in managing the public health response to COVID-19, including the procedures in place for the public health management of people in isolation and quarantine in the ACT;
- X. Support communication activities that help to maintain confidence in the primary health care system in the ACT, notify patients and/or their carers of changes to primary health care services and encourage patients and carers to continue to engage with primary health care providers; and
- XI. Support communication activities that help to maintain confidence in the COVID-19 public health response amongst primary health care providers in the ACT and empower them to deliver best practice health care whilst managing their own occupational risk of exposure.

Key action areas

The objectives of the Framework will be met via a range of activities categorised under five action areas. These action areas remain applicable at any phase of the COVID-19 response. The implementation of related activities under each action area should be delivered in a targeted, flexible and proportionate manner to reflect the current epidemiology of COVID-19 in the ACT, the current capacity of primary health care services and identified gaps in engagement with primary health care services, particularly for priority populations. The key action areas are outlined in *Table 2*.

Table 2 - Key action areas

Key action areas	Aligns with framework objective (#)
1. Support safe delivery of primary health care services Support primary health care services in the ACT to safely provide health care during the COVID-19 response by encouraging and facilitating use of telehealth and electronic health technologies, where appropriate, and supporting appropriate infection control practices to enable ongoing delivery of face-to-face primary health care.	<u>I</u>
2. Ensure access to primary health care services and in-reach mental health services and psychosocial support services for people with COVID-19 and people in quarantine in the community Support primary health care services in the ACT to manage mild-to-moderate severity cases of COVID-19 in the community and provide primary health care services to people in quarantine. Facilitate access to mental health services and psychosocial support services for people and their families in isolation or quarantine in the community.	<u>II, III, IV</u>
3. Facilitate collaboration, care pathways and workforce capacity Facilitate collaboration between primary health care and intersecting health services, support the integration of care pathways between primary health care and intersecting health services and ensure primary care workforce capacity is appropriately managed during the COVID-19 response.	<u>V, VI, VII</u>
4. Maintain access to primary health care services for priority populations Focus on identifying and managing gaps in primary health care services for priority populations that arise due to the COVID-19 pandemic.	<u>VIII</u>
5. Communication and education activities Support communication activities that help to maintain confidence in the public health response and the primary health care system during the COVID-19 response. Implement targeted communication and education activities to support action areas 1 to 4.	<u>IX, X, XI</u>

COVID-19 Primary Health Care Support Framework

Primary Health Care support delivered under this Framework is intended to be flexible and scaled in line with the current impact COVID-19 is having on service delivery and patient engagement with primary health care services. The proposed activities (below) align with the stated objectives of the COVID-19 pandemic in supporting primary care services, identify which agency has lead responsibility for implementation and identifying any potential risks that require mitigation.

ACTION AREA 1 – Support the safe delivery of primary health care services

- Assist primary health care services in the ACT to safely provide health care during the COVID-19 response by encouraging and facilitating use of telehealth and electronic health technologies, where appropriate, and supporting appropriate infection control practices to enable ongoing delivery of face-to-face care whilst minimizing the risk of COVID-19 transmission in primary health care settings.

Activities	Primary Health Care service	Lead & supporting agencies	Risk	Risk mitigation strategy
1.1 Develop and disseminate evidence-based infection prevention and control advice to support primary health care services to develop plans and procedures to minimise risk of transmission of COVID-19 within their service.	All primary healthcare services in-scope	ACT Health (lead) CHS CHN RACGP GPLU	Staff inadequately trained in infection control procedures and appropriate use of PPE Clinics and waiting rooms not large enough to enable physical distancing	Provide communications through multiple channels and ongoing educational activities to inform primary care services about evolving research on infection prevention and control, including current national guidelines on the management of patients in community settings. Provide guidance to minimise transmission risk e.g. appointments are suitably spaced and limit people accompanying the patient. Identify alternative waiting areas (e.g. outside)
1.2 Supply of PPE to primary health care services from the National Medical Stockpile (NMS).	General Practice GP-led respiratory	CHN (lead) ACT Health	PPE wastage due to inappropriate or excessive use of PPE	Provide communications through multiple channels and ongoing educational activities to support appropriate use of PPE.

		clinics (GPRCs) Community pharmacy Allied Health		Inadequate PPE supplies from NMS	Ongoing CHN and ACT Government liaison with Commonwealth Government to support ACT primary health care services. CHN/ACT Health to give advice of actions that can be taken when experiencing a shortage of PPE.
1.3	Support primary health care services to adopt telehealth and e-prescribing arrangements to encourage physical distancing.	All primary healthcare services in- scope	CHN (lead) with RACGP, ACT Health, GPLU	Practices may not have the requisite IT capability or technology to enable telehealth and e- prescribing arrangements Telehealth may not be appropriate due to disability or barriers accessing the appropriate technology	CHN assistance and upskilling for practices and commissioned services to access the Health Direct Video Call platform at no cost. Encourage practices to have processes and clinical protocols to enable safe delivery of face-to-face care when required. Consumers and carers referred to Carers ACT for support in accessing telehealth services
1.4	Facilitate the establishment of Commonwealth-funded GP Respiratory Clinics (GPRCs) to provide an alternate pathway for GPs to refer respiratory presentations for assessment, as appropriate.	General Practice GPRCs	CHN (lead) ACT Health GPLU RACGP	Many GPs will continue to see respiratory presentations during the pandemic and patients may be unnecessarily diverted away from their usual GP	Ensure communication materials encourage people to contact their usual GP for review in the first instance.
1.5	Support ACT Government-funded community primary care services to adopt different models of service delivery, proportionate to the risk of COVID-19 transmission in the community, including scaling down from	Community Care Nursing Community Care Allied Health CHS outpatients	CHS (lead) ACT Health GPLU	Scaling down to delivery of non-essential services only will create gaps for people who require non- urgent care.	CHS to ensure changes to models of service delivery are clearly communicated to patients, carers and referrers. CHS to ensure plans are in place to manage any backlogs that have been

usual care to essential service delivery and vice versa.				created when services scale down from usual care to essential services.
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ACTION AREA 2 – Ensure access to primary health care services and in-reach mental health and psychosocial support services for people with COVID-19 and people in quarantine in the community

- Support primary health care services to manage low-to-moderate severity cases of COVID-19 in the community
- Support primary health care services to provide usual care services to people in quarantine in the ACT
- Ensure people in isolation or quarantine in the ACT have access to primary care services, mental health services and psychosocial support services

Activities	Primary Health Care service	Lead & supporting agencies	Risk	Risk mitigation strategy
2.1 Facilitate ready access and multiple avenues for testing for COVID-19 in the ACT community for anyone who meets the testing criteria.	General Practice Walk-in-centres GPRCs	ACT Health (lead), CHS, CHN	Demand for testing could overwhelm testing resources available.	Promote availability of testing through both public and private testing providers in the ACT. Ensure clear proactive communication with testing centres and pathology providers when testing criteria are broadened or additional surveillance activities are planned.
2.2 Conduct regular educational activities to provide primary health care professionals with current information about diagnosis, clinical management and infection prevention and control for COVID-19.	All primary healthcare services in-scope	CHN (lead) ACT Health RACGP GPLU	Primary healthcare professionals may not be available to attend educational activities.	Webinars and educational resources to be made available online through the CHN and ACT Health websites
2.3 Support GPs, Community Nursing and Allied Health to provide ongoing care to people with COVID-19 in self-isolation in the community via telehealth and face-to-face when required.	All primary healthcare services in-scope	CHN (lead) with ACT Health, CHS	PPE shortages or concerns from practitioners about transmission risk may pose a barrier to	CHN to communicate regularly with GPs, Pharmacists and Allied Health Professionals about PPE supplies and how to order.

				seeing COVID-19 patients face-to-face	<p>Weston Creek RAC nursing/medical support service can arrange to see people face-to-face if their usual GP is not able to see them.</p> <p>ACT Health can facilitate transport and assist in coordinating clinical care for patients in isolation or quarantine with complex medical needs if they do not have a regular GP that can assist.</p> <p>Provide ongoing communications through multiple channels and educational activities to support evidence-based infection control procedures when providing face-to-face primary health care for people with COVID-19 in self-isolation in the community.</p>
2.4	Support GPs and Allied Health to provide care to COVID-19 case contacts and returned travellers in quarantine via telehealth and face-to-face when required.	All primary healthcare services in-scope	CHN (lead) with ACT Health, CHS	PPE shortages may pose a barrier to seeing COVID-19 patients face-to-face	<p>CHN to communicate regularly with GPs, Pharmacists and Allied Health Professionals about PPE supplies and how to order</p> <p>Weston Creek RAC nursing/medical support service can arrange to see people face-to-face if required.</p> <p>ACT Health to provide information to people in quarantine encouraging them to continue to engage with their usual service providers for any primary health care needs that arise whilst they are in quarantine, and to inform the provider they are in quarantine for COVID-19.</p>
2.5	Promote and support the availability of the COVID-19 nursing and medical support service established at the Weston Creek Respiratory Assessment Centre. This service can provide medical care to COVID-19	All primary healthcare services in-scope	ACT Health/CHS (co-leads) CHS CHN GPLU	Spike in COVID-19 cases could see demand for service overwhelm staff resources.	Service can be scaled up and down in response to changes in local epidemiology

	cases in the community and can also provide advice on referral pathways into other CHS services.				
2.6	Promote and support the HECC Wellbeing Team to provide mental health and psychosocial support to people in isolation or quarantine and refer to other services as required.	All primary healthcare services in-scope	ACT Health (lead) CHS CHN GPLU	People may not raise concerns that should prompt a referral to the HECC wellbeing team when talking to public health officers.	<p>Screening questions for mental health and psychosocial concerns included in call scripts and data collection software.</p> <p>Ensure GPs and Allied Health who may be involved in the care of people in isolation and quarantine are aware that the HECC wellbeing team exist and can assist with mental health or psychosocial issues that arise for people in isolation or quarantine.</p>

ACTION AREA 3 – Facilitate collaboration, care pathways and workforce capacity

- *Facilitate integration of care pathways between primary health care services, specialist community-based services and other health services including acute care, disability, mental health, social services and aged care services during the COVID-19 pandemic in the ACT;*
- *Collaborate with intersecting health services, including but not limited to specialist community-based services, acute care, population health, aged care, mental health and disability services to ensure COVID-19 risk minimisation measures are consistent and proportionate to the current risk of COVID-19 transmission in the community; and*
- *Collaborate with intersecting health services to maintain referral pathways and monitor primary health care workforce capacity to enable redistribution of workforce if required to adapt to changing community health needs.*

	Activities	Primary Care service	Lead & supporting agencies	Risk	Risk mitigation strategy
3.1	Primary care support working group to meet regularly to support communication and collaboration across primary health care services during the COVID-19 pandemic.	All primary healthcare services in-scope	CHN (lead) ACT Health CHS GPLU Calvary	Escalating priorities lead to members unable to attend meetings	Ensure minutes are circulated in a timely manner and any vital information is shared.

3.2	Establish cross-membership on COVID-19 health working groups and leadership groups to facilitate communication between intersecting health services.	All primary healthcare services in-scope	ACT Health (lead) CHS CHN GPLU	Lack of adequate visibility of planning and activities related to COVID-19 across intersecting health services may create duplication or inconsistencies.	HECC planning team to maintain oversight of COVID-19 working groups and planning activities to identify communication gaps.
3.3	CHN to develop COVID-related Health Pathways and update existing pathways to reflect changes to services and referral pathways during the pandemic.	All primary healthcare services in-scope	CHN (lead) ACT Health, CHS	Pathways may become outdated as situation rapidly changes	Service providers to notify CHN when changes are made to referral pathways or services
3.4	ACT Health to ensure that GPs are notified if their patient is diagnosed with COVID-19	General Practice	ACT Health (lead)	GPs are not notified in a timely manner that a patient has been diagnosed with COVID-19	<p>ACT Health informs a person's nominated usual GP when they are confirmed to have a diagnosis of COVID-19.</p> <p>Services to ensure they do their own COVID screening prior to seeing any patient face-to-face</p> <p>ACT government-testing clinics to ask patients routinely for details of usual GP, to copy in test result from ACT Pathology.</p>
3.5	CHS, through GPLU and CHN, to provide clear communication to GPs, community care and allied health of changes to outpatient service arrangements and elective surgery at CHS, Calvary and Private hospitals.	General Practice Allied Health Community care	CHS, GPLU, ACT Health, CHN	Changes to service delivery are not conveyed to all appropriate services	CHS to ensure information about changes to service delivery is publicly available.
3.6	CHS and Calvary to establish shared care models to facilitate early transition from outpatient services back to primary health care and reduce the need for face-	All primary healthcare services in-scope	CHS (lead) GPLU, Calvary, CHN	GPs and specialists are not familiar or comfortable with the new models of care.	CHN, CHS and GPLU to facilitate clear communication with specialists and GPs and provide education for upskilling as required.

	to-face appointments in hospital outpatients.				
3.7	CHS and ACT Health to support the development of territory-wide palliative care and hospital-in-the-home plans and ensure clear communication of referral pathways into these services for GPs	General practice Allied Health	CHS (lead) ACT Health CHN GPLU	Primary health care providers are not aware of changes to services delivery or referral pathways.	ACT Health, CHS and CHN to ensure that plans are adequately communicated, and Health Pathways and GP Healthnet are updated as required.
3.8	Provide support to CHS Community Care Programs to maintain staff and patient confidence in the ongoing delivery of community nursing and community allied health services.	All primary healthcare services in-scope	CHS (lead) ACT Health	Potential scaling back of service delivery to essential services during periods of increasing COVID-19 caseload in the ACT will create gaps in health care for people needing to access community care services that are classified as non-essential.	CHS to ensure that patients are made aware of alternative options for accessing nursing and allied health services, if available, and processes are in place to notify patients when usual care services are re-established.

ACTION AREA 4 – Maintain access to primary health care services for priority populations

- Identify and manage gaps and risks in primary health care service delivery in the ACT that arise due to the COVID-19 pandemic, particularly with respect to identified priority populations including people aged 65 years and over, people with chronic health conditions, Aboriginal and Torres Strait Islander people, Medicare ineligible people, people from culturally and linguistically diverse backgrounds, children, people with unstable accommodation and people living with a disability.

	Activities	Primary Care service	Lead & supporting agencies	Risk	Risk mitigation strategy
4.1	Consult with primary health care providers who provided services to priority populations to understand increased barriers to accessing care during the COVID-19 response. Identify gaps in primary health care arising due to	General practice	ACT Health (lead) CHS Calvary CHN	Resourcing and workforce capacity in practices servicing priority populations may not be sufficient to meet client	ACT Health to consult with CHS, specialist community-based services and NGO sector to explore options for addressing workforce capacity

	COVID-19 and develop strategies for managing those gaps.		RACGP	needs during the COVID-19 response. Medicare ineligible and NDIS ineligible people with complex health needs (e.g. disabled children) represent a particularly vulnerable priority population.	and identified gaps in primary health care for priority populations.
4.2	Explore options for mobile or outreach COVID-19 testing services to ensure priority populations have access to COVID-19 testing	General Practice GPRCs	ACT Health (lead) CHN CHS	Continuity of care and notification of results may be an issue for people who are tested through an outreach or mobile testing service	Ensure patients are asked about access to ongoing primary health care and provided with information if they do not have access to a regular GP. Ensure patient contact details are verified wherever possible.
4.3	Ensure primary health care providers servicing priority populations are aware that the HECC Wellbeing Team can provide psychosocial support and psychological care to people whose lives have been impacted by COVID-19 through isolation, quarantine, contact tracing and/or testing for COVID-19.	All primary healthcare services in-scope	ACT Health (lead)	HECC Wellbeing Team only available during business hours but could be modified if required.	Access Mental Health is available 24 hours per day, 7 days per week for urgent mental health and psychiatric support.
4.4	Work with Residential Aged Care Facilities (RACFs) to ensure primary care providers can continue to have access to the facilities to provide care, despite visitor restrictions.	All primary healthcare services in-scope	ACT Health (lead) CHS Calvary CHN	Difficulties in access due to RACFs minimising visitors can adversely impact on pre-existing conditions.	Ensure communication is maintained between RACFs, primary care providers and patients.
4.5	Ensure that primary health care providers and specialists reviewing patients in an outpatient setting are knowledgeable about using the telephone relay services provided	All primary healthcare services in-scope	CHN (lead) ACT Health CHS GPLU	Telephone Interpreting Services (TIS) currently do not interface with Health Direct or Coviu.	CHN to explore options for incorporating TIS in Health Direct platform with Commonwealth.

	by the Translating and Interpreting Service (TIS) for non-English speakers.				
4.6	Provide tailored public health advice to primary health care providers, intersecting health care providers and support services for priority populations to support ongoing safe access to care for these clients.	All primary healthcare services in-scope	ACT Health (lead) CHS CHN	Priority clients may be reluctant to engage with usual health care providers due to fear of stigma or of contracting COVID-19 in a healthcare setting.	Develop culturally appropriate communication materials for priority populations to provide information about availability of usual care services and build confidence for continuing to engage with primary health care.

ACTION AREA 5 – Communication activities

- Support communication activities that help to maintain confidence in the primary health care system in the ACT, notify patients of changes to primary health care services and encourage patients to continue to engage with primary health care providers
- Support communication activities that help to maintain confidence in the COVID-19 public health response amongst primary health care providers in the ACT and empower them to deliver best practice health care whilst managing their own occupational risk of exposure
- Support primary health care services to understand the role of ACT Health in managing the public health response to COVID-19, including the procedures in place for the public health management of people in isolation and quarantine in the ACT;

	Activities	Primary Care service	Lead & supporting agencies	Risk	Risk mitigation strategy
5.1	Develop communications to raise awareness of the ongoing availability of GP, Pharmacist and Allied Health services, how to access these services and maintain public confidence in the safety of continuing to engage with primary health care services and address any observed decline in engagement with primary care services.	All primary healthcare services in-scope	CHN with RACGP (lead), ACT Health, GPLU, AMA	Community and patients remain fearful of visiting clinics or having health workers enter their home	Communication campaign to reassure people that health workers follow safe working practices and have controls in place to prevent the spread of infection
5.2	ACT Health to provide daily updates on the current epidemiological situation with respect to COVID-19 in the ACT.	All primary healthcare	ACT Health (lead) CHN, CHS	Relevant messaging is missed	Care services to ensure they are across ACT Health website and social media sources

		services in-scope			
5.3	ACT Health to develop tailored communications for health care professionals to provide guidance on up to date COVID-19 testing criteria and specimen collection techniques and the public health management of people with COVID-19 in the ACT.	All primary healthcare services in-scope	ACT Health (lead) CHN CHS	Advice and public health procedures may change as new evidence to support the public health response to COVID-19 emerges.	Information to be regularly updated, with new changes highlighted, and distributed via multiple channels.
5.4	CHN to ensure regular communication to GPs, Pharmacists and Allied Health practitioners and other Peak organisations (Carers ACT, HCCA, COTA etc) about availability of other specialised health services during COVID-19 pandemic i.e. mental health, Alcohol and Other Drug (AOD) etc.	General Practice Allied Health	CHN (lead) ACT Health	Relevant messaging is missed	Ensure appropriate communication channels are established and maintained
5.5	ACT Health, with CHN to facilitate communication pathways between General Practice, ACT Government Respiratory Assessment Centres and GP-led Respiratory Clinics for notification of positive COVID-19 results to a patient's usual GP.	General Practice Community Care	ACT Health with CHN (lead) CHS, AMA, RACGP	Patient doesn't have a regular GP	ACT Health has daily contact with people with COVID in the ACT and can encourage people to engage with primary care.
5.6	Ensure communication to the community is accessible in several languages and formats that reflect the diversity of the community.	N/A – General Public	ACT Health CHS CHN	Information is not accessible for non-English speakers Information is not accessible to people with an intellectual disability Information is not accessible to people	ACT Health provides Google Translate functionality on COVID-19 web pages, in addition to certain translated ACT-specific resources and links to other national translated resources on COVID-19 website. On request, ACT health can also develop tailored translated information to address any particular concerns or

				<p>who are vision impaired</p>	<p>misinformation that arises in a culturally and linguistically diverse community.</p> <p>Information is made available to carers and families through HCCA and Carers ACT to facilitate other communication strategies</p>
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References and Related Documents

Legislation

- [Public Health Act 1997](#)
- [Public Health Directions](#)

Supporting Documents

This Framework intersects with other COVID-19 related plans and frameworks including but not limited to:

- COVID-19 residential aged care sector plan;
- Territory wide palliative care plan;
- Territory wide hospital-in-the-home plan;
- COVID-19 patient transport plan;
- COVID-19 Government-funded accommodation plan;
- Aboriginal and Torres Strait Islander plans;
- Disability and community sector plans;
- Custodial settings COVID-19 preparedness and response plan;
- Compliance and enforcement plans;
- Hospital and clinical service plans; and
- Mental health plans.

Version Control

Version	Date	Comments
V1.1	1/11/2020	Minor amendments at suggestion of Carer's ACT