RACGP

Royal Australian College *of* General Practitioners

RACGP response

The Australian National Audit Office (ANAO)

Audit of the COVID-19 Vaccination Program

November 2021

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Contents

1. Introduction

The Royal Australian College of General Practitioners (RACGP) is pleased to provide a response to the Australian National Audit Office (ANAO) performance audit of Australia's COVID-19 vaccine rollout. The rollout of COVID-19 vaccines has been a significant undertaking and General Practitioners (GPs) have played a critical role. Most Australians go to their usual GP for their vaccinations and many have chosen to do that for their COVID-19 vaccine. General practice has been well positioned to support the rollout with GPs living and working in communities right across the country, in cities, rural towns and remote Aboriginal and Torres Strait Islander communities. GPs are connected to their communities, know their patients and are trusted sources of evidenced based information.

Due to the unprecedented nature of the pandemic and the logistical challenges of the vaccine rollout, we recognise there will inevitably be mistakes made. However, it is vital the lessons from this pandemic help inform Australia's response to any future infectious disease outbreaks. The audit of the Australian Government's implementation of the vaccine rollout can ensure Australia is well prepared to respond to similar challenges in the future.

2. About the RACGP

The RACGP is Australia's largest professional medical college. The RACGP sets and maintains the standards for high quality general practice in Australia and advocates on behalf of the general practice discipline. As a national peak body representing over 41,000 members working in or towards a career in general practice, our core commitment is to support Australian general GPs address the primary healthcare needs of the Australian population.

As an independent member-based organisation, we lead the way in facilitating continuous improvement in general practice through clinical, educational and digital advances. The RACGP is responsible for defining the nature of the discipline including setting the standards, creating the curriculum and providing ongoing education and training. We support GPs in their pursuit of excellence in health care and community service.

3. RACGP response to COVID-19 and the COVID-19 vaccine rollout

Key to the RACGP's COVID-19 response has been our ability to rapidly identify wide scale changes required to support general practice during unprecedented circumstances.

The RACGP has access to a wide range of expertise to rapidly develop strategies to support general practice with response teams implementing these strategies, developing resources, driving a media and communications plan and providing direct contact with members via email and telephone support.

Critical response activities include awareness raising, communicating accurate information, providing support resources, government liaison and providing a unified voice for general practice.

General practice is vital to the vaccine rollout and will remain front and centre in the roll-out of future COVID-19 vaccine programs to ensure the health and safety of the Australian population.

The RACGP wishes to acknowledge and thank the Commonwealth Department of Health for its rapid and ongoing engagement with health stakeholders during the pandemic and vaccine rollout. Departmental staff have been responsive to the RACGP's enquiries – particularly regarding Medicare item numbers – which has greatly assisted us to disseminate timely, accurate information to our members.

The RACGP has participated in ongoing and regular discussions with the Department of Health and other GP peak bodies, which has enabled the RACGP to raise important issues of relevance to GPs and contribute to policy discussions on the COVID-19 health sector response and vaccine rollout.

We also wish to note the value of having a senior GP – Professor Michael Kidd AM – in the role of Deputy Chief Medical Officer.

The Department's commitment to engaging with the general practice sector during this time of great uncertainty is valued and appreciated. The RACGP welcomes future opportunities to continue driving the health policy agenda in Australia by working closely with government at all levels.

4. RACGP response to audit criteria for assessing the effectiveness of the planning and implementation of the COVID-19 rollout.

Audit Criteria 1 - Has Australia's COVID-19 vaccine rollout been effectively planned?

Sub-criteria 1.1 – Was planning informed by appropriate evidence?

No RACGP comment

Sub-criteria 1.2 – Were risks to the rollout identified, regularly reassessed and managed?

No RACGP comment

Sub-criteria 1.3 – Were delivery mechanisms considered and established?

With such a diverse and disparate population and geography, Australia required the vaccine rollout to employ different mechanisms to reach different populations. These mechanisms have not been consistently effective.

For example, while Aboriginal and Torres Strait Islander people, residential aged care workers and people with disability, were all identified as priority populations – access to the vaccine and vaccine education for these groups was a challenge and some of these challenges are still to be overcome. This is evidenced by the fact the Aboriginal and Torres Strait islander COVID-19 vaccination rate for those 16 years and older is 25% (54.5%) lower than for all Australians (80.6%) (as at 7 November 2021).

Residential Aged Care Workers were originally to be vaccinated at their facility of employment before this model was changed to residents only. Workers were therefore not vaccinated in a coordinated manner and had to pursue other vaccination channels, leading toa delay in vaccination of this population.

Sub-criteria 1.4 – Was an appropriate communication strategy developed?

On several occasions, the RACGP called for the for the Federal Government to strengthen its campaign to boost vaccine confidence in the community. The Federal Government needed to better communicate with the community on the vaccine rollout process, to ensure everyone understood the challenges in the early stages of the rollout.

We stressed there was a need for a national targeted messaging and advertising strategy aimed at specific patient cohorts to clear up mixed messages and encourage more eligible people to get vaccinated. This became particularly important in the context of the changes to AstraZeneca vaccine eligibility and patient concerns about vaccine safety.

In an RACGP member survey conducted in June 2021, which asked GPs to comment on improvements required for the rollout of mRNA vaccines to general practice based on their experiences with the AstraZeneca vaccine rollout. More than 70% of respondents said that “significant improvement” was necessary in relation to “public awareness and education”. Another 22% of respondents reported at least “some improvement” was required.

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

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

We encourage the Australian Government to continue to respond swiftly to limit the distribution of misleading information, particularly around vaccinations, on all media platforms. An appropriate balance must be found between removing harmful information and ensuring people’s right to freedom of speech. Political leaders need to support evidence based public health messaging and maintain parliamentary standards when communicating with the public.

The RACGP believes increased public health education about the importance of vaccinations and their role in combating the spread of disease has been required throughout the vaccine program. High levels of vaccination across the Australian population is likely key to control the COVID-19

pandemic. It is also critical that people are encouraged to get their influenza vaccination in 2022 to ensure hospital beds do not become overcrowded with patients presenting with influenza and COVID-19 simultaneously.

A consumer focussed campaign on the necessity of booster doses needs to be considered in view of the data emerging from the northern hemisphere winter. To safeguard the health system and keep the case numbers in the community low, the RACGP would recommend a public health campaign to promote booster doses, reinforce the need for home based isolation of patients with mild COVID-19, hand washing, mask wearing in high risk situations and broader vigilance overall . The pandemic is likely not over but entering a new phase and the RACGP would consider it wise to signal this to the broader community.

Sub-criteria 1.5 – Was the planning for the vaccine rollout timely and responsive to changing circumstances?

Initial planning for the vaccine rollout was based on the needs of the Australian population and the availability of vaccines. The initial phases focused on people in high-risk employment and those with higher medical risk factors. Changes were made to the rollout as circumstances changed with new evidence emerging and outbreaks in Melbourne and Sydney. However, early changes to the eligibility criteria and states and territories making decisions on eligibility based on a local context resulted in confusion for general practices and their patients.

There was a significant concern from GPs that they were not classified as frontline health care workers as part of the initial eligibility criteria. Unfortunately, whether a clinician was classified as a frontline worker or not depended on whether they were privately practising or employed by a state or federal health service – as opposed to the role they performed in health care. Patients often visit GPs as the step in managing their illnesses, including for the management of respiratory symptoms. It is critical GPs are recognised as front line healthcare workers and prioritised accordingly.

General practices administering vaccines in locations where state eligibility requirements differed from the federal eligibility requirements meant practice teams spent valuable time understanding and explaining the new rules. They were often the target of patient frustrations and at times aggressive behaviour from patients who did not understand why they could get a particular vaccine at certain locations and not others. The RACGP welcomed the eventual announcement allowing GPs to follow state and territory eligibility criteria, however, maintaining consistency across the various jurisdictions should have been a priority from the beginning of the roll out and when changes needed to be made.

Another key issue for general practice was that new information, such as the change to the AstraZeneca eligibility criteria, was at times delivered in the middle of a working day when GPs were busy delivering vaccines to patients whose eligibility changed as part of new advice from Government. This also had an impact on booking systems and wait times.

Changes to eligibility criteria were made with no warning to general practice who were subsequently inundated with booking requests. Announcements to increased eligibility did not align with increased allocations of vaccines to practices. This resulted in long wait times for patients to access the vaccine and frustration.

While a project is currently under way to better integrate the Vaccine Clinic Finder with general practice booking systems, integration has and remains an issue between the two. The impact of this is poor visibility of vaccine appointments for patients resulting in the need for multiple calls to vaccine providers to book a vaccine, and general practices being inundated with phone calls, rather than patients being able to book online.

The Government must make it easy for patients and general practices alike to manage bookings for COVID-19 vaccinations and be clear about how long patients may have to wait before they can get an appointment.

Audit Criteria 2 - Have effective governance arrangements been established to manage the COVID-19 vaccine rollout?

Sub-criteria 2.1 – Were governance arrangements established and fit for purpose?

No RACGP comment

Sub-criteria 2.2 – Were key responsibilities adequately identified, agreed and assigned?

No RACGP comment

Sub-criteria 2.3 – Were effective arrangements in place for monitoring and reporting progress on the vaccine rollout to all relevant stakeholders?

Reports of the vaccine rollout have been available to the public and relevant stakeholders via the Department of Health website. However, the meaningful summary data is provided in PDF format in separate daily documents. This led to citizen journalists setting up websites like COVIDBaseAU and COVIDlive to provide easy to access and interpret vaccine rollout data.

General practices rely on vaccination reports for their registered patients from the Australian Immunisation Register to proactively reach out to patients who are due vaccinations as part of the National Immunisation Program Schedule. Currently (at time of writing – mid November 2021), such a report is not available to practices in relation to COVID-19 vaccines. However, following issues raised by the RACGP, we understand that these reports will soon be available. These reports are particularly important for the COVID-19 vaccine where people have had numerous channels in which to access the vaccine, outside of their regular general practice. This report will allow GPs to identify which of their patients have not been vaccinated or are only partially vaccinated against COVID-19 and proactively reach out to them to discuss vaccination and address any concerns they may have. This function will be particularly important for rollout of the booster program.

Sub-criteria 2.4 – Were key decisions appropriately recorded?

No RACGP comment

Audit Criteria 3 - Has the COVID-19 vaccine rollout been effectively implemented?

Sub-criteria 3.1 – Is the distribution of COVID-19 vaccines timely and effective?

In an RACGP member survey conducted in June 2021, more than half of respondents considered the overall effectiveness of the COVID-19 vaccine rollout in Australia only "somewhat ineffective" or "very ineffective".

Australia's COVID-19 vaccine rollout commenced in February 2021, at which time Australia was in the fortunate position of having no community transmission of COVID-19. As supply of COVID-19 vaccines was initially limited, the commencement of mass vaccination was significant delayed. Once supply was available, general practice demonstrated how efficient and effective it is at delivering mass vaccinations across Australia.

The timeliness of the rollout has been dictated by access to vaccines, particularly mRNA vaccines during a time of significant adverse media coverage on the rare side effects of AstraZeneca. Australia's reliance on the AstraZeneca vaccine further slowed down the rollout when numerous changes to eligibility led to safety concerns over that vaccine in the community and a reluctance to receive it, even amongst eligible persons. At that time, access to mRNA vaccines was severely limited.

Many instances have been reported by our members that expected vaccine deliveries often did not arrive on time, and when deliveries did arrive fewer doses were received than ordered and expected. This impacted general practices' capacity to book and execute vaccination clinics. In some cases, vaccine appointments had to be cancelled. Our members have indicated some doses were received close to their expiry date due to delivery delays. Furthermore, because of delivery delays, practices had difficulty ordering further doses via the ordering system.

Initially distribution governance prohibited sharing of vaccine doses across general practices. Now that effective monitoring systems exist, and doses can be transferred between practices administering the same vaccine, it is important that flexibility in the movement of doses is maintained to ensure vaccines are not wasted and communities can work together in their vaccine roll outs.

Strategies for distributing vaccine to Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander Communities which require additional /different communication styles – were not considered until it became apparent the existing strategies were not working. Vaccine uptake in these groups is still lower than national uptake more broadly. Engagement of appropriate local leadership should have been a strategy from the beginning, and has since proven effective in these communities.

Australia is on track to become one of the most vaccinated countries in the world against COVID-19. With earlier access to a variety of COVID-19 vaccines, this could have been achieved earlier and would have had a significantly positive impact on the case numbers and severity of disease when the third wave hit Victoria and New South Wales in mid 2021.

Sub-criteria 3.2 – Was implementation responsive to changing circumstances?

GPs have responded decisively and proactively to the vaccine rollout. In just a few weeks, general practices implemented significant changes to the way they work. They developed creative new ways of working in order to continue to deliver safe and essential care to their communities and to implement a national vaccination strategy.

From the beginning of this process, the RACGP argued this was not a standard vaccination program, given the clinical, logistical and administrative costs associated with providing such a service.

Funding for GPs to administer COVID-19 vaccines

Funding for the delivery of COVID-19 vaccines in general practice is provided through the Medicare Benefits Schedule (MBS). There are eight MBS items for GPs to assess a patient's suitability to receive a COVID-19 vaccine, and eight corresponding items for other medical practitioners. These temporary items were introduced in March 2021.

Rebates are based on Level A general attendance items, with bulk billing incentives (double for dose one, single for dose two) incorporated into the value of the items. Different rebates are payable depending on whether the patient lives in a metropolitan or rural/remote area, and the service is provided during business hours or an after-hours period.

An accredited general practice that has completed two vaccine suitability assessment services for the same patient in a clinically appropriate timeframe is also eligible for a $10 payment under the Practice Incentives Program (PIP).

While the funding model for GPs delivering COVID-19 vaccines has adapted over the course of the rollout, several issues remain unresolved. Our feedback on specific issues relating to funding is outlined below.

Viability of participating in the vaccine rollout

The MBS COVID-19 vaccine suitability assessment service is free to Medicare eligible patients and the MBS items must be bulk billed for all patients.

The RACGP supports COVID-19 vaccines being made free for all patients in order to boost uptake. However, general practices are small businesses that need to cover a range of expenses. It needs to be financially viable for practices to participate in the vaccine rollout. Funding for administering COVID-19 vaccines should reflect the amount of time that it takes to obtain informed patient consent for a new vaccine. Obtaining this consent for the new COVID-19 vaccines can often

require greater explanation than standard vaccines. For many practices, the Medicare rebates on offer are not sufficient to run a vaccination clinic while continuing business-as-usual operations.

Changes to funding for vaccine administration

The RACGP has welcomed government efforts to boost the funding package for GPs to administer COVID-19 vaccines. Additional measures include:

- the introduction of a vaccine flag fall item in June 2021 for GPs to administer COVID-19 vaccines to people at home or in a disability or residential aged care facility. Item 90005 pays $57.25 per visit, regardless of how many patients are vaccinated

- a new Medicare item for GPs to counsel patients and build confidence in the COVID-19 vaccine (in-depth patient assessment), introduced in June 2021. Item 10660 is equivalent to a Level B consultation with a rebate of $39.10, can be claimed once per patient and must be bulk billed

- expansion of the MBS in-depth patient assessment item in late June 2021 to all patients irrespective of age. While vaccine counselling was always important, it became even more so following the Australian Technical Advisory Group on Immunisation's (ATAGI) revised recommendations on the use of the AstraZeneca COVID-19 vaccine due to potential rare side effects

- allowing patients to return to the practice at a later date to receive their vaccination in situations where a COVID-19 vaccine suitability assessment service is provided and the patient elects to be vaccinated, but the vaccine cannot be delivered due to unforeseen circumstances

- additional funding for practices providing dedicated in-reach COVID-19 vaccination services for workers in residential aged care or disability care settings.

Ultimately however, the funding for mainstream general practice has been insufficient to support the rollout of COVID-19 vaccines. As predicted by the RACGP and other groups, providing COVID-19 vaccines via multi-dose vials and obtaining consent for a new vaccine takes significantly more time than administering a single dose flu shot – a vaccine patients are familiar with and routinely receive on a regular basis. As such, patient rebates have not been sufficient for this critical service.

The RACGP notes funding for general practice has been significantly lower than GP Respiratory Clinics and state-run vaccination hubs.

Need for greater flexibility

The RACGP welcomed the introduction of an MBS item to support vaccine counselling. However, this service can only be provided face-to-face as it must be co-claimed with a vaccine suitability assessment item.

We recommend the item also be claimable if the service is provided via telehealth (video or phone consultation). This would allow patients to have a conversation with their GP remotely and take some time to make an informed decision about whether they want to be vaccinated. Vaccine counselling provided by GPs is equally as valuable to the patient and the health system whether provided in person or via telehealth. Telehealth remains a vital tool while the pandemic is ongoing and there are high COVID-19 cases in the community. This is one of the key reasons why patients have been reluctant to attend in-person appointments.

Incentive payments for practices administering vaccines

Anecdotal reports suggest patients in areas with high COVID-19 case numbers look to get vaccinated as quickly as possible and may not receive two doses of the vaccine from the same GP/practice if there are quicker options available.

This means accredited general practices may be missing out on PIP incentive payments as they haven't provided two vaccine suitability assessment services to the same patient. For example, a patient may receive their first dose from a GP and their second from a mass vaccination hub, or vice versa.

The RACGP proposes accredited general practices that provide one vaccine suitability assessment service to a patient (first or second dose) be eligible to receive a $5 incentive payment per service if they are enrolled in the PIP. A practice that provides both doses will be eligible for a $10 payment in line with current arrangements.

We recommend that this change be implemented across Australia, noting that hotspot declarations are constantly changing and there have been COVID-19 outbreaks in all states and territories at various times since the start of the pandemic.

Funding for COVID-19 third primary doses and booster doses

In October 2021, the federal government announced that individuals who are severely immunocompromised should receive a third dose of the COVID-19 vaccine. Assessment of suitability for these third doses are eligible for MBS reimbursement with the same rules as suitability assessments for second doses.

On 28 October 2021, funding arrangements for the wider vaccine booster program were revealed. MBS rebates for boosters will stay at the existing level for administering a second dose, with no PIP payment included.

The RACGP had advocated for rebates for booster doses to be equivalent to a Level C general attendance item, which has a rebate of $75.75. This reflects the additional time required to answer patients' questions about the need for booster shots and talk through any safety concerns. We are disappointed the government has not agreed to our proposed funding increase. With states and territories now emerging from lengthy COVID-19 lockdowns, pressures on general practices are

likely to increase. GPs will be seeing patients who have delayed screenings and consultations during the pandemic and patients with mental health concerns on top of routine day-to-day care.

Vaccines for Medicare ineligible patients

Patients who are not eligible for Medicare (eg asylum seekers) can receive their COVID-19 vaccine from a general practice, however GPs cannot bill for the service (Medicare or otherwise).

Unlike GPs, pharmacists can claim payments for administering COVID-19 vaccines to Medicare ineligible patients.

The lack of any remuneration for GPs is having a significant impact on practices with a high proportion of patients who are not eligible for Medicare. Although this cohort has been advised by the government to access the vaccine at a Commonwealth vaccination clinic, state hub or pharmacy, many want to get their vaccine from their GP who they know and trust. It is difficult for practices to turn patients away, but at the same time it is unviable to run a vaccination clinic without being paid.

This is becoming more of an issue as patients look to get vaccinated as quickly as possible to attend work and participate fully in the community.

In August 2021, the Department of Health advised it is working with Primary Health Networks (PHNs) to find bespoke solutions for general practices that have a high proportion of Medicare ineligible patients so they can be paid for their work. As of November 2021, there remains no avenue of payment for GPs willing to provide vaccines to this group.

The RACGP recommends the federal government consider solutions for practices in this situation as a matter of urgency, such as PIP payments or PHN funding.

Medicare compliance

The Department of Health's Health Provider Compliance Strategy 2021–22 identifies vaccine administration as a compliance priority. This is deeply concerning to GPs who are the cornerstone of Australia's COVID-19 vaccination rollout. The prospect of GPs being targeted with onerous compliance action because of their claiming of MBS vaccination items is unacceptable during a pandemic.

The claiming requirements for vaccinations are also complex. Like telehealth, changes in item numbers, descriptors and interpretation continue to be a persistent feature. The complexities of these items cannot be overstated. For example, the fact sheet on the MBS COVID-19 vaccine items is 27 pages long – highlighting the complexity of the current billing requirements, particularly the rules around co-claiming. Case studies continue to demonstrate the myriad of situations that GPs can find themselves in when they are dealing with vaccine hesitancy and individual health concerns.

Any compliance campaign around vaccinations will likely undermine the vaccine rollout, risking public health at a critical time in Australia's COVID response. GPs will play a key role in administering booster shots and ensuring their patients stay protected into the future. It is not appropriate to be considering burdensome compliance action at this time against GPs who have worked incredibly hard to care for patients in challenging circumstances.

The RACGP remains committed to working with the Department of Health on compliance education to ensure GPs meet their obligations. A greater focus on education, including the development of easy-to-understand resources that are widely promoted, will enable GPs to better understand the complexities of the MBS and reduce the need for any compliance action.

Sub-criteria 3.3 – Was communication about the rollout effective?

Although there has been an abundance of communication regarding the vaccine rollout, there have been issues around the timeliness of information and confusion regarding state-based requirements.

The RACGP has made efforts to disseminate information to our members in a timely manner, including frequently updating our website based on announcements from government and dedicated weekly COVID vaccine newsletters.

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

Efforts to engage GPs in planning for the vaccine rollout have been confused and at times non-existent due to state and territory governments' management of the health crisis response and the federal government's responsibility for general practice. The RACGP has consistently flagged issues related to GP involvement in emergency response planning and response over the years and will continue to work with state and federal government to bridge this gap.

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

Ongoing engagement with GPs in the community by those responsible for developing and implementing health policy would:

- ensure policies effectively address issues experienced by GPs and other frontline health workers
- allow for adequate planning, increased safety and more efficient primary healthcare delivery

- increase public confidence and minimise uncertainty about the impact of events such as the COVID-19 pandemic and vaccine rollout program
- ensure GPs are valued and able to adapt quickly to challenging situations, strengthening their capacity to provide optimal care
- improve the quality of information provided to the public .

5. Conclusion

GPs and general practice teams have been working tirelessly to continue caring for their patients during this unprecedented global pandemic and public health response to support a population wide vaccination rollout.

The RACGP hopes the lessons from the COVID-19 response will highlight the longstanding need for increased funding to be provided by all levels of government to support general practice, which will enable ongoing patient access to high quality, affordable care. This pandemic has highlighted the critical role that GPs play in Australia's healthcare system. This must not be jeopardised due to inadequate funding and a lack of coordination.

The general practice response to this pandemic is far from over and does not end with the completion of a successful vaccination program. It will continue for several years, as health GPs manage ongoing vaccine boosters and potentially yearly vaccines programs, the mental health and other effects resulting from the last two years.

There is currently limited discussion about supports available when the immediacy of the crisis has passed. The RACGP therefore cautions against a return to 'business as usual' in the wake of COVID-19. The RACGP believes a key factor to ensure we recover successfully from the impacts of this pandemic is a co-ordinated and consistent response across all levels of government.

The RACGP looks forward to contributing to further discussions around the Australian Government's response to the COVID-19 vaccine rollout and overall response more broadly.

Should you have any questions or comments regarding the RACGP's submission, please contact Ms Joanne Hereward, Program Manager practice Technology and Management at joanne.hereward@racgp.org.au