RACGP

Royal Australian College *of* General Practitioners

Submission to Royal Commission into National Natural Disaster Arrangements

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Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to the Royal Commission into National Natural Disaster Arrangements.

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 Australians visit their GP every year and GPs provide more 2 million consultation 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 national natural disaster arrangements including in planning, mitigation, response and recovery. Ensuring this, requires formal general practice representation on planning groups and committees.

The below submission responses will focus on the role of GPs and the primary healthcare system more broadly in relation to the 2019-20 bushfires and in natural disaster arrangements more broadly.

Responses to Commission's questions

1. In your experience, what areas of the bushfire emergency response worked well?

The RACGP welcomed some actions taken by Federal and State/Territory Governments during the unprecedented bushfire season. For example, the $76 million funding for bushfire mental health support including funding for additional Focussed Psychological Strategies (FPS) items and the expansion of telehealth items. Further, the availability of these 2-year period was viewed positively by the RACGP in recognising the longitudinal effects of disasters and emergencies on communities.

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 rapid upskilling required.

The RACGP welcomed the decision to prioritise applications from doctors able and willing to work in medical practices in affected communities by allowing use of their existing provider number for 2 weeks in an alternative location. This was a positive step to address workforce distribution issues by placing GPs in areas of high demand. However these arrangements should be proactively in place prior to the occurrence of emergencies and disasters rather than reactive decisions in the midst of emergencies.

Further, the RACGP welcomed the suite of temporary measures under the Department of Health's Practice Incentives Program, Practice Nurse Incentive Program and Workforce Incentive Program designed to ease the burden on healthcare services adversely affected by bushfires to recover and continue providing care to their patients.

The RACGP applauds some of the actions taken by its members in responding to the emergency situation and highlights this as contributing significantly to the emergency response. These included:

- GPs coordinating their practice teams and other medical and allied health staff working and living in affected areas to ensure provision of coordinated care to their communities during the response and immediate recovery period as well as to support their practice teams impacted personally by the bushfires.

- GPs assisting other practices in bushfire affected areas
- GPs visiting vulnerable patients by undertaking home visits

2. In your experience, what areas of the bushfire emergency response didn't work well?

The overall and overwhelming experience of GPs and general practice teams working in or near bushfire affected areas during the 2019-2020 bushfire events was that there was a lack of consistent information, and more particularly, inconsistency of communication between jurisdictions. 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.

Further, GPs working in or near bushfire affected areas experienced a lack of coordination and evidence of lack of planning and consultation with general practice. The role of primary care is not integrated into emergency responses, and in some instances, ignored, despite the fact that the majority of presentations at evacuation centres during the bushfires were GP related presentations. There were no formal arrangements in place to utilise GPs to their full capacity during the response phase. GPs were turned away from refuge/evacuation centres who were willing and able to offer help, as they were not part of the area's response plan.

It is concerning that there is a lack of GP representation on recovery committees despite the fact that GPs are the key health providers, supporting communities in the months and years after immediate disaster and emergency crises have been averted. It is the long term connection GPs have with locals, combined with high demand for primary care during and following disaster situations that renders GPs crucial to all disaster planning and response arrangements.

As the key organisations tasked with local primary care coordination and efficiency and effectiveness of medical services, Primary Health Networks (PHNs) should be integral to emergency response planning, coordination and recovery. The experience during the 2019-20 bushfire event was that PHNs were not adequately supported and coordinated and as such, were communicating inconsistent messages out to general practices operating in their areas, creating confusion and division. A national, uniform approach for how PHNs engage with general practice would alleviate some of this confusion. However solutions developed need to be applicable for local implementation.

GPs are overwhelmed by patients experiencing mental health issues following disasters, which often arise in consultations where mental health is not the primary presenting problem. They will attend for a script or a mole check-up, for example and then tell their GP of their despair, their hopelessness, and their frustration with their bank. GPs reported that there were no accessible, affordable courses to support rapid mental health upskilling and waiting lists for established counselling services were too long, with some patients still on waiting lists months after referral.

There was also 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 as well as to alleviate any anxiety that may be experienced.

3. In your experience, what needs to change to improve arrangements for preparation, mitigation, response and recovery coordination for national natural disaster arrangements in Australia?

The role of GPs as frontline health providers must be formally recognised in any national natural disaster arrangements in Australia across preparation, mitigation, response and recovery. GPs have continuous relationships with their communities before, during and after disasters and emergencies and have opportunistic encounters with patients due to the high demand for primary care during and disaster situations. This should see general practice firmly embedded in emergency plans across the country, especially in rural areas.

The specific areas that the RACGP urges action on are included below.

Disaster preparation and mitigation

To support effective planning and preparation for possible disasters and emergencies, the RACGP advocates for:

- Formal and permanent, funded GP representation on state/territory disaster management committees to ensure GP led plans, responses and solutions are embedded and that GPs are involved at governance and strategic levels for state wide responses. At a national level, the RACGP recommends GP representation on the Australian Health Protection Principal Committee (AHPPC).
- The establishment of formal links between federal and state/territory jurisdictions to ensure consistent messaging and to develop a national strategy for bushfire smoke and air pollution advice.
- Funding for the establishment of national and state based health disaster response round tables, with strong primary care input via the RACGP, and including other primary care organisations. NSW has established one which is working effectively.
- A requirement for jurisdictions to have working disaster response plans, including scenario planning, that are exercised, and reviewed and updated every 12 months, and that include GPs.
- The establishment of Federal Government legislated disaster response plans that PHNs must follow for identification, credentialing and workforce planning. PHNs should be required to develop a skills register of practicing clinicians (for example those who have anaesthetics 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 newer GPs during disasters. GPs represent a large workforce, and if planned and streamlined appropriately, a resilient network of appropriate professionals can be called upon in the event of local and state based emergencies.
- Development of a standardised national framework for the engagement of GP teams in support of isolated communities during disasters. This would include standardised clinical protocols and pathways and legislation that allows collaboration with the hospitals and the ambulance services.
- The establishment of a fund for PHNs to use in the event of an emergency.
- Funding for GPs and other healthcare providers involved in disaster response to undertake Major Incident Management Systems (MIMS) courses before eligible to be accepted for work during disasters. One PHN in NSW is offering this training to GPs at no cost.
- The provision of specific funding to general practices to allow for disaster planning including for time to attend planning meetings, and to develop disaster management plans.

Disaster Response

To support effective response during future emergencies or disasters, the RACGP advocates for:

- Formal, funded general practice representation in state/territory disaster response plans (continuous from disaster planning and mitigation).
- Consistent, mandated communication and consultation with general practice from organisations/authorities that include primary care representation.
- Consistent messaging from Federal and state/territory governments to primary care/general practice.
- Funding measures provided at a national, state and local level for GPs and practice teams involved in responses. This would include:

  - to coordinate and/or provide mental health care both during and following a disaster.
  - to support general practice business continuity and resilience in the face of bushfires and other disasters – eg providing power back up or solar systems/batteries. (General practices affected by the 2019-20 bushfires reported numerous days of power outages leading to difficulties running practices and vaccination waste.
  - for specific general practice roles outside of the practice such as in aged care facilities and evacuation centres.
  - to provide GPs with paid leave following their participation in disaster response to avoid burnout.
  - to provide support to general practices for increased patient attendance due to bushfire smoke pollution.
  - to allow practice nurses to work, within scope, in areas where there are GP shortages or high rates of particular presentations.

- A system to ensure GPs involved in direct responses are appropriately equipped with adequate skills and experience.
- Active coordination of health services and providers at regional and local levels in affected areas so as GPs have seamless links to other services in order to maintain their continuing central coordination role.
- GP involvement in decisions around how best to distribute ad-hoc resources during emergencies and disasters to ensure responses are fitting with local needs, patient demographics and geography of the affected community.
- Provision and supply of necessary consumables and standardised equipment to general practices during disasters.
- The introduction of specific, temporary Medicare Benefits Schedule (MBS) item numbers, or flexibility applied to existing item numbers, to support continuity of care (eg expansion of telehealth MBS services) during emergencies and disasters.
- Exemptions for GPs from Medicare audits if specific items (such as mental health items) are used in excess of their peers during emergencies and disasters.

Disaster recovery

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

- Formal funded general practice representation in disaster recovery planning (continuous from disaster planning, and mitigation and response) including input into appropriate distribution of resources.
- The involvement of GPs in formal debriefing activities, both in the immediate aftermath and regularly during medium-longer term recovery.
- Formal recognition of the longitudinal role of GPs in disaster recovery and policies that reflect this role.
- Formal recognition of the role of GPs in mental and physical health recovery in acute but more importantly in medium to long term recovery. Further, introduction of a MBS/PBS funding model in directly and indirectly affected areas.
- Provision of support to general practices for increased attendance due to longer term effects of bushfire smoke pollution.

- Recognition of the role of GPs in providing mental health care in the long term. 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.
- Support for the provision of longer term mental health services and additional services to communities in need through use of technology and established locum services.
- The introduction of specific MBS items for disaster recovery.
- Block funding for practices in fire affected areas to support long term sustainability including reimbursement to practices for supplies and equipment used in bushfire and disaster response efforts.
- Exemptions for GPs in affected areas if co-claiming/using MBS items in excess of their peers.
- Funded travel for GPs to work in affected areas during the recovery phase and increased funding for general practices to allow for employment of extra locum GPs and psychologists/other mental health providers to support the recovery phase over the first year.
- Funding to provide GPs with paid leave following their participation in disaster response.
- Increased funding for research into GP responses to previous disasters and emergencies to assist in planning for future disasters and health emergencies.
- Consideration of and support for the financial and emotional toll that bushfires and other disasters will have on GPs, especially rural practitioners. GPs need to be able to provide quality care to those affected by bushfires while ensuring the sustainability of their businesses and their own wellbeing.

4. Is there anything else you would like to tell the Royal Commission?

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 long term effects of smoke pollution is needed as are climate mitigation strategies to tackle key underlying cause of increased bushfire risk. More bushfire smoke equates to significant short and long term health impacts, especially for the most vulnerable members of the community. This puts increasing pressure on general practices with more attendances. Consecutive summers of intense bushfire smoke under worsening climate change conditions, will negatively impact health outcomes.

5. 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.

[1] Royal Australian College of General Practitioners. Climate change and human health: Position statement. East Mellbourne, 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.