Victorian Healthcare Association
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Submission

14 August 2020

Inquiry into the Victorian Government's Response to the COVID-19 Pandemic

About the Victorian Healthcare Association

The Victorian Healthcare Association is the not-for-profit peak body supporting Victoria's public health and community services to deliver high quality care. The VHA represents Victorian public hospitals, registered community health services, multi-purpose services, and bush nursing services.

On behalf of its members the VHA delivers vision, value and voice for the Victorian health sector by shaping policy, advocating on key issues and supporting members to respond to system reform. Our role is to contribute insight and expertise to promote collaboration and transformation of the Victorian healthcare system.

Introduction

In parallel with health systems across the world, the COVID-19 pandemic is testing the Victorian health system. Back-to-back crises in 2020, from devastating bushfires to the COVID-19 pandemic, have exposed the weaknesses of our current system but have also shone a light on its strengths. The pandemic crisis presents an opportunity to address the long-term success of the health system, but to do so we need to understand what has changed, what has worked and what the opportunities are to fast-track system transformation.

We welcome the opportunity to respond to the Public Accounts and Estimates Committee's Inquiry into the Victorian Government's Response to the COVID-19 Pandemic.

This submission:

- provides a brief overview of the public health sector response to COVID-19 so far
- identifies how the sector has transformed crisis into opportunity
- considers the imminent challenges the sector is likely to face in upcoming months during subsequent pandemic 'waves' and into a recovery phase
- makes ten recommendations to inform and strengthen the Victorian Government's ongoing COVID-19 response and recovery.

Sector consultation

The quotations in this submission are the early insights and learnings from VHA members, captured during a State-wide consultation being conducted throughout July and August 2020. The consultation is gathering their experiences, insights and innovations emerging from the response to COVID-19 and, once complete, will represent the breadth of the Victorian public health sector including metropolitan, regional and rural health services and community health services, community aged care and public sector residential aged care services. These consultation findings aim to inform and strengthen the Victorian and Federal Governments' ongoing COVID-19 response and recovery.

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Summary of recommendations

Recommendation: That community health, social and aged care services be recognised by the Victorian Government as vital partners in ongoing community-based public health responses to COVID-19 and future crisis plans.

Recommendation: That the Victorian Government consolidate the multiple reviews of telehealth being progressed to lay the foundation for embedding telehealth across the system.

Recommendation: That the Victorian Government deliver a telemedicine and virtual care strategy informed by health and community health services to assure equitable access and sustainability.

Recommendation: That the Victorian Government implement centralised management of innovation through an Innovation Hub to capture, evaluate, share and support the rapid change occurring across the sector and ongoing reform.

Recommendation: That ongoing Victorian Government communications to health, aged care and community health services be provided through a singular channel to promote clarity and efficiency for rapid and accurate implementation.

Recommendation: That the Victorian Government works to ensure that distribution of resources is needs-based by implementing systems to give services, in close to real-time, visibility of what supplies they will receive and when, and the stock levels in other services across the state.

Recommendation: That integrated care pathway models be evaluated, scaled and expanded across the State to support a range of conditions including chronic disease management.

Recommendation: That the Victorian Government's potential expansion of clusters within a post-pandemic health care model be informed by comprehensive consultation with the sector to ensure that all Victorians retain safe and accessible care.

Recommendation: That the Victorian Government analyse and disseminate health system demand projections and data to support services to plan for and meet anticipated need and identify 'hidden' patients who have withdrawn from the system during the pandemic.

Recommendation: That the Victorian Government invest in measures to promote resilience and sustainability of the health workforce to enable them to respond to increased demand following the lifting of COVID-19 restrictions.

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Overview: Public health response to COVID-19

The response to COVID-19 has seen health and community health services overcome significant challenges and 'pivot' within rapid timeframes to deliver care in new and innovative ways. Health and community health services across Victoria have implemented significant numbers of community-based screening and testing programs at fixed and mobile sites across the State; converted non-essential care from face-to-face to virtual delivery; redeployed parts of the health workforce to maximise efficiencies; and solidified sector-wide partnerships for improved communication, consistency and integration of infection control and care delivery.

Testing and screening

As at 12 August 2020, a dedicated workforce has conducted 1,874,615 COVID-19 tests in fixed and mobile sites all over the State from busy carparks, to door-to-door in residential areas, windswept tents in the rain, rural farm gates and on mountains during ski season.

Coordinating this mammoth operation not only involves setting up the testing and screening sites and preparing staff, but is the result of conscientious planning, foresight and rapid realisation of government directives. Behind the scenes, health and community health services are working vigorously to establish the frameworks for safe screening, testing and crisis response to become essential care priorities. This involves implementing numerous administrative initiatives and programs such as pandemic crisis plans, infection control procedures, creating or amending policies and procedures for staff and consumer safety measures, staff upskilling and training, implementing models of care for emergency and other departments, and securing procurement pathways for PPE and equipment such as beds and ventilators.

The public health sector response to COVID-19 highlights the strong relationship the sector has with their communities as trusted authorities relied on to disseminate the latest information and mobilise the public to engage in screening and testing procedures as part of the 'new normal'. Across Victoria, hospitals, community health centres and multipurpose services are prioritising community engagement efforts, leveraging the broad reach of social media and website platforms to engage with local populations and promote testing, staying at home and the importance of following government directives.

Community-based response

COVID-19 has emerged universally as a virus that exacerbates existing inequalities. The core competencies of community health services are vital to the COVID-19 response, as they successfully build on established trusted positions in communities to deliver targeted and tailored grass roots care to Victoria's most vulnerable populations. Community health workers continue to support consumers to navigate through the system in a pandemic by prioritising initiatives that connect with and monitor hard to reach populations such as people with poor internet access, non-English speakers, and those experiencing social and geographical isolation.

> *"Community health is best positioned to [respond in a crisis] because of the close relationship with the community. We do understand our community from good data sources, service planning and ongoing consumer engagement which informs how closely we can engage with people such as people experiencing family violence, homelessness and people from Aboriginal and Torres Strait Islander communities. We have the geographical reach, scale and breadth of understanding for us to do this work." - Metropolitan community health service*

The unique position of community health services to identify and deliver care to socially and economically disadvantaged people at high risk of contracting the virus was specifically recognised in the Melbourne public housing lockdown response, where community health workers on the ground received positive feedback from the community.

> *"[The public housing residents] saw staff they knew below the towers and said they had a sense of comfort and hope that they would be well looked after." – Metropolitan community health service*

The VHA has long advocated for improved integration and worked with the sector to make recommendations for change. By recognising community health and aged care services as critical partners in the ongoing response to COVID-19 beyond the delivery of testing clinics, the Victorian Government could strengthen preventative approaches to infection control.

Community health services are local experts in identifying and caring for at-risk populations and hold trusted reputations and relationships with their communities including people from non-English backgrounds. Drawing on their expertise in the ongoing pandemic response will aid the Victorian Government to identify areas and populations at high risk of infection and provide timely community-based responses that are culturally appropriate and safeguard human rights.

Recommendation: That community health, social and aged care services be recognised by the Victorian Government as vital partners in ongoing community-based public health responses to COVID-19 and future crisis plans. This includes being called on to provide effective preventative care, expertise on local cohorts including at-risk populations, and safeguarding communities by supporting a human rights-based approach to health care interventions.

Telehealth

In response to the pandemic and government restrictions, many health services promptly scaled back on-site delivery of care to accommodate employees to work from home and clinical services to be delivered by skeleton staff on site. Most health service leadership teams have converted to remote attendance and in most cases report the benefits of virtual communication, although poor internet connectivity in regional and rural areas has led a small number of services to revert to in-person meetings.

Over 14 million telehealth consultations have been billed to Medicare since March 2020. Overwhelmingly, telemedicine has become an accepted primary method of care delivery and enabled health services to maintain clinical contact with patients, and in some cases extend their reach outside their catchment areas to deliver State-wide regional support roles.

> *"When the curve started to escalate in late February, we were extremely agile in terms of supporting staff and community to access telehealth care. This was achieved in a matter of ten days; this normally takes years. Collaboration internally between clinicians and IT people working literally 24/7 to develop policies, resources, understanding staff capacity…and offering 24/7 support to really assist with problem solving. The evidence of success was looking at our targets between February to June 30. We have increased our throughput, not decreased. We've enhanced productivity." – Metropolitan community health service*

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As a key component of the pandemic response, telemedicine has maintained patient access to health care for many people across Victoria and overall health providers are supportive of its continued use in a post-pandemic environment. However, telemedicine is not effective in all instances, as health workers report that some patients do not possess the minimum technological skills required to use online platforms, struggle with internet connectivity, and prefer the familiarity of face-to-face consultations with health practitioners.

> *"In terms of staff and client quality experience, virtual offerings have limitations. How long can a client see a podiatrist without seeing them in person to have their toenails managed? We've made essential face-to-face contact COVID-safe." – Metropolitan community health service*

For these reasons, health and community health services support post-pandemic application of telemedicine as part of a hybrid model alongside in-person engagement to ensure that it is complimentary to existing services without compromising quality of care.

Recommendation: That the Victorian Government consolidate the multiple reviews of telehealth being progressed to lay the foundation for embedding telehealth across the system.

Recommendation: That the Victorian Government deliver a telemedicine and virtual care strategy informed by health and community health services to assure equitable access and sustainability. The strategy should encompass a common telehealth platform, guidelines for the sector to implement telemedicine and other forms of virtual health care including remote monitoring, training to support uptake, and patient-centered resources to educate and promote engagement with virtual platforms. The strategy should also include a funding commitment for IT infrastructure, software improvements and additional licensing fees to ensure the long-term provision of consistent, high-quality telemedicine and virtual care to all Victorians.

Innovation

The Department of Health and Human Services (DHHS) is commended by the sector for its flexibility to support health and community health services to implement innovative responses to COVID-19 throughout the pandemic phases. This flexibility has encouraged rapid change, and for numerous public health services, *transformation* that would normally take years has emerged within months and weeks. Whether true 'innovation' or an opportunity to address systemic issues, the pandemic has provided an impetus for rapid change.

Our consultation with the sector has confirmed the breadth of innovative responses to COVID-19, and the common principles applied within the crisis environment to facilitate such rapid transformation. Some health and community health services have overcome major barriers such as administrative 'red tape', funding constraints and internal cultural resistance to change. This agility has enabled the sector to adapt and embrace more efficient modes of care delivery and virtual operations to meet the needs of Victorians in a crisis.

The sector recognises its unprecedented shift in mindset from risk aversion to wide support for a culture of innovation. Maintenance and expansion of innovations achieved in response to COVID-19 have become key priorities for health and community health services. Leadership teams anticipate that without allocated funding and focused efforts in the short term to identify, retain, scale and replicate successful innovations, services will revert to pre-pandemic 'business as usual' operations in the recovery phase, and the sector will lose key insights and learnings from the pandemic.

Recommendation: That the Victorian Government implement centralised management of innovation through an Innovation Hub to capture, evaluate, share and support the rapid change occurring across the sector and ongoing reform.

Current and anticipated challenges

VHA members have identified a number of key challenges faced by health and community health services during the COVID-19 response and those they anticipate will arise in the upcoming months resulting from subsequent 'waves' of COVID-19 and into the recovery phase.

Government communication

The sector acknowledges the unprecedented nature of the pandemic and praises the Victorian Government's efforts in its response, particularly the DHHS whose advice and support has been invaluable to the sector during this demanding time.

> *"In a crisis leadership is paramount, with consistent and clear messaging. In crisis there's no room for grey areas." – Metropolitan health service*

Health, aged care and community health services have identified key learnings to inform future State and Federal Government communication outputs. These include that Governments at State and Federal level should prioritise dissemination of clear and timely information, preferably provided by a singular branch or team tasked specifically with this role. Establishing a singular channel for pandemic communications would eliminate duplication, confusion regarding authority of information, changeability and oversupply of materials, and accelerate the sector's rapid and accurate implementation of directives.

Recommendation: That ongoing Victorian Government communications to health, aged care and community health services be provided through a singular channel to promote clarity and efficiency for rapid and accurate implementation.

PPE sourcing and supply chains

At the beginning of the pandemic, the sector was concerned about the provision of personal protective equipment (PPE) from the State, and for several services provision of PPE has been, and remains, the number one concern for health workers. Many services also report on the increased need for staff training in the correct use of PPE and preparedness, including correct donning and doffing procedures.

The crisis has highlighted where systems that were adequate outside a pandemic have now become challenged by the emergency response and need reform in consultation with the sector. Variable distribution and communication about supply have led to concerns about potential future approaches to centralised supply chain distribution and management. At management level, maintaining an adequate supply of PPE without a forward view and communication of supply chains has proven challenging. Some services have reported an excess of PPE and would value visibility of stocks held by other services to enable sharing of supplies with neighbouring services to help avoid shortages. Commonwealth-funded public sector residential aged care services have reported inconsistent supply and communication around PPE including in one case, a delivery of face shields from the Commonwealth with no explanation of who they were sent by, how long they were intended to last or who they were intended for until days afterwards.

Recommendation: That the Victorian Government works to ensure that distribution of resources is needs-based by implementing systems to give services, in close to real-time, visibility of what supplies they will receive and when, and the stock levels in other services across the state.

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Partnerships and cluster frameworks

To address the challenges presented by the pandemic and coordinate an integrated response, many health services rely heavily on strengthening cross-community and sector partnerships, leaning on peers for advice and support. Strong partnerships that have emerged during the COVID-19 response are demonstrated by inter-service care pathways that have been piloted during the pandemic to integrate primary, secondary and tertiary health services through a collaborative model.

Recommendation: That integrated care pathway models be evaluated, scaled and expanded across the State to support a range of conditions including chronic disease management.

Expected overwhelming demand due to the pandemic required health services to adopt a more networked approach to how capacity is planned and shared. Given this, health services across the State have been assigned by the DHHS to one of nine clusters under a hub and spoke model. Clusters of health services in geographical catchments have been formed to provide scale to manage COVID-19 related surges in demand and allow role delineation (for example, between COVID and non-COVID sites).

Overall, reports from health services within pandemic cluster structures are positive. Health leadership teams and clinical leaders acknowledge that the framework supports inter-service collaboration and has enabled them to provide one another with sounding boards for decision making, information-sharing and support to maintain momentum in a demanding crisis environment.

For services outside cluster frameworks, such as community health and aged care services, communication and integration of care has been largely dependent on informal networking and pre-existing relationships before the pandemic began. This reliance on individual relationships has led to a disjointed crisis planning approach where some services have fallen through the cracks. Aged care services report that existing Commonwealth funding models compel services to view one another as competitors within their own subsector. As a result, collaborative efforts and integration in a crisis do not come as naturally between some of these services when urged to support each other as allies.

Increased collaboration across the sector is a positive outcome of the pandemic, with most services, whether in the cluster structure or not, reporting that vital support and advice have been shared across regional networks on key issues. These issues include the procurement and safe use of PPE, supply chains, community engagement strategies, development of outbreak and crisis plans, workforce redeployment and wellbeing, and monitoring and escalation of care for COVID-19 positive patients. Agencies including Ambulance Victoria, Local Councils and Primary Health Networks (PHNs) were also identified as strong allies during pandemic response planning.

> *"People recently don't feel threatened by sharing, a true partnership approach is happening. Private and public working together, Ambulance Victoria all open and consultative…We're adapting as we go, and it's sort of on the run but it's been a positive thing that's been enabled by the pandemic, and the requirement to have consistency that's driven it." – Rural health service*

Health services operating on the border of Victoria and New South Wales report positive support from the Victorian Government and collaboration between regional services and local clusters. They also report that the pandemic response has involved considerable administration and resourcing devoted to resolving cross-border issues such as securing permits and negotiating inter-state checkpoints for staff.

For some health services without integrated pathology laboratories, the reliance on external laboratories and poor communication has led to siloed rather than integrated care responses as health services wait for results. This affects workforce capacity as health service employees are required to isolate until results return. Engaging in stronger

partnerships with or securing pathology laboratories on an ongoing basis were identified as potential strategies by rural health services to reduce delays in results and promote timely outbreak management.

There is uncertainty among health services as to whether the cluster framework will be extended to effect system redesign beyond the pandemic and be expanded to address other models of care and demand. For rural health services, the application of clusters to address post-pandemic provision of health care may have unintended consequences including the loss of rural workforce, over-centralisation of services to metropolitan and regional areas, and reduced access to health care for Victorians living in rural and remote regions.

Recommendation: That the Victorian Government's potential expansion of clusters within a post-pandemic health care model be informed by comprehensive consultation with the sector to ensure that all Victorians retain safe and accessible care.

Workforce sustainability and health system demand

Once restrictions recede and Victoria enters a recovery phase, public health services will be bracing for an increase in physical and mental health presentations previously deferred due to COVID-19. According to some health services, the pandemic has resulted in adverse treatment and care consequences for the delivery of non-COVID-19 health care. In some cases, the deferral of treatment has been mandated by government or based on consensus advice from learned bodies. Some are also patient-initiated delays due to heightened concern about infection rates at health clinics and hospitals. For example, services report that fear of infection has reduced the rates of non-COVID-19 presentations including critical conditions such as heart attacks and strokes. In other cases, deferral of care may also be a joint patient and clinician-initiated delay when they both agree that the risks of engaging in the normal pattern of treatment, such as referrals from GPs to specialists, is greater than a reduced form of treatment due to COVID-19. Beyond elective surgery waitlists, health services report fewer specialist referrals and anticipate an imminent increase in demand for social support, family violence and mental health services in addition to deferred non-COVID-19 health care.

Recommendation: That the Victorian Government analyse and disseminate health system demand projections and data to support services to plan for and meet anticipated need and identify 'hidden' patients who have withdrawn from the system during the pandemic.

From the beginning of the pandemic, most health services overhauled the way their staff conduct their work to expedite flexible working arrangements and direct those who can, to work from home. Sections of the workforce who could no longer perform their roles were resourcefully redeployed by agile leadership teams who saw opportunities for employee skillsets and experience to be applied to emerging crisis response work. For some services at the outset, this resulted in greater efficiencies and improved staff satisfaction. Several health services have had to deliver education and training and additional staff support to reinforce these new ways of working.

> *"Part of our workforce became underutilised, specifically disability workers who were disrupted during COVID-19, so we were able to create this response to vulnerable communities by offering a personal phone service. Our client database identifies which people are CALD, health vulnerable, over 65 years old, homeless, or at risk etc. We repurposed a workforce that was initially stood down, including health assistants, to form a team offering the telephone service. By screening existing clients using our database during isolation, we made subsequent referrals to appropriate services." – Metropolitan community health service*

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The challenges of delivering health care in back-to-back crises this year has begun to take its toll on public health workers. At the beginning of March, health services reported initial adrenaline-fueled months of high performance and increased throughputs as the pandemic response was actioned across the State. Following the 'second wave' of COVID-19 in Victoria, health services are prioritising workforce resilience as they observe increased incidence of staff fatigue and mental health issues.

> *"For healthcare workers it's a sad fact of life, because you do tend to see people in stressful and anxiety heightened situations. With this new major disruption in people's lives and then with burnout, yes, there is always increased concern for colleagues on the front line – the risk of getting it yourself, bringing it home to loved ones. All those things impact health and wellbeing." – Regional health service*

Health services are now facing workforce issues associated with staff furlough and illness with some leadership teams observing increased rates of leave uptake such as carer's leave relating to school closures. Other service leaders report high numbers of employees who have worked for months without a substantial break, leading to large amounts of accumulated leave and no backfill capacity to facilitate uptake.

As at 12 August 2020, 1,967 health workers have tested positive to COVID-19. Maintaining staffing numbers while complying with frequent employee testing and isolation requirements following positive cases, is a major challenge for some services without reliance on external agency staff due to infection risk. For some health services, there are fears that a positive outbreak among staff would decimate their workforce and make regular service delivery unviable.

> *"We're a small rural with a small pool of casual staff we can draw on. We don't want staff working across sites and there's no backfill capacity. If there's any turnover, which has been very low, the replenishment of workforce is an issue. We can't use agencies because of risk exposure, so we're rostering people onto double shifts." – Rural health service*

The cumulative effect of back-to-back crises is felt particularly in rural health services, where some employees working to respond to the pandemic lost their houses in the most recent bushfires. Services report that staff members have residual post-traumatic stress disorder from the bushfires that has been carried over into the subsequent pandemic response. Health services operating in bushfire-prone regions are already contemplating the additional challenges they will face providing care in a pandemic in the lead up to another bushfire season.

> *"We are now in month seven of management in a crisis. It's hard for all of our workforce. Particularly for our senior team working under threat for months without a break." – Rural health service*

For some health workers, the strained crisis work environment is exacerbated by an increase in aggression and abuse from consumers and families relating to testing, infection control regulations and changes to visiting protocols. In some cases, this stress has been compounded by increased media shaming of COVID-19 positive health services and workers, with journalists revealing positive numbers and identifiable staff features at specific services.

> *"We've had challenges with customers regarding testing and screening. It's publicly known here that certain kinds of behaviour will be reported to police. We've experienced overt aggression." – Rural health service*

A number of rural health services have partnered to improve the psychological wellbeing of their workforce as they respond to COVID-19. Recognising that the cumulative burden of COVID-19 may be increased across their health workforce, the services have structured an evidence-based mental health response based on stepped models of care that is flexible to employees' needs. This proactive and responsive approach provides options to staff from early advice and support, to simple psychological strategies, and formal mental health interventions. The program also incorporates a peer support model that is integrated within existing mental health support services and aims to optimise the psychological wellbeing and resilience of the workforce.

Recommendation: That the Victorian Government invest in measures to promote resilience and sustainability of the health workforce to enable them to respond to increased demand following the lifting of COVID-19 restrictions. This includes evaluation and expansion of existing workforce wellbeing and peer support programs already implemented by health and community health services as part of the COVID-19 response.

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