Wentworth Healthcare
Blue Mountains | Hawkesbury | Lithgow | Penrith

Submission into Royal Commission into National Natural Disaster Arrangements

Issues Paper: Health Arrangements in Natural Disasters

Summary

Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Health Network (NBMPHN), welcomes the opportunity to respond to the Royal Commission's Health Arrangements into National Natural Disasters.

The Nepean Blue Mountains region was one of many areas affected by the 2019-20 bushfires and our preparedness work following the bushfires in the Blue Mountains in October 2013 meant we were better prepared for this most recent crisis.

As referred to by Dr Penny Burns in her witness statement to the Royal Commission on Tuesday 26 May, we have had a leading role in disaster preparedness and, knowing that our region is not the only one that could be affected by disasters, have shared and promoted our knowledge with other Primary Health Networks (PHNs).

From our experience there are significant jurisdiction issues that could be resolved by recognising and incorporating PHNs into the national health coordination arrangements. PHNs are skilled at coordinating primary healthcare with other levels of the health system and they can bring their infrastructure and capacity if their role is recognised and embedded in formal operational relationships. If approaches build on the capabilities of PHNs, primary healthcare providers can be fully integrated and add value to the disaster response.

Background on Wentworth Healthcare

NBMPHN is one of 31 PHNs established across Australia to increase the efficiency and effectiveness of the health services for patients and improve the coordination of care to ensure patients receive the right care in the right place at the right time. Wentworth Healthcare's mission is to empower general practice and other healthcare professionals to deliver high quality, accessible and integrated primary healthcare that meets the needs of our community, with a vision of improved health and wellbeing for the people in our community.

Wentworth Healthcare operates across the communities of four local government areas (Blue Mountains, Hawkesbury, Lithgow and Penrith). Our region covers 10,000 square kilometres with a population of approximately 377,000 people. The eastern boundary of the Nepean Blue Mountains

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1. Wentworth Healthcare Limited (ABN 88 155 904 975) provider of the Nepean Blue Mountains PHN.

region is located 70 kilometres west of Sydney at Penrith and extends to the west through the Blue Mountains and Hawkesbury in the north, to Lithgow, which is approximately 165km from Sydney at its westerly boundary. The Hawkesbury extends to the north adjoining the Singleton, Cessnock and Central Coast council areas.

We support 139 general practices consisting of 502 GPs who conduct 2 .7 million GP consultations per year. The region has 80 community pharmacies and over 1,400 allied health professionals.

The region encompasses a mix of urban, rural, bushland, industrial and commercial lands, as well as the Hawkesbury/Nepean river system and vast tracts of National Parks. It experiences extreme heat in the Penrith and Hawkesbury areas, and extreme cold and snow in the upper Blue Mountains and Lithgow. These conditions leave the region vulnerable to natural disasters and adverse weather conditions such as bushfires, flooding, heatwaves, drought and snowstorms and landslides. For example, in October 2013 the region experienced major devastating bushfires. In contrast, 12 months later in October 2014 the upper Blue Mountains experienced a snowstorm that saw the major highway closed. In 2016 and 2020 the Hawkesbury experienced significant closures of roads and major river crossing bridges due to flooding, and in January 2020, a new record temperature of 48.9^{o}C was recorded in Penrith. Until recently, much of the region was classified as drought affected.

Question 1: Are the current national health coordination arrangements appropriate to respond to natural disasters in Australia? If not, how should they be improved?

Our experience shows that there are significant jurisdiction issues that need to be addressed prior to disaster that needs high-level endorsement to be realised. PHNs bring significant networks, knowledge and capacity to the disaster response and there is a missed opportunity to fully incorporate them into coordination arrangements at national and state levels. The role of PHNs in disasters is yet to be defined, recognised or embedded.

The role of primary care providers in the planning, response and recovery phases of a natural disaster needs to be formally recognised at a national and state level and clearly communicated at all levels to set expectations that local level plans will incorporate PHNs and primary care providers into planning and preparedness.

The role of primary care providers needs to be within scope of primary care and not seen as backup to acute care that may need to be provided within a hospital setting. They need to be complementary to the work of others involved in the response and recovery phases of a natural disaster.

Although federally funded, PHNs are skilled at working across the health system and this coordination role is an important aspect of working in disaster response. PHNs can also address emerging needs and gaps in service provision through their role as commissioners of locally appropriate services.

Our preparedness work in the Nepean Blue Mountains following the 2013 bushfires enabled us to navigate the jurisdiction issues to ensure GPs in our region could be integrated in the evacuation centres during the 2019-20 bushfires if required. However, other PHNs report that GPs were unable to enter because they didn't have pre-arranged formal authority.

Governance structures that include PHNs can circumvent some of the hurdles needed to get access to networks, people, equipment and locations where primary care is needed.

There should be a requirement (and possibly a mandate) for PHNs and Local Health Districts (LHDs) / Local Health Networks (LHNs) to work together in disaster planning, preparation, response and recovery, and be included in the plans and arrangements at a National and State level so these arrangements are the norm rather than the exception. This will avoid confusion at the time of a natural disaster, which is not a time to be introducing new arrangements.

While the Nepean Blue Mountains region has developed local arrangements to incorporate primary care in their health response to natural disasters, this is reliant on goodwill, a shared understanding of the benefits and relationships between the PHN and LHD.

It is imperative that planning occurs at the local level but is supported at the State and National level.

Question 2: Should primary care providers and primary health networks be better integrated in natural disaster preparedness, response and recovery? If so, how should this be done?

Primary care providers and PHNs need to be better integrated in natural disaster preparedness, response and recovery. Integration of primary care providers needs to occur via PHNs working as part of the already established health response that occurs at a regional level through the Local Health Districts/ Local Health Networks, prescribed at a State level.

PHNs are well placed to be able to coordinate the primary healthcare response during and after disasters. Preparedness and integration with the wider health response at a regional and state level is essential for this to be successful.

PHNs have unique insights into their communities and the health system at a local level and as part of their integration role, are familiar with working across systems and sectors.

Governance structures such as clinical councils and community advisory groups as well as the well-established relationships PHNs have with general practices and other primary care providers in their region, mean that they can mobilise quickly and reduce the burden on hospital resources where a primary care response would be more appropriate and better received from the community.

From our experience these providers are willing to contribute. However without adequate preparedness work, the role of primary care providers risks being uncoordinated and a burden on current well defined acute health response systems if trying to define, coordinate and incorporate during the critical response phase of a natural disaster.

Requirements for PHNs and LHDs to work together in natural disaster preparedness, response and recovery needs to be supported at a state and national level.

It is vital that the role of primary care be well defined and clearly incorporated into current natural disaster preparedness as one overall system where each party knows the roles and chain of command so that during a natural disaster agreed responses are ready to be enacted.

At a state level, Local Health Districts/Local Health Networks need to be mandated to work with their local PHNs. At a national level, PHNs need to be required and resourced (through the Department of Health PHN Program arrangements), to work with the local Health Emergency Management structures and represent primary care on local regional emergency management committees.

CASE STUDY – Nepean Blue Mountains Primary Health Network

Since the devastating 2013 Blue Mountains bushfires, our organisation has taken the lead in supporting the role of general practitioners in a disaster and has been advocating for an integrated approach to disaster planning that recognises the important role of primary care providers. This is highlighted in the Case Study below.

2013 Blue Mountains Bushfires

On 17 October 2013, bushfires swept through the leafy suburbs of Springwood, Winmalee and Yellow Rock in the Blue Mountains, destroying 196 homes and damaging a further 132 homes. A further 9 homes were destroyed by a separate fire on the same day, further west in Mount Victoria. There were mass voluntary evacuations of whole suburbs and neighborhoods, with many residents relocating to emergency evacuation centres. The main evacuation centre was established at a local club in Springwood. The entire City of Blue Mountains local government area was declared a natural disaster area.

The wider Blue Mountains community was on high alert for the 6 days following, with catastrophic conditions forecasted for Wednesday 23 October 2013. As a result, all schools across the local government area were closed for the day. Residents were urged to prepare their homes and/or relocate to evacuation centres, or leave the area before the adverse weather conditions arrived.

Initial Response from Wentworth Healthcare during and immediately following the disaster

While there was a coordinated and well-resourced response from emergency services and the Local Health District, the role for general practitioners was not clear and the need for primary healthcare support at the crowded emergency evacuation centres was identified early on. Many people had fled their homes without their regular medication or scripts, whilst others were experiencing minor cuts, wounds, respiratory complaints and elevated anxiety.

The Local Health District's Health Services Functional Area Coordinator (HSFAC) contacted the CEO of Wentworth Healthcare (the then Nepean Blue Mountains Medicare Local), to identify if assistance could be provided at the evacuation centres by GPs. Wentworth Healthcare quickly mobilised several local GPs, through a call out to doctors in affected and neighbouring local government areas in the Nepean Blue Mountains region, through the existing GP Networks in the Blue Mountains, Hawkesbury and Penrith. A volunteer roster was created. Wentworth Healthcare coordinated doctors to be stationed at the evacuation centres 24/7, to be available for people who required minor medical assessment and treatment.

The Wentworth Healthcare CEO had a coordination function which required liaison with the LHD HSFAC, the GP Liaison Officer located at the State Health Emergency Operations Centre and local area GPs. GPs can act as the eyes and ears of the community and provide information on need back to the Local Health District and State HSFACs e.g. reporting outbreaks of disease, concern regarding asbestos etc.

We also liaised with general practices in the affected areas, to advise and communicate any changes to their opening hours. For example, one GP lost his home in the fire, so his solo general practice was closed temporarily and a nearby GP took care of his patients for a couple of weeks.

The situation at the emergency evacuation centres was monitored daily, until the crisis passed. A week after the event, the demand for GPs to be on hand at evacuation centres eased and the operation was disbanded.

During this period, Wentworth Healthcare liaised with peak organisations such as the NSW & ACT Royal Australian Collage of General Practitioners (RACGP) and the NSW Australian Medical Association (AMA) to ensure coordinated messaging to GP members from all organisations. This included who to contact locally through Wentworth Healthcare during the disaster and the identification and promotion of existing patient education resources from the peak bodies relevant to the health effects of bushfires and disasters that GPs could use with their patients to support them immediately and over the longer term recovery period. For example public health information about safety of asbestos, and information on management of media watching for parents.

In the weeks following the disaster, Wentworth Healthcare worked quickly to secure additional funding for counselling services for local residents and focused on the immediate recovery phase of the disaster. This included liaison with organisations supporting the community following the bushfires such as the Wellbeing Sub-committee of the Bushfire Recovery Committee, Mountains Community Resource Network, Local Health District and others.

The lessons learned from the 2013 Blue Mountains Bushfires were the catalyst for better defining the role of primary care, in particular General Practitioners in natural disasters. It led to the publication of "Planning for Disaster Management: An emergency preparedness guide for Primary Health Networks and others supporting the local General Practitioner response during emergencies (Sharing the experience of Wentworth Healthcare, provider of the Nepean Blue Mountains Primary Health Network)" which was launched at the World Association for Disaster and Emergency Medicine (WADEM) Congress on Disaster and Emergency Medicine in Brisbane in May 2019 and has been shared extensively with other Primary Health Networks. The publication details our experience and insights as well as what PHNs can do to be prepared when a disaster strikes and how they can support general practice response and GP Emergency Management Coordination Procedure including Resources & Templates that can be used by other organisations.

How did this inform the PHN's response in the 2019-20 bushfires?

The lessons learned by GPs and Wentworth Healthcare during the fires highlighted the need for GP preparedness to improve response and recovery outcomes. Through an iterative process, collaborating with all those involved in the 2013 bushfire medical support management, we developed discussion documents, as well as procedures and resources to ensure we are ready if (or rather, when) a natural disaster occurs in our area. These guidelines were 'road tested' in the 2019/2020 bushfires and has meant that as an organisation we were better prepared for this most recent crisis.

Compared to 2013 response, this was much more coordinated.

GPs on the volunteer register were communicated with regularly and were on alert in case they were needed at an evacuation centre. 'Evacuation centre kits' were ready to deploy to GPs if they were required to attend an evacuation centre. The kits contain resources and tools GPs would need in addition to their own doctor's bag. For example additional medical equipment and first aid supplies, identifying vest (fluoro/ reflective tabard with DOCTOR emblazon) so they could be easily identified, blank script pads and blank note pad, triplicate pad of patient summary forms, list of relevant contact numbers, local pharmacy etc.

Regular communication was distributed to all general practices in the region to keep them up to date

with the situation, alert them to relevant resources and communicating what they could do to assist from their practice (i.e. stay open longer hours if required in some regions, willingness to take new patients etc.).

When we were informed by the LHD of the location of potential evacuation centres, staff could target surrounding general practices and collate information about opening, capacity etc. so this could be provided to people attending the emergency centres if they opened. A list was provided to LHD of these practices, opening hours and also of local pharmacies.

PHN practice liaison officers undertook regular check-ins and were able to monitor practice closures, opening times, and could quickly respond to any issues experienced by practices. We knew what general practice coverage was available in the region and could identify any gaps.

Throughout the bushfire crisis, we maintained ongoing communication with LHD. Our PHN participated in the health Emergency Operations Centre meetings (sometimes up to three times a day), sharing information to assist in a more coordinated response. For example, we could share information on Practice openings and where people could attend if they were evacuated. As an example, one weekend there was an evacuation centre set up in Lithgow. The Local Health District requested a GP to go to the centre as they were concerned people would not have access to a GP for scripts and minor issues. They wanted to prevent avoidable presentations to Lithgow Hospital Emergency Department, which was already understaffed and reporting capacity issues with smoke inhalation from fire services personnel and others. The entire region was cut off due to the fires blocking major roads and it would not have been possible to get a GP from the volunteer register into the city centre. The PHN was able to identify, liaise with, and share information about, a General Practice in the town centre close to the evacuation centre that was open over the weekend on Saturday and Sunday extended hours and were willing to see new patients / patients from other GPs. Staff in the evacuation centre were able to refer evacuees to this practice rather than ED.

We were also able to communicate with GPs about status of nursing homes and if there were evacuations (GPs provide care to residents in nursing homes). In some cases we contacted the GPs associated with the nursing homes to let them know about the evacuation and where patients were being transferred.

Question 3: What approaches could be adopted to better support primary care providers to provide health services in the response and recovery phases of a natural disaster?

Any approach needs to build on the clearly defined roles of primary care providers and PHNs during disasters that extends existing capabilities of PHNs.

Primary care providers offer a ready-made workforce that can provide an appropriate care response in a timely way during a disaster, reducing pressure on acute care services who can then focus on acute care needs.

PHNs key strength is providing a coordination role rather than directly delivering the service themselves. This includes before and during a disaster as well as in recovery work.

Processes need to be developed and implemented and arrangements documented in health response plans that support primary care providers to provide health services in the response and recovery phases of a natural disaster.

The Federal Government should recognise the role of PHNs in preparedness and coordinating the primary care response to natural disasters (not just recovery) and fund PHNs to undertake this work.

Sharing approaches, particularly what is working well in relation to integrating primary care providers and PHNs in natural disaster preparedness, response and recovery, between regions (in NSW this would be between Local Health District regions) and States to avoid duplication of work.

There should be national consideration of item numbers for primary healthcare providers that can be utilised during a natural disaster response to ensure primary care services can be provided in alternative locations if required.

Other suggested approaches include:

- Promotion of the benefit of the My Health Record with providers during disasters.
- Emergency provider numbers for GPs.
- Continue telehealth item numbers for rural and urban areas.
- Widely available e-prescriptions.
- A well-coordinated medical surge workforce.
- Easing of access criteria for mental health support e.g. removing the need for a diagnosis or a Mental Health Treatment Plan in order to access Better Access to Psychological Services.

Other ways that PHNs can engage and support primary care providers in disaster preparedness, response and recovery include:

- Provide training workshops on disaster preparedness, response and business continuity.
- Provide regular communiques to providers in the event of a disaster.
- Recruit a standby register of GPs and nurses to be deployed to emergency evacuation centres
- Liaise closely with primary care providers in affected areas around amended service opening hours, equipment supplies, workforce shortages and patient demand. Assistance can be flexibly tailored accordingly.
- Provide grants to general practices to extend their opening hours.
- Act as a conduit for up-to-date information and resources.
- Mobilise a surge workforce to respond to high demand / workforce gaps in the event of a disaster.
- Assist health services to establish ‘buddy practices’ to help with patient overflow and service closures.
- Provide training in Major Incident Medical Management Support for interested clinicians.
- Coordinate debriefing sessions for primary healthcare professionals participating in disaster support.

Recommendations

1. There are significant jurisdiction issues that need to be addressed prior to disaster that needs high-level endorsement to be realised.
2. The role of primary care providers in the planning, response and recovery phases of a natural disaster needs to be formally recognised at a national and state level and clearly communicated at all levels to set expectations that local level plans will incorporate PHNs and primary care providers into planning and preparedness.
3. The role of primary care providers needs to be within scope of primary care and not seen as backup to acute care that may need to be provided within a hospital setting. They need to be complimentary to the work of others involved in the response and recovery phases of a natural disaster.
4. There should be a requirement (and possibly a mandate) for PHNs and LHDs/LHNs to work together in disaster planning, preparation, response and recovery and be included in the plans and arrangements at a National and State level so these arrangements are the norm rather than the exception. This will avoid confusion at the time of a natural disaster, which is not a time to be introducing new arrangements.
5. PHNs are well placed to be able to coordinate the primary healthcare response during and after disasters. Preparedness and integration with the wider health response at a regional and state level is essential for this to be successful.
6. Any approach needs to build on the clearly defined roles of primary care providers and PHNs during disasters that builds on existing capabilities of PHNs.
7. The Federal Government should recognise the role of PHNs in preparedness and coordinating the primary care response to natural disasters (not just recovery) and fund PHNs to undertake this work

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