Roundtable Summary – Impacts on Health Services

Date: Tuesday 28 May 2024

Host: Ms Robyn Kruk AO, Panel Chair, Commonwealth Government COVID-19 Response Inquiry

Participants: This roundtable brought together a range of participants from the health sector, peak bodies and unions to discuss how access to and delivery of health services changed during the pandemic and highlight priorities to enhance pandemic preparedness.

Purpose of this roundtable

- The pandemic caused significant upheaval that impacted health sector services and the health workforce. Australia's healthcare workers went above and beyond in response to the pandemic.
- At this roundtable, attendees reflected on how the pandemic changed the way they deliver health services then and now and noted the importance of capturing and learning from these key experiences. They also considered how issues such as patient access to timely and appropriate care can be addressed well ahead of a future crisis.

What we heard at the roundtable

- COVID-19 exacerbated pre-existing health workforce shortages and retention issues especially in rural and remote areas. People are currently waiting longer for care than before the pandemic, are often sicker and finding it less affordable.
- Allowing health professions to work to their full scope of practice training and experience improved timely access to care and mitigated some workforce pressures. This is particularly important in rural and remote areas.
- Australia would not be experiencing the level of workforce and access to care issues today if the current scope of practice reforms and system-wide workforce planning had happened earlier.
- The surge workforce was successfully supported by a paid clinical student workforce model. However, this model should not delay or replace clinical placements required for course completion going forward. The broader impacts that paused clinical placements had on student outcomes during the pandemic should be studied across all professions.
- Primary Health Care data are underutilised and could be an integral frontline component of a pandemic surveillance system.
- While the pandemic allowed for innovations in service delivery, especially telehealth, it was not accessible to everyone and needs to be supported with clinical guidelines. Now is the

time to address issues of rural connectivity and introduce clinical guidelines and pathways to support continuity of care.

- There are innate challenges in delivering the level of infection prevention and control (IPC) required in a pandemic in a wide range of environments, including those that are primarily designed as residences rather than clinical settings. Evidence-based best practice approaches should be designed to work in all settings.
- Investment in well-coordinated national programs supporting frontline health workers would help them to cope with traumatic events and prevent burnout in a pandemic. This should be a joint priority of Commonwealth and state workforce planners and be made BAU as a foundation of pandemic preparedness.
- The pandemic offered an unprecedented opportunity to utilise, test and grow the capabilities of existing health workforce, including nurses, pharmacists, First Nations health workers, allied health workers and health services students.
- Border closures had a significant impact on delivering quality healthcare, especially for rural, remote and border communities. Healthcare workers should be exempt from these restrictions in the future.
- Essential services such as elective surgery, cancer screening and chronic disease monitoring were disrupted during the pandemic. A nationally coordinated effort is required to address the resulting delays in clearing the backlog. Consumers experiencing health disadvantage in a pandemic are also the people more likely to be impacted by delayed care.
- The experience of accessing personal protective equipment (PPE) from the National Medical Stockpile was variable and often reliant on existing relationships. Some professions, like general practitioners and nurses and other frontline staff felt access to PPE needs to be better supported. Advance planning can address inconsistencies in PPE access to better reflect how services operate. For example, pharmacists were eventually prioritised for PPE while pharmacy assistants were not.
- Communications with frontline workers would be more efficient and consistent if primary care providers and pharmacists were provided with the same information.