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Royal Flying Doctor Service

Commonwealth Government COVID-19 Response Inquiry

The Royal Flying Doctor Service (RFDS) has been serving rural and remote areas since 1928. The RFDS operates an extensive network of aeromedical emergency services, primary healthcare clinics, telehealth services, dental and mental health services, immunisations, and non-emergency patient transport. The RFDS plays a crucial role in bridging the healthcare gap for people living in isolated communities with challenging landscapes and harsh climates. The RFDS is trusted for its expertise in aeromedical retrievals and conducted over 9,000 COVID-19 retrievals during the pandemic (see attachment 1, which details our early aeromedical response). The RFDS also actively engages with communities, collaborates with government agencies and industry partners, and conducts research to improve health outcomes for rural and remote Australians. It is funded by State, Territory, and Commonwealth governments in addition to relying on donations, bequests, and corporate partnerships to support its operations and invest in infrastructure. Being a trusted national icon has enabled the RFDS to respond quickly during times of crisis.

Working closely with its partners, the RFDS played a crucial role in responding to the COVID-19 pandemic in rural and remote areas of Australia. The RFDS established a unique SARS-CoV-2 vaccination program to deliver vaccines to vulnerable populations in these areas. We conducted extensive aeromedical retrievals and road transports for patients with confirmed or suspected COVID-19, ensuring that patients could receive the necessary care and treatment (see attachment 2, which details our COVID-19 medication treatment protocol). The RFDS also partnered with communities and engaged in cultural awareness training to build and maintain trust and address vaccine hesitancy, particularly in Aboriginal and Torres Strait Islander communities. Through our vaccination clinics, the RFDS administered over 90,000 vaccines to rural and remote populations (see attachment 3, which details some of our vaccination activity). Additionally, the RFDS conducted surge planning and modelling to ensure we could meet the demand for COVID-19-related services, including the transportation of patients and the provision of primary healthcare (see attachment 4 and 5).

The RFDS COVID-19 response was governed by an Alliance Governance Framework. This framework was designed to improve patient care in a systematic and accountable manner while reducing overall costs by encouraging providers to pool funds and share resources. Under this framework, all organisations involved in the response, including the RFDS and the Commonwealth Government, were equal partners, sharing the risks and responsibilities.

Overall, the RFDS COVID-19 response demonstrated our commitment to delivering healthcare services to rural and remote communities during the pandemic. We utilised our existing community trust and relationships and organisational infrastructure to provide vaccinations, conduct retrievals, and address the unique challenges posed by COVID-19 in rural and remote areas. The RFDS's efforts were supported by funding from the Commonwealth Government of Australia, with a flexible governance and reporting structure allowing us to effectively respond to the needs of communities. Our response serves as an example of the importance of tailored and community-informed healthcare delivery in remote areas during a pandemic.

The RFDS implemented several key COVID-19 response measures. Some of these measures included:

1. Vaccination clinics: We conducted extensive workforce modelling to determine areas requiring services based on potential infection, which in turn enabled us to established vaccination clinics in rural and remote areas to provide COVID-19 vaccinations to vulnerable populations. Without our public health and research capabilities, we would not have been able to conduct clinics across Australia, immunising over 90,000 patients in addition to providing over 100,000 doses to other service providers (maintaining cold-chain and conducting clinical education).
2. Aeromedical and road retrievals: The RFDS conducted aeromedical retrievals for COVID-19 patients, transporting them to hospitals for isolation and care. We conducted over 9,000 COVID-19 retrievals by road and air ambulance.
3. Mobile General Practitioner clinic services: The RFDS provided mobile general practitioner clinic services to remote communities, ensuring access to primary healthcare services during the pandemic.
4. Personal Protective Equipment (PPE) delivery: The RFDS delivered personal protective equipment to healthcare providers and communities in need throughout the country.

5. Stakeholder engagement: The RFDS engaged with community leaders, representatives, and Indigenous communities to understand their needs, build trust, and provide culturally appropriate healthcare services.

The key aspects that contributed to the success of the RFDS in its COVID-19 response were as follows:

1. Existing infrastructure and relationships: The RFDS had existing relationships with remote communities through aeromedical retrieval and mobile primary healthcare services, which positioned us well to provide vaccination clinics to vulnerable populations in remote areas.
2. Partnership with the Australian Government: The RFDS partnered with the Australian Federal Government in "Operation COVID Shield" and was engaged to conduct vaccinations in rural and remote Australia. This partnership provided essential funding and support for the RFDS COVID-19 response.
3. Stakeholder engagement and community consultation: We engaged with community leaders, mayors, councils, and disaster management groups to identify the needs of different communities. We conducted community events, information sessions, and yarning sessions with Indigenous communities to build relationships and trust. This approach empowered communities to request vaccine assistance services.
4. Tailored response based on community needs: We adapted our vaccination clinics based on community expectations and needs. We provided culturally appropriate and safe health education to combat vaccine hesitancy and misinformation, particularly in Aboriginal and Torres Strait Islander communities.
5. Surge workforce models: We recognised the undersupply of health workforce in rural Australia and incorporated surge workforce models into our response planning. This allowed us to deploy additional clinicians and resources to meet the demand for vaccinations in remote areas.
6. Reliable supply chains and resource provision: We spent time establishing reliable supply chains for vaccines, vaccine consumables, and personal protective equipment in geographically isolated environments. We ensured early provision of essential resources to rural communities.
7. Funding and support: The RFDS COVID-19 response was funded and supported by the Commonwealth Government of Australia. This funding enabled us to respond quickly and effectively to the pandemic and protect rural and remote communities.

These aspects, including existing infrastructure (including robust RFDS data and reporting), partnerships, stakeholder engagement, tailored response, surge workforce models, reliable supply chains, and funding support, contributed to the success of the RFDS in our COVID-19 response.

The key aspects that need national improvements for future pandemic responses include:

1. Nationally agreed clinical pre-deployment standards, outlining established community consultation plans outlining the areas 'needs assessment' reflecting clinical case-mix and workforce provision. This will ensure that community needs are addressed and there is no duplication of efforts, while maintaining community trust and support throughout the response.
2. Comprehensive Australian data availability: There is a need for readily available comprehensive data to guide decision-making during a pandemic response. This includes optimal disease surveillance and response structures, as well as advanced pathogen genomics and novel vaccine technology for effective disease surveillance.
3. Timely and clear communication: Timely, clear, and open communication is essential to maintain population cooperation and trust during a pandemic response. Decision-making should be evidence-informed and as consultative as possible.
4. Strengthened preparedness plans: Existing preparedness plans were found to be insufficient during the COVID-19 pandemic, and major system weaknesses were exposed, particularly in the residential aged-care sector. Regular revision and proactive simulation of preparedness plans should be prioritised to address future pandemics.
5. Infection prevention and control measures: Effective infection prevention and control measures are crucial to keep healthcare workers safe and limit population transmission during a pandemic response.
6. Consideration of children and young people: The interests of children and young people should be adequately represented in decision-making processes during a pandemic response.
7. Workforce development and research investment: National pandemic responses highlighted the need for ongoing investment in workforce development and research to strengthen pandemic response capabilities.
8. Global solidarity and regional engagement: Stronger global solidarity and regional engagement are necessary to effectively manage an evolving global health threat and prevent and prepare for future challenges.
9. Whole-of-Government planning and supply chain considerations: Critical workforce and supply chain interruptions during the COVID-19 pandemic emphasised the importance of whole-of-government

(explicitly State and Territory governments) planning and consideration of national self-sufficiency in times of a global crisis. We require better cross-border protocols during times of social isolation measures, to enable national service providers (such as the RFDS) with consistent operating procedures, such as clinical isolation measures and infection testing/ screening.

10. Community partnerships and multidirectional communication: Proactive community partnerships and multidirectional communication should be prioritised to enhance pandemic preparedness and response.
11. Access to affordable treatments and vaccines: Access to affordable treatments and vaccines for all should be a guiding principle for pandemic preparedness and response.

These improvements are based on the lessons learned from the RFDS COVID-19 response and an analysis of the pandemic's impact on healthcare services in rural and remote areas of Australia.

Based on our RFDS response; some key policy strategies that can be implemented to improve Australia's response to future pandemics:

1. Strengthening rural and remote healthcare provision: Implement policies to address the underlying problems with healthcare access in rural and remote areas, such as limited access to essential services like general practitioners and nursing clinics. This can be achieved by ensuring a robust healthcare workforce in these communities, improving health literacy, and building trust within health services.
2. Systemising data entry and reporting: Develop a standardised approach to data entry and reporting across Australian states and territories to avoid inconsistencies and delays. This will enable targeted response measures based on specific areas and populations, improving the effectiveness of pandemic response efforts.
3. Enhancing governance and coordination: Improve the governance and coordination of pandemic response efforts by strengthening the role of the Commonwealth Government, clarifying the responsibilities of state and territory governments, and enhancing national governance mechanisms. We recommend a "national compact on rural and remote health", to serve as an inter-governmental agreement between the Commonwealth, states and territories, thus demonstrating commitment to improving the health outcomes of those living in rural and remote Australia.
4. Ensuring consistent population vaccination data and transmission rates: Establish mechanisms to systemise data collection and reporting on population vaccination rates and transmission rates. This will enable more effective planning and response measures based on real-time data, ensuring a rapid and targeted response to outbreaks.
5. Strengthening mental health support: Develop policies and interventions aimed at supporting mental health during pandemics, particularly in rural and remote communities. This can include increasing access to mental health care, providing support for mental health professionals, and addressing the social isolation and loneliness experienced in these communities.
6. Learning from global experiences: Learn from the experiences and lessons of other countries in responding to pandemics. This can involve studying global best practices, reviewing international policies, and incorporating successful strategies into Australia's pandemic response measures.

The RFDS is pleased to make this submission to the COVID-19 Response Inquiry, and we would welcome the opportunity to give evidence in person.

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Attachments

Attachment 1: Aeromedical retrieval diagnostic trends during a period of Coronavirus 2019 lockdown
Attachment 2: 'COVID on country': An innovative model safely supporting high-risk patients in central Australia
Attachment 3: A novel COVID-19 program, delivering vaccines throughout rural and remote Australia
Attachment 4: Royal Flying Doctor Service Coronavirus Disease 2019 Activity and Surge Modeling in Australia
Attachment 5: RFDS internal briefing_ Australian influenza fluctuations and emergency aeromedical retrieval DoH

References

1. Gardiner FW, Gillam M, Churilov L, et al. Aeromedical retrieval diagnostic trends during a period of Coronavirus 2019 lockdown *Internal medicine journal*. 2020;50(12):1457-1467.
2. Steere M, Goodwin S, Gardiner FW, et al. "COVID on country": An innovative model safely supporting high-risk patients in central Australia. Journal Article. *Rural and Remote Health*. 2022;22(4):1-6. doi:10.22605/RRH7541
3. Gardiner FW, Schofield Z, Hendry M, et al. A novel COVID-19 program, delivering vaccines throughout rural and remote Australia. Original Research. *Frontiers in Public Health*. 2023;11
4. Gardiner FW, Johns H, Bishop L, Churilov L. Royal flying doctor service coronavirus disease 2019 activity and surge modeling in Australia. *Air medical journal*. 2020;39(5):404-409.