

15 December 2023

Commonwealth Government COVID-19 Response Inquiry Independent Panel
Department of Prime Minister and Cabinet
By email: COVID-19Inquiry@pmc.gov.au

To the Independent Panel,

Submission to the Commonwealth Government COVID-19 Response Inquiry: WentWest, the Western Sydney Primary Health Network

This submission is made by the Western Sydney Primary Health Network (**WentWest**) in response to the Department of Prime Minister and Cabinet, and the Independent Panel's Commonwealth Government COVID-19 Response Inquiry (**The Inquiry**).

For 20 years, WentWest has been a part of the Western Sydney community, delivering support and education to primary healthcare professionals, and working with key partners to progress the region's health system.

In July 2015, WentWest became the Western Sydney Primary Health Network, expanding its work to deliver better health outcomes for the Western Sydney region. PHNs are funded by the Australian Government Department of Health and Aged Care to strengthen primary care, improve patient-centred service integration, and increase the efficiency and effectiveness of primary healthcare services for Australians; particularly those at risk of poor health outcomes.

The community of Western Sydney is richly diverse, with many in our community having a higher risk of contracting severe cases of COVID-19, these vulnerable populations include CALD persons, First Nations, the elderly, and those living with metabolic diseases such as diabetes. Overall in the pandemic, our region was disproportionately impacted, with the Blacktown LGA having the highest number of COVID cases in NSW, with 210,000 cases, and the Cumberland LGA with the third highest number at 124,000 cases.¹

During the COVID-19 pandemic and associated lockdowns, our work involved the coordination of primary care, and ensuring the continued provision of care, particularly amongst vulnerable groups.

This submission will outline our experiences during the pandemic, and is in line with the Inquiry's **ToR**. WentWest would welcome the opportunity to contribute to further consultations and elaborate further on the details herein, as needed.

Yours Sincerely,

WentWest Limited
Western Sydney Primary Health Network

¹ COVID-19 Cases NSW, <https://covid19nsw.ethan.link/cases/by-council>

Overall Recommendations:

1. *Clearer establishment of responsibilities across Federal/Commonwealth and State/Territory Government bodies,*
2. *Incentivisation by Government to increase collaboration across Primary Health Networks and Local Health Districts/Networks to reduce fragmentation in healthcare response*
3. *Ensure clear messaging to Primary Health Networks as facilitators in Primary Healthcare, and improve technology resourcing for information communication*
4. *Provision of resources to Primary Health Networks for developing mitigative strategies for regional primary care, prior to a pandemic occurring – this should include incentives for PHNs to create feedback loops with primary care providers, ensuring PHNs are informed by GP experiences and can use feedback to create improved solutions.*
5. *Continuous and ongoing monitoring of COVID-19 (or other future pandemic) cases by the Commonwealth Government, and not only long-COVID. This should include emerging cases in the community, new strains of disease, testing rates, etc.*

Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms and advisory bodies supporting responses to COVID-19.

The COVID-19 response has reflected clear fragmentation and cross-over of responsibilities within the health sector, leading to an inefficient response in an unprecedented situation. This fragmentation had effects on the pandemic response targeting vulnerable populations. [Our community](#) is one of the most diverse regions in Australia, with 52.6% born outside of Australia, and 58.2% speaking a language other than English at home. Throughout the pandemic, Culturally and Linguistically Diverse (**CALD**) communities were at a higher risk of experiencing incorrect and/or informal public health information, coupled with lower rates of adhesion to prophylactic measures. [Our region](#) also has a high incidence of metabolic diseases including Diabetes (around 7% of the population, higher than the State and National averages), Heart Disease (4%), and Pulmonary conditions (around 2%).

The experience of many in the local community, particularly CALD persons, involved insufficient communication from the Government on changing lockdown measures, and the increased use of informal information dissemination (ie via social media). As community-facing entities, GPs dispersed information to their patients (particularly within a cultural group) to fill in gaps, thus causing double-up and inefficiencies. This was also ubiquitous within the COVID response targeting the First Nations community (3.8% of our region), in which mainstream prevention messaging initially lacked cultural awareness and/or humility for engaging Aboriginal communities. [Other PHNs](#) developed resources to assist First Nations people in accessing reliable information about COVID-19 vaccinations, and how to manage illness, this included culturally sensitive SMS messaging and short yarning sessions with their community. These methods could be utilised by Government in future measures.

As the Western Sydney PHN, we attempted to reduce fragmentation in our regional response, this involved:

- **COVID Care in the Community:** A partnership with the Western Sydney Local Health District (LHD), which ensured that General Practices were sufficiently skilled and informed to manage virtual care of COVID-positive patients. This included a similar model operating within the Sydney Childrens Hospital Network which targeted low-moderate risk COVID-positive children and their families via virtual support through primary care. This model supported care for 336 children over its pilot period (2020-2021), and harnessed the importance of Patient-Centred care.

- **Residential Aged Care Facility (RACF) Response:** Partnership with the Western Sydney LHD to establish an Aged Care COVID-19 Steering Committee, and an Incident Management Team for RACFs that experienced COVID outbreaks. This was particularly active between June 2021-September 2021, and the response was also extended to Disability Group Homes. The role of the PHN was to mobilise GP support in ensuring ongoing care of COVID positive and non-COVID patients, this was via virtual and face-to-face support.
- **Initial response to cases in the community:** As COVID-19 cases were slowly emerging in the region, cases were being managed by a multidisciplinary team which included NSW Department of Communities and Justice, GPs, the LHD, the PHN, and Police. Although this was a slow and reactive response to emerging cases, it meant that the initial COVID-positive patients were able to receive cross-sectoral care.

Key health response measures; Broader health supports for people impacted by COVID-19 and/or lockdowns

Key health response measures during the COVID-19 lockdowns, and after Government restrictions were lifted, included:

- **Community Respiratory Clinics:** Initiated by the Federal Government to provide a further option for COVID-19 testing, were established across the region through PHN support, this included drive-through testing clinics.
- **Mobilisation of Personal Protective Equipment (PPE):** Establishment of a complete packaging and distribution process to ensure primary care providers and staff were able to keep safe, particularly during PPE supply shortages across the country.
- **Training:** Ongoing education and training of primary care workforce, particularly regarding COVID-19 restrictions, vaccine, PPE, and lockdown updates. This included webinars conducted across 2020 and 2021, with topics pertaining to long-COVID and managing effects of the pandemic on mental health introduced later.
- **Vaccination rollout:** Including the mobilisation of supplies, the onboarding of approximately 300 practices, ensuring ongoing and timely communication networks, targeted clinics for getting vaccines out to vulnerable populations, awareness campaigns, and coordination in RACFs and Disability group homes.
- **Ongoing Mental Health support:** Provision of mental health resources, awareness and support to primary care providers during the pandemic, to address the rise in mental health concerns amongst staff.
- **Long COVID:** Establishment of a strategy to support Long COVID education amongst primary care workforce and the management of patients, including a research project conducted in collaboration with Macquarie University.

The role of the PHN centred around providing support for primary health care providers in ensuring the continuity of care in the community. A key issue that emerged was the fragmentation in the response which caused miscommunication, misdirection of resources, and overlap of responsibilities. For example, the pandemic response relied on the business continuity of general practice, but did not consider continuity when a COVID case emerged and the practice would shut down. There were no provisions for workforce mobilisation, an option for practices that could have been supported by PHNs – if the resources and clear messaging were made available.

Similarly, the leveraging of allied health professionals, such as Community Pharmacists, could have enhanced the efficiency of the response. Community Pharmacists are able to provide care to vulnerable communities, including CALD people, First Nations, and the elderly, and are able to relieve the mounting pressures placed upon General Practice (for example, in the initial rollout of vaccinations, pharmacists were not yet able to vaccinate the public). Utilising the PHN in this respect, as facilitators and supporters to allied health, would have increased the efficiency and effectiveness of the Government's health response.