

## Looking Back: How effective has the Queensland COVID-19 response been?

25 June 2020

Via Health Consumers Queensland's COVID-19 Community of Interest, Facebook page and a survey, consumers and carers were offered the opportunity to respond to the following:

***How effective do you think Queensland Health's COVID-19 response has been? If we had our time over again, what do you think they could do differently?***

***We also invite you to be our critical friends: how would you rate Health Consumers Queensland's response? Do you feel we have helped facilitate a good response by Queensland Health?***

21 consumers from the COVID-19 Community of Interest discussed the topic at the weekly Consumer Conversation via videoconference; 2 responded via survey; 1 responded via social media.

### Key Points

#### Queensland Health Response

- Overall, consumers are impressed with Queensland Health's big picture response, citing low infection rates and case numbers as the main indicator.
- In relation to vulnerable groups, regional areas and communication, the response could have been improved.
- In comparison with other states, Queensland Health has done really well to involve consumers, listen and act on their ideas, views and concerns.
- Queensland Health has demonstrated openness and transparency around information sharing.

#### Health Consumers Queensland's Response

- Consumers were extremely happy with Health Consumers Queensland's response, believing it to be a key factor in inclusion of marginalised voices and high consumer involvement by Queensland Health.
- More activity in regional areas was one of the few suggestions for improvement.

## Queensland Health's COVID-19 Response

### Response to the "Big Picture"

When discussing the information Queensland Health broadcast to the community, consumer involvement, and low infection rates **consumers rated the response very positively, particularly when compared with other States.**

*"The QH response overall has been really good overall from macro level - taking care of everyone within the ICU, as a consumer, telehealth switchover has been quite good, regional perspective parents healthcare has continued well. Overall happy."*

*“QH response has been really great. Swift, precise. Proof in pudding with low case rates and infection rates.”*

*“Was QH response perfect? Not at every state of the game, yes could have done better, but did QLD do better than 90% of the rest of the country? 90% of the time - yes.”*

*“I think QLD has done exceedingly well”*

*“Well, proof in the pudding, our case rates low, pretty easy access to testing.”*

*“Things can always be improved and we are all wise with hindsight but in this case the QH response has been above expectations.”*

*“I know in certain health services it hasn't been an ideal story but what HCQ and QH has done in including everyone and asking for consultation has been really good.”*

### Favourable Comparison to Federal and Other States: Consumer Involvement the Key

Many respondents are involved in health consumer activities interstate and federally, so were well-placed to judge their local experiences in that context. Conversations with interstate counterparts and observation of the national response highlighted for them the effectiveness of Queensland's response. **Without exception, the experience of Queensland consumers was viewed as significantly better than those of other states.** Queensland Health's openness to consumer involvement and transparent communication was credited for this success, and consumers were grateful for it.

*“Here in QLD have been included and asked for our opinions. All because of HCQ and advocacy you do in promoting the consumer voice and why QLD is seen as Gold Standard of consumer voices during pandemic. Meeting with DG of QH was good.”*

*“Other states more private and not information sharing freely. Why was it private? With COVID 19 thought everyone would want to share information and get into it.”*

*“I think we [Queensland] were the best.”*

*“I was really quite shocked to speak to some consumers in other states to hear how excluded they are in their own HHS equivalent committees especially around Standard 2 - Working with Consumers and shutting consumers out from any (video) meetings during the pandemic.”*

*“QLD has done demonstrably better in terms of other states in terms of consumer representation without any question.”*

*“WA consumers have been completely cut out. When they've asked they've been told no. Here in QLD have been included and asked for our opinions.”*

### Suggestions for Improvement

While consumers were very happy with the response generally, many still had areas of concern. **Inclusion of vulnerable groups, a focus on the south-east corner, effectiveness of communication, and fears of a recurrence of infections were all on respondents' minds.** People are keen that we learn from this period to be well-prepared in the event of future outbreaks.

## Vulnerable People Left Out

*“People with disabilities and those with poor mental are two groups which have been left behind when they should have been priorities.”*

*“The hierarchy of testing and access to medical treatment could have been better eg. the testing criteria was not created using scientific criteria but a criteria deciding who was “worth saving first”. I didn't qualify as a disabled woman back in March 2020 in QLD.”*

*“Mental health and disability voices still need to be heard.”*

## Too Much Focus on South East Corner

*“Perhaps the action was concentrated too much QH wise around the metropolitan area. Some visibility driving action from QH in regional, rural and remote areas may have added to an already great response.”*

*“As someone from the regions [...] I have felt that the concentration has been somewhat metropolitan. Maybe someone up top could have given the regions a nudge to find out what the consumers had to say for their locals.”*

## Looking Forward: Applying What We Have Learned

*“Preparedness for another pandemic - think about how we improve services for vulnerable groups including older people living at home on their own, people coping with domestic violence.”*

*“We need to fund those services we KNOW we need to do better in eg. Mental health, domestic violence, child care, health care, education, access to vaccinations, access to home delivery for groceries for vulnerable groups, local manufacturing for PPE.”*

*“There is a lot more work to be done with Qld Health on what has worked and what has not, so that we can develop an effective response in this area.”*

## Communication

*“QH needs to be careful about an over-reliance on digital communication. Consumers have not received any information about COVID-19 as hard copy, written information by post and this needs to be re-considered.”*

*“QH needs to remember to close the feedback loop when involving consumers.”*

*“QH could be doing better at proactively establishing and communicating what the bigger picture is now.”*

*“It was great to meet with DG. It would be good to meet with Queensland's CHO. Victoria's CHO has been more open, upfront and accessible to consumers.”*

*“Information dissemination for vulnerable groups eg. people who can't access the internet or don't have electricity. eg. elderly people need notices in PRINT FORM MAILED OUT. YES. IN 2020. - It took WAAAAAY tooooooo long for them to use an Auslan interpreter. And they still don't produce information in Easy Read.”*

## Testing and fears of reoccurrence

*“I would like to see randomised testing of people without symptoms to see if there are many people who are carriers.”*

*“We still haven’t had population scale viral load estimation, by either serological or wastewater methods, both of which we know QH have in their toolkit.”*

*“The widespread testing effort gives confidence, but it still is based on symptoms and even then, people with symptoms don’t get tested.”*

*“I would like to see randomised testing of people without symptoms to see if there are many people who are carriers.”*

*“Govt should urgently put shoulder to wheel to get some epidemiological data out about levels of virus in community, with either/both serological testing and waste water testing that will give us some idea of what we really are facing.”*

## **Consumers Rate Health Consumers Queensland’s COVID-19 Response**

**Consumers were overwhelmingly positive about the COVID-19 response from Health Consumers Queensland**, with many feeling that the COVID-19 Community of Interest gave consumers the opportunity to have their voices heard, and gave them the information they needed to support themselves, their families and their communities. More importantly, **consumers saw the influence they had on Queensland Health** and were mindful of how unique that is in Australia.

**Throughout the discussion, participants had a strong sense of this period setting the standard for consumer involvement in healthcare decision-making and were optimistic that genuine progress has been made in cementing a consumer voice at the table.**

### **Overall Reaction to Health Consumers Queensland’s Response**

*“From my high school chemistry days a catalyst was something that promoted a reaction but remained unchanged by it. In this case HCQ was a highly effective catalyst and improved itself in action and reputation through it.”*

*“[Health Consumers Queensland’s work] has helped empower us to get our voices out there and get us involved in QH. Believed it has helped QH to have the response it has had.”*

### **Key to Ensuring Voices of Vulnerable Heard**

Participants have expressed concern for vulnerable groups throughout the Consumer Conversations series, and **credited Health Consumers Queensland with providing the means for the voices of marginalised people to be heard.**

*“Including disabled people like me in this community of interest has been fantastic and given disabled people of QLD a voice to QLD Health - Including a voice to the Director general of QLD Health for the very first time. This has been the work of Health Consumers QLD.”*

*“[Health Consumers Queensland] have tried to ensure they are including a diverse range of viewpoints and listening to groups of people who wouldn’t normally have a voice. Now to get QLD Health to make the changes we consumers are talking about in the sessions.”*

*“Thank you to Health Consumers QLD for ensuring a voice for the vulnerable people of QLD”*

## What Could We Have Done Better?

While the reaction to Health Consumers Queensland's response was extremely positive, greater reach into the regions was an area for improvement.

*"As a consumer in regional Queensland I would have liked to have seen HCQ having some outreach beyond the metropolitan area and influencing some joint health area and consumer action the various health areas."*