HCQ Hot Issues Brief

Tuesday 11 January 2022

Queensland's border opening just prior to Christmas, coupled with the dramatic rise in cases from the highly infectious Omicron variant and recent adoption of national policy shifts has meant Queensland's pandemic preparedness has been deeply tested.

An exhausted health workforce and Queenslanders have faced the challenges of the last three weeks with agility, resilience and commitment.

During this time Health Consumers Queensland, consumer and community organisations have been escalating issues, sharing resources, and supporting care providers and consumers.

Even as our health system becomes highly constrained, Queensland's pandemic response must be based on the co-designed principles (see p 6) and transparent public health evidence.

This paper is a summary of issues of importance to consumers in this response that need to be urgently resolved.

Current policy issues for vulnerable Queenslanders from Consumer NGOs

A policy of "Self management for most" will not work for our most vulnerable as Qld case numbers dramatically escalate. *We do not want to look back at this time and think where were our systems and how did they fail our vulnerable people?*

HCQ brought together several peak consumer and community organisations on Monday 10 January to identify current gaps and where possible, solutions, for people with a chronic condition or immune suppressive disease, people with a disability, older people, First Nations communities, CALD and refugee communities, and people receiving care at the end of life.

- **Testing challenges for vulnerable people, with no end in sight** - *Can't get a RATS, can't line up, don't know how to engage*. Impossible for many now to navigate now with delays in PCR testing/results and lack of access to RATS. • RATS registration form doesn't identify if people have a disability/no ability to escalate so concerns no one monitoring ongoing care. For NDIS participants their registered providers can flag a client is positive. • Concern about under vaccinated CALD communities where there is a lack of testing access - likely high unknown numbers of cases. Lots of fear about stigma if this turns out to the case and they are vilified as communities. • First Nations carers have become unwell & hospitalised, ATSICCHOs have advocated for the person with disability who is a close contact to get tested in a safe and empowering way.
- **Strong need to adapt "I've got COVID / what happens if you get sick" resources for vulnerable people** - In simple language including older people, people with a disability and CALD people. Mater Refugee Health have drafted a two pager with mild symptoms but difficult to finalise, see below, etc.
- **Changing models of COVID care and directions make updating messaging to consumers, disability, ATSICCHO and community providers extremely challenging** – Hard to draft, translate and disseminate information in a timely way when models are in flux, triage pathways unclear, long waits for 1800 numbers, challenges for those who need an interpreter and difficulties and delays with PCR testing are

resulting in high levels of fear. • CALD community leaders were very stretched over Christmas with requests for how to access testing and care, but couldn't assist with help because they didn't know.

- **People receiving care at home feeling unprotected** - *In the "let it rip", we've been left behind* - Sense that the focus of response is on RACFs, residential facilities and NDIS participants • No clear info about how to access RATS and essential PPE for huge number of older people and those with a disability receiving care at home (people who are self-managing their NDIS funding can't access national stockpile). • Disability workers not considered essential workers. • Some community orgs have been sharing RATS and PPE between each other and with PHNs, and prevented transmission. But advocacy to Commonwealth not solving issues.
- **Urgent need to consider a change policy of no visitors in hospitals & facilities** – Lessons have not been learned about the harms caused by strict/incorrectly applied policies which continue to block support people being able to provide vital communication and care eg. feeding. *(See references p.5)* • Families are distraught that with facilities understaffed and family members isolated in their rooms for weeks, their loved ones are likely to be experiencing malnutrition, preventable falls and mental health harms. • This issue is being further challenged by higher numbers of people with these needs in hospital with COVID.
- **Uncertainty about care at end of life (with & without COVID**) - Lack of clarity about pathways and care options at this time. • Community palliative care nurses & respite volunteers workforce shortages will make this more challenging.
- **Who is falling through the cracks?** People awaiting test results at home, not receiving results until day 6 or 7 since exposure, potentially COVID positive and no one aware of risk factors. • Some positive people being moved into accommodation, and sitting isolated for days without food supply and with high levels of anxiety. • NGOs have funding to purchase emergency food, but serious supply issues right now.
- **Learning in action** Need to translate learnings from these early Omicron outbreaks into a user guide for the primary/community sector including GPs, AOD, in home care. • Need to gather and share learnings from the early natural disasters during Omicron– experience of families around evacuation & preparedness.

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Preparedness: COVID-Ready… Steady…. Woah!

- With the release on Christmas Eve of the QH codesigned Get COVID Ready resources, Queenslanders had little opportunity to get themselves COVID ready for the Delta/Omicron wave.
- These vital tools must be widely promoted and distributed to support Queenslanders' health literacy, psychological and practical readiness for the explosion in Omicron. HCQ seeks to understand the current channels for distribution of the QH co-designed resources and commitment of distribution of printed and digital versions by HHSs to Key Stakeholder Forum members, by PHNs to local councils on DDMGs, MPs offices, GPRCs, vaccination hubs, shopping centres, Centrelink offices, sporting events, ads in local newspapers and radio and widespread social media advertising.
- We welcome the invitation to partner with QH to facilitate timely and diverse consumer feedback into impact, ongoing edits, additions and adaptations of the resources, including for people who are COVID positive, young people aged 20-29 and neighbourhood/community messaging and tools to support each other and their most vulnerable members.

Shifting sands of public health policy: evidence, pragmatism or both?

- Previous planning and modelling for the system were based on a Delta surge, not Omicron. The WHO has warned that we are dismissing Omicron as mild and that "we should have learned that we underestimate impact of this virus at our peril."
- Individual Queenslanders' COVID readiness and steadiness has been further challenged by cynicism about a lack of public health evidence and caution behind policy shifts at a national and state level.
- Communication at a national level has shifted to "personal responsibility", rather than previously about collective social good including our most vulnerable. However individuals are not equipped to make assessments about risk when waiting for booster shots, lack of contact tracing site advice, long waits to have PCR tests administered and receive results and lack of access to Rapid Antigen Tests.
- Discontinuation of the majority of contact tracing puts Queenslanders unable to make effective risk assessment of where they can go and how they reduce infection rates. This is especially the case for those most vulnerable or who are carers for the most vulnerable.
- Clear communication and support around the significant shift of COVID care from hospital to self-managed care for most Queenslanders (see above).
- Whilst current messaging around policy drivers refers to the need to ensure continuity of health and essential services, consumers are looking to overseas countries with similar vaccination rates to Queensland who are re-introducing stricter public health measures to manage their steep rise of Omicron cases.
- In what feels to many like the abandoning of a suppression approach, consumers and clinicians need transparency about Queensland's capacity to meet the expected hospitalisation rate for Omicron, continue to deliver usual care without rationing, guarantee access to PPE for hospital, primary and community care, and manage workforce shortages.
- Adoption of the National Cabinet approaches to testing and conferring greater safety rely on access to Rapid Antigen Tests in many settings including point of care. However, these are not readily available in Queensland and there are debates about the cost of these. Both issues will most impact remote, regional and indigenous Queenslanders who already have disparate health access and equity. Safety in point of care is not able to be maintained while we adopt policy positions that we cannot implement.
- The community and clinicians must understand the likelihood and be advised of safeguards underpinning options being considered especially in specialty services such as renal dialysis, such as using non-registered staff to supplement workforce and positive staff returning to work in PPE.

Vaccinate against misinterpretation of effectiveness

- Queensland had a high vaccination rate against Delta. However for Omicron, both Astra Zenica and Pfizer efficacy is low before booster shots. Over one million Queenslanders who have 2 doses of AZ are highly vulnerable and these are the over 55 year old population. The public health response and the public messaging needs to reflect this vulnerability of the population to Omicron ie. what percentage of the vaccine eligible population has had 3 doses? What impact does that have on hospitalisation rates?
- The terminology of "fully vaccinated" for two doses is not supported by the vaccine effectiveness and should be changed to number of doses. This has been done by the Centre for Disease Control in the United States. Statements that a percentage of the population has been fully vaccinated

conferring protection is also disingenuous given the level of protection to breakthrough infection that a 2 dose vaccination offers.

- Booster shots confer for a time an increased level of protection; however many are at risk until they are eligible even with the shift by ATAGI of recommending boosters at just 3 months after 2nd vaccination.

Are you at risk? Isolate

The "let it rip" philosophy that seems to be prevailing condemns those of us with compromised immune systems to virtual house arrest for the foreseeable future and NO-ONE is yet talking about the reality of Long COVID which this cohort will be particularly vulnerable to. ~ Queensland health consumer

- Messaging from Government and Queensland Health that those who are older, pregnant and immune-compromised need to limit movements for six weeks was welcomed. Further nuance is needed to advise consumers at moderate and high risk of *serious illness, hospitalization and long COVID (including those with low vaccine coverage eg. only two doses of Astra Zeneca) to maximise their isolation at home throughout January and into February.
- This will send a clear message to all vulnerable Queenslanders and their families that they matter, as well as reduce unnecessary death, illness and anxiety amongst their populations.
- It will also maximise the health system's ability to respond to non-COVID health care needs.
- Any ongoing shifts in hospitalisation rates must be communicated to the community so they can make choices to minimise the impact on them eg. the unexpected rise in paediatric cases, impacts on those with physical and mental health and social needs.

* See page 5 – QH website: COVID-Ready: People at risk of serious illness | Health and wellbeing | Queensland Government (www.qld.gov.au)

Listening to consumers - are you getting health care that matters to you?

It's vital that the daily improvements to triaging processes for COVID positive cases into appropriate models of care and escalation, and non-COVID care, not only come from the daily clinician huddles and existing forums, but also current consumer experience about:

- Whether information to COVID positive people provided in texts and weblinks is clear and sufficient, including for CALD consumers, First Nations people and people with a disability
- Consistent ability for COVID positive people to escalate their care needs in a timely way to the most appropriate care provider
- Social risk factors being appropriately captured
- Additional supports consistently available locally or through the Community Recovery Hotline
- Escalation of urgent gaps and delays in non-COVID care from a consumer perspective.

For more information on these issues or to provide feedback please contact:
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References

Evidence re. negative impact of visitor restrictions from Health Care Consumers Association ACT Legislative Assembly COVID-19 Inquiry submission Nov 21

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From QH website: COVID-Ready: People at risk of serious illness | Health and wellbeing | Queensland Government (www.qld.gov.au)

People who are at high risk of serious illness include those who:

- are unvaccinated
- are over 70
- have had whole organ transplants
- are currently having treatment for cancer (chemotherapy or radiotherapy)
- are living with chronic illness or immune suppressive diseases
- have had a form of blood cancer in the past 5 years, such as leukaemia, or lymphoma.

The risk of serious illness can increase if you're living with multiple health conditions and are diagnosed with COVID-19. The best way to protect yourself is to get vaccinated and boosted. To discuss your health options, visit your health care worker or doctor.

People at moderate risk of serious illness from COVID-19

People who are at moderate risk of serious illness include those who:

- live in residential aged care
- live with a disability
- are pregnant
- live in remote Aboriginal and Torres Strait Islander communities
- suffer from chronic illnesses and diseases including heart disease
- have diabetes, high or low blood pressure or severe obesity
- suffer from neurological conditions such as stroke or dementia
- have had a form of cancer in the past 12 months (non-blood).The risk of serious illness can increase if you're living with multiple health conditions and are diagnosed with COVID-19. The best way to protect yourself is to get vaccinated. To discuss your health options, visit your health care worker or doctor.

Attachment 1

PRINCIPLES: to underpin the Queensland public health system's response to the next stage of the COVID-19 pandemic

Version 2.0 Date: 17 November 2021

There must be a visible demonstration to all Queenslanders that the next stage of the Queensland public health system's response is based on the following principles:

Clarity
Communicate for preparation, not panic. Queenslanders require transparency of what is expected to unfold in their local communities in a timely way, so they can make informed decisions to be pandemic-ready as we shift from elimination to suppression.

Care
The response must be based on equity and ensuring that those who are most vulnerable in our community are given the appropriate supports and access to services that they need to stay safe and well, especially First Nations consumers. While care must be consistent, it must also be culturally sensitive, trauma informed and allow for local responsiveness to need.

Codesign
Pandemic planning, communications, and delivery of services must be co-designed with consumers, clinicians, primary care and Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs).

Connectedness
Every public health facility will manage COVID. Care (both health and social and emotional) will be given as close to home as possible, with clear referral pathways to larger facilities as needed. Care will be coordinated with the patient at the centre, with information flowing in a timely manner across the system (patient, primary care, spoke, hub, state).

Continuity
Queensland Health needs to ensure that the system continues to provide access to non-COVID services for the wellbeing of Queenslanders.

Community-based approach
Recognition of the important role of communities to provide localised solutions through planning, partnering and empowering. Enabling these opportunities will be key to successful management of outbreaks in communities across Queensland.

Background

At Queensland Health's COVID-19 Planning Forum last Wednesday 10 November 2021, the Director-General of Health, Dr John Wakefield identified the usefulness of a set of underlying principles that can be used as a touchstone for decisions about the public health system's pandemic response i.e. models of care, communications, etc.

Consultation

The Principles were first drafted on Monday 15 November 2021 by HCQ and QH and finalised on 17 November 2021. They were based on what Health Consumers Queensland have heard from diverse health service users across Queensland throughout the pandemic about what they will need during community spread of COVID. They also incorporate the principles identified by Dr Wakefield in his wrap up of the preparation for delta wave Forum.

They were shared with consumers and consumer NGOs who attended the forum. HCQ has incorporated their feedback into this version 2.0.

Version 1.0 was circulated for feedback from the members of the PCQ SHECC weekly briefings and the COVID-19 and MHAOD online cross-sector group (through their Secretariats), the COOs Forum as well as QAIHC and IUIH.