phn
CENTRAL AND
EASTERN SYDNEY
An Australian Government Initiative

Pandemic and disaster response

2022-2024 Needs Assessment
2022 Annual Review

Contents

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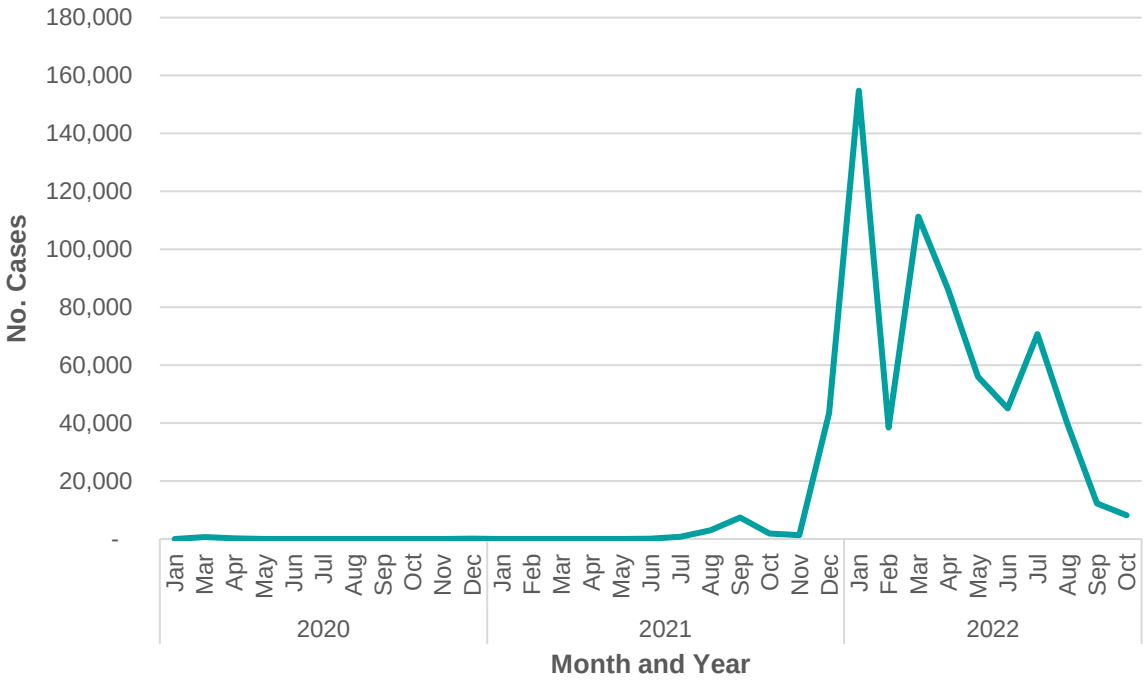
COVID-19 cases

NSW observed its first three cases of COVID-19 on 25 January 2020. As at November 2022, there have been 682,440 cases in the CESPHN region.(1) Cases have been concentrated in the following Local Government Areas (LGAs): Canterbury-Bankstown, Sydney, Randwick, Bayside, Georges River, Inner West, Sutherland, Strathfield, and Canada Bay.

Figure 1: COVID-19 cases in the CESPHN region by month, 2020-22



Source: NSW COVID-19 cases data 2022

* Cases include those acquired locally, interstate and overseas, and do not necessarily reflect the patient's place of residence.

COVID-19 vaccinations

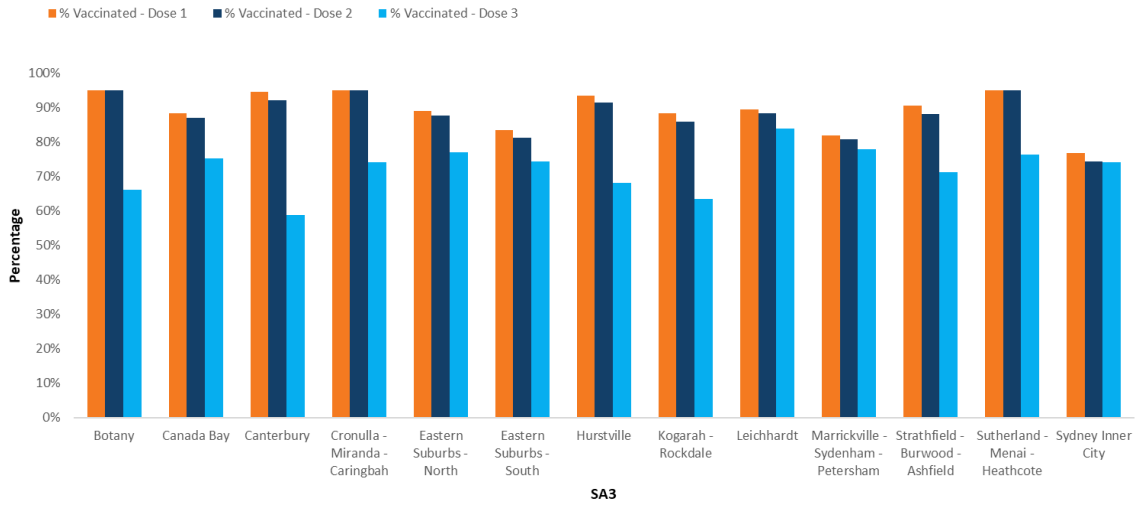
By 30 June 2021, there were 361 general practices in the CESPHN region participating in the vaccine rollout in addition to the five general practice respiratory clinics (due to close by 31 December 2022) and the Aboriginal Medical Service in Redfern. Pharmacies commenced administering the vaccine at the end of September 2021.

As at September 2022, the majority of the population in the CESPHN region have had their first dose – over 88% of the population aged 15 and over have received one vaccine dose and over 85% are fully vaccinated. Additionally, 72.3% of the population aged 15 and over have received a third vaccine dose.(2) While vaccination rates were initially much lower in areas including Botany, Canterbury, Hurstville and Kogarah-Rockdale, these rates have increased markedly.

Hard to reach groups include those unable to leave their home, socially disadvantaged, people who speak English poorly. CESPHN in partnership with the Local Hospital Districts has developed the Vax at Home

program for those people who are housebound and not able to leave their house (and their carers) to receive a COVID-19 vaccination.

Figure 2: Percentage of eligible vaccinated population in the CESPHN region by SA3, November 2022



Source: Australian Government COVID-19 vaccination data 2022

Note: Botany SA3 dose 1 and 2 is >95%, Cronulla-Miranda-Caringbah SA3 dose 1 and 2 is >95% and Sutherland-Menai-Heathcote SA3 doses 1 and 2 are >95%

COVID-19 impacts

COVID-19 continues to have profound impacts on the CESPHN region – these include service disruptions and broader population health and household impacts. It is important to use the experience of this pandemic to help us better prepare for the next one and to consider the sustained improvements needed in our health system.

The sections below summarise the findings from CESPHN's report *COVID-19 Challenges and Opportunities for Primary Care.*(3)

Service disruptions

COVID-19 has created a significant disruption to health services and changed demand in the primary health sector. Providers have had to adapt quickly and adopt new technology to enable remote working and consultations. Many providers had to reduce the delivery of services due to physical distancing requirements and may now be experiencing reduced revenue, a reduced workforce and limited capacity. COVID-19 also has had significant implications for workforce physical and mental wellbeing.

Digital models of care

Many providers in the CESPHN region have moved to digital models of care during the pandemic. Lower numbers of community and allied health providers were using telehealth when surveyed by CESPHN in July 2020 – 42% of respondents reported that they were delivering over half of their services via phone, and 11% reported they were delivering over half of their services via video. The remainder were delivering less than half or none of their services via telehealth. This compares to 83% of GP respondents who reported they were billing MBS item numbers to telehealth.

Most providers reported easier adoption of telephone consultations. Those who reported barriers to telehealth highlighted difficulties in accessing technology, particularly for older people and people from culturally and linguistically diverse backgrounds. Others reported that telehealth is more taxing and labour-intensive for clinicians, and that it can be more difficult to diagnose patients (given the lack of visual and other non-verbal cues) or to engage patients, including for chronic disease management. Another barrier noted was the additional administration required to refer patients to pathology, radiology or other services, which have not been digitised and require more steps for both the patient and the provider when done through telehealth.

The shift to telehealth also has implications for consumers who may be unable to access services virtually or prefer in-person consultations. Several vulnerable population groups face barriers in accessing telehealth services, particularly among homeless and elderly populations. Lack of privacy, overcrowding, ability to use technology and poor access to devices and high-speed internet could mean that patients may not benefit equally from the service provision.

Provider viability

In July 2020, CESPHN surveyed primary health care providers about the impact of COVID-19. Across all survey respondents, 56% reported that they had experienced a decline or a significant decline in income as a result of COVID-19. Those with a significant decline reported that this had resulted in their practice or service operating at a financial loss. This differed slightly between respondents, with:

- 50% of GPs reporting a decline in income, and 22% a significant decline in income
- 18% of community organisations reporting a decline in income, and 27% a significant decline in income
- 50% of allied health reporting a decline in income, and 33% a significant decline in income.

As well as reduced income, practices have faced additional costs to ensure their practices are COVID safe. These include costs of additional personal protective equipment (PPE), intensive cleaning, additional time off for staff unable to attend work due to illness or following COVID-19 testing. Many community organisations and allied health practices are not eligible to receive masks from the national stockpile and have faced challenges both sourcing PPE and meeting this additional cost.

The increase in remote healthcare models comes with set-up costs and new technology investments for providers and practices, as well as the need to invest in new training, capability and protocols.

Moving forward, providers in the region are also likely to face a backlog of patients due to stalled service delivery and increasing waitlists. Some practices and providers, particularly smaller or solo providers, may decide that now is the time to leave the industry as a result of the disruption to their businesses of COVID-19. This will have longer-term capacity impacts for the primary care system.

Provider wellbeing

The experience of responding to COVID-19 has been shown to have generated higher levels of anxiety among healthcare workers, with the potential to lead to higher rates of burnout. Other potential adverse effects on healthcare workers include heightened risk of exposure and infection.

COVID-19 has had a varying impact on healthcare professionals' workload – 38% of healthcare professionals surveyed by CESPHN said they had seen their workload increase, while 53% said it had decreased. Specifically, 75% of pharmacists and healthcare managers reported increases, as did 45% of nurses. Most surgeons (91%) and 72% of allied health practitioners reported decreases in their workload. A key challenge is to rebalance resources as certain specialties decrease whilst others increase their workload during the pandemic.

Population health impacts

Beyond COVID-19 itself, the pandemic has had and will continue to have broader population health impacts. These include:

- Mental health impacts as a result of increased anxiety, stress and isolation
- Increased drug and alcohol consumption
- Increased domestic and family violence
- Reduced access to care and increased isolation for people with disability and older people
- Increased implications of chronic diseases as a result of people not being able to access preventative treatments during the pandemic
- Increased demand for services required to support rehabilitation of COVID-19 patients, the impacts of which are not currently fully understood
- Increased emphasis on the need to provide care for the most vulnerable who are at particular risk of pandemics.

See the Mental Health and Suicide Prevention and Alcohol and Other Drugs reports for further analysis on the impact of COVID-19.

Household impacts

The impact of job losses has been significant in the central and eastern Sydney area, with the inner-city Sydney area shedding 43,000 jobs in April 2020. The city and inner south areas experienced 17,300 job losses in the same period, while the eastern suburbs experienced 1,900 job losses. The Centre of Full Employment and Equity's Employment Vulnerability Index (EVI) has identified several Sydney communities as being most at-risk of COVID-19 related job losses, including the Punchbowl and Sydney CBD areas. Sydney's second city-wide COVID-19 lockdown has hit jobs harder than the first lockdown. New data show payroll jobs in Greater Sydney have fallen nearly 9% since lockdowns began on 26 June 2021.

COVID-19 challenges and opportunities

COVID-19 has rewritten the agenda for primary health care, presenting the sector with both challenges and opportunities. It is enabling the acceleration of key initiatives such as telehealth and e-prescribing and providing an opportunity for the transformation of the health system. Primary care has been at the forefront of the pandemic response: monitoring and testing, protecting vulnerable communities, disseminating information, promoting continuity of care, adopting new telehealth initiatives, and instituting COVID safe practice.

Challenges and opportunities for CESPHN include how to:

- Engage and communicate with community members and primary care providers
- Communicate relevant and up-to-date information with a large and diverse group of primary care providers, with different service delivery models, different needs and pressures, and different professional standards
- Adequately support practices and allied health professionals given the large number of providers
- Support our providers to adapt and change their modes of service delivery
- Maintain the capacity of existing primary care services, facilitating surge capacity to respond to emerging COVID-19 challenges, while maintaining the wellness and wellbeing of the primary care workforce
- Build capability in a rapidly changing environment through remote delivery methods
- Flex our operating model in an increasingly complex environment with shifting priorities and changing responses required during different stages of the pandemic, whilst also continuing to address our other health and wellbeing priorities
- Identify at-risk populations, and ensure the more vulnerable groups in our region are supported
- Influence policy and regulatory discussions and advocate on behalf of primary care
- Improve the coordination and communication between primary and secondary care to deliver an integrated approach.

COVID-19 provides an opportunity to re-think and work towards greater integration across the system. Immediate priorities to work through include improving system integration to better enable referrals between settings of care and improving the flow of shared patient information (such as test results and discharge summaries). Supporting residential aged care facilities to respond to outbreaks of COVID-19 is another key area of work.

The local health districts and networks within the region are all implementing virtual hospital models – initially to care for patients with COVID-19. Clarifying the role of general practice and allied health in these models is important as is the need for some consistency in approach across the region.

Integration should also involve collaboration with the wider community sector and community members. This becomes particularly important in considering the significance of addressing the social determinants of health and broader population health impacts in relation to COVID-19. Community organisations and community members will be critical partners in responding to this challenge.

References

1. Government. N. NSW COVID-19 cases data.: NSW Government.; 2022.
2. Shield. AG-OC. Geographic vaccination rates. . Canberra: Australian Government.; 2022.
3. Central, and Eastern Sydney PHN. COVID-19 Challenges and Opportunities for Primary Care. Sydney: Central and Eastern Sydney PHN; 2020.