

Lessons from COVID-19: challenges and opportunities for primary care



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Purpose of this paper

As Central and Eastern Sydney PHN (CESPHN) begins to move forward from the initial response to COVID-19 it is faced with the challenge of providing leadership and promoting a resilient response to cope with a rapidly changing landscape. This is a critical time to reflect on the challenges that have arisen, the learnings from our initial response to COVID-19 and the strategic opportunities that can be harnessed.

A key aim of this paper is to support CESPHN in its response to COVID-19 and to assist preparations for other medical or environmental changes that may occur in the future.

This paper:

- identifies the impacts of COVID-19 on primary and community care providers delivering care within a pandemic
- outlines CESPHN's response to date, identifying challenges, learnings from the experience and factors that have enabled success
- proposes actions to improve the resilience of the health system in the region, and to improve health outcomes for CESPHN's population during COVID-19 and beyond.

This paper draws on input from CESPHN's management team, interviews with the chairs of the board, Clinical Council, Community Council and Clinical Leaders Network, and a survey of a sample of general practitioners, allied health providers, pharmacists, commissioned service providers, partners and community members.

The paper also reflects key findings from the national and international literature on population and service implications of COVID-19 for the primary health sector.

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Executive Summary

Coronavirus disease 2019 (COVID-19) has rewritten the agenda for primary health care, presenting the sector with both challenges and opportunities. This paper:

- identifies the impact of COVID-19 on primary and community care providers delivering care within a pandemic
- outlines CESPHN's and the primary care sector's response to COVID-19, identifying factors that have enabled success, learnings, and remaining challenges,
- presents strategic opportunities to improve the resilience of the health system in the region and improve health outcomes for the CESPHN population

Impact

The primary healthcare sector has been at the frontline of COVID-19: monitoring and testing, protecting vulnerable communities, disseminating information, promoting continuity of care, adopting new telehealth initiatives, and instituting COVID safe practice.

Challenges and responses

COVID-19 has presented unique challenges and within CESPHN our primary care responses have included:

- Engaging and communicating with community and primary care providers
- Communicating relevant and up-to-date information with a large and diverse group of primary care and community providers,
- Providing support to primary care services and community providers
- Supporting primary care and community providers to adapt and change their modes of service delivery
- Maintaining the capacity of primary care services, including surge capacity
- Building capability in a rapidly changing environment through virtual delivery methods
- Identifying at-risk populations, and ensuring the more vulnerable groups are supported
- Influencing policy and regulatory discussions and advocating on behalf of primary care
- Improving the coordination and communication between primary and secondary care to deliver an integrated approach

Challenges and opportunities

COVID-19 presents the primary care sector with strategic opportunities that can be harnessed to improve the resilience of the health system in the region and improve health outcomes for the CESPHN population. Through consultations with our key stakeholders and a review of the literature we have identified challenges and opportunities that centre on six key areas against which we have proposed specific actions:

1. Reimagining how primary care is delivered
2. Responding to social determinants
3. Building service resilience and growing capacity
4. Strengthening integration
5. Providing information and advocacy
6. Monitoring and addressing population health impacts

Introduction

Coronavirus disease 2019 (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 eprescribing and providing an opportunity for the transformation of the health system. Primary care, with leadership from the primary health networks (PHNs), has been at the forefront of the pandemic response.

The need for rapid action and system-wide support has characterised the COVID-19 response of Central and Eastern Sydney PHN (CESPHN). CESPHN is the second largest PHN by population, with a resident population of over 1.6 million and a non-resident population of approximately 0.4 million who enter the region each day for work.¹

Metropolitan Sydney was one of the most impacted regions in Australia by confirmed case numbers during the early months of the COVID-19 pandemic. As at September 2020, the area covered by CESPHN had recorded a total of 1,108 confirmed COVID-19 cases with the South Eastern Sydney Local Health district recording the largest number of cases of any NSW health district.¹

Our region

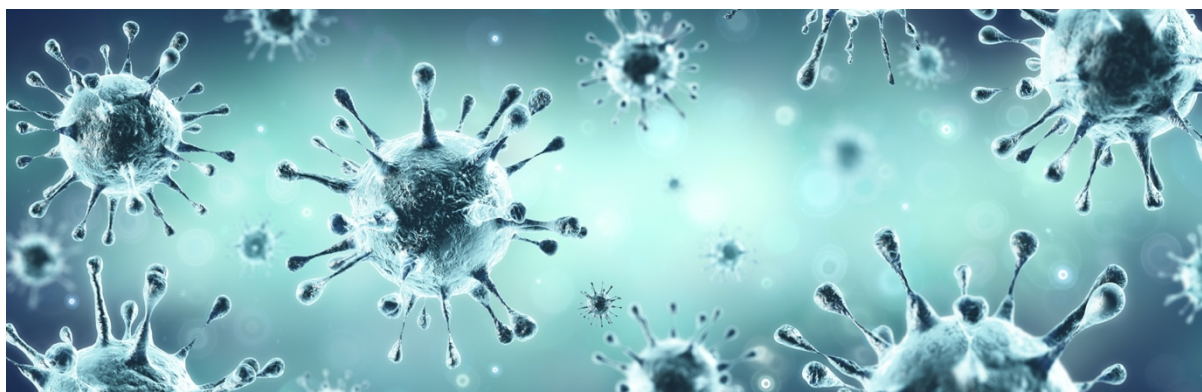
The CESPHN region stretches from Strathfield to Sutherland and east to the coastline. It covers Sydney's central business district (CBD) and includes Lord Howe Island and Norfolk Island. The boundaries of CESPHN align with those of South Eastern and Sydney Local Health Districts (LHDs), who are key partners. Other important partners across the region include St Vincent's Health Network, Sydney Children's Hospitals Network, Justice Health, general practices and other primary care providers, and the many non-government organisations who deliver services in the region as part of the health and social services sectors.

CESPHN's population is characterised by cultural diversity.

- Over 13,000 Aboriginal and Torres Strait Islander people live in the region. Aboriginal and Torres Strait Islander peoples have poorer health outcomes and lower access to healthcare services, with higher rates of chronic conditions, higher numbers of avoidable hospitalisations and reduced life expectancy.
- 40% of residents were born overseas with 42% speaking a language other than English at home, and six percent do not speak English well or at all. Culturally and linguistically diverse communities are often associated with a lower socioeconomic status, have the highest rates of chronic disease and reported higher rates of poor health.

Other populations in the CESPHN region who have poorer health relative to the general population, have higher needs, unique challenges or emerging concerns include (but are not limited to) residents of the remote Lord Howe and Norfolk islands, people living with a disability, people experiencing homelessness, the lesbian, gay, bisexual, transgender, intersex and queer community, people in contact with the criminal justice system, people experiencing family and domestic violence, and high density dwellers.

The primary health sector in our region is large and diverse and includes 608 general practices, 455 pharmacies, and a wide variety of allied health practices. Within the region there are 162 residential aged care facilities, 18 public hospitals and more than 300 community organisations.



Challenges facing CESPHN

COVID-19 and the experience of responding to it has delivered a range of challenges for CESPHN. These 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 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.

Impacts in the central and eastern Sydney region

COVID-19 continues to have profound impacts on the central and eastern Sydney region. These include the direct impacts of COVID-19 infection, as well as those related to health physical distancing measures- such as service disruption and the continuing need for enhanced infection control measures. The situation is likely to continue for at least the next one to two years. Ongoing challenges include the need to develop systems that are resilient and highly responsive to managing localised outbreaks. These ongoing issues have also further highlighted the need to consider implications for at-risk and more vulnerable populations.

“Easy, paid access to support people who really should not be hanging out in a doctors surgery. We have only been using telephone, but look forward to extending this to video. Overall patients have really liked it, though most are now drifting back to face-to-face.”

Survey respondent

Service disruption and associated impacts on practices and providers

COVID-19 has created a significant disruption to health services and changed demand in the primary health sector. The ability for some providers to operate is now heavily dependent on telehealth and remote service delivery capabilities.¹ Many providers are reducing the number of patients within the practice at any time due to physical distancing requirements. Some providers have been forced to reduce the delivery of services and may now be experiencing reduced revenue, a reduced workforce and limited capacity.

In July, CESPHE surveyed primary health care providers about the impact of COVID-19 to inform this paper. 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.

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.

¹ PwC Australia 2020. *COVID-19 Impacts and Opportunities for Australia's healthcare system*

The shift to telehealth and remote service delivery models

Many providers in the central and eastern Sydney region have moved to remote models of care during the pandemic. In CESPHN's April viability survey, 83% of GPs who responded indicated that they were billing MBS item numbers for telehealth. Providers have had to adapt quickly and adopt new technology to enable remote working and consultations. 78% of GPs who responded to the survey conducted for the purposes of this paper said that it was easy or very easy to start using telehealth.

Lower numbers of community and allied health providers were using telehealth. 42% of community organisation and allied health respondents to the survey 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.

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, capabilities and protocols. These barriers have been higher for the use of video consultations, and most providers report 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

"Some older adults struggle, either because they have hearing issues or because they are intimidated by the technology. Sending invitations for video consult is more labour-intensive for the doctor ... Sometimes [it is] more transactional and hard to engage the patient to do some of the other chronic disease management. Privacy of patient [is] hard to determine and sometimes this means the patient is not safe."

Survey respondent

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 have a preference for in-person consultations.² Several vulnerable population groups face barriers in accessing telehealth services, particularly among homeless and elderly populations. Lack of privacy, overcrowding, and poor access to devices and high-speed internet could mean that patients may not benefit equally from the service provision³.

Elderly populations may face barriers in accessing telehealth due to limited access to internet connected devices or to gaps in knowledge in using these devices.⁴ This is a particular challenge for services that are usually delivered in a group setting, where lack of privacy, lack of access or ability to use technology have restricted the delivery of group activities.

²Shadmi et. al 2020. *Health equity and COVID-19: global perspectives*; CHF, 2020, *Telehealth a crucial advance requiring more patient engagement and certainty*

³Shadmi et. al 2020. *Health equity and COVID-19: global perspectives*

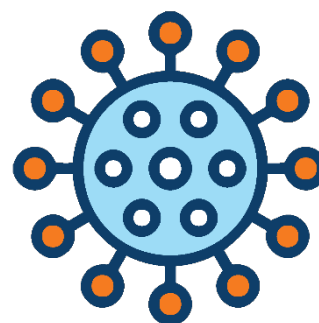
⁴Cubanski, J., 2020. *Possibilities and Limits of Telehealth for Older Adults During the COVID-19 emergency*

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 isolation⁵
- Increased drug and alcohol consumption⁶
- Increased domestic and family violence⁷
- Reduced access to care and increased isolation for people with disability and older people⁸
- Greater reliance on carers and reduced access to support from services, family and friends⁹
- Increased implications of chronic diseases as a result of people not being able to access preventative treatments during the pandemic.¹⁰
- Increased frailty due to older people staying at home and not exercising
- Delayed cancer diagnosis due to people postponing screening
- Increased emphasis on the need to provide care for the most vulnerable who are at particular risk during a pandemic

CESPHN's response to COVID-19



CESPHN's response

In responding to these COVID-19 challenges, the primary healthcare sector has been at the frontline: monitoring and testing, protecting vulnerable communities, disseminating information, promoting continuity of care, adopting new telehealth initiatives and ensuring their practice is COVID safe.

In response to the challenge of COVID-19, CESPHN implemented five key strategies to support local practices, the providers it commissions to deliver services, the primary care workforce and its own PHN workforce. This includes transitioning to remote models of care, communication and distribution of information, engaging with the sector and partners, and working with providers to support vulnerable populations.

In responding to COVID-19, CESPHN has taken on the roles of commissioner, partner and collaborator, information provider and advocate in the healthcare system, as set out below. It is important to consider these roles in reflecting on CESPHN's response to COVID-19, and in thinking about strategies moving

⁵ Australian Medical Association 2020. *Joint Statement: COVID-19 Impact likely to lead to increased rates of suicide and mental illness.*

⁶ Chodkiewicz et al., 2020. *Alcohol consumption reported during the COVID-19 pandemic: the initial stage*

⁷ Usher et al., 2020. *Family Violence and COVID-19: Increased vulnerability and reduced options for support*





⁸ World Health Organisation, 2020. *Disability considerations during the COVID-19 outbreak*

⁹ Carers NSW, 2020. *COVID-19 and carers: a review of the evidence*

¹⁰ Lewin, E. 2020. *What are the long-term health risks following COVID-19?* Royal Australian College of General Practitioners; Chudasama et al, 2020. *Impact of COVID-19 on routine care for chronic diseases: A global survey of views from healthcare professionals*

COVID-19 challenges and opportunities

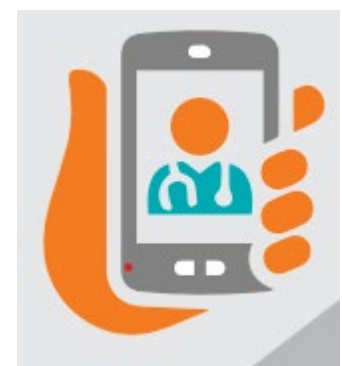
forward, as they highlight the options available to CESPHN depending on its level of control and influence in relation to a particular issue.

Commissioner 	Partner and collaborator 
<p>CESPHN has a key role to play as a commissioner in the central and eastern Sydney region. This includes understanding and working to address the health needs of the population, particularly vulnerable people, and those with reduced access to mainstream services. CESPHN commissions services in response to these needs, as well as supporting practices and providers in the region.</p>	<p>Many of the strategic opportunities identified cannot be delivered in isolation by any one part of the system. They will require a collaborative effort between system partners, including CESPHN, the LHDs and health networks, and the Australian Government. In these instances CESPHN has a role to play as a partner and collaborator in driving opportunities forward.</p>
Information provider 	Advocate 
<p>The experience of responding to COVID-19 has highlighted the important role that CESPHN plays as a source of information, both drawing on its knowledge of the region and its providers and population, as well as acting as a conduit of information to the sector.</p>	<p>In some instances, CESPHN does not have control of the levers required to implement the changes that are needed in the system. In these cases, there is an opportunity for CESPHN to continue advancing its role as an advocate in the system. This includes drawing on CESPHN's unique understanding of the population and providers in the central and eastern Sydney region.</p>

Telehealth and digital models of care

The need to suppress transmission of COVID-19 accelerated the move to telehealth and digital models of care. While in some cases practices and providers were already using digital methods, in other cases services were initially not well prepared for the transition. To enable this transition, CESPHN:

- Provided information, training and support to practices and providers to support the adoption of telehealth
- Developed and sent out resources to practices and primary care providers showing how to claim the new Medicare Benefits Schedule telehealth items
- Worked with LHDs, private pathology and radiology providers to enable increased use of e-referrals
- Secured funding to pilot HealthDirect Video Call services and offered this service to general practices and allied health practices free of charge, signing up 90 practices.



72% of GPs and allied health practitioners surveyed reported that it was easy or very easy to start using telehealth, and 92% reported that their patients and clients have responded positively to telehealth. CESPHN also monitored the impact of these initiatives – assessing the uptake of telehealth, the mode of patient consultation and the impact of telehealth on the viability of practices.

Rapid mobilisation of GP respiratory clinics

CESPHN assisted the Australian Government Department of Health in identifying locations for GP respiratory clinics in the region and supported their rapid establishment. Respiratory clinics were established to provide services to people with mild to moderate respiratory illness who need a physical examination rather than just a swab and to divert such patients away from mainstream general practice and hospital emergency departments.

These clinics aimed to reduce the risk of further transmission, optimise the use of personal protective equipment (PPE), and help reduce pressure on hospital emergency departments. Five respiratory clinics were established in Balmain, Belmore, Bondi Junction, Lakemba and a mobile van operating in the city and surrounding areas (specifically targeting areas with higher levels of people experiencing homelessness). However, there is an opportunity to continue monitoring the need for additional respiratory clinics in areas that are not currently serviced, and to advocate for continuation of the clinics

Communication and distribution of information

Providing reliable and up to date information has been critical in responding to the pandemic. At times, the information available has been overwhelming, and CESPHN has sought to provide a single source of reliable information specially curated for CESPHN's primary care providers and partners. This has included information on COVID-19, as well as on broader issues such as managing COVID-19 related increases in mental health, homelessness, and domestic and family violence. CESPHN's activities have included:



- Maintaining an up-to date website with COVID-19 resources and information, updated daily. In March the CESPHN website was accessed 57,000 times (more than triple the usual traffic)
- Providing a full resource library including video and social media, resources for ordering pathology remotely and telehealth resources
- Providing downloadable templates, frequently asked questions and suggested messaging for practices
- Distributing an initially twice weekly, and later weekly, COVID-19 eNewsletter to general practices, and additional e-newsletters as required to pharmacists and allied health practices, highlighting new developments and directing readers to reliable sources of information.
- Establishment of dedicated email addresses for coronavirus and telehealth that enabled questions to be promptly answered with consistent accurate information.

93% of respondents surveyed for this paper (including practitioners, partners and community members) rated the quality of the information provided by CESPHN as being high or very high

COVID-19 challenges and opportunities

Engagement and support

In addition to communicating and distributing information to practices and providers, CESP HN has also focused on continuing to engage and support the primary health workforce during the pandemic. This has included:

- Delivering continuing professional development (CPD) programs using virtual delivery methods, including collaborating with other PHNs to deliver programs
- Providing training and support to practices adopting telehealth
- Establishing a dedicated COVID-19 response team comprising practice support and immunisation staff, who provided phone support around pandemic preparedness, MBS telehealth items, infection control, and vaccination resources to general practice and residential aged care facilities within the region
- Distributing over 400,000 masks to practices and pharmacies across the region
- Collaborating with LHDs on continuously updating HealthPathways, an online clinical and referral information portal, and developing COVID-19 specific localised HealthPathways
- Assisting St Vincent's Hospital with their rapid staff influenza vaccination program by coordinating provision of clinicians to immunise over 1,000 St Vincent's employees within two days.



Working with providers to continue supporting vulnerable populations

COVID-19 has directly impacted community and individual mental health and wellbeing, with vulnerable populations in Australia among the most affected.¹¹ CESPHN worked closely with providers and practices to continue supporting more vulnerable and at-risk populations. This has included working with the 159 Residential Aged Care Facilities (RACFs) in the region to support infection control measures, the delivery of services to residents via telehealth and assisting access to influenza vaccinations. We worked closely with general practice and RACFs on the development of an [RACF Outbreak Preparedness and Response Plan for Primary Care](#).

In addition, CESPHN commissions 45 organisations to deliver a range of services including drug and alcohol, mental health, population health and Aboriginal health services, and has supported these providers to continue safely delivering services. This has included work in the following focus areas:

Ensuring service continuity

- Supporting providers to transition to alternative modalities of service delivery where possible, including providing information on telehealth
- Investigating new models of primary care for people experiencing homelessness
- Securing funding to pilot a program to build the capability of primary care providers to recognise and respond to domestic and family violence
- Supporting pandemic planning with services to ensure appropriate safety measures are in place including the use of telehealth where required - this included identifying risks, agreeing to mitigation strategies, reviewing telehealth plans and providing support to implement plans, where needed

Providing additional supports to consumers

- Working with providers to identify consumers most at risk and helping provide additional supports for those clients
- Regular meetings with commissioned providers to provide support and up-to-date information regarding COVID risk mitigation practices
- Working with providers to identify consumers experiencing severe and persistent mental health issues and supporting implementation of additional supports
- Collaborating with providers to identify and implement alternative and additional supports to ensure consumers get the support they need, including development of resources such as 'Staying at Home' packs from the Recovery & Wellbeing College and a pre-release resource for clients exiting custodial settings.

¹¹ PwC Australia 2020. *Why Mental Health Matters*; AMA, 2020. *Latest information on COVID-19*; Department of Health, 2020. *Guide for Home Care Providers*.

COVID-19 challenges and opportunities

Information sharing, education and training

- Developing dedicated communications and resources including:
 - COVID-19 related sector grants and services
 - A social media campaign for Aboriginal and Torres Strait Islander community members providing culturally accessible education and referral pathways during the COVID-19 pandemic
- Promoting and disseminating relevant resources and information including information about the COVID-19 specific MBS item numbers and business support strategies
- Distribution of service update information via regular eComms, eNewsletters and social media
- Promoting education events such as the CESPHN hosted webinar 'Managing Coronavirus' and the 'Business Continuity' webinars.

Promoting mental health services

- Promoting mental health services available during the COVID-19 pandemic to GPs, allied health and community services, including information on looking after body and mind while working from home or in isolation
- CESPHN led the NSW/ACT PHN Mental Health Network in the joint funding of Perinatal Anxiety and Depression Australia (PANDA) to increase their digital mental health resources to address increased demand from new and expectant parents during the COVID-19 pandemic
- CESPHN are also part of an expert reference group working with Phoenix Australia to co-design a new Digital Training Platform in Disaster Mental Health.

COVID-19 challenges and opportunities

Learnings from our response

COVID-19 required a rapid response from CESPHN, its partners, and local providers and communities. There were a number of factors that enabled this. Importantly, all of these factors were critical in enabling CESPHN to quickly adapt and adopt innovative approaches, and to communicate and manage change with practices, providers and partners.

Communications, training and support

The response to COVID-19 has highlighted the role that CESPHN plays in delivering communications, training and support to practices and providers.

- Practices and providers valued the support CESPHN provided with infection control and adoption of telehealth.
- Stakeholders value CESPHN's communications, and many people rely on the CESPHN website as a key source of information
- Engagement in CPD webinars has increased and reached a new audience, including many people from outside the region

"I think CESPHN has really stepped up and been very relevant during the COVID crisis... The fast pivot to providing good quality online education with online access after the event has been very helpful. The PHN website and health pathways have become my go-to for curated information from the multiple sources available."

Survey respondent

Feedback has suggested that CESPHN's approach allowed the organisation to become a trusted source of information for practitioners, partners and providers during the crisis. This included CESPHN's role curating critical information from what was an overwhelming volume and providing a key source of reference for stakeholders. This role was highly valued.



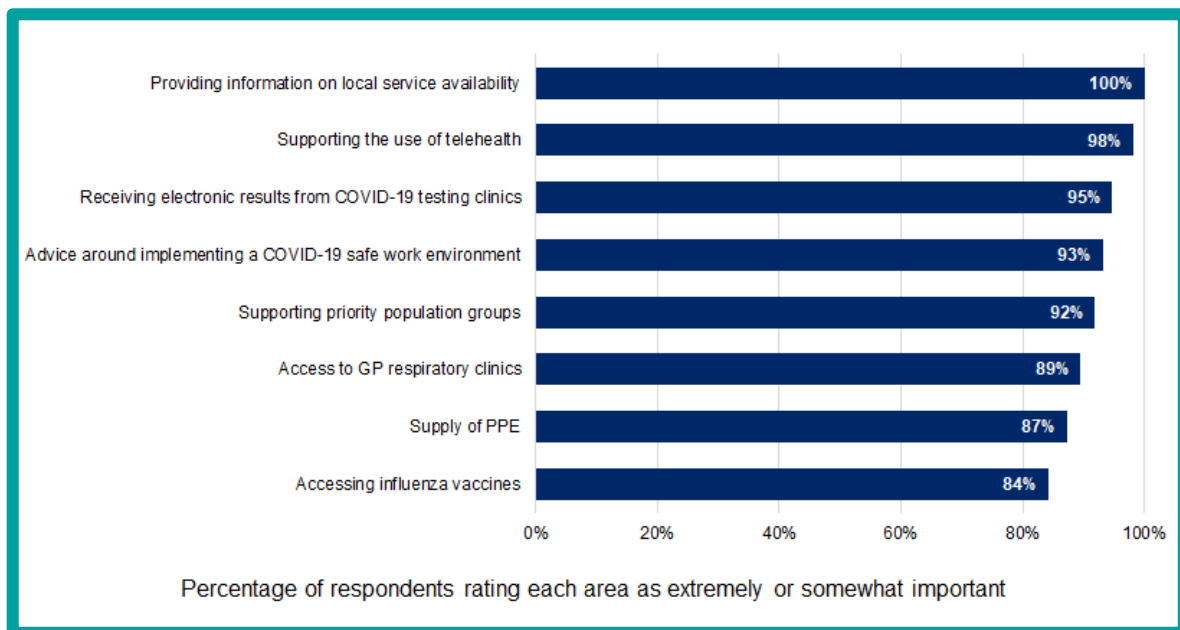
COVID-19 challenges and opportunities

Advocacy for primary health care

During COVID-19, CESPHN has played an important role as an advocate for and on behalf of the primary care sector. CESPHN became recognised as a key conduit between the health system and the 'on-the-ground' reality for practices and providers. This was critical given the community-based approach that was needed in response to COVID-19.

The chart below highlights those issues that have been most important to CESPHN's stakeholders in responding to COVID-19. Those that rated highest were around:

- Supporting the use of telehealth
- Supporting priority population groups
- Providing information on local service availability
- Implementing a COVID safe work environment
- Supply of PPE.



These learnings highlight the issues that were of most importance to CESPHN's stakeholders during the pandemic and should inform decisions around future advocacy activities in relation to COVID-19.

Relationships with practices and providers

The response to COVID-19 has relied on strong relationships with practices and providers, to ensure CESPHN is able to provide information, guidance and support when needed. In many cases the experience has strengthened these relationships and the level of engagement with providers. It has also highlighted the change management role that CESPHN can play in the sector. Moving forward it will be important to continue building on these relationships and increased engagement, particularly with general practitioners and allied health practices.



There is also an opportunity for CESPHN to work more closely with its commissioned services providers, particularly in the community sector, around service continuity and resilience in light of the experience of responding to COVID-19.

Relationships across the health system

The experience of COVID-19 has similarly emphasised the importance of relationships across the health system, including with partners and the broader health and social services sector, including providers and peak bodies.¹² CESPHN participated in a number of collaborative committees, including:

- SESLHD COVID-19 Update and Planning teleconference
- SLHD COVID-19 Steering Committee
- Residential aged care planning committees
- Two homelessness task forces:
 - COVID-19 Taskforce - Support and Care Coordination and Outreach Group
 - Sydney Rough Sleeping COVID-19 Taskforce.

“Collaboration across all partners has been the most valuable part of experience breaking down silos and working across agencies. CESPHN has been fabulous assistance and shows that a joined up integrated system can provide outstanding results.”

Survey respondent

COVID-19 has increased the recognition of the critical role that primary care plays in the health system, and the role of PHNs in supporting this. There is now an opportunity to continue building on relationships across the health system, between primary and acute services, and the broader social services sector. This ‘cooperative governance’ across the health system has become increasingly important as a result of COVID-19.¹³

The experience has also highlighted new challenges, such as the fragility of supply chains and risk of running out of PPE and other essentials, and consistency of messaging, which have the potential to significantly impact the public health response. This and other issues require a collaborative approach to planning to ensure future challenges can be effectively addressed.

¹² The King’s Fund 2020. *The Impact of COVID-19 on working relationships*. PwC Australia 2020. *COVID-19 Impacts and Opportunities for Australia’s healthcare system*.

¹³ Duckett, S. 2020. *Coming out COVID-19 lockdown: the next steps for Australian health care*, Grattan Institute.

COVID-19 challenges and opportunities

PHN governance and leadership

The COVID-19 experience has also highlighted the role that CESPHN's governance structures and leadership play. The role of the board in providing strategic direction, and the Clinical Council, Clinical Leaders Network and Community Council as a means of engaging with clinicians and the community, were critical in guiding CESPHN's COVID-19 response and activities. The board was kept informed by the chair, however the day to day response was managed by the CESPHN Executive Team, demonstrating a high level of trust between CESPHN's governance and management teams. This experience points to the ongoing need for strong and flexible governance during uncertainty to enable agile and rapid responses.

In addition, CESPHN's leadership played an important role. CESPHN had experienced leadership in place with strong relationships across the health system. This included CESPHN's general managers who took on specific responsibilities to lead the response coordinated by the CEO.



"Thank you to the PHN staff for working very hard and providing all the support you can during this very challenging time. The PHN was very quick to adapt, all staff I had contact with maintained the highest level of professionalism and made things look calm."

Survey respondent

Emerging challenges and opportunities

While the initial wave of COVID-19 in the region has subsided, it is clear that the impacts will continue to be felt into the future. This includes the impacts of the disruption to the health system, and longer-term population impacts, as well as recognising the need to plan for future outbreaks of the pandemic.

Ongoing monitoring and surveillance

The COVID-19 pandemic is ongoing. This means that there will be a continued need for monitoring and surveillance to ensure that the health system in the region is prepared and able to respond rapidly when required.

There are a range of challenges associated with managing ongoing surveillance, including ensuring the availability of testing and having respiratory clinics set up in the right areas to respond to potential outbreaks. Other challenges include ensuring practices, providers and communities continue to adopt COVID safe practices, and continue to maintain measures around infection control and physical distancing. Good contract tracing

has been effective in tracking cases and minimising transmission throughout the epidemic.¹⁴ In order to reduce the risk of future outbreaks, it will be crucial to avoid complacency in monitoring, contact tracing and physical distancing among the population.

Beyond monitoring outbreaks, a related challenge will be monitoring provider and practice viability and capacity in the longer term. This will be critical in ensuring surge capacity is available to meet any future outbreaks or other demands on the system. Planning to respond to future challenges will require improved data capture and greater data sharing, including 'live' case and capacity data, to enable agile and effective response.

System capacity

Long term, COVID-19 is likely to impact the overall capacity of the health and social care system in the region. It will impact not only on the capacity of the system to meet current and future health needs, but also on the capacity of the system to invest in and adopt ongoing quality and safety improvement initiatives. Challenges to system capacity are the result of a range of factors including:

- Practices and providers who have closed or reduced their levels of service as a result of the factors impacting operating models and/ or financial impacts on their business
- Disruption to service delivery leading to a patient backlog and increased future demand
- Disruption to preventative care, including those with chronic illnesses who have stopped accessing services aimed at reducing risk factors
- Increased future demand for services such as mental health and drug and alcohol due to economic downturn
- Increased demand for services required to support rehabilitation of COVID-19 patients, the impacts of which are not currently fully understood
- Implementation of a wide-scale COVID-19 vaccine program, noting the vaccine will require two doses administered one month apart

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¹⁴ Sydney Morning Herald, 2020. *Contact tracing: how disease detectives are closing in on COVID-19 in Australia*

¹⁵ Lewin, E. 2020. *What are the long-term health risks following COVID-19?* Royal Australian College of General Practitioners

Provider viability

Linked to this are challenges around the longer-term viability of practices and providers. For many, COVID-19 has presented a fundamental challenge to business and service delivery models. This is likely to continue creating challenges for practices and providers as they continue managing changes to service delivery modes in response to the changing situation and ongoing risk of COVID-19. In some cases this has already included members of the workforce being let go from some practices.

COVID-19 has had a varying impact on healthcare professionals' workload. 38% of healthcare professionals 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. 91% of surgeons and 72% of allied health practitioners reported decreases in their workload.¹⁶

Health workforce wellbeing

COVID-19 also has had significant implications for workforce physical and mental wellbeing. Until a vaccine becomes widely available the health workforce remains at increased risk of contracting the disease and must remain vigilant. The experience of responding to COVID-19 has generated higher levels of anxiety among healthcare workers, with the potential to lead to higher rates of burnout.¹⁷

Long term population health impacts

In the longer-term, COVID-19 is likely to continue having implications for broader population health in the region. This will include mental health, drug and alcohol use, domestic and family violence, reduced access to care and support for vulnerable people, and higher rates of chronic diseases. Some of these changes are already being observed in the system, with St Vincent's Hospital Sydney already reporting that they have seen significant population health impacts including changes in alcohol consumption patterns, increased rates of domestic violence and increased presentations for anxiety.

"We need to ensure access and equity for the most marginalised groups - particularly people experiencing homelessness and social isolation, and people from Aboriginal communities."

Survey respondent

In addition, the ongoing economic impacts of COVID-19 as job losses and workforce reductions continue will likely have broad health and wellbeing impacts for the central and eastern Sydney population in the long term. 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 alone. The city and inner south areas experienced 17,300 job losses in April, while the eastern suburbs experienced 1,900 job losses.¹⁸ The Centre of Full Employment and Equity's Employment Vulnerability Index (EVI) has identified several Sydney communities as being most at-risk of coronavirus related job losses, including the Punchbowl and Sydney CBD areas.¹⁹

¹⁶ TKW Research, 2020. *The impact of COVID-19 on healthcare professionals*

¹⁷ The Kings Fund 2020, *Responding to COVID-19: What challenges are health and care leaders facing?*

¹⁸ Sydney Morning Herald, 2020. *Sydney's inner city and Parramatta hit hard by job losses*

¹⁹ Centre of Full Employment and Equity, 2020. *Employment Vulnerability Index (EVI) 3.0*

COVID-19 challenges and opportunities

Nineteen post codes in the central and eastern Sydney region are in the top 10% of post codes likely to have the highest proportion of residents receiving JobKeeper payments.²⁰ The post codes are:

- Bondi Beach-North Bondi
- Botany
- Cronulla-Kurnell-Bundeena
- Engadine-Loftus
- Erskineville-Alexandria
- Gymea-Grays Point
- Holsworthy-Wattle Grove
- Menai-Lucas Heights-Woronora
- Newtown-Camperdown-Darlington
- Oyster Bay- Como- Jannali
- Panania-Milperra-Picnic Point
- Sydenham-Tempe-St Peters.

International students are another group who have been badly affected by COVID-19. Of those remaining in Australia more than 60% have lost their jobs and as a result have struggled to pay for rent and food. Loneliness and lack of social connection have become even bigger issues for this group since the pandemic.²¹

In addition, it is particularly important to consider those populations who are at higher risk of COVID-19 and likely to be affected by the associated longer-term health impacts. This is a core part of CESPHE's role as a commissioner, and population health advocate.

There must be a continued focus on the social determinants of health and their implications for groups including:

- Older people and people with disability
- Aboriginal and Torres Strait Islander communities
- Culturally and linguistically diverse communities²²
- People who are experiencing homelessness²³
- Younger people and women²⁴
- Those who already have a pre-existing chronic disease or those who are immunocompromised.

“Opportunities for creative solutions and harmonious work with the community / all involved ... The opportunity to realise we are all uniformly insignificant in front of illness, and that only the collaborations of brains and hearts will see us through crisis ... of all kinds.”

Survey respondent

²⁰ Taylor Fry 2020. *Where do people receiving JobKeeper live?*

²¹ Morris et al, 2020. *The experience of international students before and during COVID-19: Housing, work, study and wellbeing.*

²² NSW Teachers Federation Governments must improve COVID-19 communications to CALD communities; Tsirtsakis, A. 2020. *“How is race affecting COVID-19 outcomes?” The Royal Australian College of General Practitioners*

²³ Liotta, M., 2020. *Homelessness in the time of coronavirus*

²⁴ Institute for Fiscal Studies, 2020. *COVID-19 and the career prospects of young people*; Workplace Gender Equality Agency, 2020. *Gendered impact of COVID-19*

The need for greater integration and collaboration

The response to COVID-19 has highlighted the need for, and benefits of integration and collaboration across the health and social care system.²⁵ The need for a rapid and coordinated response has required different parts of the system to work together in new ways, including in areas such as communications, testing and infection control, telehealth and e-referrals. This will continue to present new opportunities for greater collaboration.²⁶



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 but increasingly for other conditions. 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.

²⁵ International Foundation for Integrated Care 2020. *Realising the true value of integrated care: Beyond COVID-19*.

²⁶ Duckett, S. 2020. *Coming out COVID-19 lockdown: the next steps for Australian health care*, Grattan Institute.

Strategic implications

The experience of responding to COVID-19 has identified further challenges and revealed opportunities that can be harnessed to improve the resilience of the health system in the region and improve health outcomes for the CESPHE population. These challenges and opportunities can be divided across six key areas.




The following plan outlines some of these strategic implications and also outlines actions to address these emerging challenges and advance these opportunities. These actions are intended as a starting point for further discussions to address challenges and opportunities across the six key areas. Proposed actions will continue to evolve as our priorities change and new challenges emerge as a result of COVID-19.

We will prioritise these actions based on which are the most urgent and the ease of implementation (i.e. which are 'quick wins'). This means considering what is achievable within current resources, given that responding to these challenges and opportunities will represent additional work. The plan will include a mix of actions aimed at addressing immediate impacts of COVID-19, including current outbreaks, as well as actions aimed at addressing the longer-term implications and opportunities created by the pandemic.

The action plan identifies both short and long-term priorities to help inform the prioritisation of actions against their urgency and the type of impacts they seek to address.

COVID-19 challenges and opportunities

Strategic implications: an action plan

Challenges and opportunities		Actions	Short term	Long term
	Reimagining how primary care is delivered			
<p>COVID-19 has forced the sector to re-think how primary care is delivered. While telehealth will continue to form part of blended delivery models, it is important to recognise that telehealth is not accessible and not appropriate for all consumers and in all cases. Cultural considerations and connection to community are important, particularly for Aboriginal people.</p> <p>Reimagining primary care should include broader consideration of COVID-safe practices that manage risk in a considered way.</p> <p>This means recognising that the risk of not treating a patient may be considerably higher than the risk of contracting COVID-19, and considering not only emergency treatment but ongoing chronic disease management and prevention for mental and physical health and wellbeing. Other considerations include:</p> <ul style="list-style-type: none"> • Consumer safety - How can delivery modes ensure consumer safety and manage risks in a balanced way, including ensuring consumers who need or want to access face-to-face services can continue to do so safely? 		<p>Provide practical tools, support and guidance on patient and workforce safety, including managing waiting rooms, referring to respiratory clinics to reduce risk to primary care. Promote best practice guidelines.</p> <p>Implement virtual CPD program for health care workers on risk and safety specifically related to the key emerging issues e.g. presenting for long term conditions, weighing up risk between COVID-19 potential transmission versus other health issues.</p> <p>Understand PPE requirements and work to ensure adequate supply of PPE.</p> <p>Support implementation of e-prescribing across the region.</p> <p>Support practices to move to a blended face to face and telehealth delivery model²⁷including three-way telehealth (e.g. between patient, GP and specialist/ allied health) and the use of translating and interpreting services with telehealth.</p>	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p></p> <p>✓</p> <p></p> <p></p> <p></p>

²⁷ RACGP, 2020. RACGP urges overhaul of telehealth to ensure quality patient care; Tsirtksakis, A. 2020. Government restricts telehealth MBS access to a patient's regular GP.

COVID-19 challenges and opportunities

- Primary care workforce safety - How can delivery models ensure the safety of the primary care workforce and support their wellbeing in the long term?
- Provider viability - How can delivery models increase the resilience of practices and providers and their preparedness to respond to future waves of COVID-19 or other shocks?

Explore barriers to video conferencing and support strategies to encourage greater uptake.

✓

Work with research centres to evaluate innovation such as virtual care models.

✓

COVID-19 challenges and opportunities



Responding to social determinants

A number of populations are at greater risk from COVID-19, and its associated population health implications. These include older people, people with disability, carers, people experiencing homelessness, people from culturally and linguistically diverse backgrounds including international students, and Aboriginal communities.

Many of these populations have faced a greater burden as a result of COVID-19, and continue to experience inequitable access to services.²⁸ Language, culture and access to digital technologies are common barriers. Learnings from responding to COVID-19 highlight the critical role that programs and services play in supporting at-risk populations, and the need to ensure consumers can continue to access the full range of services and supports they need. This is a core part of CESPHN's role as a commissioner and population health advocate, and means there must be a continued focus on the social determinants of health.

As the sector moves beyond initial response and towards recovery and rebuilding, those populations at greatest risk should continue to be the focus of CESPHN's efforts. This should include consultation and engagement with people with lived experience.²⁹

Collect and use available data to identify and prioritise services to people that are likely to be at higher risk of poor outcomes.

✓

Develop and implement an engagement plan that focuses on increased engagement with specific vulnerable populations including representative providers and peaks for those specific communities.

✓

Social media campaigns focused on specific at risk communities to encourage presenting for long term care needs and day to day health issues. Reinforce with information on safe practices.

✓

Take into consideration levels of health literacy and use easily understood messages and visuals where possible.

✓

Partner with community organisations and leaders to engage communities and participate in response efforts, including efforts to reduce community transmission,³⁰ and address digital, language and cultural barriers to accessing services.

✓

✓

Address the digital divide through strategies to address barriers such as how to use technology, access to equipment and data.

✓

✓

²⁸ AMA, 2020. *Latest information on COVID-19*; Department of Health, 2020. *Guide for Home Care Providers*.

²⁹ Institute for Healthcare Improvement, 2020. *Co-producing COVID-19 recovery* Institute for Healthcare Improvement.

³⁰ World Health Organisation, 2020. *Practical actions in cities to strengthen preparedness for the COVID-19 pandemic and beyond: an interim checklist for local authorities*

COVID-19 challenges and opportunities



Building service resilience and capacity

COVID-19 has presented challenges to the long-term viability of some practices and providers, and to the sustainability of the system overall. These challenges include:

- Disruptions to service delivery
- Impacts to provider revenue,
- Impacts on workforce safety and wellbeing
- Stalled practice accreditation
- The need for ongoing testing and enhanced infection control.

Moving forward, it will be important for CESP HN to respond to these challenges to support the resilience of the local health system.³¹ CESP HN has a unique understanding of the challenges facing practices and providers, and the needs of the population in the region, that can be leveraged in doing so.

The experience of COVID-19 has emphasised the value of engaging with the primary care sector, and providing training and support to practices and providers. The pandemic has increased the levels of engagement with CESP HN's practice support and digital health teams and its CPD program and it will be important to build on this.

Support practices to maintain accreditation during and following the pandemic.

✓

Review and refresh current provider viability indicators to identify further factors that might influence vulnerability

✓

Review the need and if appropriate continue to advocate for additional respiratory clinics in the southern part of the region.

✓

Establish a cohort of representative practices to assist monitoring of practice changes and viability.

✓

Continue to build on viability discussions with all providers, identify themes and advocate for appropriate resources to support viability.

✓

Embed online engagement into regular training and CPD programs to work alongside face to face programs.

✓

✓

Provide business development and workforce planning support to providers and practices.

✓

Establish localised leadership networks to encourage information sharing at a local level and foster clinical and community leadership.

✓

Advocate for funding of nurse clinics and utilising nurses at the top of their scope of practice

✓

³¹ The King's Fund, 2020. *Resilience is much more than hospital beds*

COVID-19 challenges and opportunities



Strengthening integration

There is an opportunity to build on the COVID-19 experience to continue the COVID strengthened integration and collaboration between CESPHN and its partners. This has included strengthened collaboration at a strategic level, as well as integrated ways of working at operational levels.³²

This also means continuing to work through cooperative governance frameworks with partners which draw on a coalition of local and national expertise and health system leadership.

For CESPHN, this should include continuing to strengthen collaboration with:

- LHDs
- Specialist health networks
- The Department of Health
- The NSW Ministry of Health
- The tertiary education sector
- Other PHNs
- Community-based services and the not-for-profit sector
- Local government
- Human services agencies.

Use the NSW Human Services Outcomes Framework to build integrated cross agency responses including policies, communications and commissioning.³³

Identify gaps and priority areas/ programs and co-design and commission collaboratively to address common issues, particularly for State and Commonwealth funded programs

Ensure residential aged care facilities are supported to manage COVID-19 outbreaks and maintain access to primary care services.

Work with local health districts and networks to ensure consistency in approach and clear roles for general practice and allied health in virtual hospital care models.

Work with local health districts and networks to improve notification of COVID-19 test results to general practitioners.

Promote greater usage of MyHealthRecord and uptake by specialists and allied health.

Promote COVID-19 HealthPathways and continue to strengthen HealthPathways as the gateway to clinical care information relevant to our region.

✓

✓

✓

✓

✓

✓

✓

³² Grattan Institute, 2020. *Coming out of COVID-19 lockdown: the next steps for Australian health care*

³³ NSW Department of Communities and Justice 2017. *Human Services Outcomes Framework*

COVID-19 challenges and opportunities

A key barrier is the variety of IT systems in use across primary care and LHDs, making information sharing, including COVID-19 test results to GPs, difficult. Allied health software is rarely conformant with secure messaging and MyHealthRecord system.

Support increase in e-referrals, secure messaging and discharge communication.

✓

Identify and consult with community-based services and peaks to identify further opportunities for integrated working, communications and support.

✓

Develop an emergency response strategy to respond to future disease outbreaks or natural disasters.

✓

Work with universities to build stronger connections between medical, social services and allied health students.

✓

COVID-19 challenges and opportunities



Providing information and advocacy

The COVID-19 response has strengthened CESPHN's role as a recognised and trusted source of information in the sector. This role has included identifying, curating, and providing important information, guidance and resources for primary care providers. It has also meant providing a direct conduit to general practitioners and primary care providers, which has been an increasingly important role during the pandemic.

There is an opportunity to continue building on this role as a conduit, both disseminating information to providers and reporting back to other system partners. This may also include generating original content based on CESPHN's understanding of its region, population and sector to inform broader discussions.

COVID-19 has also increased recognition of the role of PHNs in responding to health challenges, and has improved communication between PHNs, the Department of Health and other partners. It will be important to build on this increased recognition to ensure it is sustained beyond the pandemic.

Moving forward, this means continuing to advocate for recognition of the primary care sector, and leveraging digital communications to improve the delivery of care and collaboration between sectors.³⁴

Establish a communications advisory group	✓	
Promote communications to community members (e.g. about how community members can minimise community transmission).	✓	
Promote and advocate for communications for non-English speaking communities, such as sharing existing resources from Multicultural NSW.	✓	
Advocate for the local community and local primary care providers, in particular for sustainable funding and longer commissioning contracts.	✓	
Build on trusted relationship by providing localised information on service availability.		✓
Promote the value of having a regular GP and regular general practice services.		✓

³⁴ Kidd, M., 2020. *Australia's primary care COVID-19 response*

COVID-19 challenges and opportunities



Monitoring and addressing population health impacts

COVID-19 has emphasised the value of information, particularly live data and sharing of this data between primary care, PHNs and the wider health sector.

COVID-19 will continue to impact the health and wellbeing of the region's population, as well as driving longer-term implications of the pandemic.³⁵ Anticipated impacts include:

- Increasing wait lists and backlog of service delivery
- Implications for mental health and chronic diseases
- Impacts of COVID-19 rehabilitation, which are not yet well understood
- Increased drug and alcohol use and domestic and family violence
- Reduced access to care and support and increased isolation for people with disability and older people
- Wellbeing implications of economic downturn.

CESPHN has a critical role to play in monitoring, understanding, and addressing these ongoing population health impacts.

Collect, use and share timely information and data to improve monitoring of the spread of COVID-19.

✓

Increase monitoring of broader population health impacts to identify changes as a result of COVID-19

✓

Work with LHDs, practices and providers to assess and address any referral increases or wait lists that may emerge as a result of increased service need after COVID-19.

✓

Utilise our Regional Mental Health and Suicide Prevention Plan framework to address demand for mental health services.

✓

✓

Utilise qualitative community data and cross agency data and monitoring to identify and respond to opportunities and challenges.

✓

Plan for distribution of COVID-19 vaccine – supporting preparedness among general practice and ensuring consistent communication and messaging.

✓

Implement strategies to increase screening for cancer and other health conditions.

✓

✓

Encourage universal screening of patients for alcohol and other drug use and domestic violence.

✓

✓

³⁵ Lewin, E., 2020. "What are the long-term health risks following COVID-19?" *The Royal Australian College of General Practitioners*.

COVID-19 challenges and opportunities

Fund and promote programs that address social isolation.	✓	✓
Implement strategies to build the capacity of primary care to identify and appropriately respond to drug and alcohol and mental health related harms.	✓	✓

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