

# COVID-19 Response Strategic Statement



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# 1.0 Introduction

This Strategic Statement outlines WA Primary Health Alliance's (WAPHA) scope and role in enabling the preparedness of Western Australia's primary care sector to adequately deal with living with COVID-19 as an ongoing reality.

The management of COVID-19 in the primary care setting, including the critical partnership with general practice, will form an increased role in the WA Department of Health's system-wide response for COVID-19 management and care and the ongoing measures that support living with COVID-19 in WA.

While WAPHA believes there are fundamental principles and protocols still to be agreed to ensure an integrated response across primary and acute care in Western Australia, we have identified WAPHA's key areas of service delivery and support structures for care of Western Australians in the community setting. This is guided by the mandate Primary Health Networks have been given by the Australian Government to lead the implementation of the package of primary care measures that support National Cabinet's work on Phases B and C of the National Plan to transition Australia's COVID-19 response. Phase A of the Plan focused on vaccination, preparation and pilots to continue to strongly suppress the virus for the purpose of minimising community transmission. Phase B focused on the vaccination transition phase to seek to minimise serious illness, hospitalisations and frailty as a result of COVID-19 with low level restrictions. Phase C is the vaccination consolidation phase which seeks to maintain serious illness, hospitalisations and fatalities as a result of COVID-19 with baseline restrictions. Phase D will be the post vaccination phase – managing COVID-19 consistent with public health management of other infectious diseases.

The focus of the WA COVID-19 primary care response is on the models of care and pathways involving the primary health care sector that will support an immediate response to managing the expected cases of COVID-19 in our community as the disease spreads. This builds on the work WAPHA has undertaken during the first three Phases of Australia's National COVID-19 Response Plan – particularly in contributing to increased vaccination rates in WA, supplying personal protective equipment (PPE) to general practices, standing up the GP Respiratory Clinics and keeping general practice informed and up-to-date on the planning for, and management of, COVID-19 in general practice.

WA's current approach to managing COVID-19, with the supervised management of a very small number of patients with mild to moderate COVID-19, has served our regions and communities well to date. We now need to transition to a new approach to meet the projected increase in COVID-19 cases as part of living with COVID-19.

Current models of care and modes of care delivery will need to be scaled, expanded and supplemented with innovative and agile approaches that recognise the lessons learned within WA and through national and international experience over the past 18 months – and, especially with the emergence of the Omicron variant.

## 1.1 Role of Primary Health Networks in the COVID-19 Response

PHNs are local, independent organisations set up by the Australian Government to collaborate with GPs and other health professionals to ensure that primary health care is accessible, efficient and effective. Times of natural disasters such as bushfires, cyclones and floods, and the current COVID-19 pandemic, present an array of challenges to consumers accessing their usual primary health care and, in the case of COVID-19, accessing extraordinary care such as an emerging need for mental health services, telehealth and COVID-19 testing. PHNs have had key roles during the COVID-19 response at a Commonwealth, State and Territory level, as well as at the local community level.

Within our local communities, PHNs across Australia have had a role as trusted sources of comprehensive localised COVID-19 information and resources for GPs; providing updates, clinical education opportunities, business continuity supports and other resources to support their clinical practice. PHNs have also been extremely nimble in responding to the COVID-19 outbreak, using local knowledge and coordination expertise to quickly mobilise and coordinate primary health care services and community supports to provide much needed care while reducing the burden on local hospitals.

The primary health care sector is the cornerstone of Australia's health care system, and equal to the hospital sector in terms of total annual health expenditure. Primary care providers offer a ready-made workforce that can provide appropriate and timely care during an emergency. Diverting primary care consumers to more suitable care providers reduces pressure on secondary and tertiary care sectors. PHNs have demonstrated their unique insights and skills to coordinate an integrated response from local health care providers for their communities and have had, and continue to have, a highly positive influence on outcomes for consumers, the health system and providers as part of the Australian COVID-19 response.

## 1.2 Purpose of Document

The purpose of this document is to:

- Define, for key stakeholders, WAPHA's mandate and strategic context in leading the WA implementation of the Australian Government PHN primary care COVID-19 workstreams;
- Provide a set of principles that will anchor WAPHA's activity across each of the COVID-19 PHN primary care workstreams

- Guide the development of clearly defined pathways, services, guidelines and protocols for primary care;
- Define the priority groups WAPHA will target in the implementation of the COVID-19 primary care measures, and
- Identify the enablers that will need to be addressed to successfully execute WA's COVID-19 primary care response

## 1.3 Target Audience

The document targets all health system stakeholders across primary care settings who are designing and activating the models of care and care delivery that are aligned to WAPHA's COVID-19 response activity. It aims to create a shared understanding of the coordinated and centralised approach that is needed in WA as is agreed by key partners across public, private and primary health care sectors.

The target audience is prioritised as:

- General Practitioners
- General practice staff
- GP Colleges (RACGP and ACCRM)
- WAPHA commissioned service providers
- WA Health – COVID-19 response unit
- Health Service Providers
- Rural Health West
- Residential Aged Care Facility management
- Aboriginal Community Controlled Health Organisations
- General practice peak organisations
- Pharmacy peak organisations
- Health Consumers' Council

## 1.4 Scope

The scope of this document encompasses WAPHA's Australian Government mandate to support and strengthen the health system to manage an increase in COVID-19 cases as Australia starts to move into Phases B and C of the National Plan to transition Australia's COVID-19 response. Noting the emerging nature of WA's health system response strategy, this Strategic Statement will align to the State response as it is currently understood and will be regularly updated to reflect the emerging living with COVID-19 primary care context.

**The Australian Government has tasked Australia's 31 Primary Health Networks with leading key primary care activity workstreams:**

- COVID-19 Positive Community Care Pathways
- Support for Primary Care from the National Medical Stockpile
- PHN Commissioned Home Visits by clinicians to prevent avoidable hospitalisations
- Provision of up to date and reliable information and resources for general practice
- Extension of the role and reach of General Practice Respiratory Clinics (GPRCs)

Details of the activities within these workstreams are provided in this Strategic Statement and a series of supporting scope documents for each workstream is positioned beneath the Strategic Statement.

## 2.0 Principles

In implementing the COVID-19 PHN workstreams in WA, WAPHA will:

### **Align our effort to the Quadruple Aim of Healthcare**

COVID-19 impacts many of the best practices traditionally used to meet the Quadruple Aim (improving population health, lowering the cost of care, enhancing the patient experience, improving provider satisfaction) and WAPHA will ensure we maintain our focus on the Quadruple Aim in this new context.

### **Keep patients, carers and the community at the centre of what we do**

The person with COVID-19 and their carer, families and the WA community are at the forefront of all considerations.

### **Leverage existing effort and avoid duplication**

Existing models and processes will be leveraged to build, expand and scale current systems and capabilities, and integrated to ensure that we are not wasting effort on duplication.

### **Share information to ensure continuity of care and public safety**

Every opportunity will be taken to share information safely and securely in the interest of continuity of care for COVID-19 positive patients and the safety of the general public.

### **Build genuine partnerships**

Effective partnerships between general practice, the WA health system and private health providers will be paramount to ensure safety, continuity and integration of care, and quality health outcomes for the WA community.

### **Be ready to adapt and collaborate to co-design new and innovative models of care**

An agile and participatory approach will be adopted to the design of innovative and scalable new models of care and delivery modes.

### **Create a safe learning environment and culture to enable us to adapt**

A supportive environment that is focussed on learning and rapidly adapting models of care and systems as emerging evidence and lessons are discovered in the clinical care of people with COVID-19.

### **Be guided by the Australian Government COVID-19 primary care response mandate for PHNs**

Ensure we prioritise our resources and effort on the requirements PHNs have been allocated by the Australian Government.

## 3.0 Context

### 3.1 WAPHA Strategic Plan

WAPHA's work in responding to COVID-19 will be predicated on our mission:

**To shape, strengthen and sustain primary health care through partnerships and strategies that improve people's access and health outcomes**

We will anchor our work to our values of courage, humility, respect, wisdom and integrity.

WAPHA will align our COVID-19 response activity to our four Strategic Priorities:

- Empower people and communities
- Commission services in a planned and targeted way
- Promote and prioritise an integrated health system, and
- Continuously improve primary health care practice

### 3.2 National Health Reform Agreement

WAPHA's activity in supporting the COVID-19 response in WA is an important starting point to take forward the commitments in the National Health Reform Agreement on joint statewide planning of primary care services. WAPHA will continue to seek the establishment of a joint structure to oversee further work between WAPHA and Western Australia's Health Services to develop joint regional plans in key areas where a one health system approach can deliver better value from the health system. WAPHA will continue to advocate for, and prioritise, an active leadership role on State COVID-19 planning and response groups to ensure the role of primary health care is acknowledged and embedded within the State's COVID-19 strategic planning.

### 3.3 National COVID-19 Plan

National Cabinet has formulated a plan (the National Plan) that provides a graduated pathway to transition Australia's COVID-19 response from:

- The Vaccinate, Prepare and Pilot phase (A) focused on strong suppression of the virus for the purpose of minimising community transmission, to
- The Vaccination Transition Phase (B) which seeks to minimise serious illness, hospitalisation and fatalities as a result of COVID-19 with low-level restrictions, to
- The Vaccination Consolidation Phase (C) seeking to minimise serious illness, hospitalisations and fatalities as a result of COVID-19 with baseline restrictions, to
- The Post Vaccination Phase (D) managing COVID-19 consistent with public health management of other infectious diseases.

<https://www.australia.gov.au/national-plan>



### 3.4 National COVID-19 Vaccination Strategy

The Australian Government, in partnership with PHNs, general practice, Aboriginal Community Controlled Health Services, pharmacies and State and Territory Health Departments, has delivered a strong vaccine program to ensure high rates of COVID-19 vaccinations are delivered to the community. This will continue to occur until at least 90 per cent vaccination levels have been achieved.

In addition, the Australian Technical Advisory Group on Immunisation (ATAGI) has provided recommendations regarding the administration of a third dose of the COVID-19 vaccine. This is in response to the emergence and spread of the Omicron variant of COVID-19 within Australia. ATAGI's updated recommendations are based on strong evidence indicating that booster doses are likely to increase protection against infection with the Omicron variant, as well as credible international data on the safety of administering earlier booster doses. The Australian Government announced that, from 4 January, booster doses will be available to Australians aged 18 and over who completed their primary course of COVID-19 vaccination no less than four months ago.

Booster doses are recommended, particularly for those who have not had a mRNA vaccine. Workers in WA who are already covered by a vaccine mandate must receive a third dose of an approved COVID-19 vaccine within one month of becoming eligible.

## 4.0 Australian Government PHN Primary Care COVID-19 Activity Workstreams

### 4.1 COVID-19 Positive Community Care Pathway

WAPHA, WA Health and Health Service Providers will work in partnership to develop a core COVID-19 Positive Community Care Pathway for Western Australia, with localisation as required. As part of this work WAPHA will engage with GPs and other key stakeholders (including WA Health, Health Service Providers, Aboriginal Community Controlled Health Organisations and Rural Health West) to ensure the community care pathway is fit for purpose. There is a requirement to factor into the Pathway specific requirements for at risk populations including people living in RACFs, older Western Australians, Aboriginal people, people from culturally and linguistically diverse backgrounds and people in socioeconomically disadvantaged circumstances.



The Pathway will chart a clear plan on where and how COVID-19 positive Western Australians will be managed through primary and community care services, and when care needs to be delivered through hospitals. The intent of the WA Pathway is to connect COVID-19 positive patients to the right level of care, be that self-monitoring, care from a GP or GPRC or, for higher risk patients, transition to care in a hospital or approved arrangements. The Pathway will include clear and rapid escalation arrangements to receive hospital based care if needed. It will be iterative as more treatments are made available through the National Stockpile, hospitals or community pharmacies and will respond to emerging modelling and Australian and State Government policy.

## 4.2 Support for Primary Care from the National Medical Stockpile COVID-19 Vaccination

WAPHA is a key contributor to the COVID-19 Vaccine Rollout, leading the primary care response in Western Australia. Between 1 January 2022 and 30 June 2022, WAPHA will continue to take responsibility as the primary coordination and communications channel for vaccination information to general practices and residential aged care facilities. This includes the child and booster vaccinations. WAPHA will provide advice to the Australian Government Department of Health on emerging issues via regular surveying of general practices regarding preparedness, challenges and opportunities.

Ongoing development and updating of HealthPathways is central to WAPHA's vaccination activity. WAPHA will continue to provide communications updates, clinical updates and logistical support to general practices, Commonwealth vaccination centres and residential aged care facilities in WA. WAPHA also has a key role in integrating the Australian and State Governments' COVID-19 vaccination efforts.

WAPHA will support the redistribution of COVID-19 vaccine stock across WA general practices, managing a list of practices with expiring stock and those needing additional stock. WAPHA will also provide ordering and logistical support (until a national distributor is appointed by the Australian Government) for the provision of PPE to general practices, Aboriginal Medical Services and GP Respiratory Clinics who will care for COVID-19 positive patients in the community.

In addition to logistics and communications support, WAPHA provides regular updates, education opportunities, business support, and other resources to general practices, Commonwealth Vaccination Clinics and residential aged care facility providers taking part in the Australian Government COVID-19 Vaccine Rollout.

WAPHA will maintain a focus on identifying vulnerable groups of people who may experience difficulty in accessing vaccination. These groups, including Aboriginal people, LGBTQI+ people, older Western Australians and those from culturally and linguistically diverse communities, will be recommended for priority attention by WA's

primary care providers. WAPHA will commission primary care providers to provide COVID-19 vaccination services to vulnerable populations or individuals who cannot access the vaccine through existing mechanisms.

WAPHA will support ongoing vaccinations within WA community pharmacies. The Australian Government is making additional PPE available to pharmacists who are administering COVID-19 vaccinations and booster doses through to 31 March 2022.

### **PHNs providing personal protective equipment to practices with limited access and transition to living with COVID personal protective equipment**

General practices which have formally advised WAPHA of their intent to see COVID-19 positive patients via face to face consultations will have access, ordering via WAPHA, to PPE bundles from the Australian Government's National Stockpile. These bundles include:

- P2/N95 Respirators
- Eye protection
- Long sleeved gowns/aprons
- Gloves

The Australian Government has responsibility for distribution via a national network of logistics providers. Until this network is established (expected early 2022), WAPHA will undertake the logistics/distribution function in WA.

WAPHA will commission a provider to conduct respirator fit testing in WA general practices and Aboriginal Medical Services in priority areas of Country WA that have indicated they are prepared to see patients face to face. This will mitigate a significant expense that would otherwise have to be met by practices in a difficult fiscal environment.

### **Provision of Pulse Oximeters**

WAPHA will provide an ordering service for pulse oximeters from the National Stockpile for general practices and GPRCs that have agreed to care for COVID-19 positive patients isolating in their home. WAPHA is required to ensure order quantities are reasonable and linked to community outbreaks and management of COVID-19 positive patients by general practices and GPRCs. At this time, the WA Department of Health has not confirmed whether pulse oximeters will be included in the WA home monitoring and care model for people with milder COVID-19 symptoms to be monitored and treated at home.

## 4.3 Commissioned Home Visits

WAPHA will undertake procurement to engage a clinical service provider or providers, including but not limited to, medical deputising services, nurse practitioners and practice nurses, to undertake home visits to provide care to COVID-19 positive patients where their GP does not have capacity or where a person does not have a managing GP. This includes coverage for the after hours period. WAPHA will engage GPs in the development of this commissioned activity and will approach the market early in 2022.

This activity does not override provision of telehealth for home monitoring of COVID-19 positive patients – rather, it is intended to occur only in exceptional circumstances to avoid preventable hospital presentations and admissions. WAPHA's engagement with GPs is important to ensure there is appropriate focus by the commissioned service providers on briefings from the patient's usual GP and provision of a home visit summary to that GP.

The Commissioned Home Visiting service will incorporate clear escalation pathways, strong compliance processes, appropriate use of assessment and risk stratification guidelines, guidelines and provision for PPE and risk and safety protocols.

## 4.4 Provision of up to date and reliable information and resources for general practice

General practitioners and their practice teams have played an integral role in Australia's response to COVID-19 and have been the backbone of the nation's vaccine rollout.

General practice will again be critical as we transition to effectively managing COVID-19 positive patients in the community. WAPHA will continue to support WA's general practices with information, resources and advice on a range of clinical and business topics including:

- HealthPathways
- Clinical guidelines and key documents
- Emerging Commonwealth and State policy direction
- New and extended primary care MBS Items
- Telehealth policy changes and supporting technology and best practice
- Infection control
- COVID safe business requirements
- GP in-reach to residential agedcare facilities
- Recommendations for staff wellbeing supports and services

## 4.5 Extension of the Role and Reach of GP Respiratory Clinics

The Australian Government funds a network of GPRCs across Australia to provide a GP respiratory clinic model of care including:

- Undertaking full respiratory assessments including respiratory virus PCR multiplex (including SARS-CoV-2) testing, and paediatric respiratory care;
- Supporting short term management of a patient's acute, immediate respiratory needs, with longer term management supported via referral back to the patient's regular GP;
- Supporting patients who test positive to COVID-19 to receive care through the COVID Positive Pathways program, which links people to clinical care, monitoring and support services; and
- Capacity to provide paediatric respiratory care.

WAPHA is responsible for the establishment and continuance of the GPRCs and WA currently has 11 across metropolitan and country regions. WAPHA is currently focused on the refresh of the GPRCs which includes expansion of services into the after hours (including weekend) period. WAPHA will advocate to the Australian Government to ensure WA is sufficiently serviced by GPRCs across all regions, particularly in areas of most need.

## 5.0 Enablers

### 5.1 HealthPathways

High usage of COVID-19 related pathways demonstrates the importance of maintaining focus on building engagement to support front line care. Usage statistics of COVID-19 page views for Australia show that value is being delivered to clinicians in our health systems.

It is important that WAPHA continues our collaboration with WA's Health Service Providers and WA Health on continuously updating HealthPathways, an online clinical and referral information portal. WAPHA will develop and maintain COVID-19 specific localised HealthPathways. WAPHA will continue to promote COVID-19 HealthPathways and strengthen HealthPathways as the gateway to clinical care information relevant to our regions.

COVID-19 HealthPathways will be created and updated by our team of clinical advisors, who monitor the situation closely and update pathways regularly to reflect any changes. This will ensure WA GPs and hospital-based specialists have access to referral protocols. Patients will be linked in with the State-wide COVID-19 system response and pathways of care. This is intended to ensure limited delays in COVID-19 positive patients self isolating,

to reduce spread within the community and households. Pathways will include pathways for escalation of patient care to specialist services.

## 5.2 Support for Commissioned Service Providers

WAPHA will continue to provide advice and support to people working in our commissioned services during the COVID-19 pandemic. This will include:

- Government mandated directions
- Australian and State Government policy measures
- Telehealth support
- Links to Government resources
- Planning support for response and recovery
- Workforce management
- Infection prevention and control
- Links to community resources
- HealthPathways
- Webinars
- Service Provider Connect newsletter updates
- Updates from dedicated Contract Managers
- Recommendations for staff wellbeing supports and services

## 5.3 Digital Health

Digital health has been, and will continue to be, a critical enabler to WAPHA's work in the COVID-19 response. Our focus areas, in support of general practice, are:

- Telehealth
- My Health Record
- E-prescribing
- Secure messaging

WAPHA will assist general practice to understand, and use, digital health solutions in a meaningful way throughout the COVID-19 pandemic. WAPHA will also support digital readiness and response within our commissioned service providers.

## 5.4 Planning for Longer Term Care to Manage Impact of COVID-19 in the WA Community

At the height of the COVID pandemic in Australia, attention was diverted away from primary care's key roles in early detection of disease and management of long term conditions. COVID-19 will continue to impact the health and wellbeing of Western Australia's population, as well as driving longer-term implications of the pandemic.

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 family and domestic violence;
- Reduced access to care and support and increased isolation for people with disability and older people; and
- Wellbeing implications of economic downturn.

WAPHA has a critical role to play in monitoring, understanding, and addressing these ongoing population health impacts. We will:

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

## 5.5 Stakeholder Engagement

A robust approach to engaging with key stakeholders is integral to WAPHA's COVID-19 response. We will prioritise key stakeholders based on the following core components contained within our Stakeholder Engagement Framework:

- We are deliberate about which stakeholder groups we will engage with, and when.
- We think carefully about how we involve our stakeholders to create mutual benefit.
- We engage in multiple ways to create purpose and meaning.
- We use tools and measures to help us to engage well and continuously monitor and improve our relationships.

Our engagement is underpinned by five guiding principles:

- Respectful
- Authentic
- Pragmatic
- Transparent
- Purposeful

Effective engagement will not look the same for every stakeholder or every situation. WAPHA uses a tailored Stakeholder Engagement Spectrum to fit our context and the needs of our stakeholders. It provides a pragmatic and planned approach to support a shared understanding of the scope of influence stakeholders have. The four levels within the Spectrum are:

- Inform
- Consult
- Collaborate
- Enable

WAPHA will utilise our existing advisory and reference groups where possible to inform our COVID-19 response activity. These will include:

- WAPHA Clinical and Community Councils and Committees
- Strategic Aboriginal Health and Wellbeing Advisory Group
- LGBTQI+ Reference Group
- GP Advisory Panel
- WAPHA Member Organisations

Where required WAPHA will establish purpose specific, time limited advisory and/or reference groups to inform the design of COVID-19 pathways, models of care and to further the development of a one system approach to Living with COVID-19.

## 5.6 COVID-19 Case Modelling

Western Australia's COVID-19 response strategy is based on public health advice and scenario modelling undertaken by the WA Department of Health's Epidemiology Branch. The Australian Government Department of Health also provides jurisdictional modelling. WAPHA will continue to monitor the commonalities, discrepancies and inconsistencies between the two sets of modelling to ensure our primary care response planning is informed by sound data and contextual information.



Both the State and Australian Government Departments of Health have provided scenarios to inform decision making and these include:

- Vaccination rate assumptions (80 per cent and 90 per cent)
- Age groups for vaccination rates (16+ and 12+)
- Public Health safety measures (mask wearing, social distancing)
- Days from first case to peak symptomatic cases
- Peak symptomatic daily active cases
- Total symptomatic cases in first year

Modelling will remain dynamic and WAPHA will review regularly in response to real events to determine if there needs to be further adjustments to the WA primary care COVID-19 response – in particular to public health and social measures.

## 5.7 Communications

Lives, and the orderly management of the fast-moving COVID-19 situation, depend on the immediacy and clarity of information that can be delivered to front line primary health care staff. WAPHA will play an essential role in the coordination and amplification of information to the sector.

WAPHA has developed a Living with COVID Communications Plan which sets out an approach, structure, principles, and key messages to help us be pro-active and respond quickly and efficiently to various scenarios. WAPHA's Living with COVID-19 Communications Plan sets out the priority target groups and priority communications activities, to ensure we are investing our time and effort where our communications will have most impact and remain within our scope as determined by the Australian Government.

WAPHA's Living with COVID-19 communications objectives are:

- Sustain WAPHA as a credible and authoritative source of information on Living with COVID;
- Keep all relevant internal and external stakeholders well informed, so they are reassured and can carry out their roles effectively;
- Facilitate strong stakeholder relationships to ensure aligned, accurate communication to support a system wide respond to Living with COVID;
- Support primary health care, in particular general practice and commissioned service providers, to communicate about ongoing access to and effectiveness of their services; and
- Reassure the community about the continued effectiveness of the primary health care system.

## WAPHA's key communications audiences

### INTERNAL



- WAPHA staff
- Board
- Contractors working on site or remotely

### EXTERNAL PRIMARY



- Australian Government Department of Health
- WA Health and associated agencies e.g., SHICC, HSPs
- General practice colleges (RACGP and ACCRM)
- General practices
  - Generic
  - Vaccinating practices
  - GP Respiratory Clinics
- GPs providing aged care inreach
- Commissioned service providers
- Residential aged care providers
- ACCHOs
- WAPHA representative bodies
- Member organisations (representing general practice, pharmacy and allied health)
- Agencies representing and providing services to vulnerable population groups

### EXTERNAL SECONDARY



Consumers – while not a primary audience, will be considered as required e.g., to support attendance at general practice or produce resources to support our stakeholders to communicate with the community or provide information on COVID-19 to relieve pressure on general practices

## 5.8 Advocacy

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

In some instances, WAPHA does not have control of the levers required to implement the changes that are needed in the system to lead the optimal primary care response to the COVID-19 pandemic. In these cases, there is an opportunity for WAPHA to continue advancing its role as an advocate in the system. This includes drawing on WAPHA's unique understanding of the population and providers in WA's metropolitan and country regions. WAPHA will continue to draw from the experience of the national PHN network through formal and informal engagement mechanisms.

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 WAPHA's role as a population health advocate. There must be a continued focus on the social determinants of health and their implications for people who have an increased susceptibility to adverse health outcomes, including:

- Older people and people with disability
- Aboriginal and Torres Strait Islander communities
- Culturally and linguistically diverse communities
- Member of WA's LGBTQI+ communities
- People who are experiencing homelessness
- Those who already have a pre-existing chronic disease or those who are immunocompromised.

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## Acknowledgement

WA Primary Health Alliance acknowledges and pays respect to the Traditional Owners and Elders of this country and recognises the significant importance of their cultural heritage, values and beliefs and how these contribute to the positive health and wellbeing of the whole community.

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## Disclaimer

While the Australian Government Department of Health has contributed to the funding of this material, the information contained in it does not necessarily reflect the views of the Australian Government and is not advice that is provided, or information that is endorsed, by the Australian Government. The Australian Government is not responsible in negligence or otherwise for any injury, loss or damage however arising from the use or reliance on the information provided herein.

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