



CATHOLIC HEALTH

Australia

Committee Secretary
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Madam/Sir

Catholic Health Australia (CHA) appreciates the opportunity to respond to the Senate Select Committee Inquiry into the Government's response to the COVID-19 pandemic.

CHA is Australia's largest non-government grouping of health, community, and aged care services accounting for around 15 per cent of hospital-based healthcare in Australia. Our members provide around 25 per cent of private hospital care, 5 per cent of public hospital care, 12 per cent of aged care facilities, and 20 per cent of home care and support for the elderly. They include public and private not-for-profit hospitals provided by St Vincent's Health Australia, St John of God Health Care, Little Company of Mary Health Care, Mater Health, Mercy Health and Cabrini Health. CHA not-for-profit providers promote the ministry of health care as an integral element of the mission and work to fully provide health care to the sick, the aged and the dying. This ministry is founded on the dignity of the human person, giving preference to the needy, suffering and disadvantaged.

CHA would like to commend the Commonwealth, State and Territory Governments for their leadership in managing the containment of COVID-19. It is because of this strong and coordinated response that Australia is faring far better than many other countries around the world. The following sections outline CHA's observations and suggestions for further improving Australia's response to crisis and recovery efforts, and future public health emergencies.

Viability Agreements for Private Hospitals

In March 2020, as part of the Government's response to the COVID19 outbreak, the Prime Minister announced the suspension of all non-urgent elective surgery. This policy was intended to reduce the risk of infection for patients and staff, conserve medical supplies and make hospital resources available for a predicted increase in COVID19 infected patients.





While the policy was a prudent one, it was announced without consultation with the private sector and with seemingly little consideration of the impact such a policy would have on the viability of private hospitals. It is CHA's contention that improved communication with the private and not for profit health sector would have mitigated much of the confusion and disruption that followed the Prime Minister's announcement.

Following the announcement of the suspension of non-urgent elective surgery, the private hospital sector was provided with a viability guarantee by the Commonwealth government and was instructed to negotiate this through the states and territories. This meant that many national hospital groups were required to negotiate individual agreements across states and territories. As you would expect, such an exercise required the investment of significant resources and time.

While the viability guarantee was obviously very welcome, CHA suggests improved consultation and communication would have provided greater certainty to the sector and ensured a smoother transition of capacity and capability to the governments' COVID19 response.

Establish a National Private Sector Committee

The Australian Health Protection Principal Committee is the group tasked with advising Government agencies during health emergencies. It was instrumental to the nation's rapid response to the pandemic and ability to 'flatten the curve'. This group provided expert guidance in many different aspects of health care and public health, but experts from the private and not for profit health sector were not invited to participate or contribute to this committee.

By way of comparison, CHA participated in regular standing meetings with the Aged Care Minister's office and advisors. Through this forum the Government both sought feedback from the sector on concerns and was, in turn able to provide timely guidance to the sector on government policy. Unfortunately, the process for consultation with private and not for profit health operators was considerably different. This was most apparent when the policy to restrict elective surgery was announced, having been instituted with no consultation with the private sector. This constrained ability to communicate with the relevant representatives for how the sector should proceed.

CHA recommends the Government develop a standing committee involving key representatives and experts from the private and not for profit health sector to advise the Government on relevant issues as they pertain to the private health sector. Such a committee would provide a forum for consultation and assist policy-makers in their understanding of how private hospitals operate.

Securing Domestic Supply Chains

Access to medical supplies is critical to managing pandemics such as COVID19. Without it, clinical staff need to make difficult decisions about what services they can provide and which patients they can treat. Our recent experience indicates that good access to equipment, medicines, and personal protective equipment (PPE) has been a limiting factor in the health sector's ability to respond to COVID19. Indeed, if COVID19 has actually taken hold in Australia, it is highly unlikely Australia would have been equipped to cope.





CHA has consistently expressed grave concerns to Governments, both Commonwealth and State, over access to adequate supplies of PPE – similar to the rest of the private hospital sector. As the outbreak progressed, PPE vendors were unable to meet the demand from hospitals. The quality of products was, at times, compromised and many deliveries were unable to be distributed to staff as they did not meet TGA requirements for use in the healthcare setting. There was considerable difficulty in sourcing PPE as hospital operators were also left to compete against one another for supplies with smaller providers losing out on vital resources to larger purchasers, creating an imbalance in the hospital network.

There was also a lack of communication and guidance from health authorities on the use of PPE. While PPE was supplied to the PHN's and state governments for distribution, the management of supplies through the national stockpile and the channels required to obtain them were not well known. This served as a significant disrupter early in the response.

Commonwealth and State governments must consider the health system - both government run and non-government run hospitals - as one seamless network in the fight against COVID-19; as well as any future pandemics. Government policies should ensure that supplies of PPE are managed for all clinicians who are treating or testing for COVID-19 – and not just those who happen to work in the public system. CHA suggests that the Commonwealth, State and Territory governments support a more coordinated and systemic approach to the management of PPE stockpiles and access.

New models for delivering care

CHA commends the Government's implementation of new telehealth items as part of the COVID19 response. This has been widely supported by the health sector and has seen significant success in reducing the risk of transmission by enabling patients and clinicians to continue to manage health conditions remotely. It has allowed patients to receive care in their setting of choice, particularly for those who face challenges in physical attendances.

The Department of Health is presently considering how the use of telehealth items will proceed following the September sunset timeframe, acknowledging that the implementation of new items was very rapid and requires a systematic review. CHA supports a broad consultation with the health sector to impart the provider experience and new learnings that have arisen with the rapid expansion of these services.

Telehealth consultations are different to traditional physical attendances and therefore require a nuanced understanding in how to conduct them. CHA recommends additional training for clinicians to be available in order to best meet the needs of the patients and ensure consistent use of the telehealth items across all providers.

It is worth noting that the pandemic has enabled a change to existing legislation around hospital workforce that has previously constrained some innovative holistic models of care. Once these barriers were removed, a number of hospitals began implementing modified models to deliver team based care in response to COVID19. This permitted the expansion of improved patient-centred delivery of care previously obstructed by regulatory barriers. Hospital providers are currently evaluating these new models and look forward to sharing these findings with the relevant health authorities.





The COVID19 pandemic has precipitated many changes within the health arena as well as exposed flaws in our systems. Hospitals are continuing to implement the learnings from the experience and we look forward to sharing these learnings further as we work towards a more resilient and sustainable health system.

Catholic Health Australia

31 May 2020

