

20 November 2020

Ms Fiona Patten MP
Chair
Legislative Council Legal and Social Issues Committee
Parliament of Victoria
Parliament House, Spring Street
EAST MELBOURNE VIC 3002

Submission to the Inquiry into the Victorian Government's COVID-19 Contact Tracing System and Testing Regime

Thank you for the opportunity to provide this submission to the Inquiry into the Victorian Government's COVID-19 Contact Tracing System and Testing Regime.

AMA Victoria acknowledges that the Committee is considering the current capacity and fitness of the Victorian Government's COVID-19 contact tracing system and testing regime – and consequently – this submission will not reflect on past resolved issues but will focus on outstanding issues of concern for AMA Victoria.

AMA Victoria is encouraged by Australia's Chief Scientist, Dr Alan Finkel's recent assessment of Victoria's contact tracing system and his public remarks that enormous improvements have been made.

Nevertheless, there are outstanding issues that AMA Victoria would like to see addressed if we are to ensure the state's contact tracing and testing system is as robust as possible.

Cultural issues and a lack of transparency from the Department of Health and Human Services (DHHS)

Greater transparency is required around the state's contact tracing system. The community has a right to know as much as possible about its contact tracing system including its resourcing, staffing, its benchmarks and its performance. It is important that DHHS becomes less defensive and learns to benchmark its performance to other states while embracing a learning culture of continuous improvement. During the pandemic, we were assured by the State Government that the contact tracing teams were coping, but AMA Victoria heard contrary messages from its membership. Furthermore, many members of the community were personally affected by delays in the system and raised these concerns publicly. In the future, the government needs to be more transparent about the capacity, performance and effectiveness of its contact tracing systems.

Equally, minimising testing delay has been shown to have very significant impact on reducing onward transmissions in many other jurisdictions. Optimising testing and tracing coverage and minimising tracing delays, via the deployment of appropriate skills and software, can further enhance contact tracing effectiveness, with the potential to prevent up to 80 per cent of all transmissions. Access to testing should therefore be optimised to reduce delays in the testing and contact tracing process to optimise contact tracing coverage.

Community engagement and collaboration with general practice

Additionally, COVID-19 has exposed issues with the DHHS's capacity to engage on a micro-level with Victoria's various communities. In future, it will need to build a communication framework that is more inclusive and finesse its engagement with culturally diverse communities across Victoria. There is evidence to suggest some improvement, which is encouraging, but DHHS will need to continue to work on this.

A key component of community engagement, and another issue AMA Victoria would like to see resolved, is better collaboration between DHHS and general practice. This has been a common theme throughout the pandemic and results from years of disconnect between general practice and the State Government. It is a point we emphasised in our submission to the Public Accounts and Estimates Committee mid-year. The State Government must improve its collaboration with general practice. The State Government is working with community health centres and primary health networks but doesn't recognise that these centres and networks represent only a small part of general practice.

General practice is uniquely placed within communities to assist with contact tracing and the management of positive COVID-19 cases. General practice has often been in local communities for decades and has expert local knowledge that can benefit the state's contact tracing efforts, particularly in multicultural communities. General practices are part of the local community and often have very established networks and sometimes know the families involved. Moreover, sometimes in multicultural communities, government is distrusted. Some people in these communities will not, understandably, trust officials making contact with them. They may, however, trust their local GP. If worked with in partnership, general practice can speed up the process of informing possible new cases. Not every GP will have the skills or the community connections to be involved in contact tracing but it may be possible to identify practices that could readily assist.

AMA Victoria calls on the State Government to establish a Ministerial Taskforce reporting to the Minister for Health to provide input and feedback on our contract tracing system including a cross section of doctors from different backgrounds such as public hospitals and general practice, medical colleges, along with nursing, allied health and consumer representation.

The need for vision and long-term investment in public health

When the Victorian Government announced it was investigating the NSW public health model, AMA Victoria was very pleased. Moreover, the government ought to be congratulated for establishing local response units across metropolitan Melbourne and in regional areas.

However, the State Government needs to go further. If we are to ensure our contact tracing systems are robust and that our community is safe from COVID-19 and other public health crises in the future, we need public health vision in Victoria. We need substantial, permanent, new investment in public health and proactive planning to address our needs both today and in the future.

Thirty years ago, NSW invested in the establishment of a devolved public health structure across its state.¹

The New South Wales public health model is known to be vastly superior to that of Victoria. Eighteen public health units exist - 10 of which are classified as metropolitan and 8 classified as regional.²

These public health units in New South Wales provide broad public health services to local communities. They protect, promote, improve and maintain the health of their local population through identifying, preventing or minimising public health risks. They provide professional, high quality public health services, education, research, information and interventions.

¹ <https://www.phrp.com.au/wp-content/uploads/2014/11/NBv24n4.pdf>.

² <https://www.health.nsw.gov.au/Infectious/Pages/phus.aspx>.

These public health units are well resourced and consist of three teams – each devoted to different areas such as communicable diseases, immunisation, and environmental health. Public health unit staff members work closely with general practitioners, community health workers and hospital-based clinicians, pathology laboratories, schools and childcare centres, local councils, aged care facilities and other government agencies to protect public health.

It is not just the model that has worked well in New South Wales, but the fact that the investment in these public health units has occurred over three decades and expertise, knowledge and experience has been built up over a long period of time. This long-term investment in public health has been of great benefit to the people of NSW in their defence against COVID-19. Specific initiatives within the NSW model also include the public health officer training program which boosts public health workforce and expertise.³

The Public Health Association of Australia is calling for funding to establish the public health officer training program in Victoria to recruit and train medical and non-medical staff over a three-year period, working in policy and service delivery to create a new source of senior and highly trained public health professionals.⁴

AMA Victoria backs this call and urges politicians from across the political spectrum to support vision and investment in public health. There is value in it, not just to ensure our contact tracing and testing systems are robust today, not just to deal with COVID-19, but to ensure that we are best equipped to deal with a wide range of public health issues in the future and to improve health and healthcare more broadly in our state.

Thank you again for the opportunity to provide this submission.

Yours sincerely,



Associate Professor Julian Rait OAM
President
AMA Victoria

³ <https://www.health.nsw.gov.au/training/phot/Pages/default.aspx>

⁴ <https://www.phaa.net.au/documents/item/4867>