Editorials
Five principles for pandemic preparedness:
lessons from the Australian COVID-19 primary care response

INTRODUCTION

The Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)[1] was activated on 27 February 2020, in response to the evolving global crisis. The national COVID-19 primary care response was then initiated.[2] The approach took a broad view of the primary healthcare sector and included general practice, community nursing and allied health, mental health, aged care, disability care, home care, and Indigenous health workers. The primary care response included specific strategies to support Aboriginal and Torres Strait Islander health services, palliative care services, and services for people with disability.[3–5] There was also close alignment with strategies developed for aged care services, both in the home and in residential aged care facilities, recognising the role played by general practice and other primary care providers in these services. The primary care response was developed in partnership with representatives of general practice and the wider primary healthcare sector, and continued to be refined through regular engagement with over 30 peak national organisations.

Australia's primary care response to COVID-19 acknowledged the strength of the nation's primary healthcare system and assigned key roles to general practice and the wider primary healthcare sector in responding to the pandemic, based on the essential first contact role of primary care and lessons drawn from previous epidemics and pandemics.[6–8] It also placed general practice expertise within the national planning and decision-making processes alongside expertise in public health, infectious diseases, epidemiology, nursing, and mental health.

Australia's national COVID-19 primary care response is based on a set of principles,[2] which form a framework for managing both the current crisis and for future national and international responses to health emergencies, building on the contributions of general practice and primary care in the:

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1. Protection of vulnerable people.
2. Provision of treatment and support services to affected people.
3. Continuity of regular healthcare services for the whole population.
4. Protection and support of primary healthcare workers and primary care services.
5. Provision of mental health services to the community and the primary healthcare workforce.

Protection of vulnerable people

It is recognised that the members of the community most vulnerable to the effects of COVID-19 are those normally being cared for by GPs and other primary healthcare providers.[9,10] People at particular risk from COVID-19 include those who are aged over 70 years, people who are immunocompromised or with specific chronic medical conditions, and Aboriginal and Torres Strait Islander people over 50 years of age with chronic conditions. Dedicated funding for the provision of telehealth consultations was made available to ensure both vulnerable patients and vulnerable healthcare providers were protected from the start of the pandemic.[11]

In addition, some population groups, including older people living in residential care settings and residents of remote indigenous communities, were identified as vulnerable to COVID-19, and specific strategies were implemented including remote area travel restrictions, targeted COVID-19 point-of-care testing, and pandemic guidance for aged care settings.

Provision of treatment and support services to affected people

As the majority of people infected with COVID-19 experience mild to moderate symptoms and do not require hospitalisation, ongoing medical care can be provided by general practice and other primary care services. A core component of pandemic planning should be facilitating testing and the effective management in community settings of people with symptoms, or a diagnosis of infection, or contacts of those with a diagnosis, and who do not require hospitalisation.

As part of the Australian response, over 130 general practice-led respiratory clinics were established in metropolitan and rural areas nationwide to assess, test, and manage people with mild to moderate symptoms of respiratory tract infection, and divert people with potential infection away from regular general practice clinics and hospital emergency departments.[12] These clinics complemented acute services being provided by public hospital fever clinics and have been supported by a national call centre and online symptom checker, which provided advice for individuals with health concerns. The establishment of the national network of clinics was coordinated with the nation's 31 primary health networks.

Continuity of regular healthcare services for the whole population

Evidence from past epidemics and pandemics demonstrates the added risk to people's health when the population stops attending healthcare services due to concerns about the risk of infection.[7,9,13] It is essential to retain the functional capability of general practices and the wider primary healthcare system to ensure the continued provision of regular primary care services to the whole community for the assessment and management of acute conditions, chronic conditions, mental health conditions, and preventive health measures.

"The mental health impact of the COVID-19 pandemic on healthcare workers, including those working in primary care, has also been significant."

During the COVID-19 pandemic, the Australian government funded telehealth services for the whole of the population to ensure continued access to general practice and other health services,[14] while recognising the financial impact of widespread job losses related to measures required to manage the pandemic.

Protection and support of primary healthcare workers and primary care services

It is essential that healthcare workers in general practices and other primary care settings are protected from infection risk during a pandemic, just as hospital staff are protected.[15] Primary healthcare workers in Australia, as elsewhere in the world, were very concerned about the availability of personal protective equipment (PPE), which was in limited supply globally at the start of the COVID-19 pandemic. The Australian government secured supplies and distributed PPE through the primary health networks to general practices, community pharmacies, and other primary healthcare providers.

The Australian government also provided infrastructure payments to ensure business continuity and the viability of the nation's general practices, especially to support the ongoing employment of members of the primary care teams in general practices.[14]

Provision of mental health to the community and the primary healthcare workforce

General practices and other primary healthcare services play a critical role in the provision of mental health services. The need for these services has been exacerbated by the impacts of job losses and business closures, and the impact of isolation and quarantine measures on many members of the population. The mental health impact of the COVID-19 pandemic on healthcare workers, including those working in primary care, has also been significant.

Telehealth has been utilised to provide mental health consultations, and specific resources have been made available for frontline healthcare workers,[16] as well as for the general population.[17]

CONCLUSION

In countries like the UK and Australia, a strong network of general practices forms the essential basis of the national healthcare system. When the community experiences a national health emergency, as has been seen with the COVID-19 pandemic, general practice and other elements of the nation's primary care services must be supported to ensure optimal continuity of health care for the population, as well as providing an essential component of the health system's responses to the emergency.

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