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THE PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS INQUIRY INTO THE TASMANIAN GOVERNMENT'S CONTINUING RESPONSE TO THE COVID-19 PANDEMIC MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE ON THURSDAY 23 FEBRUARY 2023

Dr ELLA VAN TIENEN, STATE MANAGER (TASMANIA), and **Dr SHANE JACKSON**, NATIONAL VICE-PRESIDENT, PHARMACEUTICAL SOCIETY OF AUSTRALIA (TASMANIAN BRANCH), WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR (Ms Forrest) - Welcome Shane and Ella to this public hearing. It has taken a while to wrap up our inquiry into the Government's continuing response to the COVID-19 pandemic, particularly in the period post the border reopening and the planning for it.

We received your submission some time ago now. We thank you for that, and invite you first to take the statutory declaration and introduce yourselves; then to outline what brings you here and to speak further to your submission if you wish. We will have questions for you.

Dr JACKSON - By way of background, my name is Shane Jackson. I am a national vice-president of the Pharmaceutical Society and a branch committee member here in Tasmania. I am a practising community pharmacist. I have a couple of community pharmacies in Lindisfarne, but also two regional pharmacies, one at South Arm and one at Nubeena on the Tasman Peninsula and we have been down at Nubeena for nearly 20 years.

Dr VAN TIENEN - I am Ella. I am the State manager for the Pharmaceutical Society in Tasmania. I'm also a pharmacist but currently practicing at PSA.

Dr JACKSON - The evidence we're about to give today will largely concentrate on the challenges that may have been experienced by pharmacists at the coalface in terms of service delivery during COVID-19. There may also be some discussion, if that's okay, Chair, in terms of the ongoing impact, if that is something that is relevant to the Committee.

Overall, we would have to characterise the Government's response to COVID-19 as commendable in terms of the challenges that we all had - whether it be practitioners or people working in the Department of Health or the Government. It was a very challenging time, and the Government endeavoured to do the best that they could. In terms of communication, they endeavoured to do the things that they thought were right in terms of communicating to health practitioners and communicating to the public around measures.

There were some challenges, which I will talk about in a moment, and they endeavoured to provide practitioners on the ground - health practitioners, pharmacists, doctors and others - with small amounts of financial support to be able to continue practising but also relevant information to pass on to the public. There certainly were challenges in terms of issues like communication. Often pharmacists were required to translate health information that was put out by the Department of Health in terms of patient-friendly language. That was difficult at times and was time consuming in terms of information overload and trying to make sure that people had the right information.

In terms of supports, Pharmacy did quite well in trying to change some of their practices regarding COVID-19-safe behaviours, guards in the pharmacies, masks et cetera and overall

did a very good job. But there were challenges, and our evidence portrays that lack of hard information in terms of mask wearing in pharmacies so it created quite a lot of uncertainty. People could go across to a supermarket but were then expected to wear a mask in a pharmacy and patients - some people might sometimes have taken offence to that and it created some confusion at times. Also, I think that one of the biggest challenges we had was the COVID-19 vaccine rollout. I suppose to be frank here, the Government was quite late to the party in terms of bringing on pharmacists -

CHAIR - The Federal or State Government we're talking about?

Dr JACKSON - State Government. The State Governments were responsible for authorisation for pharmacists to administer COVID-19 vaccines. We were the last state to come on board in terms of pharmacists participating. That put a huge strain on general practice and we know that general practice was overloaded at that time. They were doing a lot of telehealth appointments and I know general practitioners are very good but you can't administer a vaccine by telehealth and I think that was a significant challenge.

Patients were coming into pharmacies all the time. Patients were coming into pharmacies sometimes every second or third day because that's what they were allowed to do. They might have had six or seven medications that they were getting on a monthly basis. They would get one medication every third or fourth day because of what they were able to do in accessing essential services. They were allowed out of their house and they would come to the pharmacy regularly. So, with pharmacies being open and one of those only essential services that our patients were perceiving they were allowed to access we had a lot of contact with patients. That was an opportunity for us to be able to do more.

In terms of the COVID-19 vaccine rollout, we were late. Other states were involving pharmacies in May 2021 and we were not involved until September 2021. The other complicating measure in the COVID-19 vaccine rollout was not just our lateness to being brought on board, it was also that we needed approval. For each new vaccine that came on board the State Government needed to approve pharmacies to do that instead of saying we will refer to the ATAGI guidelines as our base. So, as soon as ATAGI said there's a change, pharmacists would have been able to incorporate that.

CHAIR - So, when Moderna became available, for example, you had to reapply?

Dr VAN TIENEN - When our guidelines were updated, so our guidelines are very specific as to -

CHAIR - So, they name the particular brand of vaccine?

Dr VAN TIENEN - They finally now have changed, but through the whole process every time there was an update we would have to wait for the Department to update the guidelines which would take a week, or two weeks before we could then do in Tasmania what was nationally recommended.

CHAIR - What is the situation now with regard to that?

Dr JACKSON - The situation now is that they refer to the ATAGI guidelines and we were giving that advice continually over that time, because it was causing immense frustration

from health practitioners. Pharmacists were saying, 'okay, well we know what the ATAGI guidelines are, why can't we just move on this now?' The second thing that creates angst is that in the mainstream media patients were expecting, 'I can get this vaccine now'. Therefore, we have to say, 'no, we are not authorised to do that by the State Government yet'.

Mr WILLIE - What do you think led to the delays? You're saying that we were the last state to allow vaccinations in community pharmacies. Why?

Dr JACKSON - I think there was a sense of perhaps - there have been challenges, I suppose, in the pharmacy profession having a broader role in health care delivery. In terms of vaccinations, we are the state that has the most restrictive Departmental approval for vaccinations. The vaccines that we are able to administer in a pharmacy are influenza for 10 and above, COVID-19 vaccines, whooping cough, and measles, mumps and rubella. In every other state it's broader. So, there is, I suppose, a risk-adversity that's ill-founded in terms of what pharmacists can do.

The vaccines that we have administered in terms of COVID-19 are the most complex vaccines, in draw-up, namely those vials. You can get all the others, proprietary preparations, you put a needle on and you can administer the vaccine. There's a sense of perhaps, almost over-engineering, in terms of control of the vaccine process and involving pharmacies.

We've continually said pharmacists are able to do this. Pharmacists are trained to do this. There is now a huge expectation from the public that they can access more from their pharmacy, and all we are saying with COVID-19, moving forward, is that we need a way of utilising pharmacists better. We've seen how they've performed with COVID-19 vaccines.

Pharmacy is now doing more than 50 per cent of the vaccines for COVID-19. That is testament to its performance, and also the need to ask, why do we need to micromanage or over-engineer a process? We've seen the Department move, which has been good, to now referring to the Australian Technical Advisory Group (ATAGI) guidelines, but we need to move further in terms of that response and utilising pharmacists better.

Mr WILLIE - The risk aversion is more in the bureaucracy, rather than the Health Minister and the Government?

Dr JACKSON - That is absolutely my belief.

Ms WEBB - You mentioned that in other states, pharmacists began administering vaccines in, say, May, and we have had a delay until September. Across that time, what was the line of communication between the industry sector and the Government to progress that decision being made?

Dr JACKSON - That's a very good question. When I said the Government's response overall was commendable, it was the minister, Ms Courtney, to start with, and then the minister, Mr Rockliff. They had regular weekly meetings with the sector, which then transitioned to fortnightly meetings. So, we had an opportunity to put our case forward about pharmacists' ability to do these things, and what's happening in other areas. We were heard. I suppose what was said to us in those meetings was that we are performing well as a state. And, as a state, we were performing reasonably well in terms of vaccine numbers.

What then happened is that with booster shots and other things, it took a little while for the pharmacy sector to be ready. We could have participated and taken the load off if we'd been brought on earlier. Would that have changed where we got to? Probably not, but it would have changed the makeup of who was delivering those.

If I administer a vaccine in my pharmacy, that's a GP appointment that has been freed up. Whether it is the nurse doing it, the GP for Medicare rebates needs to oversight that, so that is a GP appointment that has been freed up. That is what we wanted to do with availability because we know it's been a challenge.

The challenge is even getting worse, in terms of GP access.

Ms WEBB - Presumably, at that time, a lot of vaccines were being administered at the very large clinics that the Government had set up, probably at a substantial cost, as we would understand.

You're suggesting if pharmacists had come on earlier, some of that could have been shifted across to the pharmacy sector?

Dr JACKSON - Absolutely. An example of that now is kids' vaccinations, with the Pfizer kids' 5-11. The Department needs to approve the site for childhood COVID-19 vaccinations. They need to approve the person. If you jump on the COVID-19 vaccine finder and type in 'Pfizer 5-11 kids', in the south of the State you will have about four sites where you can make a booking. One of those will be a general practice, one will be one of my pharmacies.

We were brought on late with children's vaccines and we haven't invested in the infrastructure for bringing more sites on board, in terms of availability.

CHAIR - What about access for children aged 5-7 years in rural areas?

Dr VAN TIENEN - It's non-existent, unless they have a GP who's willing to do it. In the metropolitan area, my family goes to a very large general practice who say we don't do childhood COVID-19 vaccines, you need to go to a pharmacy. I cannot get a flu vaccine at the pharmacy, so I still need to go to a general practice to get my six-year-old's flu vaccine. I have to take them to Shane to get their COVID-19 vaccine - and that makes no sense to me as a consumer.

CHAIR - How would someone in Circular Head or the West Coast or North-East get their child vaccinated now?

Mr WILLIE - With particular vulnerabilities, too.

CHAIR - Yes.

Dr VAN TIENEN - That would depend on whether or not there is a pharmacy in their area. A few pharmacies around the State are doing childhood vaccines, but it’s far more restrictive here than interstate.

As soon as the COVID-19 vaccine for children was available in many other states, pharmacists were able to administer that as part of their practice. Most pharmacists who have

had training since 2019 have had a childhood module included in their training. Even though we haven't been authorised to give vaccines to children, it has been part of our training.

Interstate, they just follow the ATAGI guidelines, so as soon as it was available, pharmacies came on board, whereas in Tasmania we didn't come on board until well after school had resumed for the year. This meant there were a lot of kids who could have been vaccinated before the school year started who couldn't get appointments in the State clinics because they were, understandably, quite full - so lots of kids went back to school not having had that vaccine.

It has also made it more of a barrier to pharmacies coming on board, because they weren't included in that initial chunk. Then there's additional paperwork that we as practitioners have to submit to gain approval to do the childhood vaccines, so it hasn't been as appealing to a broad range of pharmacists as it could have been.

CHAIR - What are the measures above and beyond being able to administer an adult COVID-19 vaccine to an adult in a pharmacy? You need to have a private room; there's a range of requirements for that?

Dr VAN TIENEN - Yes.

CHAIR - What are the additional requirements that you would need to immunise a child?

Dr VAN TIENEN - A Chupa Chup and a parent to hold them still.

CHAIR - Most of them come with those.

Dr VAN TIENEN - Yes, there is nothing.

CHAIR - COVID-19 has shown us that we can do things. I know the bus went down the west coast - and probably parts of the east coast - before school started. They didn't necessarily get all children, or even the majority of children - and then the boosters and subsequent follow-ups. Is this going to be an ongoing problem, particularly outside the metropolitan areas, in terms of keeping children's vaccinations up to date?

Dr JACKSON - I think it's going to be a significant challenge. As I talked about before, pharmacies are doing more than 50 per cent of the vaccines. The whole vaccine ordering process - it's a Commonwealth issue; it's not very good. You place an order and three weeks later you will get your vaccines. It's actually really difficult for providers to plan vaccines, so a large number of general practices now are not doing COVID-19 vaccines. They'll do flu vaccines, but they're not doing COVID-19 vaccines.

CHAIR - Does the flu vaccine come more quickly? What's the issue with the flu vaccine?

Dr JACKSON - There's more certainty around the vaccine deliveries. They come in pre-filled syringes, so it's easier. There are systems in place for doing that. With COVID-19 vaccines ongoing, I think the expectation from parents will be that pharmacies can do more.

Something our profession needs to say is, are we going to do kids, and how can we support people to put their hand up more for that? That also goes to Government responsibility as well, because otherwise there's no access.

CHAIR - When you talk about the slightly less reliable ordering and receipt of the vaccines themselves, is that related to a supply issue? Is there still an issue with supply, or is it just the logistics?

Dr VAN TIENEN - No, it's the logistics. With other vaccines, the wholesalers hold them in the State, so most pharmacies would order today and receive their stock tomorrow - whereas these are centrally coordinated on the mainland. We order today, we get our vaccines in two weeks, and then we can't place another order for two weeks, either - which created an issue with the change in eligibility that happened on Monday. That announcement came less than two weeks before Monday, so pharmacies couldn't order at that point and have their stock in by Monday; it just wasn't possible.

Dr JACKSON - Up until last week, with the Commonwealth ordering process, the maximum amount of vaccines you could get on a fortnightly basis was 200. Just to give you some insight, on Monday we administered 81 vaccines in Lindisfarne; the day before yesterday was 69, and yesterday was 40 - so in three days they're all gone.

CHAIR - They're all gone.

Dr JACKSON - They're all gone.

CHAIR - And you have to wait two weeks.

Dr JACKSON - Yes.

CHAIR - Why is this? It's a Commonwealth thing, obviously.

Dr JACKSON - To be frank, the Commonwealth logistics for vaccine rollout is fraught with challenges. We have advocated for using the pharmaceutical wholesalers because they have cold chain processes in place, but for some reasons beyond us the Commonwealth has a process around using other suppliers. There is certainty now and we are able to order 600 a fortnight but up until a week or so ago it was 200 a fortnight and I just gave you the numbers there.

CHAIR - The newly elected Labor Government changed some of this, did they?

Dr VAN TIENEN - The guidelines changed for the boosters.

CHAIR - So, it's a decision made by bureaucrats, not by the Government?

Dr JACKSON - It has been a Commonwealth decision in terms of logistics. Vaccine supply was an issue for the last 18 months, especially around booster times. Fortunately - and I said this is commendable - high volume vaccine sites were well supported by the Tasmanian Health Service in terms of the pharmacy supply of vaccines in each of the regions that needed vaccines. They did very well, they provided a stopgap measure in terms of Commonwealth under-performance and they did fill an important gap. In Lindisfarne, we were providing

2500 vaccines a month in December 2021, January 2022 and February 2023. You can see the shortfall, and so the Tasmanian Health Service was very good in providing us with additional vaccines.

CHAIR - They were doing that around the State to pharmacies.

Dr JACKSON - Yes, they did that very well and they were commendable in that aspect but the Commonwealth logistics are a real challenge. I don't know if you want to move on from the vaccine element, but I have one other issue.

CHAIR - Are there any other questions on the vaccine rollout?

Mrs ALEXANDER - Thank you very much Ella, you did answer one of the questions I had about whether the other states had a better rollout of the vaccine. You said they were definitely better organised and that rollout happened a lot faster. If we were to face another pandemic, do you feel that we are prepared or are we going to face exactly the same challenges in rolling out vaccines or immediate treatments?

Dr VAN TIENEN - The decision on what vaccines pharmacists can give at any point in time lies with a single person. If they decided to authorise us to give a vaccine at any point in time, then we would be able to do that. As an example, a few years ago we had a real or perceived outbreak of meningococcal, and a decision was made for pharmacists to come on board to support that vaccine delivery into the State into a population that needed it. The decision was made and we were authorised to do that; but that was time limited, for reasons we don't understand, and we are no longer authorised to give that vaccine where it is appropriate.

If there was another pandemic and a new vaccine became available, theoretically we could be prepared with the signature of this particular person, as long as the guidelines surrounding that came out at the same time so we also had the paperwork to authorise us to do that. We have the potential to be; it's whether or not the people involved are responsive. In terms of COVID-19, our guidelines currently would enable us to follow the ATAGI advice now, and if there was a new vaccine to come out I feel we would be prepared to deliver that vaccine as long as we could get the stock in because our guidelines are now referring to the national advice. If there was a pandemic or an outbreak of another type it would require the Director of Public Health to make that decision, and for his department to implement the guidelines in a very timely manner to enable us to come on board. However, as a profession, we're able to administer the range of vaccines that currently exist and so it would not be an issue for us to pick up once we received that authorisation.

Mrs ALEXANDER - Thank you. Chair, one quick one: has there been any follow up discussion from the director's office to put together the conclusion of how you feel the process went? Have you been given the opportunity to have an input and say, 'these are the pitfalls and these are the issues that we identified,' sort of a summarising of the big obstacles we had?

Dr VAN TIENEN - I think this has been the opportunity we've been given, to give that response. We have expressed our gratitude in terms of the ongoing stakeholder meetings that we had with the Minister for Health and all the other peak health bodies across the State, so we have given that feedback. There hasn't been a formal process of seeking feedback on the response.

Ms WEBB - Can I just clarify there, those meetings that you were having regularly during the peak of things, have they continued?

Dr VAN TIENEN - They dropped back to monthly and then they stopped - in October, I think. A further one was called in the week before Christmas, and that was the end.

Ms WEBB - There hasn't been any intention indicated to you to resume them?

Dr VAN TIENEN - No. We feel that, outside COVID-19, it would be very beneficial for all the health bodies to have a line into the Minister for Health and to be able to discuss as a sector, rather than in our individual professions.

Ms WEBB - I saw that recommendation in your submission. It sounded sensible.

Dr VAN TIENEN - We've expressed that to the Minister for Health, or the Premier, in the correspondence about our appreciation for the meetings, but as far as we know they're not ongoing.

CHAIR - I'll follow up with that one, then I'll go to Josh and then to Dean. With regard to the ongoing rollout of vaccines to children, but also other vaccines that are not related to COVID-19 - like HPV and the herpes zoster vaccine and things like that which you can't give in pharmacies. The sort of meeting that you're talking about would be beneficial in that, as well as range of other things you might come to in a minute, Shane. What are you doing now to try to facilitate that? Are you actively lobbying to get these sorts of conversations happening statewide, and even nationally? We know that the health ministers meet; they're meeting this week.

Dr JACKSON - We've talked about this before in other forums, that the Government has coordinated a scope of practice review that is being undertaken currently. They have contracted -

Dr VAN TIENEN - KPMG.

Dr JACKSON - KPMG to do a literature review. Whilst that scope of practice review is not considering vaccines in particular, it really is considering what pharmacies can do more broadly and we are thankful that the Government is doing that, because we need to think about this holistically. Pharmacists are four-year trained, plus an internship - so, five-year trained health professionals. A number of them do postgraduate education and a number of them are really invested in their careers and invested in helping their patients. We've seen that over the last two or three years. I remember the long days and the long nights that I was doing with the vaccine rollout, and even currently in terms of accessing antivirals. Pharmacies want to do more. We want to attract our best and brightest. The scope of practice review is helping us to do that. We understand that separately to the scope of practice review, a holistic review of vaccine administration is being looked as well.

CHAIR - As a separate process?

Dr JACKSON - As a separate process. We hope that what we've done with COVID-19 is a real learning experience. In terms of what we're talking about here - yes, we need to make sure that the appropriate regulatory framework is in place. But, like general practice, pharmacy

is a regulated health profession. They have standards and guidelines and professional ethics. We don't need to over-engineer the process. We just need to respond to community expectation that they can receive a safe, effective and timely service - whether that be a vaccine, or whether that is something else - in a pharmacy.

CHAIR - Are they both State Government review processes?

Dr JACKSON - The scope of practice review and the vaccine review call it is a State Government process. There is a lot of work, as some of you might have seen, in some of the states around UTI treatment access and oral contraceptive pill, a broader scope of practice access. What you can see is that at a Commonwealth level if we think about the Commonwealth funding some of these things, there is work being done at that level and if you see -

CHAIR - Looking at the Medicare scheduling.

Dr JACKSON - Looking at whatever funding might be in place to be able to enable that because we don't want to go from a system where patients are, and we see it now, accessing online medical services, call it a chatbot essentially in some of these things, to having to pay for pharmacy service which may well be safer because of the face-to-face and the relationship. We also don't want to have those out-of-pocket costs for patients. I don't think that is feasible in Tasmania.

Work is being done at a Commonwealth level in terms of funding but we also need the states to enable the legislation and authorise us to do those things. There is parallel work being done in that area and I am hopeful that some of the learnings we see out of this will transform into some of those things we will see over the next year or two, one would hope.

Mr WILLIE - I was following the back to school plan closely at the time and looking at the vaccination rates, particularly between that 5- and 11-year-old cohort and it did get to, from memory, close to 55 per cent and then it stopped. We have heard of issues regarding access, whether that was purely the issue or whether there were problems with the Government messaging as well. They were telling people it was a mild illness in children. Was that contributing to the stagnation of the vaccination before children returned to school?

Dr JACKSON - It was challenging messaging. I don't know that the Government did a bad job. It was difficult in selling that message of vaccination of children because there were other conflicting messages around mild illness. I think the Government did pretty well in vaccine access in their clinics but there were some people who couldn't access those clinics. They probably needed to think more of a hub and spoke model but spokes don't disappear after the hub goes. If there had been investment, I believe, in general practice and pharmacies so you have your hub that deals with the masses, the high volume that we needed to do over January and February, but then your spokes are still there afterwards for some of the laggards or others who are a little bit delayed in vaccines.

Mr WILLIE - What can we learn for boosters, not just with children but also adults in the messaging and the infrastructure to deliver that?

Dr JACKSON - I will give you a specific challenge now. Regarding vaccine availability, there is a bivalent vaccine - meaning it has the original Delta strain and it has the

new Omicron strain - but the vaccine we can get right now, that I have in my fridge, is the BA1 Omicron variant. In about two weeks we will have BA45 but that will still be called the Pfizer bivalent variant. In terms of the media we are seeing that some are saying there is a new one coming. People are now ringing and saying they want the new one but the new one is not available in two weeks, what is that called, what is the bivalent, what is this one that is a bivalent?

Before I came here I had a 15-minute meeting with all my staff trying to coordinate our messaging and trying to give people choice. Yes, you can wait if that is what you choose. Yes, you can have it now. What should I do? I have no information available to me. I am making an interpretation on that. The Government had the same challenge in terms of what are the messages that we put out. I am having the same challenges that we have every day because of the rapidly evolving environment and that continues to be a challenge. Can the Government help with that? What they can do is have rapid availability of expert opinion in our State because we have experts and they are very good. They could help us navigate some of those time-limited questions that people have because in two weeks' time that question won't even be relevant but it is relevant right now.

Mr WILLIE - I guess there's a level of complacency that has crept into the community. Would you like to see the Government be clearer in their messaging, saying, that the risk hasn't passed? If you are eligible for a booster go and get one. Some of that clearer, more direct messaging than we are currently hearing.

Dr VAN TIENEN - I think they attempted that on Monday. We facilitated Dale to have his vaccine at a pharmacy I previously worked in. That was a media event where he had a booster and it was broadcast.

CHAIR - Do you mean Dale Webster, the Deputy Secretary?

Dr VAN TIENEN - Yes, but I think probably the visibility of the rest of the messaging could be stronger.

Back to the point about children before, I think surveys were done in other states where they expected that probably we would only get to 70 per cent with children because there was a strong cohort of parents who were not going to vaccinate their children anyway. I think we could have picked up more of those people if you could have just walked into a pharmacy and said, 'Can I get my vaccination?' and we say, 'Yes' or 'Come back in half an hour'. Whereas, at that point before school went back all the clinics, as brilliant as they were, were fully booked out. That availability and the lack of access when people really wanted it meant that we lost some people because the momentum went away and then you lose those people who were, 'Will I get it?' 'Yes, I can get in now'. 'No, I can't get it now'. It just flows away. So, I think we may have got more, but we wouldn't have ever got to a high percentage, but we could have done better.

Mr WILLIE - We were still above the national average, weren't we?

Dr VAN TIENEN - Yes, we were.

CHAIR - With the childhood vaccination, while we're still on that. You can give childhood flu vaccines?

Dr VAN TIENEN - From age 10.

Dr JACKSON - COVID-19 from five, flu from 10.

CHAIR - Any childhood vaccination approved person would have to do childhood resuscitation, obviously. That would be the same whether you're resuscitating a child from a flu vaccine or from a COVID-19 vaccine.

Mr YOUNG - You spoke before about one of the reasons or benefits of doing vaccinations is that you take away the GP visits. Are you still finding reluctance from GPs to letting that happen?

Dr JACKSON - It's always a struggle with groups like the AMA because they certainly advocate that most things should be under - for want of a better word - the 'control' of the general practice. That's partly right, certainly in long-term management of chronic disease. We want patients to see their GP. We want patients to review their long-term health.

However, in public health interventions, like vaccinations, in terms of acute care, if you can't see your GP, you can't fragment care that's not there. There is no care. What are you fragmenting?

With things like vaccination, we believe that there is an important activity that can be done by others. In terms of some acute care treatments, we believe that there is an important activity that can be done by others.

In terms of long-term chronic disease management, we absolutely support that being under the control of GPs, but that doesn't mean that they shouldn't use the team a bit more than they do.

Mr YOUNG - Are there conversations happening between both bodies about this?

Dr JACKSON - I know the president of the AMA quite well, he is my local GP down at Nubeena. We work well together. My pharmacist performs home medication reviews on referral from GPs. Yes, we are having discussions, in short answer, and it's an ongoing discussion. This is part of a larger discussion in terms of supporting general practice to do more. They should be practising to their top of scope, just like pharmacists should. So, GPs lift, we need to lift underneath them. That's our view and we continue to have that discussion.

CHAIR - Do you want to raise another matter or two?

Dr JACKSON - Just a very brief point. It goes sometimes to the risk adversity of some people in terms of the pharmacy role in doing activities. In the 2020 bushfires, we had a measure in place call the 'continued dispensing measure', which covered essentially all PBS medicines. We were able to provide a one-month supply or a PBS quantity. This was to make sure that if a person ran out of their antidepressants or anti-epileptic medication, or whatever it might be, we could intervene acutely: here's a one-month supply and you need to get back to your GP.

We're not saying here's six months, here's 12 months; we're trying to get somebody out of a bind. That started during the 2020 bushfires, and because the global pandemic then hit Australia in late January/February, it was continued.

At a Commonwealth level, that changed in June 2022. It had been in place for 18 months. It was pared back from over 900 molecules to 160. It removed antidepressants and anti-epileptics; it removed drugs to stop people having a recurrence of breast cancer - it removed all of these. It continued things like cholesterol and blood pressure medications.

In some states like New South Wales and Victoria, they said while the PBS funding mightn't be there and patients might have to pay, we'll enable you to continue.

The State Government here reversed that. We've had 900 molecules for 18 months - and no complaints and no evidence that we did anything wrong. If anything, we continued therapy, which is the endeavour, and it was pared back to 180 molecules. We've now had that in place for eight months. I can tell you probably the biggest challenge that I and my colleagues have on a day-to-day basis is running out of tablets.

CHAIR - Is that mainly because people can't get to their GP in a timely manner to get their script refilled or re-prescribed?

Dr JACKSON - Yes. For whatever reason, humans aren't perfect and they forget. They think they have a script, they rock up to the pharmacy and it's out of date. They thought they had a script, but no, it's out of date; they've run out of their repeats.

In the old days you might be able to get a phone consultation with a GP, or the pharmacist could ring the GP or a patient could access a script pretty quickly. That's now not the case. I was talking to a receptionist at a local general practice and she said their wait time is seven to nine days, and that's pretty good, but it's still more than a week.

CHAIR - Without medication, that could be crucial.

Dr JACKSON - It absolutely could be crucial. Ella might be able to give more detail on this. We have advocated and the Government has listened. It has taken eight months, but the State Government is reinstituting, as I understand it, those in place now.

It just goes to the heart of - we always have to push. My colleagues and I get frustrated having simple things that make sense and that were in place taken away. Why do that? With the meningococcal example, they said can you do this, can you administer meningococcal vaccines for us? Do you know what they did then? They took it away. We can't do that anymore. We did that for 18 months.

That's the learning we want to from those types of decisions - which is to say, if pharmacy can do more, let them do more.

CHAIR - During COVID-19, we enabled telehealth medication reviews. I understand the benefits of having a face-to-face, at least for the first review, but not all pharmacists are trained for that, and it is quite an onerous process. I understand that all pharmacists now currently trained will come out qualified to do it, so that problem will go away - but for a

period, and particularly in our regions, it means that patients aren't getting their medication reviews. Do you want to make any comments about that?

Dr JACKSON - The Commonwealth decision to remove the telehealth requirements for what we call home medication reviews and follow-ups. I will elaborate on telehealth in a moment, but briefly, a medication review is where a pharmacist can visit a person at their home and spend probably an hour or an hour and a half with them, going through their medications. About three or four years ago, the Commonwealth Government implemented a measure whereby you could an initial visit, but you could also do two follow-ups.

CHAIR - By telehealth?

Dr JACKSON - Yes, by telehealth. You could ring up the person and say, we decided we were going to do X, Y and Z when I came and saw you two or three months ago, how have those things been implemented, is there anything else we need to follow up? That's very relevant in places like Queenstown, and in my pharmacy on the Tasman Peninsula.

CHAIR - King Island.

Dr JACKSON - You are paid $50 for a second consultation and you have driven for half an hour. You're not going to get pharmacists and you're not going to get other people to do those things.

CHAIR - We don't have a pharmacist on King Island who is registered to do it, so you have to fly someone to the island to do it.

Dr JACKSON - Yes. From a Commonwealth perspective, we have advocated that they don't take these measures away, but they have been taken away, so these need to be done on a face-to-face basis. It is unfortunate, because it does reduce patient access in terms of quality use of medicines and safe use of medicines.

CHAIR - I have spoken to the Premier about raising this in the health ministers' meeting. It might work in the city, but not in our regions.

Dr VAN TIENEN - Also, not regional. There are also people who don't want you in their house for cultural and other reasons, and it is pretty much impossible to get approval to not do those reviews in the person's house. Telehealth overcame that, because you didn't have to go into their house. There's another subset of the population for whom that was really useful.

Ms WEBB - Chair, I would have liked to have talked about rapid antigen testing and RATs, as that was an interesting part of the submission, but I suspect we are probably too time-limited to delve into that in any detail.

CHAIR - Do you want to comment?

Dr JACKSON - Availability was a big challenge, and we see this currently. Patients can access RAT tests from Service Tasmania. I think that was poorly communicated by the Government. RAT access through a community pharmacy was 50-50 funded by the states and the Commonwealth, and that was then stopped.

Now you have to go to Service Tasmania, which is open 8.30 a.m. to 5 p.m., but not open on weekends. You have risks with COVID-19-positive patients attending those environments, whereas pharmacies have a much better environment in being able to manage some of those things. The Government could have chosen to continue that availability through community pharmacy, but it wasn't continued, and there was certainly some competition for the availability of rapid antigen tests. January was a real challenge for pharmacies, and even through to February.

CHAIR - January 2022?

Dr JACKSON - Yes, January 2022.

CHAIR - Shane, do you have a particular comment on antivirals?

Dr JACKSON - It is a good question. I will give you a recent example. I was working Sunday morning, 10 a.m. to 1 p.m., because one of my pharmacists rang up sick. At about 9.45 a.m. a regular patient of ours rang saying he had tested positive to COVID-19. This was on a Sunday.

CHAIR - An at-risk patient, we are talking about?

Dr JACKSON - Absolutely. He is in his 90s. His wife tested positive three days prior. We helped to facilitate antivirals, so fortunately I had the contact details of the principal of the local general practice this person attended. I texted them and asked if they could authorise supply of a COVID-19 antiviral. I did a risk assessment and said his kidneys were a bit shot, and this is probably the best antiviral. She authorised that and said she'd provide a script tomorrow. We provided that within an hour. He had the antivirals, but that is not going to be available to every pharmacist.

I am lucky I've developed contacts with GPs over the years and I'm able to facilitate that, but in terms of timeliness, from a Commonwealth and a state level, we could have facilitated pharmacy access to the COVID-19 antivirals. I do a risk assessment every time. I have phoned GPs with recommendations. There is a local general practice I work with where if a person rings up, we do the risk assessment, and we provide advice around which antiviral to use.

Pharmacists are well equipped. It would have increased timely access. It is unfortunate there wasn't an agreement at the Commonwealth and state level for pharmacists to provide timely antivirals.

Having said that, the COVID@home service did do a very good job. They did struggle with timeliness. I am not talking five days; it might have taken them an extra day or two longer than it could have.

CHAIR - They are time-critical medications.

Dr JACKSON - They are time-critical medications. They did a pretty good job with some of those surges, and a very good job when there weren't surges.

So, there was availability - but again, it goes to the heart of why pharmacists are there. If we can't be trusted, if we can't be valued to provide some of these things, what happens is that people become disengaged.

We want to retain our best and brightest. We want to make sure our pharmacists are practising their skills to their full scope, and they can do that. There could have been better availability. It is not bad, but it could have been better.

CHAIR - Thank you, we are well and truly out of time. Is there anything that you wanted to tell us, Shane, or that you haven't covered?

Dr JACKSON - No, thank you for your time.

CHAIR - Thank you. Appreciate your contribution.

THE WITNESSES WITHDREW.

The Committee suspended from 9:55 am until 10:02 am.

THE PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS INQUIRY INTO THE TASMANIAN GOVERNMENT'S CONTINUING RESPONSE TO THE COVID-19 PANDEMIC MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE ON THURSDAY 23 FEBRUARY 2023

CHAIR - Thank you, Michael, for appearing before the committee. You've appeared before, so you understand the parliamentary privileges matters. Thank you for your submission, and we invite you to take the statutory declaration. Then, could you please introduce yourself, and then speak further to your submission, and we'll have questions for you.

Mr MICHAEL BAILEY, CHIEF EXECUTIVE OFFICER, TASMANIAN CHAMBER OF COMMERCE AND INUDSTRY, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

Mr BAILEY - This is a very worthwhile committee to learn what we can across the experiences of COVID-19. My submission spoke at reasonable detail about how we saw a unity of purpose across that time between industry and Government that was quite unique. The connection between Government at all levels and industry was, from both sides, very proactive and productive in looking at the best outcomes that could be found for Tasmanian businesses. That played out in a whole range of things in a way that the different policies developed, and they were developing so fast, it was quite remarkable.

What was interesting in that too, was how fast the department acted. I can't express how impressive that was. The Department was very fast acting, really quick to respond to daily announcements and to try to catch up with policy that seemed to be running ahead of the department's ability at times even to react. They did, and they were able to move incredibly quickly.

I believe that Tasmania's business setting was the best in the nation and that we did lead the nation in many ways, as far as business policy went across that time. I heard often from my Australian Chamber of Commerce and Industry (ACCI) colleagues around the country - we were meeting daily in the ACCI CEO network - about their frustration with their own states and how lucky they thought we were in Tasmania.

We were also lucky that we were able to shut down our State pretty quickly with the benefit of our moat. I still love that *Mercury* front page which sits in my office - 'We've got a moat'. It was very lucky for us, in our ability to open sooner than other states albeit with the Tasmanian community, and then mobilising that community was terrific. What I will take with me, I think, was just how well Tasmanians responded to supporting Tasmanian business across that time.

That didn't just play out in tourism, but also even buying produce and supporting local stores - it was a real a mobilisation of Tasmanians.

The things we can learn, firstly, is how we maintain that information flow between Government and industry that was incredible across COVID-19. We were hearing daily from ministers and also officers about what was happening, why it was happening, the rationale behind it and we were able to then let our members know to conduct the planning within business that was needed. Perhaps that's something that would be good to try to maintain. It probably has been lost a little bit.

We had great connection with Government but again there was a decision made across COVID-19 that we weren't made really aware of and let known the rationale behind it. Certainly, we weren't happy with every decision and the Government listened to our views but they acted again for the betterment of Tasmania.

I think the final thing to just very quickly say before I take your questions is that everyone in Tasmania at that political level - it had almost a war-footing across that time. We all agreed that we were not going to put pressure on Government. We were going to let Government get on and do what they needed to do, without sort of fear of reprisals when things went wrong. We would let those things pass and that allowed Government to really free up and I hope one thing from industry that we've learnt, we need to allow Government, at times, to make mistakes without fear of brutal reprisals, because otherwise, again, they're not willing to be daring. What we saw across COVID-19 was a Government that was willing to be daring, which I think was really pleasing. So, one thing, again, I think we've learnt as a collective is to give some space for Government to act.

CHAIR - Thanks Michael. With the planning for the reopening of the border, that was a time - and I'm sure you're aware of the planning that was done, it was predominantly focused around the Delta variant. That was the variant of concern at the time that was circulating more so on the mainland and literally as we opened the borders the Omicron variant became the one of concern and almost the likely one to come into the State, which it did, straight away. As soon as we opened the border there it was. In terms of the communication with business and industry about the plans to manage that and then subsequently when there was a significant outbreak, can you talk us through that from your perspective?

Mr BAILEY - Certainly. With the opening we were very keen for Government to set a hard opening date so that business could prepare itself for that opening. We felt, too, that coming out of COVID-19 restrictions was also going to be more difficult than going in and that unless Government did set a hard date it was going to become increasingly difficult for Government to open at any time.

What said at the time that we believed that people should be RAT-tested as they were coming into the State. You might remember at the time there was quite a bit of push-back from Health, about the use of RAT tests, about their validity and their view was that someone should have a test in the own state before they should come to the State and they should tick the box to say that. We said that they should be RAT tested as they came into the State. They should be RAT-tested and if they tested positive they're put back on a plane and sent back home again. Two weeks later, the Health Department realised that RAT-testing firstly, was valid and secondly, was going to be a much more cost-effective way of proceeding. So, I think that was a mistake.

I don't think it was a mistake for Government to set a hard opening. We were unlucky with that variant, but there have been consecutive variants following. So, there would have always been - we knew COVID-19 was going to come into the State. We knew we had to be prepared. If you look, again, at the numbers of people who ended up in emergency care, they were - I mean, everyone is horrible, don't get me wrong, but they were quite low as a percentage compared to what they could have been. Our vaccination rates were really high, et cetera, but I do think that was a miss. I think governments should have adopted those RAT tests earlier

and if we had tested people as they were coming into the State that might have managed that a little bit better.

CHAIR - Just to challenge that view, Michael, once Omicron was in the State we knew that it was highly virulent, which means it's much easier to catch and we saw that rapid spike. So, once it's in the State stopping others coming in with it would that not have been a bit of a moot point? Don't you want people who have it to isolate and not affect others, ideally?

Mr BAILEY - Our point at the time was that we had the system in place; we had the rules in place for people to follow. Unfortunately, we couldn't keep Tasmania COVID-19-free forever. COVID-19 was always going to come into the State and when it did come into the State we managed it as a community as best we could. Compared to other places in the world and certainly even other states in Australia, I don't think we did a bad job with that. I thought we did a pretty good job if you look at it overall.

CHAIR - Some would argue that since the borders opened - national as well as state borders and the borders between states, albeit Western Australia was a bit later - the infection rate and death rate did go up significantly higher than some other countries.

Mr BAILEY - Our view was always that opening was always going to be more difficult than closing and we couldn't stay closed forever. We know that across that time there were very high suicide rates in Tasmania too due to the closure of borders. Every death is horrible and again I'm not saying that the fact that we had that unlucky hit of a new variant was anything but terrible but as a community we handled it well.

Certainly, from a business community, we handled it very well. The uptake of the COVID-19 Check in TAS app was extraordinarily high across the State. We know that WorkCover did a terrific job in assessing businesses and found compliance was very strong across Tasmania. We also know that the use of masks and the like was really well utilised across the State too. We backed the Health Department and them holding extra restrictions in place for longer than we probably thought they should have been in play because, again, that was the advice from Health.

COVID-19 coming into Tasmania was always going to be awful. We have an older population; we have a sicker population but the reality is we couldn't keep our borders shut forever so there had to be a time to open them. That time was never going to be right. You could pick any date and it was never going to be right and when COVID-19 got to Tasmania, which was always going to happen; it was always going to be difficult for our community to manage, but, again overall, we did a really good job in that space.

CHAIR - In terms of communication with business in the lead-up and then afterwards when there were impacts on businesses - some of them because their staff got sick and couldn't work and then probably people who had COVID-19, hopefully, were still isolating and not going out - can you talk us through that part of the experience?

Mr BAILEY - It's a very good point. Firstly, the fact that so many businesses were impacted by those COVID-19-restricting staff movements shows how compliant Tasmanian businesses were. As soon as someone was ill, they were sent home. As soon as someone tested positive, the businesses undertook the requirements that were expected of them, which I think firstly shows there was really good communication leading into that hard date. That was a

benefit of a hard date - we could get people prepared, we could make sure they were prepared, we could get WorkCover checks in place. The reaction of businesses to that was tremendous.

Clearly, there were many businesses that were under pressure because of staff who were away ill, and that still remains; there's no doubt about that. We still have businesses that are under pressure with staff who are isolating which, again, shows how well business performed in Tasmania in doing the right thing. Business always knew too that that was going to be difficult. Certainly, they managed the best way that they could across that time. Some businesses had to change the way that they opened; they had to change the way that they delivered, whether it be hospitality going back to only doing delivery rather than people coming to the business and so forth. It was difficult but business did a great job and got through.

Again, I believe truly the fact that it was a problem showed how well people were complying and that's a tick - difficult for business but, again, a tick for the communication and the responsibility that businesses took in that situation.

CHAIR - I want to go to financial support.

Ms WEBB - Michael, you mentioned that there was a high suicide rate due to the closure of borders. Where is the data that you are drawing on for that?

Mr BAILEY - It was certainly anecdotal having spoken to people across different areas in Tasmania and some of my regulatory advice as well who suggested that that was the case.

Ms WEBB - 'Your regulatory advice'? What do you mean by that?

Mr BAILEY - I mean my workplace health and safety committee meetings that have a regulator involved in that as well but, again, the impact on mental health was clear. We saw a dramatic increase in calls to our helpline based on mental health. Many of those callers weren't worried about their business, they were worried about missing out on things that were happening on the mainland - loved ones, children being born and a whole range of -

Ms WEBB - Sure, I'm familiar with mental health challenges on both sides of that - people having their mental health impacted by the prospect of the reopening of the border. I am interested that you made a claim that there was a higher suicide rate due to the closure of borders and I just wanted to clarify if there was a data source for that?

Mr BAILEY - I'm not sure; I'd need to check that but certainly anecdotally that's what I've been told. Again, we know certainly from the Tasmanian Chamber of Commerce and Industry's (TCCI) perspective that the increase in calls to our helpline specifically relating to mental health was significant, to the point that we then worked with Government to put in a mental health specific call line with the help also of Lifeline -

Ms WEBB - It was a good response.

Mr BAILEY - Yes, to help to manage that. I'm not saying that any COVID-19 death was a good thing; it certainly wasn't. My point is simply that Tasmania couldn't stay shut forever and there was always going to be a time to open that was always going to be difficult. If we opened now, it would still be difficult. There is still COVID-19.

Ms WEBB - I accept that it is a point to make, for sure. I was a little disturbed to have a sense that deaths versus deaths was part of that conversation and I wouldn't like it to be. It is great for us to discuss mental health impacts and the things we did successfully to help address them, but I want to make sure we are data-based about claims about things like a suicide pact because it's quite a sensitive matter.

Mr WILLIE - I'm picking up on some of your comments in your submission about business services. You say that in the future TCCI would encourage Government to continue working with stakeholders to provide an existing relevant service rather than attempt to reinvent them. Can you provide some examples of where things were reinvented and there were probably easier pathways?

Mr BAILEY - What we are trying to say there is that Government cleared the way for the bureaucracy to act quickly and effectively, and that's an important thing. We should maintain it as best we can. It's also important that where there has been regulation put in place, we also need to be upfront and honest about when that should be removed. For example, if there were more inspectors put in place with WorkCover for example, to manage the COVID-19 requirements for business, when would we withdraw those staff members? We need to ask questions like that. Particularly with the bureaucracy, what I think we have learnt from this is their ability to act quickly and with that great unity across the departments. That was tremendous and we need to try to capture and maintain it, and I think they have. Business Tasmania in particular came into its own across that time. That's a department that was struggling to find its way for a while but COVID-19 brought it to life and now it's a useful and active group.

Mr WILLIE - The other part to this comment is about reducing costs through funding relevant providers to meet demand, subsequently increasing quality of service provision, those sorts of things. Are there examples where there were excessive costs in the response?

Mr BAILEY - Absolutely. For example, at one stage Mark Veitch said in a meeting that there hadn't been a case of COVID-19 that had been caught from a surface. That was said in a November meeting of industry, a group meeting. Business was required to undertake deep cleaning for about at least 12 months following that. The question I was putting to Government is why is that deep cleaning requirement in place if the health advice is that you can't catch COVID-19 from a surface?

We had one member who was paying about $250,000 additional a year in deep cleaning of their premises. Their point was, once you have regulation in place it can be difficult to remove that regulation. If you look even now at the requirements of WorkCover when it comes to COVID-19 it's nebulous. It suggests that you still need to undertake deep cleaning; and what does that mean? We expect premises to be clean. That is a very different thing to having to hire additional staff to do a 'deep clean'. They are the sorts of things that are difficult. Once they are in place it's hard to remove them. I had businesses who, I believe, according to the advice we received in that meeting, were spending more than they needed to on something that was unnecessary.

Mr WILLIE - Any other example, apart from cleaning?

Mr BAILEY - It's a particularly good one because again that requirement was contrary to the advice that was given in that meeting. I have no reason to think that the advice wasn't correct.

CHAIR - He did say no one caught it; he didn't say it wasn't possible to?

Mr BAILEY - What he said is you can't catch COVID-19 from a surface. That was said in a meeting of industry groups and in November 2021. The deep cleaning requirement extended through for months and we were asking the question, when is it going to be lifted? When can businesses not have to worry about that anymore? It never happened. Thankfully, it has now; but for at least six months, businesses had to do that when it was apparently unnecessary.

Mr WILLIE - Do you think businesses are in a position now to scale up and down as required, depending on the situation?

Mr BAILEY - Businesses are facing other issues now. Staff in general is an issue across Tasmania. From COVID-19, what I hoped we've learned in this business, is the requirement to make sure people stay at home when they are unwell - regardless. For a long time in Australia there was that mentality that you soldier on - 'I've worked for 10 years here without having a day off'. Well, that's crazy. I hope we've learnt when someone is unwell, they need to go home.

If someone wants to work from home, that's absolutely fine too. I hope we've learnt as businesses that those who can work from home, who are more productive at home, quite often that's a good model. So, we've learnt some good things in that space.

I hope we've also learned greater mechanisms for helping the mental health of our staff, and I see that happening across the State. As Meg said, we did see a decrease in mental health right across the State. People were worried; it was a different world; all this change. The response in business in those areas was powerful and we need to maintain that.

CHAIR - Can you reflect on the financial support which was provided to businesses impacted after the opening?

Mr BAILEY - The Government was very quick to respond with financial support packages across the time. We were supportive of that, and the pace of that was really pleasing. The Federal Government then reacted with JobKeeper and the like.

CHAIR - I mean more about the opening of the borders at that time.

Mr BAILEY - After the opening, again, a number of financial packages were put out across this time. They weren't all used, though, which was also quite pleasing because what business was say was 'I don't feel like I need this, I am not going to apply for it'. So, they were leaving it for businesses that they saw as being in a worse position than they were.

My experience is that there is always some member who would want more, or would want things paid differently, but I think it was a pretty elegant solution considering the situation that we were facing.

CHAIR - The packages that were developed, particularly after the border opening, most of the modelling suggested they weren't going to be inundated with cases and you wouldn't have the dramatic impact on businesses whose staff were sick, and that sort of thing. That was done more after the border opening when it became apparent that this is a whole different variant and we need to respond differently.

Do you have any feedback on those decisions?

Mr BAILEY - The Federal Government intervention in particular, was really significant. The support of casual workers was critical for Tasmania. We saw that play out very well.

The Government reacted as quickly as it could when it realised the situation we were facing. I can't fault the Government's approach to funding for business across that time. Business was very well supported at the opening as well as through the COVID-19 experience, with a combination of federal and state and local government support, which we can't forget.

CHAIR - Once it became apparent that the Omicron variant was going to behave differently than the Delta variant, in terms of its transmissibility, do you think there was adequate communication with business and industry about that?

Mr BAILEY - I'm casting my mind back. It's a great question. From my perspective, the industry bodies had plenty of opportunities to gather information. That meeting I was talking about is a great example that we had online meetings with everyone from high level ministers through to officials. I can't remember exactly the timing of the Omicron advice and when that come through. My recollection is that it was as up-to-date as we were hearing in the community and in the news.

I'm sorry I can't think specifically. My recollection is that we were getting really clear advice and we were getting advice regularly, not just from the ministers but also from the officers. There was no lack of contact. One thing we did find at the lockdown period - and I know that wasn't the reopening - was we were all working longer hours because there was so much happening. Every day I was taking calls from federal ministers, state ministers, local government as well as officers trying to work out how we were putting this all this together. And, the same with the opening.

I don't think anyone expected the impact on businesses and the impact on businesses, and particularly the almost overnight loss of casual workers. That young cohort that got ill. My recollection is it was due to a concert -

CHAIR - Apocalypse in the Paddock, yes.

Mr BAILEY - That's right - ironically named.

CHAIR - It was probably quite fortuitous to make it that.

Mr BAILEY - In some ways that was probably the biggest impact on business since we actually shut down, because it was almost overnight that what I worked for disappeared. Business responded quickly, but it was an interesting situation. I wonder if we had taken that RAT test idea at the opening, if it would have been a better outcome?

CHAIR - Well, once it's in, and someone goes to Apocalypse in the Paddock -

Mr BAILEY - They're so close together.

CHAIR - That's right.

Mr BAILEY - Yes, especially a young cohort who are - yes, again, I'm pleased I didn't go to that.

Mr YOUNG - I guess a question or observation that through COVID-19, with staff sickness, staff and business owners were and are probably working a lot more cooperatively around that, as opposed to the straight lines. Secondly, do you think opening up just before Christmas, especially from a retail point of view, softened the blow a bit, or helped?

Mr BAILEY - In our view, 14 December was a really good date to open. We felt that it would not only help that retail spend heading into Christmas, but also would make sure our State was open for the tourist rush that we were desperately going to need.

It was a great thing we had the vouchers going out to the community across the lockdown time, but in reality, Tasmanian tourism is built for more than just Tasmanian tourists. Even though we had lots of Tasmanians doing an absolute terrific job getting out and supporting the local businesses and seeing Tasmania - often for the first time as a tourist - we were never going to have enough beds to keep things rolling.

So, that opening date before Christmas was critical. It allowed us to have a summer run and allowed many tourism businesses to stay open that I think would have probably shut, and we've seen our tourism just go 'whack'.

I agree with you though, too. I think that collaboration between worker and employer was great. We also saw how many small to medium businesses and bigger businesses in Tasmania see their staff as family and were really stressed about the impacts on their workers. The fact that businesses were sending people home and at times having to shut their doors showed their compliance.

To me, that was a huge sense of community in Tasmania. A sense of wanting to do the right thing by the community and people knowing they had to do their part. We were drumming that across in the media, saying all we need to do is our part.

Our part might be not to go to work, or to make sure that somebody who is ill stays at home, or to make sure we've got the COVID-19 supports within the business. We've got the check-in app going. We've got the hand sanitisers. All those sorts of things that are really important.

To me, it was a huge sense of community, and particularly in business. I think they responded really well.

Ms WEBB - I'm looking at your submission, where you identify what you see as a risk of regulatory creep, post-COVID-19. You've recommended a regulatory review to ensure that regulations resultant of COVID-19 are fit for purpose. What do you see being captured with a review of that?

Mr BAILEY - Firstly, we need to look at the requirement for COVID-19 plans in business, which still kind of exist if you look at work cover requirements, and what is necessary and what isn't now - and again, deep cleaning example is one.

Just as importantly, I think, we need to also look at and apply it more generally across other diseases such as flu. I would expect that businesses now would understand that if someone is unwell, they stay at home. It doesn't matter if it's COVID-19, the flu, a cold - they should not be in the workplace.

What I hope, firstly, is we can look at the regulations that are in place now. See if they're fit-for-purpose. Learn what is the important stuff and hold onto that, and with the stuff that isn't important, let that go.

Again, cleanliness of a workplace is critical. Deep cleaning of a work place is unnecessary. That's what we mean by that 'creep'.

Ms WEBB - Have you any other examples besides deep cleaning? I'm just trying to understand what the scope of the risk of regulatory creep might be.

Mr BAILEY - Off the top of my head, I probably haven't, but for example, one business was asked to put in air purifiers quite recently, which I consider to be quite unnecessary in a hospitality business. That sort of stuff I think is now at the extreme of requirement, compared to what is really useful, and should be kept for all the illnesses.

Ms WEBB - Do you have an avenue or communication or discussion with Government about those things at the moment?

Mr BAILEY - Absolutely. We have a great relationship with the minister, but also with WorkCover, who come to our WorkCover meeting and have an open line of contact on a whole range of different issues.

Ms WEBB - Given you have that open line of contact, what are you suggesting here with your recommendation? A more formalised review process?

Mr BAILEY - It is very difficult for a regulator to look at its own regulations like that and to really address them. It does need to have a more overarching review. In that too, as I was saying, is to capture the things we should always keep - for example, hand sanitisers. I would expect businesses now to have hand sanitisers available forever.

CHAIR - And to be filled up.

Mr BAILEY - That's absolutely right. To me, it is an expectation now, and when you do go to a business that doesn't you think, my goodness, this is rubbish. Those things need to be captured and kept, and businesses need to also understand that requirement. They harp on about it - and across other illnesses, too - that mindset of 'Bob is a great employee, he has never had a sick day'. That is not a good thing, it is a bad thing.

Mr YOUNG - With the review, does that also mean you might be looking for some flexibility? Here are some of the rules, we can institute them now, but they only last this long - as opposed to saying, this is the rule until we review it?

Mr BAILEY - I think we're at the point where we need to ask if COVID-19 plans, for example, should be part of an overall WHS plan, so COVID-19 plans cease to exist? We have a WHS plan that includes our approach to illness in the office or workplace. That approach to illness should be for any illness, and COVID-19 is a part of that.

Dr BROAD - The air purifier you mentioned - what is the context of that, and had there been a change in that business?

Mr BAILEY - No, there hadn't. It was an inspector going out and talking to the business about what they felt they should be doing, which to me is completely unnecessary to the business and completely unnecessary to our safety. That is an example of the regulator trying to do the right thing, and the officer trying to do the right, but what I absolutely see as being regulatory creep. Unless we have good policies behind the scenes, the regulator doesn't know how to behave. That is what needs to be reviewed.

CHAIR - On this, clearly there were audits done in schools. Kids and teachers are in schools roughly from 9:00 am to 3:00 pm, with breaks out of the classroom. When you go to a restaurant of an evening, you can be there for several hours. If it is a room that doesn't have good airflow, wouldn't it be reasonable to expect, for the safety of patrons, that you might have an air purifier?

Mr BAILEY - It might, or it might not, but if it is being put on one business and not on another, then you have some significant issues. If the requirement now is that all Tasmanian businesses need air purifiers -

CHAIR - Is that the requirement?

Mr BAILEY - I don't think so. I have not heard that. It is the first time I have ever heard of a business being requested to do that in hospitality. For that to be put on one and not on others suggests a lack of cohesion amongst those officers.

CHAIR - You may not be able to answer this question because you are not in business, but did the inspector actually look at the business and make an assessment of the air quality there?

Mr BAILEY - I don't think so. I might be wrong. My understanding is it was part of a walk-through inspection, so I don't think there was any technical advice beyond that. If that is a requirement, great, let us know - but if it isn't, why have they been asked to do this?

Ms WEBB - You're reasonable in saying that if it is a requirement, let's apply it consistently. Where is the mechanism at the moment where the requirement is communicated to the business sector and to companies, and then there are the avenues for you to interact around that and how well it is being rolled out?

Mr BAILEY - If that was going to happen, my expectation would be that Government, and probably the minister, would get together a forum of industry people who were likely to

be impacted by that to let them know that what would be a significantly expensive change to the requirements under the WHS responsibilities. That would then also give everyone time to think about it, to come back with other options with other thoughts and to then come out with a solution at the end. That's the sort of process that I'd expect in something as significant as that and as expensive as that.

Ms WEBB - I'm trying to clarify, is there not a mechanism at the moment in your avenue to interact with Government and other business groups, avenues to interact with Government, there isn't a specific way that there's clarity communicated around these requirements at the moment?

Mr BAILEY - That always comes down to the individual officer to be honest with you, Meg. It is a little bit the same for any WHS thing. We have really good WorkCover and WorkSafe inspectors, having no criticism with it at all. However, it comes down to their interpretation of what they're looking at and that is open to challenge.

My point is more that creep of regulation and how you get that back under control because once a regulator or a Government has more power, it's very difficult to bring that power back and give it back to the people. We saw that across COVID-19 across the world. We've certainly seen that across Australia and what I fear is that, again, if we're not careful, we're going to really miss the good things that we learnt because, again, of that additional creep that we need to get back under control a little bit.

Ms WEBB - Would you think though that it's not necessarily a one-point-in-time review that's required because certainly what we have learnt from COVID-19 is we have to step things up and then we have to step them back at different times. We're likely to anticipate that being the case again so, therefore, a one-point-in-time review will be relevant at that moment but actually knowing we may have to further step things down and take them away, we might have to step them back up and, therefore -

Mr BAILEY - We've always said that too, that we would take Health advice and if we needed to go back into a more controlled setting and that was fine. But we would want to know the rationale for that and also what would be required for us to take that regulation back out again and what the Government would be looking for.

Again, for opening the borders - what was it? Was it a completely COVID-19-free Tasmania and what are the percentages of COVID-19 cases? Those sorts of questions are fair questions for the people. We asked for is transparency in the decision-making and the same with those questions too, what we'll want to know would be is, what is the tipping point for that regulation to come in and what's the tipping point for it to be taken back out again? By taking it back out again, we mean it being taken back out - not some of it taken out and other bits left in.

CHAIR - Shouldn't that be part of the process? I'm not sure if we still have the red tape reduction coordinator?

Mr YOUNG - Yes, I think so.

CHAIR - Wouldn't they be doing that?

Mr BAILEY - He absolutely does a great job but, again, with something as big as COVID-19, you'd probably want to have a bit more oversight than just one person chasing it.

Mr YOUNG - As part of that, has it done a good job of balancing the costs of the extra regulation and cost to business with needing them? How do we manage that moving forward?

Mr BAILEY - I put the comment back about the air purifiers. That's a great example. If that was to come back in, hypothetically, as a regulation, what is the benefit? Can it be quantifiable? Is it worth the investment that it would take to put it in?

CHAIR - It would also protect staff as well as patrons who are there all day, for a shift anyway.

Shane, do you have something?

Dr BROAD - With the air purifier, did that come across as a recommendation or a requirement?

Mr BAILEY - It came across as a requirement. I'm pretty sure that business challenged it and the requirement was taken away, but I'm not sure about that.

Ms WEBB - Is that something that you are progressing back through your lines of communication as part of making an argument for an ongoing interaction regarding the review of regulatory requirements?

Mr BAILEY - Absolutely. As I said in our submission, my view is that we need to look at how we bring those requirements back, what we capture, and what we keep in place forever, and what we now let go. If it's not now, when will it be? What is Government looking for before you would then remove those requirements?

Ms WEBB - What response have you received from Government in terms of your proposal to have this review?

Mr BAILEY - We have a great relationship with Government and a great relationship with the regulator. Last time I had a discussion about it, I was told that it would be continually reviewed. I think what the TCCI will do is that it will hold a forum to look at it from industries' perspective and what is now unnecessary and what we believe isn't, and provide some better advice.

Dr BROAD - In terms of the business support, if you started again and if, unfortunately, we had another pandemic, what would you like to see changed about the way that the business support rolled out, the thresholds? Are there any sort of learnings if you were going to make a recommendation, how can we do this better, that you would be putting across?

Mr BAILEY - I think I would. I wouldn't have a 30 per cent figure, I would probably have a sliding scale of support. I think Government did well to get money out quickly, but again there were gaps in who could get any sort of support too. So, we had some businesses that were slightly too big for State Government support, slightly too small for Federal Government support.

CHAIR - They hadn't been in the business long enough to demonstrate the percentages.

Mr BAILEY - Yes, or they had a bumpy year before, a whole bunch of anomalies. The Government did their best to try to address these, I should say too. I would look at a sliding scale. I would look at being a bit more flexible with some of those rules around the outside.

Also, really take into account and hope that the Federal Government acted faster, so we could look at what the feds were doing and try and to mesh in with their approach.

I don't want to be critical of Tasmania's response; I think our response was great, but they are the sorts of things that I would certainly look at.

Dr BROAD - You talk about people falling through the gaps. We also had the visa workers who fell through the gaps and a lot of them left. Are you still seeing the ongoing impact of that?

Mr BAILEY - Shane, I said it at the time and I stand by this and I think it is a moment in history that Australia will be ashamed of. I think the way that we as a nation supported the people, in many ways who helped to build our economy over the past few decades, it was just appalling. I lay that blame at the feet of Federal Government. I think it was wonderful seeing Tasmanian businesses responding. There was one for example, that was sending food packages out to their visa workers. To me it was a low point in Australian history and again I do believe that it will be seen in the future as an appalling oversight.

Dr BROAD - Do you think that's part of the reason we're not getting probably the numbers back that we had hoped?

Mr BAILEY - I do. If I was a worker who had been treated that way in Australia, I would be very reluctant to come back. I think we turned our back on a group of people who have helped to build our nation over the last few decades.

Dr BROAD - Are we over the hump there? Are we seeing those workers coming back?

Mr BAILEY - I think we are. I was pleased to see the Premier go out last week and put more pressure on the Federal Government to make those visa applications move a bit quicker. Yes, we certainly are seeing workers coming back into the State and into the country.

I think the State Government also did some really good work to bring back our South Pacific Island workers quickly to Tasmania for fruit picking. Not only was that critical for the fruit pickers but also for those communities. People come here for a period of time and go back with money to keep the communities going. Hopefully we are seeing that. One thing as a nation I hope we never do again is to forget that group of people in our community.

Mr WILLIE - That backlog is improving under the new Government. It's funny how the Premier didn't say anything under the previous Government.

Mr BAILEY - We have been chasing that for while too, I should say Josh. It's really important for Tasmania and again for Tasmania, visa workers are critical for our community, not just in unskilled work but also in skilled professional roles, as we know too.

Again, to completely to forget that group of people was pretty appalling.

Having said that, as the TCCI, we had regular conversation with the Federal Government. They gave us our advice on the JobKeeper packages. We were able to put some advice back to them to tweak some changes which included putting sole traders into their packaging. So, the relationship with the minister, Michaelia Cash, across that time in particular, was terrific and her responsiveness was really impressive.

I think if I was too look back with a crystal ball, I would look at scaling that support differently. I would look at different measures to be able to access the support and also, we would have a better idea of what the Federal Government would do, because they were slow coming to the party, pretty much, so you would then mesh your support in with that.

Mrs ALEXANDER - You are aware that back in 2021 there was the PESRAC, the Premier's Economic Social Recovery Advisory Council, which was meant to look at the various critical parts of our social and economic framework and invite a contribution to stimulate our recovery, social and economic. Were you part of that? Did you have the opportunity to have an input into that particular process?

Mr BAILEY - Lara, I personally wasn't a part of it but my chair, Paul Ranson, was and he is very professional. We didn't speak about his activities with PESRAC, we were able to present to the PESRAC, not the committee but to the officers who were managing PESRAC to put forward our thoughts. Again, we adopted the PESRAC report as the basis for our policies for the reopening and for the management of COVID-19 in the State. That is where things like transparency of Government decisions came from, as an example.

To answer your question, yes, I was involved but at the officer level and my chair was on the PESRAC committee, as I said albeit we didn't speak about it because of his confidentially requirements.

Mrs ALEXANDER - Has there been any follow up? That in itself was a good idea to give people from various sectors the opportunity to contribute as an immediate thought after the huge impact of COVID-19. Has there been any follow up with that which would give you a better platform to put forward some of the more recent developments in the industry for you as a peak body?

Mr BAILEY - I haven't seen any follow up. I should correct the record as well. I was involved in the Northern Economic or COVID Economic Redevelopment Committee which I think fed into PESRAC so I did have a voice in PESRAC but in a roundabout way, to correct that. I haven't had any update from the PESRAC officers or committee for a long time and I felt that the PESRAC report has disappeared out the back door. We are still focused a bit on it as the TCCI. That does still form the basis of our thinking. Transparency of Government, the reform of vocational training, all those sorts of things. I think it was a powerful document and perhaps it is an example of something that shouldn't be lost as we get back into a more normal world. Although some of the stuff would be specific to COVID-19, there was some good thinking generally that could be investigated for Tasmania's economic development in the future.

CHAIR - It is up to Government to roll it out. They reported to Government.

Ms WEBB - The Government has been asked numerous times to report on how the various recommendations are being implemented and to continue to report on it during budget time and they have neglected to do ever since the first year.

Mr BAILEY - We did send a letter to a previous premier asking for a formal update and we are still waiting for a response to that.

Mrs ALEXANDER - Thank you very much, Michael. Hence my question on this because I did view it at that time when I had a different hat, not a political one. I viewed it as a powerful document and a document that could be used as the vehicle for updates and further development of strategies and to create a nimble opportunity for us. That was my question. Thank you

CHAIR - Thank you. We are out of time unless there are any other pressing questions? Closing comments, Michael?

Mr BAILEY - I think generally what I have tried to express is through a difficult time our State Government did a good job. I hope that my comments today haven't shown otherwise. I do believe that our State led the nation in talking to my ACCI colleagues they were envious of our position in Tasmania, the way that our Government had reacted trying to support business and I felt at the time the Federal Government did jump on the coat tails of what Tasmania was doing.

The communication with Government was terrific, the communication with the officers was terrific and again in industry land we learnt some lessons too, albeit I hope they are kept, that we need give space for mistakes in Government and to allow departments to be more nimble. Every time we call something out that might not have gone perfectly, it puts more levels of regulation or bureaucracy into a decision. What we saw across COVID-19 was almost those shackles taken off so Government could act. I do believe also that Business Tasmania acted very professionally and were very impressive across that time too so hats off to the public servants in that department who I think were terrific.

CHAIR - Thank you.

THE WITNESS WITHDREW.

The Committee suspended from 10:50 am until 11:00 am.

THE PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS INQUIRY INTO THE TASMANIAN GOVERNMENT'S CONTINUING RESPONSE TO THE COVID-19 PANDEMIC MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE ON THURSDAY 23 FEBRUARY 2023

Dr JOHN SAUL, VIA WEBEX, PRESIDENT, AND **Dr ANNETTE BARRATT**, VICE-PRESIDENT, AUSTRALIAN MEDICAL ASSOCIATION TASMANIA, WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR - Welcome all of you. Thank you, Dr Barratt, and Lara Giddings here supporting you, and Dr Saul online. Before we start the hearing, I appreciate you probably know the requirements of parliamentary privilege and I don't need to repeat them for either of you. John, you are okay?

Dr SAUL - Yes, thank you.

CHAIR - Thank you for your submission. I know it's been a bit of a delay between the preparation of the submission and the appearance before the committee. There are various reasons for that, but we are trying to wrap up this inquiry. It focuses particularly on the Government's decision to re-open the borders, their planning and preparation for that and management of it, since the opening of the border - and particularly with regard to the period since August 2021 when the Public Accounts Committee reported on the Government response to the beginning of COVID-19. Did either of you wish to make an opening statement?

Dr SAUL - Yes, certainly happy to make an opening statement and if I've missed the wrong title I must apologise there, thank you.

CHAIR - I already have, so that's fine.

Dr SAUL - Speaking generally, it takes a good crisis to bring out the best in people and we certainly have seen some very good decisions being made over time. Speaking positively, from a range of perspectives - as a coalface GP and as the AMA president and being involved in AMA decisions in those early days - we've seen some good clinical decisions, especially by the Department of Health. Never before, in my 35 years of medicine, have I seen so much logic being used to make decisions, rather than past facts. Again, we've had to put our necks out there and really make some decisions based on logic, rather than 100 per cent knowledge. I must confess those early days of 2020 were really quite startling, especially looking at the intensive care protocols for the Royal Hobart Hospital, for example, where we had limited ventilators available and as I turned 60 in 2020, knowing that I wouldn't qualify for a ventilator if we had reached the status of northern Italy with so many hospital admissions. So, I am so pleased we didn't find ourselves down those stakes. We take for granted the political leadership - stopping the cruise ships and bringing down the moat. Our leaders were criticised at that time by our mainland counterparts, but we take for granted the strong stance that they took and certainly respect that.

The opening of the borders has been mentioned as a focus here; but again, when I look at it from my perspective as a GP, our sense of community and our challenges that we faced were really coming to the forefront there. I was involved a lot with the management at Nubeena, for example, with the Tasman Peninsula. We're very thankful for State Government

support there. We managed to achieve exceptionally high immunisation rates, and I must take virtually no credit whatsoever here. Our two lead nurses did an exceptional job in working hard in our community, ably supported by good relationships with pharmacy and a superb reception team that did their best to get our numbers up. Some rural areas, of course, we noticed were very down in their immunisations but through good solid support from our nursing team and good collegial actions, here was an area where we did really well.

COVID@home - exceptional to begin with, struggling to staff once things really ramped up after the opening and then, of course, managed to get things rolling and provided good levels of support for Primary Health Tasmania from my position as a GP.

COVID@home really struggled with that significant spike in COVID-19 cases after the opening of the borders. Here's where we really struggled, I felt. As much as I've been complimentary with the good that occurred throughout our 2020 and 2021 time frames, the opening of the borders at that time frame I must confess we really struggled. I can see the benefit for families in opening two weeks before Christmas but on the first plane we had our first COVID-19 case arrive. On the Eastern Shore, we shouldn't take credit for that first case, but - unfortunately - we must.

At our most vulnerable time as staffing levels were under pressure with holidays at Christmas, we found ourselves opening two weeks before Christmas and those spikes put significant pressure on COVID@home. The struggles that COVID@home had in those first three months were then pushed back onto primary health and as a result, their struggles became our struggles. To me, it would have been much better if we had delayed the border opening, and that is in our submission. Even at mid-January, it might have been unpopular but it would have given us that little bit more time to be prepared. It might have even resulted in the staggering of the arrival of mainland and overseas visitors, which would have helped us.

From a primary health point of view, it proved our vulnerability in general practice and community pharmacies. I note, for example, the brilliant husband and wife team at Swansea managed to cleverly stage their COVID-19 infections to at least maintain some telehealth and face-to-face services; but their vulnerability if they had both had COVID-19 at the same time would have reflected the challenges that general practice faced.

We've noticed our community pharmacies have really struggled with staffing as well for the same reasons. The business model for these self-employed, self-managed businesses is definitely one of vulnerability with those opening times.

Mask mandates - again, we struggled here. We can see some of the challenges that are faced by our Department of Health there. Obviously, there are problems without usurping the emergency powers to make them mandatory but our community messaging to keep masks available and used - especially, for example, on public transport or in high-concentration areas - we felt we struggled there.

Overall, the timing of the opening was a problem. That 100 per cent to zero changes with mask mandates was also a struggle.

Having said that, we have seen some great pivoting and some great adaptability shown by what over the years we've come to think was a slow decision-making dragonaut. The ability of the Department of Health to help us in primary health, for example, with additional vaccines

when we had problems with expiry dates was fantastic. The ability of the department to pivot with RAT tests was great. On the Tasman Peninsula the Friday before Christmas last year, we had a significant surge in COVID-19, and through the fickle finger of fate, if you are on a health care card, the only area where you can get free RAT tests is by driving to Sorell. I had a whole family with COVID-19; we pushed for isolation, we pushed for common sense, we pushed for regular RAT tests for their contacts. There were no RATs available. I got quite a head of steam up, Ruth, and rang one of Kath Morgan-Wicks' more senior staff members. I was warming up quite a bit, but he cut me off quite quickly and sent 400 RATs down to the Tasman Peninsula on the Friday afternoon before Christmas.

This, to me, was a great example of our health system working positively, and working quickly, and making fast, necessary decisions to health care. To a certain extent in primary health, we have been so busy sawing wood, we are not looking at opportunities to talk to the health department - as I was lucky enough to do - and look at alternatives like that.

It was so great to see those RATs arrive, so we could freely distribute them when there was a contracting of RAT availability, especially for our rural areas.

Again, PPE support has been great throughout that time, and we are seeing that ongoing flow of support with regular interactions with the health department.

Winter is coming, and whether we like it or not, COVID-19 is certainly still out there. We are still seeing significant amounts of disease, and we need to be prepared and ready.

Moving forward, we must make sure we continue our strong public health campaigns, our mask wearing where appropriate, and our access to antivirals and our immunisation programs. We are seeing a real lack of traction in the community and support moving forward. As a result, to me, we must be sure we are on our toes and vigilant and prepared to action these essential services.

The fifth vaccine is out there. We're pushing hard to make sure we vaccinate as many people as we can. Obviously, in general practice, we're going as hard and as fast as we can in this area. I have opportunistically done six COVID-19 vaccines this morning, so we're six more done. We are on our way.

Ironically, we are still struggling with low-ish vaccination rates. Even though we are doing better than our mainland counterparts, we are still very low on our third and fourth vaccines, let alone our fifth, so we need to keep the pressure firmly in place.

I know this is a State Government assessment today, but I must mention we feel we have really struggled with Federal Government support. It took a crisis like this for telehealth to become mainstream, even though the phone was invented more than 120 years ago. Thankfully we are seeing some reasonable telehealth acceptance by Medicare.

Stupidly enough - and I had the problem this morning - a simple case of a mental health plan update cannot now be done on telehealth thanks to Federal Government rules. I know it is not necessarily in the brief here, but we all work hand in hand together to provide good primary health, and some of the frustrations that I feel are coming from our federal counterparts need to be considered here. Truth be known, our drop in bulk-billing rates are just putting

further pressure on our systems here - and although not necessarily related to today's brief, will impact going forward.

That, to me, is a brief introduction. I feel it is important that we look to more detail. I have introduced even more information since our early November documentation for this committee. I am sure Annette and Lara would have more to go on with. Thank you for your time.

CHAIR - Thank you, Dr Saul. Dr Barratt, do you want to add some comment to that?

Dr BARRATT - Just to agree very much with John. The preparation for the opening was a major problem for general practice and for the health profession. We - and things like COVID@home - would have coped much better with a bigger lead-in, so that people were not suddenly arriving on our doorstep the next day with COVID-19 and already putting pressure on the emergency department, which we know is under crisis. The crisis was made worse.

We have a debate between the members of the primary care, of which I am one, and the members who work in ED, who have different opinions of what should and shouldn't happen. It causes problems when we're both put under extra pressure at the same time.

CHAIR - I don't think you were here for our previous witness. Representing the business sector, you can expect they were keen for the borders to open, particularly to enable tourism and Christmas travel. In terms of that balance, the Government obviously had the responsibility of considering both the economic impact, and also the health and social impacts of both the border closure and then the reopening.

Do you think adequate consideration was given to the impact on the health sector, particularly as, when the plan was made, they were looking at the Delta variant, but as soon as the borders opened, the Omicron variant was well and truly established?

Dr BARRATT - Certainly, as a medical professional, I have concerns both ways. I could well and truly understand the mental health of my patients and the community who wanted to be with their family for Christmas. I have children living interstate, so I wanted to be able to visit my children for Christmas that year. I can understand why that decision was made leading up to Christmas.

However, from a medical point of view, without sufficient preparation, we had overwhelmed GPs, overwhelmed EDs, and patients unable to be fully supported in the COVID@home program, which kept them out of either place because these weren't fully staffed due to the lack of preparation and build-up.

Perhaps 15 January would have been a harder decision to sell to the public, but it may have been an easier decision to manage, certainly from my point of view.

Perhaps a longer build up to 15 December and having more things in place may have also helped. Having the COVID@home fully staffed. Having the publicity for it in place. Having things changed in ED so people weren't sitting in a waiting room with COVID-19, waiting for a single bed to be admitted to, and spreading COVID-19 all through the waiting room - which is one of the things that has been raised by our ED colleagues. Great, put them in a single bed

when they're in the hospital, but sitting them in the waiting room with COVID-19 infecting everybody around them.

Dr BROAD - Including staff?

Dr BARRATT - Including staff. Well, staff wear PPE. Staff wear masks, staff are really good, and thankfully staff are very careful at not contracting it. I'm a GP, and I've been practising, and - touch wood - have not managed to contract COVID-19 from either a patient or a grandchild, amazingly enough.

CHAIR - Looking at the communication during that period, where the Government was deciding the date and the planning that went into it. How was the communication between the AMA and other parts of the health sector during that time, and could it have been improved?

Dr BARRATT - We've had really good communication with the Department of Health, with the Premier, with people like Mark Veitch and his whole department. We've had good communication, so we're not going to say they weren't listening to us. They can't necessarily act on what we have to say, and we well understand that they had to do a balancing act. But we had very good communication.

Certainly, all through the COVID-19 period, initially we were having weekly meetings with stakeholders, of which the AMA was one. It then went to fortnightly, and then monthly. From our point of view, they were unprecedented access to Mark Veitch and the premier and the health minister, which we would love to see continue into the future.

Those stakeholder meetings were brilliant. They were an asset to everyone, and we have to fully congratulate the premier and the health department for setting them up. They were listening - they just necessarily didn't listen.

CHAIR - Well, didn't take decision that entirely reflected your position, I guess you could say. They were very intense times, and the need for very regular meetings was very apparent. Since the border reopening, what's happened to those sorts of engagements?

Dr BARRATT - The regular stakeholder meetings that were taking place have now ceased. Certainly, the AMA meets regularly, quarterly, with the Health Minister, which is a very useful thing and we value those meetings. We have regular meetings with the Health Department separately to the ones with the Premier, or the Health Minister I should say, depending which hat he's wearing at the time. They're very useful and we know we have very free access to Mark Veitch and his Department. If we ring up he will listen and he will give us access -

CHAIR - So, you still have access, it's just not formalised?

Dr BARRATT - We still have access, we just don't have these lovely, regular stakeholder meetings, because that wasn't just the AMA meeting. It was the AMA, the College of GPs, it was RDAT, the rural doctors, all in one venue. It was actually quite a good way of cross-fertilising. There was also pharmacy and the nursing federation and HACSU. They were all in these stakeholder meetings and there was a lot of cross-fertilisation, which is a useful thing. We could hear their points of view, which were obviously different. Doctors have different viewpoints to pharmacists, who have different viewpoints to nursing.

CHAIR - So, that multidisciplinary approach, has that stopped?

Dr BARRATT - That has stopped, yes.

CHAIR - Do you think even if it was only quarterly, that would be of benefit?

Dr BARRATT - I certainly think it would be of benefit. I think it would be a useful way of people not going down their own agenda without listening to other people.

CHAIR - COVID-19 is going to be here probably forever, in some form, influenza the same, maybe others, RSV around as well.

Dr BARRATT - Yes.

CHAIR - Do you think that sort of thing we could pick up as a benefit and move on, or is that past its use-by date and you need to look at a different structure now?

Dr BARRATT - I think certainly a broad-ranging stakeholder meeting that has high-level access would be of benefit, especially about giving us information. Because the COVID-19 statistics are now not front and centre, in those meetings they were, the beginning of every meeting told us exactly where we were standing. All the data was handed to everyone. We were all on the same page and that was useful. So, yes, having that data handed to the whole stakeholder of the community at once would be excellent and I think would -

CHAIR - Do you still get it at the quarterly meeting?

Dr BARRATT - No, not really. We have an agenda which we need to discuss and the agenda is a very big agenda and COVID-19 is only a very small part of that agenda. There are a lot of other things that the AMA needs to discuss with the health department.

CHAIR - So, do you think regular access to that data, say monthly updates, for example, I'm just putting an idea there, to actually better inform your participation in the quarterly meetings would be helpful?

Dr BARRATT - It would be very helpful, yes.

CHAIR - Have you considered or asked for that?

Dr BARRATT - We've certainly asked in the past, in some of our meetings, for the data to be broadly displayed. We thought when we were going out to the public saying, 'please start wearing masks again, COVID-19 is busy,' we were then calling for the statistics to be out there on a regular basis. You can go digging for them, but I'm afraid the public, unless they're basically hit in the fact with them, ignore them. I go to places where I know there is a high risk of COVID-19, and I know there is a high risk of vulnerability and I feel like the really lone idiot person wearing a mask. For example, I go to a regular concert of big band. If you can imagine the average age group of people who go to big band, they're not young.

CHAIR - The amount of air being shared.

Dr BARRATT - We sit in a venue and I'm probably one of three people in the whole 140 people there who are wearing a mask and people look at us and think we're a bit odd, and then they recognise who I am and they know I'm odd -

CHAIR - Well I must be odd too, because I wear it in those circumstances.

Dr BROAD - Sorry, just following on -

CHAIR - Yes, then I'll come onto Meg.

Dr BROAD - That multidisciplinary meeting, can you give us an example of just how that benefited, where there was a shared understanding that wasn't there before, so we can get a bit more teeth around how that worked?

Dr BARRATT - Things like GPs, from the AMA point of view, talking to the GPs from the college and from the rural, all realising that no-one had PPE provided to them and then the nurses and pharmacists being able to say, 'we've got PPE coming from this source'. And somebody else saying, 'we didn't even know we could get some'. So, there was a combined discussion as to who needed PPE, how we could get it and the health department reacted by saying, 'okay, we didn't realise you all needed it, this is how you get it'. It is practical things like that and everyone then being on the same page and therefore not resentment that the AMA was getting PPE for their patients but the RDAT wasn't, so it's a nice equal, even playing field.

CHAIR - Everyone had access to the same information.

Dr BARRATT - The same information and the same resources.

Ms WEBB - To follow up on the data matter you were talking about. It sounds sensible, the request you make for regular data to be available. What would you like to see included in that? What's the scope of that data you'd like to see available?

Dr BARRATT - We'd like to see how many COVID-19 cases there are, how many patients are hospitalised, how many people have died. I know this information is there if you go digging for it but we'd like it publicised. We'd also like influenza included there and things like RSV and other viruses that are being tested for so we know what's out there.

As a GP, I can usually tell you what's out there because I've diagnosed it myself, but I'd like to know what's also in Launceston and the North-West Coast from the AMA point of view.

Ms WEBB - I can understand why hospitalisation and deaths could be data that's readily collected. In terms of case numbers though, surely it's a bit difficult now for us to have an accurate picture of that? Typically, people might be doing RAT testing at home and they're not reporting it, not seeing their GP, it's something that's now being managed by people individually in the community, for better or worse.

Dr BARRATT - I think having it reported just reminds people that it's there. It reminds people to test, it reminds people to register and then reminds people to wear a mask. If they think there are no cases happening in the community, why would they wear a mask? Whereas if they know there have been 50 cases in the last week or 150 or 250, it reminds people to put that mask back on again and to test, to wash their hands, stay home when they're sick, all the

things that I have been appearing on television for the last three years now on auto-repeat telling people to wear a mask, wash their hands, get tested.

It is important. I always have this argument with people in my practice that I insist they wear a mask if they come into my office. 'Oh, but I'm not sick'. How do you know? I don't care. I'm wearing a mask, you wear a mask and we'll have a lovely agreement.

Mr WILLIE - I have some questions on the return to school plan. Schools returned and then there was significant transmission. I'm wondering if that put any pressure on GP practices at the time, seeing young people.

The second part to this question: we've heard from some stakeholders that some families have found it difficult to return to school; they might have a child who is particularly vulnerable. Are you noticing an impact on young people's mental health and any school refusers for other reasons, why they have disengaged?

Dr BARRATT - Certainly there's evidence from all around the world about the increase in school refusal and we know COVID-19 and the isolation period is definitely a contributing factor. It is present in Tasmania as well. Young people became frightened and they remain frightened of things like COVID-19, the climate change. There's a whole degree of anxiety in our teenagers and our young people. School refusal is part of that.

As you say, a lot of people who have vulnerable children were very anxious about sending them back to school. Most of that is now reducing. People are accepting that children are, in most cases, not as sick with COVID-19 but we're still trying to push to get the children vaccinated and get their levels up. We know they're nowhere near as high as what they should be in the vaccination levels in young children.

Mr WILLIE - Could that be improved through Government messaging?

Dr BARRATT - Yes, we're very happy to support any Government messaging. You have to repeat things to people multiple times in different ways. People think sending out one message is sufficient but I can tell you, it's not. When I try to get a message out to my colleagues as GPs and other doctors, I will send a message out five different ways on the assumption that they're going to read it possibly once, maybe twice. They certainly won't read all five but if I send it in five different ways they may well read it once. I think we need to remember that with the public.

People say that you send too many messages and some people turn off. They don't read it in depth but it's in the back of their mind because they've seen it. Otherwise we wouldn't put ads on the sides of buses. We don't think people actually read them, but we think that bus driving down the road is going to get the message to people.

Mr WILLIE - So we need a push for boosters into winter? Are you seeing less school refusal and young people disengaging over time?

Dr BARRATT - Yes.

CHAIR - What about the mental health impact? What are you seeing in that, not just your practice but what are you hearing from the members?

Dr BARRATT - We are aware that there are problems with mental in young people. COVID-19 is just one of many factors. Thankfully in Tasmania our lockdowns were much less than the rest of Australia. Certainly, talking to people in Victoria and colleagues there, the mental health aspects from those prolonged lockdowns, on young people in particular but on the whole population, is huge. When you think about it, some teenagers missed their whole college experience due to lockdowns in Victoria and so the mental health aspects in Victoria have been enormous; Tasmania to a lesser extent.

Climate change added to that is a huge burden of anxiety on our young people. We know teenagers are the ones who think the most and they care the most; not that adults don't, but it's that age group of passion. Add a lockdown, you lose your college, you have climate change and now we have a war in Europe - there are so many things that are adding up to adverse effects on our young people.

CHAIR - The major impact of COVID-19 lockdowns was before the war in Ukraine but climate change was still an issue. The question I had is, are you seeing it trending down now that the borders are open or are there so many other pressures on young people?

Dr BARRATT - It is hard to tell. You can't determine which of what is causing the anxiety and young people, unfortunately, are vulnerable.

Mr WILLIE - Do you see there'll be long term health impacts to this disruption to learning, with kids falling behind? It's has been a huge issue in Victoria and places like that. The Government has responded with support but here in Tasmania are we going to see lasting impacts?

Dr BARRATT - Like a lot of things, we are going to know that answer most effectively in 10 years times when we look back. It is hard to predict exactly what's going to happen, but logically yes, anything that causes a disruption to life causes a disruption to mental health. But it's hard to tell. One of the things we perhaps could say is that when we held those meetings with Dr Veitch, one of the things was his ability to be able to predict and tell us what was happening and what was coming. The insight of that department was very useful in those stakeholder meetings. He was able to explain a decision, why it was going to happen and what was the next step, and so a lot of the Government decisions didn't come out of the blue to us and we were then able to support the Government's decisions because we knew where they were coming from. The Government may find it useful for organisations such as ours to be on their side by being prepped in advance when it's suitable. We will argue when it's not.

CHAIR - I know you can't talk about it from the teachers' perspective here, but from the medical profession perspective, the planning for school reopening, and the preparedness, do you think it was well done or it could have been done better? What was missing, if there was anything missing at that point?

Dr BARRATT - We supported the children going back to school. We supported the young children not having to wear masks. We did, however, support the idea that children where possible should wear masks, certainly on public transport, and the older age groups to be encouraged to wear masks and to try to reduce the spread as much as possible, because when we consider the beginning of 2022, COVID-19 levels were skyrocketing and we were finding some classes with less than half the students there because of COVID-19.

We were very keen to encourage the reduction of spread during that time but we did support the return to school. We could see no benefit in keeping children out of school any longer.

CHAIR - What about the impact on teachers?

Dr BARRATT - Again, the same thing. We were trying to encourage the reduction in spread. That is when we were coming out on almost a daily basis reminding people to become vaccinated, to wash your hands, to wear your masks, and if you were sick, stay home.

Dr BROAD - During that whole period there were contrary views put in the media. How did you feel you were being kept aware of information and the ability of the department to predict what was going to happen when you see calls for schools to be closed or something that was contrary? How did you handle that?

Dr BARRATT - We kept coming out very strongly and supporting the Government's decisions in that area, and saying that we wanted children to go back to school. We repeated the mask message ad infinitum, the testing message and the vaccination message, and we were doing that almost on a daily basis at that time, to try to reinforce the issues that, yes, children had to go back to school but children had to be safe to go back to school and the teachers and the parents.

CHAIR - Can I go onto the vaccination roll out? We've heard from the pharmacy representatives as well as from yourself and others involved in delivering this, including the State played a role in the vaccination clinics. In terms of the lead up to the reopening of the border and then when the border reopened - and since, to a degree - do you have any further comments in addition to your submission about how that could have been done better - even with the boosters now that are available far more broadly than they might have been?

Dr BARRATT - We were very happy with the way the vaccination went. The vaccination clinics were very efficient and having them in all the different communities and also having the mobile ones rolling out was a bonus. In Tasmania, our vaccination rates were better than the rest of the country in most places; there were a few holdouts, there were a few areas which were very reluctant to be vaccinated, but those areas tend to reluctant to be vaccinated at the best of times. We were very impressed by how it happened.

General practice rolled its sleeves up and got on with it, as it always does. There were good linkages with pharmacies at that stage; because with the numbers needing to be done and redone, general practice couldn't have done it alone. The Government clinics, the pharmacies and the general practices all worked together as a united body and it was one of the things that we have to praise; it worked well. We just needed to keep going. We need the vaccination numbers to keep going.

CHAIR - We all know that it's difficult to get in to see a GP in many parts of the State, probably all parts of the State; and access to vaccinations, particularly for children, can be problematic particularly in our regions and then to get into a GP to get a vaccination can be difficult. Do you think that the work that was done collaboratively with pharmacists and with the medical profession should continue, or have we moved past that?

Dr BARRATT - We've moved past it. A lot of it will go back to being routine general practice. We know there are areas where there are very few GPs. Most areas where GP appointments are available and you have a relationship between a general practice and a family, it is preferable for continuity of care for a vaccination to be part of that child's routine care. It's less frightening for a child, in many cases, to have in an area that they feel familiar with and GPs do the majority of the childhood vaccinations anyway. Children come in for their two, four, six, 12, 18-month needles plus their four-year-old needles. To add in the flu and the COVID-19 is 'business as usual' for most general practices. There's no urgency in getting a vaccination; it's something that can be prescheduled. If the wait to get to your GP is six weeks, that's not unreasonable for a vaccination - you encourage people to plan ahead.

CHAIR - But you can make the alternative argument that because it is difficult for people who don't want a vaccine to get in to see their GP even though it may have been booked six weeks in advance. Having access for vaccinations more broadly with a pharmacist who is also a registered health professional who is trained to deliver this advice and vaccinations, frees up a GP appointment for someone else.

Dr BARRATT - As general practice, when we give a vaccination, we don't just walk in and stab the child; we do an assessment; we work out how well they're progressing, we do a holistic check. No matter how well-intentioned the pharmacist is, they're not trained to do a holistic check; so, it's a different thing when someone comes to a GP to what's happening for just a vaccination. I've never spent less than 10 minutes in the pre-build-up to a vaccination. I often don't give it - so it's not me being the meanie, it's the nurse being the meanie. That's a personal preference.

CHAIR - A very strange view, I must say.

Dr BARRATT - I have done that assessment. I've worked out whether they're progressing normally, whether mum's coping okay, everything's good in the house. The vaccination becomes part of a holistic round assessment, not just a quick stab in the arm.

The continuity of care, of a family with their general practice, is one of the things that we are trying to get through - we are talking Federal again here - to improve the Medicare, so that the general practice is allowed to do what we are good at, which is holistic, long-term, multitudinal care of families.

CHAIR - If there were more multidisciplinary centres that have GPs, pharmacists, nurse practitioners, physios and whoever else the community needs, would it then be that the GP still does that role, but then someone else - the nurse or the pharmacist - may administer the vaccine?

Dr BARRATT - It has to be GP led. It has to be holistic care. I don't have my own practice anymore, but when I did have a practice, I was a practical principal. We had nurses, we had a pharmacist - not in our building - but who we had a good relationship with. We had physios, psychologists, podiatrists, all of whom visited us and with whom we had a good relationship - but the GP coordinated the care and made the decisions in collaboration with the families as to what they wanted. That's what general practice has been.

I graduated 40 years ago and General Practice is that holistic, longitudinal care. We don't want care fragmented. It is not in anyone's best interest to go down the American system where

you go to a big toe specialist for your big toe, and you go to an ear specialist for your ear problem, without anyone doing that 360 over-the-top view, which is what a general practitioner is.

Mrs ALEXANDER - Initially, employees who were unvaccinated were suspended from the workforce. The education department has allowed those people to return to the workforce. What is your position, and what has been your position, around GPs and specialists and some in the nursing profession and the situation in that, because we know there is a shortage of specialists and GPs? I am curious how you view that particular communication and moving forward.

Dr BARRATT - We strongly encourage everyone to be vaccinated. I cannot imagine anyone in the medical profession who is anti-vaccine of those who have actually done their research and study and passed their degree, because the benefits of vaccination are self-evident. People don't die anymore from polio and cholera in this country, thanks to vaccinations.

Certainly the AMA supported the Government decision to prevent people who are unvaccinated in the early stages. We will always support the Government position, along with vaccinations. We don't believe at the moment that people need to be proving their vaccination status, like they did initially; we have gone past that stage because of the large numbers of vaccinations. The AMA is very strongly pro-vaccination because we believe in science; it's what we do.

Mrs ALEXANDER - In relation to the medical profession, do you think it's a little bit at odds now with the fact that other departments have allowed the unvaccinated employees to return to work?

Dr BARRATT - That's certainly not a decision of the AMA. We believe that every department needs to make their own decisions as to what they feel is safest for their staff.

We wear PPE when we see patients, but if the department feels they need to protect their other staff - because the place they are likely to pass it on if they come to work with COVID-19 is not to the patients when you're wearing your equipment, but to the other staff in the staffroom, if you are unvaccinated and you have COVID-19 - we will support the department's decisions.

Mrs ALEXANDER - Annette, you mentioned there is an appreciation that in some instances it may take six to eight weeks for a person to get in to see a GP and get that necessary vaccination. We have talked at length in this session about the importance of vaccinations and boosters, and the importance of not losing momentum on that - versus the delay in getting that - do you feel there is still better to initiate something that facilitates people to be vaccinated as soon as possible - which may mean it is pharmacy rather than waiting six to eight weeks?

Dr BARRATT - When I say six to eight weeks that is not the average. Getting into most GPs is not that length of time. What I was referring to was pre-planning - so people not deciding today that they want their child vaccinated and expecting to be vaccinated today. If the only way someone is going to get vaccinated is to go to a pharmacy, go to a pharmacy, but that should not be the routine. We need to go back to the standard of routine care being in primary care.

Mrs ALEXANDER - If a person is more comfortable with going to a pharmacy, and if it is an individual choice, do you still think it is better to somehow convince people that it is most important to go to a GP rather than a pharmacy?

Dr BARRATT - I would encourage people to go to a GP, but if the only place they feel comfortable is a pharmacy, then I would have no problems in them being vaccinated. People can now be vaccinated for their flu vaccine in a pharmacy. That has been going for several years - certainly pre-COVID-19 - but our aim has always been for people's care to be holistic and longitudinal, which is where the primary care comes in.

Mrs ALEXANDER - Thank you.

Dr BARRATT - The only other thing we want to bring up is long COVID-19. It is not mentioned in the submission, but we strongly believe we need long COVID-19 clinics. We need long COVID-19 resources. We need GPs to be able to refer to long COVID-19 clinics - not just a navigation service that is happening at the moment, but an actual treatment service, and having experts in that area. We know long COVID-19 is a major issue and it is going to get worse over time.

Ms WEBB - You say not just a navigation service, which is the current model that is in place, but clinics. Exactly what would that look like, and is it something we would need to replicate statewide? What are we talking about in terms of scope?

Dr BARRATT - We need someone who will be able to do a holistic assessment on a patient a GP has done the basics on. With the navigation service at the moment, most of the care gets reflected back to the GP. In most cases the GP has worked out what they don't know already. They have done the assessment; they feel it is long COVID-19. They want somebody else to do an assessment - which is why we make referrals to specialist clinics, always. We have done what we can do. We have worked what we do and don't know, and we want someone to assess them.

Being told by a navigation service that the next step would be to assess this, assess that, doesn't really help an experienced GP. We actually need someone to do it. Whether it needs to be regional, I suspect in most cases it will be. They'll need to be in all the regions, because everything in Tasmania needs to be in at least in three areas.

Ms WEBB - What is the barrier to that then, other than the Government would have to decide to put that in place? Do we have, for example, appropriately qualified and experienced medical professionals to be staffing that? Would there be cost issues? What would be the things in the way?

Dr BARRATT - There would certainly be cost issues. Those clinics have been established in other states. Victoria and New South Wales have those clinics. Tasmania could follow the example of what has happened elsewhere - but unfortunately, yes, there will be a cost.

Ms WEBB - Would we have the appropriately experienced medical professionals to do it, or is that something we would also have to invest in?

Dr BARRATT - On that, I don't know exactly who is available, or where. In other places they use exercise physiologists. They use respiratory physicians. There is neurology. There are all different parts of the body that are affected by COVID-19. We know a cardiologist assessment is needed, so the balance of what would be needed they could take guidance from interstate.

Ms WEBB - Presumably, the AMA has communicated this recommendation to Government quite clearly -

Dr BARRATT - Yes, we have.

Ms WEBB - Is it your understanding that it's something that the Government is contemplating, or has there been a firm decision not to do it?

Dr BARRATT - We have been told that it's under consideration. We would definitely like it to be firmed up.

Dr BROAD - COVID-19 has been very widespread, so I would imagine it's about half the State has had COVID-19 at some stage. Given the widespread prevalence of COVID-19, what are the signs that long-COVID-19 might be a problem, as opposed to something else?

Dr BARRATT - Looking at interstate and overseas data, the percentage of population that remains unwell, following COVID-19, is higher than other viral illnesses. Some people get a long-COVID-19 style thing after influenza. Some people will get it after other illnesses. The percentage is higher with COVID-19. I don't have the figures off the top of my head, but certainly the percentage of people who remain unwell following COVID-19 is much higher than other viral illnesses.

Dr BROAD - You're saying that the effects of COVID-19 are lingering -

Dr BARRATT - Yes.

Dr BROAD - but you're not seeing people have a break where they are well and then exhibit?

Dr BARRATT - No.

Dr BROAD - So, you get COVID-19 and you don't recover?

Dr BARRATT - You don't recover. You stay unwell. People don't regain their energy. Some people remain short of breath. Yes, 5-10 per cent of the population of COVID-19 infections lead to long-COVID-19, according to the latest statistics. Thanks, Lara. That's a huge percentage.

Ms WEBB - Thousands of Tasmanians.

Dr BARRATT - That's a lot of people. Some people will naturally get well over time, but others will not. So, we're looking at a large number of people. Even if it's 1 per cent of the population of Tasmania - that's a lot of people. That's 50,000 people who don't return to work.

Dr BROAD - As the emergency stage of the pandemic, hopefully, is behind us is there any indication as the data builds up of long-term impacts on population health? Are we seeing more specific illnesses?

Dr BARRATT - Again, it's going to be information that we're going to be able to tell you in 10 years' time and look back. We're going through it at the moment. We know people are not going back to work. We know that people are tired. We know people have a prolonged cough. We think there is an increase in heart disease - as in heart failure - but we don't know; because how much of it is people not exercising because they were frightened of going out because of COVID-19, or their diet changed because they were stuck at home? We can't really say what is the population health, because unfortunately most population health data are in retrospect when we look back.

CHAIR - Can I just quickly ask you about access to and availability of antivirals and the impact and your perspective on those?

Dr BARRATT - Certainly, the increased access to antivirals has been very useful, and being able to have places like nursing homes being able to stock antivirals on their imprest has been a godsend for general practice. I do a lot of after-hours work and I'm able to take a phone call and say to someone, 'yes, Mrs Jones has COVID-19, please start her on the anti-viral you have in the cupboard,' and that has been brilliant, and for keeping people out of hospital. PAXLOVID is a pain in the butt to prescribe because you've got to add everybody's drugs into a system to work out which reactions, but it's a very good drug. The other one, Molnupiravir, has turned out not to be particularly useful, but we unfortunately still prescribe it because there are so many people who can't take the other ones, because of the drug interactions. The access to antivirals has been fantastic and Tasmania has done well from there.

CHAIR - Bit of a conundrum, isn't it? You have older people who are more at risk and are more likely to be on a range of medications, and then the interactions that are likely.

Dr BARRATT - It takes a good half an hour to prescribe an anti-viral, and the Federal Government - again, this is not your area - but they don't pay us properly to do it because it takes a good half an hour to do. You don't get paid for that. You do it out of the kindness of your heart in those cases.

Dr BROAD - They still provide antivirals from a phone consult?

Dr BARRATT - Yes, that phone consult is still half an hour for which you don't get paid terribly well. I do them quite regularly.

CHAIR - During the phone consultation you need to determine all the other medications the patient may be taking and their other underlying health conditions.

Dr BARRATT - Yes, and their eGFR and whether they have liver disease so it's not quick.

CHAIR - The eGFR relates to their kidney function for those of you who are wondering.

Is there any closing comment you want to make, Annette?

Dr BARRATT - We have covered all the areas we wanted to bring up, and we thank you for the opportunity to comment.

CHAIR - I appreciate your time and contribution to the committee inquiry.

Dr BARRATT - Thank you.

THE WITNESSES WITHDREW.

The Committee adjourned at 11:55 am.
