



1 November 2022

Hon. Ruth Forrest MLC
Chair, Parliamentary Standing Committee of Public Accounts
Parliament House
HOBART TAS 7000

Email: pac@parliament.tas.gov.au

Dear Ms. Forrest,

Thank you for your correspondence of 29 September 2022 inviting AMA Tasmania to comment on the Parliamentary Standing Committee of Public Accounts' inquiry into the Tasmanian Government's continuing response to the COVID-19 pandemic. I apologise for the late submission.

AMA Tasmania is the peak body representing doctors across all medical disciplines. We have consulted our members and offer the following comments across the key issues your committee are focusing on:

Experience of the actions taken and decisions made by the State Government from August 2021

Masks and Isolation periods:

Management of a pandemic requires decisions to be made, reviewed, and changed according to the circumstances at the time and reflecting measures taken. Lockdowns, mandatory mask wearing, vaccinations, check-ins, isolation periods have all had their part to play in helping to manage the COVID-19, and its variants, outbreak in Tasmania.

AMA Tasmania has been supportive of the advice of the Chief Public Health Officer, Dr Mark Veitch and his experienced public health team. Whenever our members have had a concern about a measure being put in place or removed, Dr Veitch has listened to our concerns and provided the evidence behind the decisions to give reassurance to our membership that these measures are responsible in the circumstances.

For example, within the community and AMA Tasmania, there has been debate as to whether the time has been right to reduce isolation periods and remove mandatory mask wearing as two of the strongest measures available to government to reduce the spread of the virus. We recognise however, there is no definitive rule book to go by and decisions must be made, balancing difference pressure points, on the best evidence available. Each time we have raised concerns with Dr Veitch, he has been able to provide the reasoning behind the removal of mandatory requirements based on the uptake of vaccinations, the accessibility of anti-virals as well as the prevalence of the virus in the community at a given time among other considerations. Hence, AMA Tasmania has been measured

in our public comments on mandatory mask wearing; while strongly encouraging mask wearing, we have fallen short of calling for mandating measures to be re-introduced at this stage.

AMA Media Release 21st July 2022:

As Tasmania manages another surge in COVID case numbers, AMA Tasmania strongly urges the community to wear masks indoors.

Dr John Saul, AMA Tasmania President, said, "there are several simple but important steps to protect against the spread of COVID and influenza: vaccinate, hand sanitise, stay at home if you are unwell and wear a mask indoors.

Indoor mask-wearing, particularly in crowded areas when you are not actively eating or drinking, is a simple and sensible measure that we all can do that will not only help mitigate the transmission of COVID but also other circulating respiratory viruses like the flu.

Dr Saul added, "while we're not at the stage of calling for a return of mask mandates we are very close and without the Tasmanian public doing the right thing, like wearing a mask, particularly at indoor venues when you can, not only to protect you but to protect others there may be no choice but for the state government to step in and protect the community by mandating us to do the right thing when it comes to masks."

AMA Tasmania is very supportive of our General Practitioners who continue to wear masks and require people entering their practice to do so too; they are after all the most vulnerable to contracting the virus. We also know several of our doctors who care for vulnerable family members and are therefore keen to ensure broader mask wearing and social distancing measures are kept in place.

Other colleagues, however, who have seen patients requiring emergency care or a hospital bed, but have been unable to get the timely help they required because of the strict measures in place for COVID patients, are supportive of the relaxation of COVID measures. These doctors, many of whom work within our Emergency Departments see far sicker patients than those with COVID requiring their help. In fact, many of the COVID patients within the ED are only known to have COVID because of testing on entry to the hospital.

"Covid is just a respiratory infection. It is generally mild but in our elderly frail patients it can be the thing that moves them to dependency or death – just like flu.

We are now maximally vaccinated, we have medications to reduce the severity of the infection and we have drugs to reduce the chance of getting an infection.

The feedback I have received from the ED specialists is that (sic) all feel that we have completely over emphasised COVID and that this has occurred at the expense of harm to our patients (single rooms, muscle loss, delirium, falls, increased inpatient LOS, access block, ED crowding, ambulance, ramping, delayed community response to true emergencies)."

The impact of COVID measures partly accounts for some patients staying longer than 24 hours within Tasmania's EDs. That is, they were bed blocked. I understand that at times during the peak of COVID up to 70% of patients were stuck in ED due to needing a single room, a requirement for the care of COVID positive patients, regardless of whether they were there because of COVID or not. Yet, what was incongruous was that it was deemed okay for those infectious patients to remain in an open area that is not that well ventilated, for more than 24 hours, while they waited for a single room. The issue also of concern, but not adequately dealt with, was that these same infectious

patients could be left in an overcrowded waiting room waiting hours for an ED bed, sitting side by side with high-risk patients. The hospital EDs were not set up for pandemics.

Staff have felt like their concerns were not being heard or acted upon by the Department of Health and yet there was a real risk to all patients from this issue not being addressed: patients with COVID needing an inpatient bed, high risk patients being left to sit in a crowded waiting room next to COVID positive patients, patients requiring other emergency treatments being left on Ambulance trolleys for lack of bed space for them and other patients not receiving ambulance care in a timely manner because of ambulance ramping. We understand because of these issues, there have been adverse events that could have been prevented if the patient had been seen in a timely manner in the appropriate environment.

AMA Tasmania is aware of the ongoing difference in opinion between those doctors who want to move into a more practical management of COVID and use protocols that are in place for other infectious disease like influenza or Rhino and RSV, and those doctors who are concerned about keeping COVID as tightly under control as possible by keeping as many strict measures in place as possible for the management of COVID patients. The Minister, the Director of Public Health and health management are in an unenviable position trying to balance all the evidence, views and needs of patients and staff.

Lockdowns:

With closed borders, Tasmania's need for the use of lockdowns as a measure to reduce the spread of the virus within the community was limited and was only used on a couple of occasions. AMA Tasmania was supportive of the Hobart three-day lockdown in October of 2021, when a COVID positive person escaped quarantine and mixed with members of the community. At that time, a lockdown was an appropriate response as we needed to do everything in our power to ensure our health care workers were given every single opportunity to prevent a disastrous impact on our already seriously strained resources. Unless anything was to change from what is known at this point in time, AMA Tasmania does not believe lockdowns are needed considering the highly vaccinated community and our knowledge of the impact of the virus on patients.

COVID@home:

COVID@home had some hiccups in its set up phase, but has become a success story of the pandemic, helping to revolutionise our thinking on how healthcare can be delivered to patients in their own home. However, access to COVID@home when in a wave was very limited for some, even those with identified risks. We know of instances where return phone calls were only made for the first time after people had recovered. This would indicate surge capacity was limited and should be reviewed for future surges. However, for those of whom COVID@Home worked well, it has been a great program giving people confidence to stay at home and managed their way through the virus symptoms knowing that there was medical help at hand if required their vital signs deteriorated.

Preparation for the State border re-opening on 15 December 2021

Whether the Premier made the right call to open the borders before Christmas in 2021 knowing that COVID-19 would come with it, depends a lot on whether you were isolated from friends and family interstate. Like the community, we have doctors who were relieved to see the borders open and others who resented the influx of COVID hitting our health system at a time when healthcare workers were looking forward to a break over the festive period with their families.

"I remember feeling very disappointed with the preparation for state border re-opening. Perhaps I was a little self-centred in thinking – "couldn't they just let us get through until after Christmas". It had been an overwhelming time in GP land, so many changes and keeping up to date with everything, and then another uncertainty just before I (we?) was looking forward to a pause-in-time with my family over Christmas.

I prepared for the state border re-opening by doing home visits to some of my elderly patients. The reasoning behind this was to provide support for these patients to feel confident with tele-health and to feel a sense of connection to their GP in the face of 'risk' of having to rely solely on tele-health. I spent the public holidays doing these visits.

In addition, with the increased COvid-19 importation into the state, one of my teenage sons brought COvid-19 into our house on January 2nd. I had to isolate, and due to the delay in PCR results my isolation period was extended by 72 hours. This translated into a week away from General Practice. I reverted to tele-health from home and will never do it again- 6 hours of consulting took 9 hours. The extra three hours consisted of faxing/scanning/emailing and other inefficiencies with telehealth. The net sum to me was that I had to cancel one week of my two weeks' much-needed annual leave that I had already put aside in January 2022. The leave was cancelled to make up for the time that I was in isolation.

Overall, I am quietly angry that GPs were not consulted at the start of every policy twist and turn from both federal and state health departments. The way this was handled, where coal-face input was bypassed, goes against modern safety-systems theory.

[\(https://www.ohsbok.org.au/chapter-5-1-global-concept-safety/\)](https://www.ohsbok.org.au/chapter-5-1-global-concept-safety/)

AMA Tasmania accepts that at some stage the borders needed to reopen for the mental health and wellbeing of the population, some of whom jobs were affected by the closure and for others who were cut off from family and friend supports. It was also important to support industries like tourism, which had suffered from the border closure for two years. Ideally, it would have been after the Christmas holiday break for our hospital staff, who had to quickly deal with the rise of COVID cases, with the first positive person found within hours of the border opening.

We were concerned with the impact on our hospitals as the third wave took off. It led to incredible pressure on our already overstretched health system. All of Tasmania's hospitals operated at a Level 3 in response to rising case numbers and staff shortages across all disciplines for a period impacting on elective surgery, with patients having to be put off yet again for much needed operations. Colleagues called these patients the "unseen tragedy of the pandemic".

The return to school in February 2022

AMA Tasmania supported children being able to go to school provided they wore face masks on public transport and at school. We understood making it mandatory for primary school children to wear facemasks would be difficult, although we would have liked to have seen more encouragement of face mask wearing across primary students at the time, many of whom were unvaccinated.

The vaccination Rollout

The Tasmanian Government can be applauded for helping to get Tasmanians vaccinated faster than other states, particularly with the first and second doses. Normally General Practice can vaccinate patients in a timely way with the influenza and NIBs vaccinations among other vaccinations. However, the sheer volume and repetition of doses and boosters, would have overwhelmed General

Practice. As it is our GPs have gone the extra mile to help vaccinate as many patients as possible. We are concerned, however, about other parties increasingly taking on more vaccination work, not because they don't have the requisite skills, but because it provides an opportunity to have a discussion with patients about other health concerns at the same time. In non-pandemic circumstances, doctors are more than able to run vaccination programs.

Regarding the pandemic rollout, accessing vaccine stock was not always possible in a timely manner. We were, therefore, very appreciative of the fact the State Government was willing to share their stock of vaccines with General Practice where GPs were running low or ran out of stock.

However, there were some concerns for our members too. For example, access to public specialist advice re-immunisation was difficult. The service was only in Launceston and suffered from long waits. Once you got through, it was a very good service. More specialist staff to provide such a service in a future pandemic scenario would be beneficial to doctors and patients.

Business support

AMA Tasmania has no comment re general business support measures, other than to say the Department of Health was responsive to several requests from AMA Tasmania on behalf of General Practitioners for extra support with PPE, Rapid Antigen Tests (RAT) and vaccines where there was a shortage. We were pleased with the support our members received and thank the government for their help at crucial times for general practice

COVID-19 Tasmanian Check-in app

The COVID Check-in app was of limited use. Initially when contact tracing was being used as a mechanism to stop the spread of the virus, it may have been useful, but only if people used it. As there was no policing of the app, we are aware of people who did not use the app. And, once the government decided to let the virus spread, there was no point in trying to contact trace.

Conclusion

AMA Tasmania is appreciative of the strong leadership shown by Premier Gutwein and Premier Rockliff alongside Dr Mark Veitch, Dr Scott McKeown and Dr Julie Graham, Secretary of Health Kath Morgan-Wicks and her immense team of people who have all gone the extra mile for the length of the pandemic to provide the best advice, service, and support for Tasmanians through this health and economic challenge.

We are also appreciative of the largely tri-partisan and Independent Members of Parliament's support provided throughout the peak of the pandemic, particularly that of Opposition Leader Rebecca White and Greens Leader Cassy O'Connor. Having a united voice from all our political leaders has been crucial to build and maintain confidence in the community when tough measures have had to be put in place. We note now, as we move into a post-pandemic phase, that this unity will not and should not necessarily be maintained. In a healthy democracy, questions should be raised, and policy decisions questioned. To that end, we are pleased to see the Public Accounts Committee inquiring into the actions and decisions made by government.

It is true to say Tasmania's healthcare workers, including doctors, and many in the community are exhausted and universally burnt out by the pandemic. But we are hopeful future waves will be less severe due to high levels of vaccination, use of anti-virals in eligible patients and herd immunity. Only time will tell if the virus itself mutates into a more aggressive form that would require the re-

introduction of COVID measures, or whether it will be managed on a yearly basis alongside the influenza virus.

While the virus remains a part of our lives, it is important we all do what we know we should be doing in helping to reduce the risk of contracting the virus: washing hands, using hand sanitiser, staying at home if you have symptoms and masking up in crowded environments. We know what to do, and we know how to do it, it's up to each of us to do the right thing, not just for our own health, but more importantly for the benefit of the doctors and nurses we all are relying on to be there for sick Tasmanians.

The question none of us know the answer to just yet is the extent and impact of long-COVID.

Thank you once again for the opportunity to comment,

Kind regards

A handwritten signature in blue ink, appearing to read 'John Saul', with a stylized, cursive script.

John Saul
President AMA Tasmania