

## **RESPONSE TO M60-42966:**

- COVID-19 outbreak planning
  - Prevention and preparedness activities continue to be a significant focus in WA's COVID-19 response, including for WA's own hospital and health system.
  - Integrated outbreak response plans have been prepared, and are reviewed and updated regularly in response to lessons identified through local, national and international experience with COVID-19.
  - WA's strategic planning and preparations have been refined at a State/system level and the interaction with local and regional stakeholders and their plans has been clarified through regular exercises and continued engagement with key stakeholders from all high-risk settings.
  - Plans are supplemented with preparation, surge planning and response guidelines to support the broader health system.
  - WA Health planning is aligned to the National Transition Plan and Doherty Modelling.
  
- Long COVID management in primary care
- Long COVID clinics
  - The Department of Health is not aware of any cases of Long COVID in Western Australia.
  - Future needs will be addressed should the need arise.
  
- District Priority Area
  - The Office of the Chief Medical Officer was recently advised that Pinjarra Doctors, in the Shire of Murray, was granted a 19AB exemption until the end of 2022. This will support them to continue employing current international medical graduates (IMGs) progressing to Fellowship of a GP College and to continue training GP registrars. Other GP practices affected by the Distribution Priority Area (DPA) status have been encouraged to apply for an exemption.
  - While this is a temporary fix, on 4 August 2021 a Parliamentary inquiry into the provision of GP and related primary health services to outer metropolitan, rural, and regional Australians, was referred to the Senate Community Affairs References Committee. This inquiry will include DPAs and the Modified Monash Model (MMM) geographical classification system and GP training reforms.
  - The Office of the Chief Medical Officer has had email correspondence with GP primary care stakeholders who may be impacted by changes affecting the GP workforce, including the WA Primary Health Alliance, the WACHS, WA General Practice Education and Training and Rural Health West, and have encouraged them to take this opportunity to make a submission to this inquiry via the following link: [Provision of general practitioner and](#)

related primary health services to outer metropolitan, rural, and regional Australians – Parliament of Australia ([aph.gov.au](http://aph.gov.au))

- F/up letter to Hon Greg Hunt MP
  - The Ministerial Liaison Office is following up with the Ministers Office to identify if this letter has been sent to the Hon Greg Hunt MP.
  
- COVID-19 vaccine roll-out
  - As of 18 August 2021, a total of 535,391 individuals in Western Australia (WA) are fully vaccinated against COVID-19. This represents 25.8 per cent of the population aged 16 and over.
  - Individuals aged 16 and over, as identified in categories 1a and 1b (including persons with a disability), remain a priority group for vaccinations, with priority appointments for these people in the State-run booking system.
  - On 23 July 2021, the Therapeutic Goods Administration reduced the approved age for the Pfizer vaccine to people aged 12 years and over. Young people aged 12 to 15 who meet criteria can schedule an appointment at a State-run clinic.
  - Current priorities for the WA Vaccination Program are to efficiently vaccinate the WA population. This is being achieved by:
    - Increased eligibility: From 16 August 2021, every person aged 16 and over is eligible for vaccination in Western Australia at a State-run clinic.
    - A vaccination blitz from 16 August 2021 for three weeks, providing additional opportunities for vaccination for all eligible population.
  - In addition to WA Health is working to provide vaccinations to the most vulnerable in the community:
    - Working with aged care providers and the Commonwealth to optimise opportunities for persons working in aged care prior to the mandated requirement for first dose by mid-September 2021. National Cabinet has approved the use of the Pfizer vaccine in all aged care workers regardless of age to increase the uptake of vaccination in this cohort.
    - WA Health is working with the Department of Premier and Cabinet on outreach and engagement with community leaders of culturally and linguistically diverse communities.
    - Assisting Aboriginal Community Controlled Organisations with the delivery of vaccines to Aboriginal people.
    - Vaccinating people in custody, in mental health hostels and those who are homeless in partnership with primary health providers.
  - From 30 August all Commonwealth Primary Care providers, including GPs will be able to vaccinate people 16-59 years with Pfizer.
  - From 1 September 2021, general practitioners will assess and determine requests from persons aged 60 and over for an alternative vaccine in line with ATAGI guidelines. This is an appropriate approach given the GP's relationship with their patients and will result in immediate decision, and where relevant, administration of the alternative vaccine without a lengthy application process.

Extensive consultation with WAPHA and RACGP has indicated GPs are ready and willing to become the owners of this process.

- Other issues being raised include:
  - WA Health is supporting increases to the GPs access to Pfizer vaccine
  - Support by GPs to vaccinating people entering Aged Care and in Aged Care is essential
  - Access to vaccines for home-bound individuals with disability; as there is currently no option for vaccination for them. The State is trying to make clinics as accessible and available as possible.
  
- Exit from COVID-19
  - Health has commenced planning the transition of outbreak management in line with the projected phased approach to reopening the country as agreed to by each State Premier in principle at National Cabinet.
  
- Access of rural members to procedural medicine in public hospitals
  
- Possibility of Prevocational General Practice Placement Program (PGPPP)
  - The PGPPP was previously funded by the Australian Government and provided an opportunity for prevocational doctors to experience general practice before choosing a vocational training pathway. On 31 December 2014 this funding was withdrawn due to the high demand for places on the Australian General Practice Training (AGPT) program. From 1 January 2015 the PGPPP funding was redirected to increase AGPT training places nationally from 1200 to 1500 places per year.
  - Recognising the importance of prevocational experience in community GP, the State Government funded the Community Residency Program (CRP). There are two CRP streams in WA; the WA Country Health Service (WACHS) Rural Placement and the Silver Chain Metropolitan Placement. The WACHS Rural Placement provides placements in rural hospitals with rotations out into community settings including Aboriginal clinics, GP and community child health clinics and schools. From 2022, these rotations will become part of the Rural Generalist Pathway (RGP), managed by the WACHS RGP Coordination Unit. The Silver Chain Metropolitan Placement supports resident medical officers (RMOs) to rotate into community-based palliative care and Hospital in the Home placements. Application to the metropolitan placements is coordinated centrally by the Office of the Chief Medical Officer, with linkages to the GP Project Pilot Pathway; a matrix of GP-suitable rotations in employing hospitals to optimally prepare GP registrars and RMOs with GP career intent for community GP training.



# Ministerial Memorandum

To:	Dr Andrew Robertson <b>CHIEF HEALTH OFFICER</b>	<b>DATE:</b> 16 August 2021
From:	Ms Kelly Crossley <b>A/EXECUTIVE DIRECTOR</b> <b>OFFICE OF THE STATE HUMAN EPIDEMIC CONTROLLER</b>	
Subject:	<b>AGENDA ITEMS FOR RACGP WA MEETING</b>	

MINISTERIAL REF NO: 60-42966  
DUE DATE: 24 August 2021

Please find attached draft briefing note for your consideration and approval.

**BRIEFING NOTE****ISSUE            AGENDA ITEMS FOR RACGP WA MEETING – EXIT FROM COVID-19****KEY MESSAGES**

- On 18 March 2020, the Australian Government declared a human biosecurity emergency under the Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) Declaration 2020, under the *Biosecurity Act 2015*.
- The Australian and Western Australian Governments have employed a range of strategies to achieve the goal of have no community transmission of COVID-19 in Australia.
- The National Plan to Transition Australia's National COVID-19 Response provides a graduated pathway to transition Australia to post vaccination settings, focused on prevention of serious illness, hospitalisation and fatality.

**BACKGROUND**

- On 18 March 2020, in response to the COVID-19 pandemic, the Australian Government declared a human biosecurity emergency under the Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) Declaration 2020, made pursuant to section 475 of the *Biosecurity Act 2015*.
- On 24 July 2020, the Australian Health Protection Principal Committee (AHPPC) published their statement on strategic direction.
- The AHPPC statement recommends that the goal for Australia is to have no community transmission of COVID-19.
- This strategic direction has been achieved in Western Australia (WA) through the implementation of measures and restrictions under the *Emergency Management Act 2005*, including limits on gathering sizes, travel and the introduction of mandatory contact registers.
- This has largely been successful, though three lockdown periods, for limited regions only, have been used in the last 12 months; a five day lockdown period from 31 January 2021, a three day lockdown period from Friday 23 April 2021 and a four day lockdown period from Tuesday 29 June 2021.
- In each case, the lockdown period met its aim of immediately minimising everyone's number of close contacts and restrictions were soon removed.
- On 23 June 2021, the State was able to move to Phase 5 of its COVID-19 roadmap, which removed all restrictions related to COVID-19 with the exception of WA's border controls and restrictions on travel to some Aboriginal communities.

**CURRENT SITUATION**

- On 30 July 2021, National Cabinet agreed to the National Plan to Transition Australia's National COVID-19 Response,
- The plan provides for the transition of Australia's National COVID-19 Response from its current pre-vaccination settings, focusing on continued suppression of community transmission, to post vaccination settings focused on prevention of serious illness, hospitalisation and fatality, and the public health management of other infectious diseases.
- The plan has four stages, each triggered when the average vaccination rates across Australia have reached designated thresholds.
- We are currently in Phase A of the plan, where the strategic goal of preventing community spread of COVID-19 continues to be our goal.

- Phase B will commence when 70% of the population eligible has received both doses of a COVID-19 vaccination. This is projected to occur in WA in mid-November 2021.
- At Phase B, inbound passenger caps will be restored, new quarantine arrangements will be considered for vaccinated residents and there will be eased domestic restrictions on vaccinated residents.
- Phase C will commence when 80% of the population eligible has received both doses of a COVID-19 vaccination. This is projected to occur in WA in mid-December 2021.
- At Phase C, the risk mitigation measures and restriction in WA will be minimised, vaccinated residents will be exempt from all domestic restrictions and international travel will resume with quarantine requirements proportionate to risk.
- At Phase D, COVID-19 will be managed consistent with public health management of other infectious diseases. Cases in the community will be minimised where possible, without the implementation of ongoing restrictions or lockdown periods.
- Planning is underway by the Department of Health and the WA Police to gradually move us out of the State of Emergency to Phase D.

**RECOMMENDATION/ACTION**

That the Minister notes the information provided.

Prepared by: Kelly Crossley  
**A/EXECUTIVE DIRECTOR  
OFFICE OF THE STATE HUMAN EPIDEMIC CONTROLLER**

Date: 12 August 2021

Sign off: Dr Andrew Robertson  
**CHIEF HEALTH OFFICER**

Approved

Not Approved

Noted

Comments:

Signed \_\_\_\_\_  
**MINISTER FOR HEALTH**

Date \_\_\_\_\_