



Covid-19 Response Inquiry

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Title of submission. Canberra, Australia

P: 02 6273 5444

E: info@chf.org.au

twitter.com/CHFofAustralia

facebook.com/CHFofAustralia

Office Address

7B/17 Napier Close,
Deakin ACT 2600

Postal Address

PO Box 73
Deakin West ACT 2600

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Introduction

Consumers Health Forum (CHF) is the national peak body representing the interests of Australian healthcare consumers and those interested in healthcare consumer affairs. CHF works to achieve safe, quality, and timely healthcare for all Australians, supported by accessible health information and systems. At the heart of CHF's policy agenda is consumer-centred care, including government response to pandemics such as COVID-19.

CHF appreciates the opportunity to provide consumer insight into the Commonwealth Government COVID-19 Response Inquiry. Consumer co-design and engagement reached an all-time low with the Covid-19 pandemic response. Now, however, we are given the opportunity to learn from the successes and challenges experienced in the past three years and, more importantly, ensure that consumers' voices can improve resilience and preparedness for future pandemics.

Summary of recommendations

- 1- CHF recommends immediate development of accessibility requirement standards for mass testing and vaccination sites in co-design with consumers
- 2- CHF recommends that consumers be involved in co-designing and developing better communication channels by which vaccine updates and recommendations from the Australian Technical Advisory Group on Immunisation are communicated and implemented in primary care.
- 3- CHF recommends that all governments and service providers adopt a comprehensive approach that gives communities a voice and enables more rapid translation of research findings in health information resources that are accurate and tailored to the needs of consumers.
- 4- CHF calls for a thorough, meaningful process and outcome evaluation of community support services, which must engage and collect Consumer-reported experience and outcome measures.
- 5- CHF calls for the maintenance and expansion of Telehealth services and the removal of barriers to its access. The permanent enshrinement of Telehealth services within Medicare will best position this service to front future pandemics.

Evidence Outline

The evidence for this submission originates from evidence directly collected and analysed by CHF, encompassing the first three years of response to COVID-19.

The broader framework and guidance for this submission have been provided by the 2020 **CHF Position Statement** “Ethical Issues Arising from the COVID-19 Pandemic¹, which outlined the key elements of an ethical decision-making process and the pathway to recovery from the COVID-19 pandemic from a consumer perspective.

The **2021 Consumer Sentiment Survey (CSS)**², a survey of 5100 Australians aged 18 and over aimed at understanding the health system from a consumer point of view, was conducted in October 2021 at the height of the COVID-19 Delta outbreak. The survey contained a set of questions specific to COVID-19.

November 2023 consultation was conducted via **CHF’s Australia’s Health Panel (AHP)**, CHF’s interactive platform collecting the views of Australians about the state of the nation’s healthcare system. 71 Consumers responded to our National COVID-19 Response Inquiry questionnaire, providing invaluable insight.

Key Health Response Measures

COVID-19 TESTING

According to the CSS, up to October 2021, consumers were generally satisfied with COVID-19 testing services. 89% of survey respondents who had attended a testing facility reported high satisfaction levels.

However, recent consumer engagement through AHP has shown a drastic decline in satisfaction with COVID-19 testing, with only 42% of respondents expressing satisfaction and 20% reporting disruptive delays.

Most importantly, 14% of AHP respondents have highlighted issues with testing site accessibility. Consumers reported that testing sites were not easily accessible for people with chronic conditions and disabilities: long queues in the car under the sun exacerbated some respondent’s chronic health conditions. Consumers who live with restricted mobility were not offered arrangements to be more comfortable while waiting and were forced to be in pain for hours on end or to leave before getting tested. Testing was simply not an option for others, as they could not drive, and testing locations were too far to reach.

¹ CHF (2020). Ethical Issues Arising from the COVID-19 Pandemic: Consumer Position Statement. CHF: Canberra. Accessed 29 November 2023

https://chf.org.au/sites/default/files/docs/consumer_position_statement_-_ethical_issues_arising_from_the_covid-19_pandemic_final.pdf

² Zurynski, Y., Ellis, L. A., Dammery, G., Smith, C.L., Halim, N., Ansell, J., Gillespie, J., Caffery, L., Vitangcol, K., Wells, L., Braithwaite, J.(2022) The Voice of Australian Health Consumers: The 2021 Australian Health Consumer Sentiment Survey. Report prepared for the Consumers Health Forum of Australia https://chf.org.au/sites/default/files/pchss_consumersentimentsurveyreport_final3.pdf

CHF recommends immediate development of accessibility requirement standards for testing sites, which should include facilities that can accommodate various accessibility needs.

These standards must comply with the Disability (Access to Premises – Buildings) Standards 2010³. Still, they must be refined through co-design with Consumers (who have first-hand experience) and Infection Prevention and Control specialists (who are best placed to inform how accessibility requirements can be met without increasing the risk of infection). Not only will this make it easier for consumers to access testing, but it will improve pandemic response at a population level: those living with one or more chronic health conditions are unfortunately most affected by novel pathogens. Improving testing accessibility for vulnerable populations will contribute to better testing rates, and reduced infection rates where it matters the most.

KEY HEALTH RESPONSE MEASURES: VACCINATION

Up to October 2021, consumers reported high satisfaction with COVID-19 vaccination hubs, with 90.2% of respondents reporting being satisfied about their experience. 2023 consultation via AHP suggests that consumers were satisfied with the care provided by frontline vaccinating staff even later in the pandemic.

As delays with vaccine procurement dominated the media, what disrupted consumers the most was the lag between vaccine eligibility announcements, and actual vaccine availability. Consumers understand that the COVID-19 vaccines were developed rapidly, and that vaccine eligibility had to adapt to new evidence and procurement considerations. Consumers however were frustrated by the lack of reliable and timely information at their point of care about their eligibility for a vaccine and their ability to receive one. Consumers heard of changes in vaccine eligibility via mass communication. Still, they felt stranded when their clinic would not provide clear instructions and the opportunity to book their vaccination appointment.

CHF recommends that consumers be involved in co-designing and developing better communication channels by which vaccine updates and recommendations from the Australian Technical Advisory Group on Immunisation are communicated and implemented in primary care. This involves the use of language that is more accessible and its rapid adoption not only online - a space that remains inaccessible to many consumers - but also by the healthcare professionals that consumers traditionally seek health information from (GPs, Pharmacists, Nurses, etc).

Similarly to testing, **CHF also recommends that standard requirements be co-designed with consumers to improve the accessibility of vaccination sites.** Consumers who found COVID-19 testing inaccessible encountered the same issue at vaccination hubs.

KEY HEALTH RESPONSE MEASURES: ACCESS TO COVID-19 RELATED HEALTH INFORMATION

Consumers found general health information about COVID-19 and its effects on health more accessible than information about COVID-19 vaccination. Consumers living with chronic and rare conditions, however, had trouble finding information on how COVID-19 would relate to their specific and pre-existing health concerns.

³ Australian Government (2010) – Disability (Access to Premises – Buildings) Standards
<https://www.legislation.gov.au/Details/F2010L00668>

CHF recommends that all governments and service providers adopt a comprehensive approach that gives communities a voice and enables more rapid translation of research findings in health information resources that are accurate and tailored to the needs of consumers.

Consumers have also expressed concerns about the current lack of health information on the evolution of COVID-19, including new variants and new vaccines. CHF argues that a strong pandemic response is an enduring one. Consumers must be thoroughly informed about current epidemiological trends and new vaccines to be best equipped to protect themselves from the risk of reinfection.

Broader Health Supports

A NEED FOR BETTER SERVICES HELPING CONSUMERS IN LOCKDOWN AND ISOLATION

Services provided to consumers during lockdowns and isolation are among the lowest-rated services by consumers during the initial COVID-19 response. According to the 2021 CSS, of the survey respondents who reported severe levels of psychological distress – 38.9% used a telephone helpline, and 19.6% accessed mental health help via email or webchats. Many AHP survey respondents who accessed mental health support services while confined at home found them inadequate. When mental health needs surpassed the scope of practice of helplines, consumers were told to seek help through primary care providers, left to navigate GP and therapist shortages without assistance. AHP data from November 2023 shows that 19% of survey respondents did not access any support services not for lack of need but rather because they were not aware that these services were available. Of those consumers who accessed support services other than mental health support, many experienced delays long waiting times, and were provided with inconsistent information by operators at the other end of the line.

CHF calls for a thorough, meaningful process and outcome evaluation of these services, which must engage and hear from Consumers. A comprehensive evaluation does not conflate program outputs (such as the number of calls received) with the actual outcomes, such as consumer-reported experience and outcome measures. Only by including consumer-reported outcomes in post-implementation evaluation will these services be able to be honed and improved for use in future pandemics.

TELEHEALTH AND DIGITAL HEALTH SERVICES PLAYED A FUNDAMENTAL ROLE, BUT BETTER CO-DESIGN WITH CONSUMERS IS NEEDED

The ability of the system to pivot to digital options is, for consumers, one of the significant successes of the COVID-19 response and the health system at large. According to the 2021 CSS, 85% of consumer respondents reported high satisfaction levels for Telehealth. Satisfaction remained very high for consumers involved in the 2023 AHP consultations. Some of the most common issues about Telehealth were related to its early implementation: many consumers found the earlier iteration of Telehealth software quite clunky, and others found a lack of consistency in the ability of health professionals to pivot to providing care remotely. Most consumers found these issues resolved as software improved and care providers became more used to remote consultations.

Due to the benefits that Telehealth is still providing to the community, **CHF calls for the maintenance and expansion of Telehealth services and the removal of barriers to its access** (such as, for example, mandated in-person visits to clinics to be eligible for subsequent Telehealth appointments).

CHF thinks the best strategy for Telehealth and Digital Health Services to play an even better role in future pandemics is to become a permanent feature within Medicare. Through continuous use and evaluation of telehealth outside the initial pandemic response, these systems will be best placed to develop resilience and responsiveness during the surge in demand that future pandemics will command.