VICTORIAN DIVISIONS FORUM

Division-based Responses to Emergency Situations and Public Health Alerts

2/05

Report to Divisions

Representatives of twelve divisions, hospitals, Medical Displan and representatives from DHS and DoHA attended GPDV's second Forum for 2005 to discuss the GP role in disaster and emergency planning and response. The Forum was structured into a plenary session of four speakers, followed by a general discussion on key issues relating to the GP role in disaster/emergency planning and response. Kris Honey, an experienced facilitator in the health industry, facilitated the discussion.

BACKGROUND

Whilst some Victorian Divisions have established plans to deal with emergency situations locally, there is no agreement about how the DHS could communicate with the GP workforce and/or mobilise general practice, or about the roles of divisions in the event of a state-wide emergency. The purpose of this event was to provide a forum for Chairs of Victorian Divisions to discuss these issues with key emergency and disaster planning representatives of the DHS, with the aim of coming to an agreement about an appropriate state wide strategy.

SPEAKER PRESENTATIONS

Mr Bill Newton (CEO – GPDV)

The Commonwealth medical advisor for bio-security and disease control recently announced that GPs will play a key role in the management of influenza pandemic. The Government plans to consult with medical groups from late June and to send an information pack to all GPs detailing what to do in a pandemic. Bill Newton argued that the announcement gave urgency to the need to clarify the roles and lines of communication that operate at State level so that these developments can be included within the context of State and local arrangements. As there are two broad categories of emergency—disaster (bushfire, bioterrorism etc) and pandemic—there is a need to clarify for each type the DHS statewide plans, local plans and arrangements for communication with GPs. The key issues for divisions are the role of GPs, the involvement of GPs in planning at local and statewide level and, again, the arrangements for communication with GPs. The Forum's task was to further define the issues and to agree on the next steps to take.

ACT Division's Emergency Response Plan: Before and after the 2003 bushfires

Richard Bialkowski, *CEO, ACT Division of General Practice.*

Richard Bialkowski discussed the events in Canberra on the 18th January 2003 when fires crossed into urban areas and in two hours destroyed more than 500 homes leaving four people dead. There were 441 presentations to hospital, 49 admissions and many others injured and traumatised. The ACT Division had formed a plan in November 1998, but it was not taken up by ACT Health nor further developed by the Division. When the firestorm hit, there were no reliable communications, no clear action plan, no idea of GP skills, no specific GP role, no clear mechanism to activate GP support, and some uncertainty about indemnity issues.

The Division learned major lessons: the importance of advance planning; the need for generic, flexible plans; the willingness of GPs to help in an emergency. It also learned that all communication channels need to be pre-established and regularly rehearsed (landlines were down and the volume of calls on mobiles jammed the system); that GP response capabilities, willingness and skill sets need to be pre-identified; that divisions can offer the necessary coordination capability before and after an emergency. One of the greatest barriers to effective emergency response was a 'mindset that any response doesn't require GPs: State/Territory systems and facilities will cope.'

Since the fires the Division has clarified its role in activating and coordinating GP responses. It has its own plan, which is fully integrated into the ACT emergency response system; and it is a member of the ACT's planning sub-committee and participates in emergency plan exercises.

DHS Planning for Emergency Situations: Where are we up to?

Dudley McArdle – *Director, Emergency Management, Department of Human Services*

Dudley McArdle stated that he had no doubt there was a GP role in emergency management but the challenge was to clarify how they were involved and to establish the role of divisions in planning, activating and coordinating GP

involvement. He explained that the key concepts in emergency planning were 'All Hazards' & PRRR: Prevention, Preparedness, Response & Recovery. There is a hierarchy of organisations involved in coordinating the different stages of response at statewide level: the Police coordinate all responses but DHS is involved in each of the PRRR stages & has the coordinating role in the Recovery phase. The key development in DHS's role is the State Medical Emergency Response Plan (SMERP) Review. This review incorporates a review of DHS's role in overall State emergency planning & the SMERP.

An important question is where divisions and GPs fit in. In the Preparedness phase they may be involved in the State Health and Medical Planning Committee; the Health & Medical Sub-committees in rural areas; and in Municipal Emergency Management Planning. A key question is how GPs/divisions ensure that they are asked to be involved in these planning forums. At the Response phase, GPs have a role in disease surveillance/early detection and in treating self-presenters at practices. In the Recovery phase, GPs are likely to be involved in the referral of patients needing specific personal/psychological support after an emergency.

Dealing with Pandemic Outbreak of Disease Locally – Communicating with GPs
Dr Robert Hall – *Chief Health Officer (Victoria) and Director, Public Health, Department of Human Services*

Using flu as an example Dr Robert Hall modelled the potential impact of a public health emergency in Victoria in a six-month period, showing that the expected cases of flu could range from 200,743 medical visits to 1,189,188. The goal is to break transmission but if that fails and a pandemic ensues there is a clear and ongoing role for GPs. The key roles are prevention (education & interpandemic immunization); surveillance (sentinel reporting and virus sampling); reporting (suspect) cases; treatment and referral (use of antivirals & use of antibiotics); infection control; quarantine and isolation; and community leadership. Issues for GPs include GP workforce in the face of overwhelming demand and illness within the profession; treating early discharges from hospital as flu sufferers take over hospital beds; dealing with emergency department overload and handling the psychosocial effects on their own patients.

DHS has an ongoing role in communicating with GPs about health alerts, guidelines and advice. The draft Victorian plan has been circulated for comment and can be found at: http://www.health.vic.gov.au/ideas/regulations/vic_influenza.htm

DISCUSSION POINTS
A number of divisions reported on their experience of emergency planning. There was general agreement that the key issues are the clarification of roles, the lines of communication, the rehearsal of plans, the flexibility of plans and the pre-identification of GP skills, contact details, willingness to participate & resolution of indemnity issues. Some specific concerns were:

- the need for GPs to be prepared in case of emergencies at the Commonwealth Games;
- the need for DHS to recognise the distinction between GPs and divisions
- the possibility of using the resources of the Locum Service to assist with communication in the after-hours periods

WHERE TO FROM HERE?

1. GPDV to organise a working group with DHS. Initial emphasis on plan for pandemic flu. Group to define minimum level expectation of each division in a statewide disaster.
2. GPDV to work with Melbourne Division on a plan for the Commonwealth Games, then to inform other divisions.

HOT TOPIC

Western Sydney Division
The Forum discussed concerns about the DoHA & ADGP response to the demise of Western Sydney Division of General Practice. GPDV was not aware of any Victorian divisions being investigated. Karen Large (DoHA) confirmed that the State Office had not been directed to undertake any investigations. GPDV would keep a watching brief.

Previous Forum: GP-Pharmacy issues
Following the February Forum, Victorian comments on the draft MoU with the Guild were sent to ADGP; the PSA has been included in discussion in Victoria; and there is a planned Victorian meeting involving the Guild, PSA, RACGP and GPDV.

NEXT FORUM

August 2005
The next GPDV Forum will be held on Sunday, 21st August, 10am–1pm in Melbourne. The topic will be announced shortly.

Further details, and this report are available at www.gpdv.com.au under "Events", "View Previous Events" and "GPDV Forums 2005".