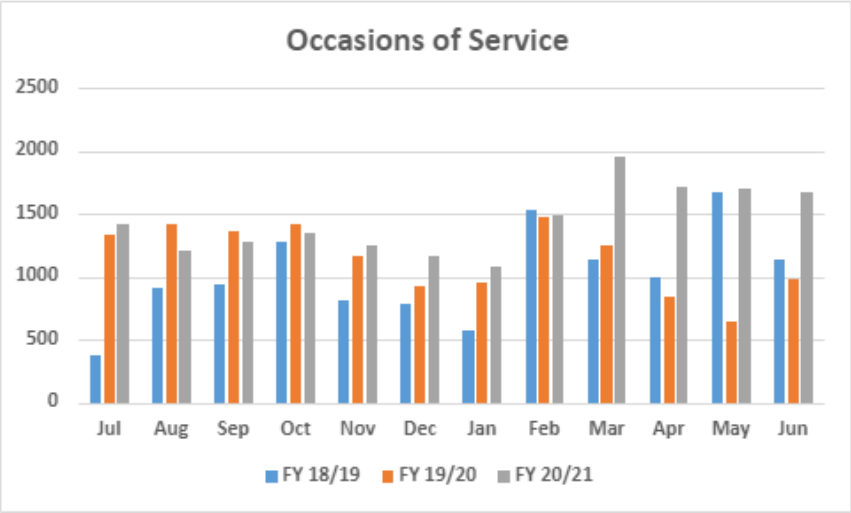
**Appendix 1: RFDS Victoria COVID-19 Impacts FY20-21**

*Cancellation of clinics owing to COVID-19 restrictions:*

Primary Health occasions of service were impacted in FY20-21 during August through to October with volume building in the last 6 months of the financial year when we were able to progress with service expansions that had been put on hold (Speech Therapy, Community Transport and Mental Health services).




**Dental**

19 clinics were impacted by the COVID-19 restrictions. This resulted in 39 lost clinical days for the service and delayed visits for communities, some who had already been impacted by the bushfires.

The nature of repeated lockdowns in Victoria has meant that patients have been booked in for appointments and then cancelled multiple times. This has resulted in client frustration with our dental team left trying to appease these clients and manage expectations for future appointments. The ongoing delays in visits increases the time between the last town visit to the next scheduled visit and this now sits at 22 months, with poor oral health potentially impacting other health conditions. Current oral health guidelines recommend 12 monthly visits and our section has fundraised for purchase of two new dental trucks so that we can have more clinics on the road to reduce the interval for return visits to towns; more staff will be required to run the additional clinics.

As Victoria reopened (on and off again), risk of transmission via aerosol generating procedures (AGPs) meant that we could only provide service to urgent cases – generally only 2 to 3 patients in small communities would meet these definitions. Visiting rural communities for only 2 to 3 cases would result in significant financial deficit and clients were instead referred to a fixed clinic that may be 2 to 3 hours away, have a waitlist in place and clinicians not familiar with the client.

The way we now work in our mobile dental clinics has changed and increased cleaning and client management processes to mitigate transmissions risks has reduced the time that staff have available to see patients – we cannot book in as many per day and cannot generate the same revenue per day as pre-COVID.

There is also nervousness in some health services around the possibility of our visiting clinicians bringing COVID-19 into their communities and the strategies put in place by health services to manage this, including community perception, require us to work with 34 different host sites to understand their requirements for visiting services. Local Boards may request additional measure for visiting clinicians beyond what is listed in the State based

guidelines for health services and this has resulted in cancelled clinics in 3 to 4 locations even through RFDS Victoria could technically provide a service.

**GP Services**
5 of 47 clinics for our visiting female GP service were converted to Telehealth only clinics, limiting the types of consultations that could be booked with gynaecological appointments needing to be deferred. A total of 12 clinics were cancelled completely – no telehealth service provided.

8 clinics of 18 expected clinics were cancelled in our Doctors in Secondary Schools program – alternative Telehealth consultations were not offered. Some appointments for students are booked in ahead of time but the majority are generally walk-ins when our GP is onsite at school making delivery of a telehealth clinic difficult.

GP services at our one fixed clinic continued under a telehealth service which had been in place prior to COVID-19.

**Wellbeing**
Mental health services were moved from face to face service delivery to telehealth (videoconference) with initial declines in utilisation seen. However, as lockdowns extended more clients accessed services via Telehealth. The removal of a need for our clinicians to travel actually allowed them to offer more appointments over their roster period. Clients and host sites have welcomed a return to face to face services with this modality remaining a preference for some clients.

**Specialist Medical Consultations**
This service was already delivered entirely via telehealth (videoconference system) but staff needed to work with specialists, clients and health service partners so that clients could join from home rather than from the local health service. System modification was required to support this but ultimately reduced the burden upon local health services once implemented.

**Speech Therapy**
Speech Pathologists and Allied Health staff used telehealth to support existing clients but conducting full assessments for new clients was not possible via telehealth and appointments for new clients were deferred until face to face service delivery could commence. Expansion to 5 new sites was put on hold in the later half of FY19-20 and early FY20-21 due to COVID-19 lockdowns.

**Eye Care**
No impacts – clinics were rescheduled so that annual service was still delivered.

**Community Transport**
The number of monthly transports conducted (approximately 400/month) fell by over 50% from June 2020 through to September 2020 was health services cancelled face to face appointments and switched to telehealth appointments.

*Impact on workforce*

Our main staff group impacted was our Dental team – approximately 18 FTE with a mixture of permanent and casual staff. Between Jul 1 and Dec 31 2020

- All casual shifts cancelled
- Permanent staff reduced their hours up to 50%
- Redeployment to other areas of the organisation where possible – PPE management for national stockpile, donor calls in Fundraising, work towards National Standards accreditation
- Annual leave taken – total of 112 days

- Leave without pay taken – total of 39 days

Some salary support was available through the Commonwealth and State funded programs but this did not support standing costs for vehicles etc.

Our GPs for our female GP program and Doctors in Secondary Schools are external contractors and not paid for cancelled clinics.

Other members of the broader Primary Health team also took leave to help reduce leave liability across the entire department.

Ongoing lockdowns in Victoria still predominantly impact our Dental team and there has been a decline in mental health for these team members demonstrated by lower engagement, increased team friction and uncertainty about their roles in the longer term.

*Additional pressures on staff in rolling out COVID-19 vaccination program*

COVID vaccination clinics in Victoria have come on top of BAU with additional resource requirements managed within existing staff through reprioritisation of other initiatives and rostering support from other departments within RFDS Victoria. We have been able to leverage emergency workforce from our road transport crews and dental team to bolster staff numbers in vaccination clinics conducted by rural health services.

**Appendix 2: RFDS Central Operations (SA& NT) COVID-19 impacts**

*Cancellation of clinics owing to COVID-19 restrictions:*

**Dental Services**
Total clinics cancelled due to COVID restrictions in
**SA =2**
**NT=-6**

**Mental Health Services**
**SA**- 3 months service was cancelled in 2020 (April -June) for face to face service provision and transitioned rapidly to Telehealth modality for that duration (telehealth was already established and so service disruption was minimal from an access point of view though not preferable for clients initially)
**NT** 6 months cancellation of face to face community based services due to National Lockdown and extended biosecurity lock downs in Aboriginal Community controlled locations.
Minimal utilisation of telehealth due limited experience in community of that modality.

*Impact on workforce*

- RFDS CO did not stand down any contracted clinicians
- Face to face service provision continued for primary care using appropriate precautions and screening processes, with telehealth services expanded to ensure additional support to communities.
- Other Allied Health Services were delivered via telehealth
- Oral and dental services ceased during level 4 lock downs and other safety and quality work was undertaken during this time in preparation for Accreditation using skeleton staff and casual staff not rostered for any hours
- Increasingly over the past nearly 2 years with state border lockdowns frequently occurring on the eastern seaboard recruitment of staff from cross border locations is difficult, rotating FIFO staff unable to be deployed, shrinking employment pools for all roles in mental health, dental, remote nurses
- Retention of interstate staff difficult as extended periods of isolation away from family on some occasions has resulted in decisions to leave their post.
- State exemptions for health workers to move cross borders is protracted and adding to workforce challenges

*Additional pressures on staff in rolling out COVID-19 vaccination program*

- Significant investment in negotiating with each partner ACCHO, service level agreements to clarify roles, responsibilities and governance of the service, confirm dates of the service for doe 1 and dose 2 of the vaccines; significant engagement to understand ACCHO approach to infection control and ensure RFDS services aligned to ensure trust by the community.
- Logistics and operational requirements to move staff into communities via aircraft
- Maintain vaccine cold chain in transit and in community
- Additional staff surge capacity requiring recruitment of additional clinical staff credentialed to vaccinate and who had completed the Commonwealth training requirements
- Engagement and contracting of 3rd party vaccinators, meeting the credentialing requirements to deliver Pfizer and Astra Zeneca vaccines to provide surge capacity