
From: Peter Aitken
Sent: 25 December 2021 14:58
To: John Wakefield; John Gerrard; James K Smith; Dawn Schofield; Jane Hancock; Kirsten MacGregor
Subject: Fwd: PCR testing

FYI

This is becoming a bit of an issue

Increasing numbers of people coming into Qld that have had a PCR test but no result due to delayed TAT interstate

Means that

- If people are identified at the airport they go into hotel quarantine which is filling up (we also have reduced capacity as some hotels are also transitioning to isolation and others are withdrawing from the program)
- Some people don't get picked up at the airport (random checks only) and then being notified while in Qld anyway
- There is angst from travellers about delayed TAT and ability to travel and the load in other state testing capacity

Two suggestions

1. We remove the testing requirement to enter now that past Xmas and just require double vaccination
2. We instead ask for a negative RAT in past 24 hrs on top of double Vax (it will be honesty system but so is current PCR test)

I would rather keep our limited hotel accommodation options for isolation (actual risk) than quarantine (potential risk)

Fir tonight could I suggest that rather than putting into hotel quarantine (or trying to transfer to another location to find quarantine hotel capacity) that we allow them to stay in their home or scheduled accommodation till result is back

We then only use the quarantine hotel capacity for people who haven't had a test at all

The others have done the right thing but are being penalised for delayed TATs interstate

Thoughts ?

P

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From: SHECC **Irrelevant** @health.qld.gov.au>
Sent: Saturday, December 25, 2021 2:08 pm
To: Peter Aitken
Subject: PCR testing

Hi Peter,

We are seeing increased traffic around people arriving in Queensland who have had a test but have not received results. As TAT increases in other labs and the working day draws to a close, we are expecting more of these. Cairns have filled their hotel already and are calling looking for solutions.

Could we:

- Have people enter home/ hotel quarantine or somehow maintain isolation and leave once they have a negative result or
- Allow people to enter Queensland who present evidence of a test, pending a negative result.

I think if we don't provide options, QPS will probably just let people through unchecked.

Any other thoughts in this space?

Steve

From: Peter Aitken
Sent: 3 January 2022 12:54
To: SHECC.XO; David Harmer
Subject: FW: FYI: Revised Commonwealth guidance on staff management in RACFs
Attachments: image001.png; image002.png; image003.png; image004.png; image005.png; image006.png; Commonwealth_RACF_Work_Restrictions_Guidance_03JAN2022.pdf

FYI
P

From: John Wakefield [Irrelevant]@health.qld.gov.au>
Sent: Monday, 3 January 2022 12:16 PM
To: James K Smith [Irrelevant]@health.qld.gov.au>
Cc: COVID-19.IMT [Irrelevant]@health.qld.gov.au>; Debra El Saadi [Irrelevant]@health.qld.gov.au>; Sharon Jurd [Irrelevant]@health.qld.gov.au>; John Gerrard [Irrelevant]@health.qld.gov.au>; Jane Hancock [Irrelevant]@health.qld.gov.au>; Peter Aitken [Irrelevant]@health.qld.gov.au>; Lynne McKinlay [Irrelevant]@health.qld.gov.au>; Kirsten MacGrego [Irrelevant]@health.qld.gov.au>; Dawn Schofield [Irrelevant]@health.qld.gov.au>; Fiona Jackson [Irrelevant]@health.qld.gov.au>
Subject: Re: FYI: Revised Commonwealth guidance on staff management in RACFs

Only issue I have with this is the red section where it refers to testing of contacts and then RAT follow up. It is not clear whether it is PCR. Also, given the TAT for PCR, I'm not sure that this is smart, when a RAT can be done in situ with immediate result and decision making.

At least we have something from them which I agree is nice and simple.

Also, the Cwth need to say how they are going to get all sector fit tested as I Want our resources focused on making sure our staff fully fit tested.

Regards. J

Dr John Wakefield PSM
Director-General
Queensland Health

Phone: [Irrelevant]
Address: [1 William Street, Brisbane 4000](#)
Email: [\[Irrelevant\]@health.qld.gov.au](mailto:[Irrelevant]@health.qld.gov.au)

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On 3 Jan 2022, at 11:55 am, James K Smith Irrelevant@health.qld.gov.au wrote:

Dr James Smith
Deputy Chief Health Officer
Prevention Division | Queensland Health

P Irrelevant
E Irrelevant@health.qld.gov.au
W health.qld.gov.au
A [Lvl 7, 33 Charlotte Street, Brisbane 4000](#)

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Commonwealth Permissions and Restrictions Framework for Workers in Residential Aged Care Facilities – Interim Guidance

This interim framework provides a process to support safe assessment and decision making when determining whether to place work permissions/restrictions on a worker after a COVID-19 exposure in a low-risk exposure (social contact in the community or equivalent in the workplace), high-risk exposure in a household or household like setting, or a workplace setting in the context of an outbreak (outbreak management plan has been put into action) and community transmission of COVID-19.

This framework considers the current context of the pandemic, including the significant vaccination coverage in Australia, the commencement of booster vaccination, the emergence of Omicron, and hence likely future progression. In view of the increased transmissibility of the Omicron variant, the expected higher number of incident cases in the community, and the majority with mild to moderate illness, the revisions allow for greater flexibility in balancing the need to reduce transmission against a detrimental loss of workforce.

As a critical industry, RACFs should maintain QR code check-ins to allow for rapid identification of any high-risk transmission events and ensure that eligible staff have received a booster vaccination.

The RACF should apply a broad hierarchy of control framework to minimise and manage the risk of transmission of COVID-19. A system-based risk managed approach that applies appropriate mitigations reduces the risk of exposure in RACFs. However, it is acknowledged that risk cannot be eliminated and that exposures will occur.

Local Public Health Units (PHU), are responsible for considering when work permissions and restrictions are required after careful risk assessment after exposure, including consultation with the RACF. RACFs and Jurisdictional Departments of Health are responsible for being familiar and to operationalise these guidelines as part of their outbreak management plan.

Decisions regarding work permissions and restrictions for the worker in a RACF should be carefully documented and decisions regularly reviewed in the context of the evolving local epidemiological and public health situation. If an outbreak escalates, it may be necessary to review the recommended restrictions to facilitate continuation of essential care.

The RACF is responsible for notifying and communicating with their local PHU. Consider locally applying a process of monitoring and evaluation, in line with jurisdictional requirements.

COVID-19 Management low-risk exposure (social contact in the community or equivalent in the workplace)

If a worker has been exposed to COVID-19 low-risk exposure (social contact in the community or equivalent in the workplace) in consultation with local PHU, low risk work permission and restrictions can be applied as per Table 1.

COVID-19 high-risk exposure in a household or household like setting

If a worker has been exposed to COVID-19 in a household or household like setting in consultation with local PHU, high risk work permission and restrictions can be applied as per Table 1.

COVID-19 high risk exposure in a workplace setting in the context of an outbreak

If a worker has been exposed to COVID-19 in a workplace setting the risk of exposure is defined as high only for staff who were **not** wearing full PPE (N95/P2 masks, eye protection, gowns and gloves) and have had:

- at least 15 minutes face to face contact, or
- greater than 2 hours within the same room (such as a tearoom/drug room/resident's room) with a confirmed case of COVID-19 during their infectious period.

in the context of an outbreak in consultation with local PHU, high risk work permission and restrictions can be applied as per Table 1.

Alternative mitigations to consider when adjusting restrictions to support the residential aged care facility

- More regular screening requirements (e.g. daily RAT at commencement of a shift)
- Additional PPE requirements – this should be based on the advice of the PHU and IPC expertise, in line with local requirements (e.g. this may involve requirements to wear P2/N95 for the first 7 days following exposure).
- Minimising risk of exposure to vulnerable people (e.g. adjusting rosters or zoning floors to prevent restricted staff from entering areas with highly vulnerable residents, dedicated staff entry and exit points,
- Diligence with routine cleaning of shared equipment e.g. phones and computers, and maintaining physical distance where possible)
- No shared break areas nor car-pooling, and avoidance of public transport.
- Adjusting staff rosters to minimise risk to residents and/or exposure of other staff (e.g., exposed workers tending to COVID-19 cases).
- PCR if symptomatic or if RAT positive.

In determining the recommended work permissions and restrictions, the assessment team should also consider the work environment and individual circumstances of the worker. For example, in regional settings it may not be feasible to require regular RAT (a mitigation for high risk). In these circumstances, the assessment team may consider removing this requirement or implementing alternative arrangements.

Table 1: Recommended work permissions and restrictions as determined by risk

Note: Jurisdictions may implement additional requirements above these recommendations.

	<p>COVID-19 Management low-risk exposure (social contact in the community or equivalent in the workplace)</p>	<p>COVID-19 high-risk exposure in a household, household like setting, or a workplace setting in the context of an outbreak</p>
<p>Low Impact on services</p>	<p>Continue to work</p> <p>Surveillance testing (RAT every 72 hours on working days)</p> <p>Additional PPE (e.g. this may involve requirements to wear P2/N95 for the first 7 days following exposure)</p> <p>Separate tea/break rooms</p>	<p>Immediately furlough staff for 7 days that are symptomatic or unwell.</p> <p>Day 1 and 6 testing.</p> <p>Return to work when day 6 test result returns negative.</p> <p>Additional PPE (requirement to wear P2/N95 for the first 7 days following exposure)</p> <p>Separate tea/break rooms</p>
<p>High impact on services</p>	<p>Continue to work</p> <p>Surveillance testing (RAT every 72 hours on workdays)</p> <p>Additional PPE (e.g. this may involve requirements to wear P2/N95 for the first 7 days following exposure)</p> <p>Separate tea/break rooms</p>	<p>Continue to work</p> <p>Surveillance testing (day 1 and RAT every 72 hours on workdays)</p> <p>Additional PPE (requirement to wear P2/N95 for the first 7 days following exposure)</p> <p>Separate tea/break rooms</p> <p>Limiting work to a single site/area</p> <p>Staff members are still quarantined outside of work.</p>

From: Brett Bricknell
Sent: 4 January 2022 18:32
To: John Wakefield
Cc: Keith McNeil; John Gerrard; Dawn Schofield
Subject: follow up actions DG CHO meeting with private pathology CEOs
Attachments: Qld total PCR test capacity summary 4 January 2022.docx

Hi John

My summary of the meeting today (with capacity summarised in attached table sent through earlier)

Key issues for private sector providers

1. Planned leave over Christmas and New Year, up until 10 Jan, after a challenging year
2. Reduction in total capacity as a result in move from specimen pooling to single specimen per well approach. Excellent for conserving test kits and higher volumes in low prevalence environment, but inefficient and time consuming once positivity rate is high because of all of the retesting necessary. Also increases TAT. All providers have transitioned except 4Cyte, who have reduced capacity from 7500 to 2000 this week to make the necessary IT transition. PQ unaffected because didn't take up pooling
3. Reagent supply shortages (QML and 4Cyte) but resolving
4. Significant loss of SNP capacity because of current RACF contract requires PCR surveillance testing during high prevalence situation. Substantial collection capacity could be returned to the system if:
 - a. RACFs could do their own collection (currently say too short staffed)
 - b. Commonwealth could change to RATs, administered by the RACF following training
5. QML down to 60% staff at beginning of this week because of positive staff members and staff members who are close contacts. Resolving provided no additional staff affected
6. ACL (now including Medlab) have very large laboratories interstate that were able to help their collection services in Queensland before December, but now fully occupied with overwhelming demand in NSW and Victoria

Suggestions for more effective demand management

1. Introduce a system to prioritise patients – for example – emergency admissions and patients with significant symptoms - and make this clear to the population. This could for example include asking people who otherwise feel well / have few symptoms to use rapid antigen test as first port of call rather than attending fever clinics.
2. Suggested systems
 - a. RATS handed out to those waiting in drive through and fever clinic queues. Leave if test negative (ACL, SNP). Would need support with additional staff, for example QPS, ADF
 - b. On line questionnaire similar to border pass to filter people away from PCR testing via fever clinics and drive throughs (4Cyte). Including to RAT testing according to set criteria. People then need pass to attend drive throughs / walk in clinics
 - c. Give PH direction about what pre-hospital elective admission testing is required (PCR v RAT)
3. More structured assistance with traffic management and complaints associated with unexpectedly long drive through queues. Currently managed solely by the provider once plan cleared by Local Disaster Management Group review, with provider currently responsible for hiring staff to manage traffic.
4. Reduce furloughing period required for close contacts, so they can return to the workplace more quickly

Not raised at the meeting but still an issue for private and public providers

1. At some point we need to make a call about the cost v benefit of continuing to sequence all positives. For a start, there is significant administrative overhead involved in preparing and on forwarding large volumes of positives for sequencing at FSS. In addition, if we were more selective we could also for example divert some of these staff to do PCR testing using existing equipment at FSS

I hope this captures everything, but please let me know if you think otherwise

We have organised a further catch up with the privates for Thursday at 3 pm

Thanks
Brett



Brett Bricknell
General Manager
Pathology Queensland & Forensic and Scientific Services
Prevention Division, Queensland Health

p Irrelevant m Irrelevant
e Irrelevant @health.qld.gov.au w www.health.qld.gov.au/pathology-queensland



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RTI Released

Reported Queensland SARS-CoV-2 sustainable daily SARS-CoV-2 lab test capability (private and public combined) - 4 Jan 2022								
	PQ-FSS	QML	SNP	ACL	MATER	4CYTE	Genomics For Life	TOTAL
Laboratory location	36 labs across Qld	Brisbane	Brisbane	Sydney	Brisbane	Sydney	Brisbane	
Geographical span of service	Whole of State	SEQ; regional collection centres most regional pop centres	SEQ; regional collection centres most regional pop centres	Brisbane	SEQ	SEQ	Brisbane	
Week of 3 January 2022	14650	5000	7000	300	1500	2000	2500	32950
Sustainable daily test capacity when fully operational (from 10 Jan 2022)	14650	8000	10000	300	3000	7500	2500	45950
Short term surge capability	17000	10000	10000	400	3000	7500	2500	50400
Average TAT at sustainable volume	23 hrs statewide	24 hrs SEQ; 48 hrs regional	24 hrs SEQ; 48 hrs regional	23 to 48 hrs Brisbane	23 hrs Brisbane	24 to 48 hrs SEQ assuming effective interstate freight	23 to 48 hours Brisbane	
Current test load distribution	Public fever clinic demand, in hospital testing, hotel quarantine residents	Community testing, private hospital patient and worker testing	Community testing, RACF testing, quarantine testing, private hospital staff and patient testing	Private clinic and hospital testing (large lab in NSW and Victoria but fully occupied with local volume)	Community testing, quarantine facility testing, hospital testing	Community testing, interstate freight staff testing,	Predominantly supporting respiratory and other private clinics	
Other comments	Second uplift capacity project will increase capacity to 20,000 plus 2565 urgent tests a day (end of March 2022)	Expanded new lab planned for 3/12 (commercial in confidence)	Second Brisbane lab planned for opening in 4/52 (commercial in confidence)	Private clinic and hospital testing (large lab in NSW and Victoria but fully occupied with local volume)				
NOTE								
1. Sustainable daily test capability = total tests without significantly impacting TAT; assumes full staffing and test kits								
2. Significant reduction in total capacity in private labs with the cessation of pooling of specimens (inefficient and slow when positivity rate is high because of high retest load)								

From: Keith McNeil
Sent: 3 January 2022 17:40
To: Peter Aitken; John Wakefield; Jane Hancock; Dawn Schofield; Brett Bricknell; Lynne McKinlay; Kirsten MacGregor
Cc: SHECC.XO; Response.Lead.Reporting
Subject: Re: 4th Jan

Have contacted CEO of SNP

Lots going on across the private sector.

Much of their testing throughput to date has apparently been on the basis of pooled testing which of course is inappropriate now with large numbers. So they will have to revert back to single tests which will slow them down. In addition, 4cyte our largest private path contributor is doing a necessary software upgrade this week which may further disrupt their operations.

Good news, PQ will, have increased lab capacity coming on line tomorrow and we have a plan to free up scientist time so increasing our capacity somewhat.

Snakes and ladders I'm afraid.

Everything we can do within the current testing requirement environment we are doing.

We need to free up SNP capacity by alleviating them of their RACF work. David H and I have been working on that over the weekend.

Bw
Keith

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From: Peter Aitken **Irrelevant** @health.qld.gov.au>
Sent: Monday, January 3, 2022 3:22:19 PM
To: John Wakefield **Irrelevant** @health.qld.gov.au>; Keith McNeil **Irrelevant** @health.qld.gov.au>; Jane Hancock **Irrelevant** @health.qld.gov.au>; Dawn Schofield **Irrelevant** @health.qld.gov.au>; Brett Bricknell **Irrelevant** @health.qld.gov.au>; Lynne McKinlay **Irrelevant** @health.qld.gov.au>; Kirsten MacGregor **Irrelevant** @health.qld.gov.au>
Cc: SHECC. **Irrelevant** @health.qld.gov.au>; Response.Lead.Reporting **Irrelevant** @health.qld.gov.au>
Subject: FW: 4th Jan

Hi All

This isn't good news at all, even though incomplete information (awaiting Mater and 4Cyte but increasing 4Cyte throughput is unlikely to help our TAT even if it helps with queues)

Keith and Brett – not sure if you have any influence with QML or SNP? Or ability to get a more detailed synopsis of their struggles than we have?

But if private pathology services actually reduce tomorrow rather than being restored we might all be in a world of hurt

P

From: SHECC Irrelevant@health.qld.gov.au>
Sent: Monday, 3 January 2022 3:13 PM
To: Peter Aitken Irrelevant@health.qld.gov.au>; SHECC. Irrelevant@health.qld.gov.au>
Subject: RE: 4th Jan

Hi Peter,

We have reached out to the privates for an update on tomorrows clinic capacity.

Follow up phone calls with QML and SNP were not great

- QMP – issues with collection staff. Some are isolating with COVID impacting number of lines at collecting sites
- SNP –
 - still doing the RACF collections and therefore reduced capacity
 - had 5 drive throughs open today for SEQ; SNP exec are thinking of reducing to x1 drive through tomorrow (Tuesday) due to capacity issues in lab and with collectors
 - Mt Gravatt drive through would be the only drive thru open Tuesday with extended hours
 - Close for a 1-2 days – Redcliffe, Beenleigh, Herston, Ipswich

They will send through their changes shortly.

Regards
Tony
SHECC

From: Peter Aitken Irrelevant@health.qld.gov.au>
Sent: Monday, 3 January 2022 2:07 PM
To: SHECC Irrelevant@health.qld.gov.au>; SHECC.XO Irrelevant@health.qld.gov.au>
Subject: FW: 4th Jan

Hi

Can we go out to the private pathology providers and see what we can find out about opening hours tomorrow?

Lots of angst about testing and long queues

If we can show that the private capacity will come back on line it will be a big help

Cheers
P

From: John Wakefield Irrelevant@health.qld.gov.au>
Sent: Monday, 3 January 2022 1:46 PM
To: Peter Aitken Irrelevant@health.qld.gov.au>; Response.Lead.Reporting Irrelevant@health.qld.gov.au>; Dawn Schofield Irrelevant@health.qld.gov.au>
Subject: 4th Jan

Hi

The RL bi-daily Reporting report on testing by HHS is excellent thank you.

If possible in the afternoon report, could I please have forecasted the private clinics that will come on from tomorrow. I assume this will be a significant change.

I want to be able to give total state and number by HHS of additional clinics starting 4th July. And preferably put them against each HHS in this report.

I can then tell the minister of the uplift in clinics for tomorrow. Especially in the high wait period HHSs.

Thanks. J

Dr John Wakefield PSM
Director-General
Queensland Health

Phone: Irrelevant

Address: [1 William Street, Brisbane 4000](#)

Email: Irrelevant [@health.qld.gov.au](mailto:Irrelevant@health.qld.gov.au)

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From: Brett Bricknell
Sent: 6 January 2022 13:12
To: John Wakefield
Cc: Dawn Schofield; Kirsten MacGregor; Keith McNeil; Jane Hancock; John Gerrard
Subject: RE: Request for approval to extend current 'no GP referral required' request for assistance for SARS-CoV-2 testing

Thanks John.

Our arrangement doesn't apply to GP Respiratory Clinics.

GP Respiratory Clinics are privately organised one stop shops for assessment, care, collection of swabs and referral to a private pathology provider. Once a patient is seen by a GP (in a Respiratory clinic or otherwise), this effort is billed to Medicare. Lab testing then stays on the Medicare pathway.

To make this feasible, each clinic received initial funding of \$150,000 to set up / adapt their practices to see patients face to face in a COVID-19 safe infection control environment.

Greg Hunt also in October 2021 announced there would be an additional Medicare item number to provide an extra \$25 per patient to encourage GPs to provide face to face care of COVID-19 patients in the community.

Cheers
Brett

From: John Wakefield **Irrelevant** @health.qld.gov.au>
Sent: Thursday, 6 January 2022 10:02 AM
To: Brett Bricknell **Irrelevant** @health.qld.gov.au>
Cc: Dawn Schofield **Irrelevant** @health.qld.gov.au>; Kirsten MacGregor **Irrelevant** @health.qld.gov.au>; Keith McNeil **Irrelevant** @health.qld.gov.au>; Jane Hancock **Irrelevant** @health.qld.gov.au>; John Gerrard **Irrelevant** @health.qld.gov.au>
Subject: Re: Request for approval to extend current 'no GP referral required' request for assistance for SARS-CoV-2 testing

Approved Brett.

Can you advise how this applies to the Cwth run respiratory clinics as distinct from private Path providers. Thanks.



Dr John Wakefield PSM
Director-General
Queensland Health

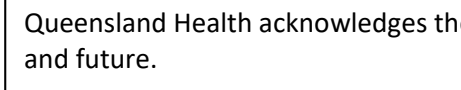
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On 6 Jan 2022, at 9:39 am, Brett Bricknell @health.qld.gov.au> wrote:




Good morning John

The current request for assistance to the privates to accept people for testing without a GP referral across Queensland is due to expire at midnight on Monday 10 January 2022

Given the current relentless demand, I strongly recommend that this be extended for a further two weeks (until Monday 24 January). To be reviewed on Thursday 20 January 2022



At that point we should have a better idea of the state of implementation of the new testing requirements, and its impact on demand

Thanks
Brett

From: John Wakefield @health.qld.gov.au>
Sent: Friday, 17 December 2021 10:53 AM
To: Brett Bricknell @health.qld.gov.au>
Cc: Dawn Schofield @health.qld.gov.au>; Kirsten MacGregor @health.qld.gov.au>; Peter Aitken @health.qld.gov.au>; Keith McNeil @health.qld.gov.au>; Jane Hancock @health.qld.gov.au>
Subject: Re: COVID testing -URGENT

Good enough for me thanks. Request approved. J

Dr John Wakefield PSM
Director-General
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On 17 Dec 2021, at 10:03 am, Brett Bricknell **Irrelevant** [@health.qld.gov.au](mailto:brett.bricknell@health.qld.gov.au)> wrote:

Good morning John

Unfortunately there are no waivers in place in Victoria or NSW. They have direct contracts with participating private providers for the provision of mass testing, and reclaim half the cost from the Commonwealth under the NPA

All Commonwealth assistance has been through the creation of special Medicare item numbers for testing, and only one of these – Testing of asymptomatic workers (69051) – operates without the requirement of a GP referral. This will cease from Jan 1 as per my recent Medicare changes brief. The name is misleading – it was created initially to assist Victoria with aged care worker testing and later expanded to include interstate truck drivers and rail workers in all states

The Commonwealth has focused on strategies for increasing access to and participation by GPs, all with the use of special MBS item numbers that incentivise the work. For instance:

1. Encouraging GPs to establish Respiratory Clinics (a few in Brisbane) as non-stop shops to get a referral and specimens collected.
2. Incentives for GPs to implement telemedicine.
3. Incentives for GPs to be part of managing low risk Covid patients in the community.

With respect to the practicalities of the no GP referral trigger – we have used temporarily requests in the past in a more focused, geographically targeted way (LGA and even suburb / school) and have systems in place to activate immediately

Thanks
Brett

From: John Wakefield **Irrelevant** [@health.qld.gov.au](mailto:john.wakefield@health.qld.gov.au)>

Sent: Thursday, 16 December 2021 5:14 PM

To: Brett Bricknell **Irrelevant** [@health.qld.gov.au](mailto:brett.bricknell@health.qld.gov.au)>

Cc: Dawn Schofield **Irrelevant** [@health.qld.gov.au](mailto:dawn.schofield@health.qld.gov.au)>; Kirsten MacGregor

Irrelevant [@health.qld.gov.au](mailto:irrelevant@health.qld.gov.au)>; Peter Aitken

Irrelevant [@health.qld.gov.au](mailto:irrelevant@health.qld.gov.au)>; Keith McNeil

Irrelevant [@health.qld.gov.au](mailto:irrelevant@health.qld.gov.au)>; Jane Hancock

Irrelevant [@health.qld.gov.au](mailto:irrelevant@health.qld.gov.au)>

Subject: Re: COVID testing -URGENT

Brett. Before I pull the lever on this, I would like to know what the Cwth has in place for private path in Vic and NSW by way of Cwth approved waive of requirement for GP referral to get MBS rebate.

I don't want to make this call unless that is the case in NSW and VIC.

Why? This will have a significant financial impact to the state and would be unlikely to be able to reverse.

If Cwth have waivers in place for GP referrals in Vic and NSW, then we need urgently to request the same for here.

Thanks. J

Dr John Wakefield PSM
Director-General
Queensland Health

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On 16 Dec 2021, at 9:31 am, Brett Bricknell
Irrelevant [@health.qld.gov.au](#)> wrote:

Good morning John

Peter, Keith and I will be catching up this afternoon to work this through. In the meantime I would like to reassure you that:

1. We know from our busiest days in August that we have actual total system testing capacity across Queensland at least 52,000 per day. At that time – from ringing around the privates – total estimated capacity was at least 60,000. It is

a risk that the privates will not have as many clinics running as we enter Xmas and New Year, but this is also a very substantial revenue opportunity for them.

We have taken the following steps to mitigate the risk of excess waiting times and long queues:

1. All private pathology providers have been engaged and agreed to assist, paid for by QH with 50% of the cost reclaimed from the Commonwealth under the NPA. No GP referral – just presentation of the Border Pass (which includes text to this effect)
2. Made sure that HHSs are aware that some people may still attend public fever clinics, and are making their own preparations. In many instances they are working with the privates to stand up additional drive throughs etc (refer attached MN example)
3. All of our public labs know to expect additional testing demand and have plans in place to do the best they can. This includes our high throughput infectious diseases lab at Herston, and we can re-direct state-wide if needs be
4. We have assisted Mackay to link with 4Cyte for a bespoke on-site arrangement on Hamilton Island, so that issue is now sorted
5. The private (TMR supported) truck driver testing sites will continue throughout this period and will no doubt take other comers if they turn up
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Cc: Dawn Schofield **Irrelevant** [@health.qld.gov.au](mailto:Irrelevant@health.qld.gov.au)>; Kirsten MacGregor **Irrelevant** [@health.qld.gov.au](mailto:Irrelevant@health.qld.gov.au)>
Subject: COVID testing -URGENT

Hi Peter and Keith

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We know this will mean a major rise in testing capacity and we estimate daily demand to be around 30k for the foreseeable future.

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With the sheer volume of demand, we do expect to have queues and wait times in popular locations. We will do our best to keep this to a minimum. People can minimise this by checking our website/Facebook for regular updates each day on estimated wait times. We will also provide advice on-site about nearby clinics with shorter wait times. We ask for patience as we work to better understand the demand and timing, and seek to match our capacity over coming days.

If you are unable to obtain a test as required due to being in a remote location or other valid reason, please obtain a test at the earliest opportunity after 5 days. You can call 13Health for further advice.

As always, if you are sick, wear a mask, isolate yourself until you can get tested AND receive a negative test result.

Thanks for working to get this outcome sorted as there will need to be presser announcements Friday morning about this.



J

Dr John Wakefield PSM
Director-General
Queensland Health

Phone: Irrelevant

Address: [1 William Street, Brisbane 4000](#)


Email: Irrelevant [@health.qld.gov.au](mailto:Irrelevant@health.qld.gov.au)







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From: Brett Bricknell
Sent: 4 January 2022 18:00
To: John Wakefield
Cc: Keith McNeil; John Gerrard; Dawn Schofield; Keith McNeil
Subject: Updated daily testing capability by provider
Attachments: Qld total PCR test capacity summary 4 January 2022.docx; Qld total PCR test capacity summary 4 January 2022.pdf

Hi John
This is the updated capacity estimate from further information provided today
Please let me know if you need any changes
Thanks
Brett



Brett Bricknell
General Manager
Pathology Queensland & Forensic and Scientific Services
Prevention Division, Queensland Health

p Irrelevant m Irrelevant
e Irrelevant @health.qld.gov.au w www.health.qld.gov.au/pathology-queensland



Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and emerging.

Reported Queensland SARS-CoV-2 sustainable daily SARS-CoV-2 lab test capability (private and public combined) - 4 Jan 2022									
Laboratory location	PQ-FSS	QML	SNP	ACL	MATER	4CYTE	Genomics For Life	TOTAL	
	36 labs across Qld	Brisbane	Brisbane	Sydney	Brisbane	Sydney	Brisbane		
Geographical span of service	Whole of State	SEQ, regional collection centres most regional pop centres	SEQ; regional collection centres most regional pop centres	Brisbane	SEQ	SEQ	Brisbane		
Week of 3 January 2022	14650	5000	7000	300	1500	2000	2500	32950	
Sustainable daily test capacity when fully operational (from 10 Jan 2022)	14650	8000	10000	300	3000	7500	2500	45950	
Short term surge capability	17000	10000	10000	400	3000	7500	2500	50400	
Average TAT at sustainable volume	23 hrs statewide	24 hrs SEQ; 48 hrs regional	24 hrs SEQ; 48 hrs regional	23 to 48 hrs Brisbane	23 hrs Brisbane	24 to 48 hrs SEQ assuming effective interstate freight	23 to 48 hours Brisbane		
Current test load distribution	Public fever clinic demand, in hospital testing, hotel quarantine residents	Community testing, private hospital patient and worker testing	Community testing, RACF testing, quarantine testing, private hospital staff and patient testing	Private clinic and hospital testing (large lab in NSW and Victoria but fully occupied with local volume)	Community testing, quarantine facility testing, hospital testing	Community testing, interstate freight staff testing,	Predominantly supporting respiratory and other private clinics		
Other comments	Second uplift capacity project will increase capacity to 20,000 plus 2565 urgent tests a day (end of March 2022)	Expanded new lab planned for 3/12 (commercial in confidence)	Second Brisbane lab planned for opening in 4/52 (commercial in confidence)	Private clinic and hospital testing (large lab in NSW and Victoria but fully occupied with local volume)					
NOTE	<p>1. Sustainable daily test capability = total tests without significantly impacting TAT; assumes full staffing and test kits</p> <p>2. Significant reduction in total capacity in private labs with the cessation of pooling of specimens (inefficient and slow when positivity rate is high because of high retest load)</p>								

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From: Brett Bricknell
Sent: 6 January 2022 9:40
To: John Wakefield
Cc: Dawn Schofield; Kirsten MacGregor; Keith McNeil; Jane Hancock; John Gerrard
Subject: Request for approval to extend current 'no GP referral required' request for assistance for SARS-CoV-2 testing

Good morning John

The current request for assistance to the privates to accept people for testing without a GP referral across Queensland is due to expire at midnight on Monday 10 January 2022

Given the current relentless demand, I strongly recommend that this be extended for a further two weeks (until Monday 24 January). To be reviewed on Thursday 20 January 2022

At that point we should have a better idea of the state of implementation of the new testing requirements, and its impact on demand

Thanks
Brett

From: John Wakefield **Irrelevant** @health.qld.gov.au>
Sent: Friday, 17 December 2021 10:53 AM
To: Brett Bricknell **Irrelevant** health.qld.gov.au>
Cc: Dawn Schofield **Irrelevant** @health.qld.gov.au>; Kirsten MacGregor **Irrelevant** @health.qld.gov.au>; Peter Aitken **Irrelevant** @health.qld.gov.au>; Keith McNeil **Irrelevant** @health.qld.gov.au>; Jane Hancock **Irrelevant** @health.qld.gov.au>
Subject: Re: COVID testing -URGENT

Good enough for me thanks. Request approved. J

Dr John Wakefield PSM
Director-General
Queensland Health

Phone: **Irrelevant**
Address: [1 William Street, Brisbane 4000](#)
Email: **Irrelevant** @health.qld.gov.au

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On 17 Dec 2021, at 10:03 am, Brett Bricknell [Irrelevant](#) [@health.qld.gov.au](mailto:Irrelevant@health.qld.gov.au)> wrote:

Good morning John

Unfortunately there are no waivers in place in Victoria or NSW. They have direct contracts with participating private providers for the provision of mass testing, and reclaim half the cost from the Commonwealth under the NPA

All Commonwealth assistance has been through the creation of special Medicare item numbers for testing, and only one of these – Testing of asymptomatic workers (69051) – operates without the requirement of a GP referral. This will cease from Jan 1 as per my recent Medicare changes brief. The name is misleading – it was created initially to assist Victoria with aged care worker testing and later expanded to include interstate truck drivers and rail workers in all states

The Commonwealth has focused on strategies for increasing access to and participation by GPs, all with the use of special MBS item numbers that incentivise the work. For instance:

1. Encouraging GPs to establish Respiratory Clinics (a few in Brisbane) as non-stop shops to get a referral and specimens collected.
2. Incentives for GPs to implement telemedicine.
3. Incentives for GPs to be part of managing low risk Covid patients in the community.

With respect to the practicalities of the no GP referral trigger – we have used temporarily requests in the past in a more focused, geographically targeted way (LGA and even suburb / school) and have systems in place to activate immediately

Thanks
Brett

From: John Wakefield [Irrelevant](#) [@health.qld.gov.au](mailto:Irrelevant@health.qld.gov.au)>

Sent: Thursday, 16 December 2021 5:14 PM

To: Brett Bricknell [Irrelevant](#) [@health.qld.gov.au](mailto:Irrelevant@health.qld.gov.au)>

Cc: Dawn Schofield [Irrelevant](#) [@health.qld.gov.au](mailto:Irrelevant@health.qld.gov.au)>; Kirsten MacGregor

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McNeil [Irrelevant](#) [@health.qld.gov.au](mailto:Irrelevant@health.qld.gov.au)>; Jane Hancock [Irrelevant](#) [@health.qld.gov.au](mailto:Irrelevant@health.qld.gov.au)>

Subject: Re: COVID testing -URGENT

Brett. Before I pull the lever on this, I would like to know what the Cwth has in place for private path in Vic and NSW by way of Cwth approved waive of requirement for GP referral to get MBS rebate.

I don't want to make this call unless that is the case in NSW and VIC.

Why? This will have a significant financial impact to the state and would be unlikely to be able to reverse.

If Cwth have waivers in place for GP referrals in Vic and NSW, then we need urgently to request the same for here.

Thanks. J

Dr John Wakefield PSM

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Queensland Health

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On 16 Dec 2021, at 9:31 am, Brett Bricknell Irrelevant@health.qld.gov.au wrote:

Good morning John

Peter, Keith and I will be catching up this afternoon to work this through. In the meantime I would like to reassure you that:

1. We know from our busiest days in August that we have actual total system testing capacity across Queensland at least 52,000 per day. At that time – from ringing around the privates – total estimated capacity was at least 60,000. It is a risk that the privates will not have as many clinics running as we enter Xmas and New Year, but this is also a very substantial revenue opportunity for them.

We have taken the following steps to mitigate the risk of excess waiting times and long queues:

1. All private pathology providers have been engaged and agreed to assist, paid for by QH with 50% of the cost reclaimed from the Commonwealth under the NPA. No GP referral – just presentation of the Border Pass (which includes text to this effect)
2. Made sure that HHSs are aware that some people may still attend public fever clinics, and are making their own preparations. In many instances they are working with the privates to stand up additional drive throughs etc (refer attached MN example)
3. All of our public labs know to expect additional testing demand and have plans in place to do the best they can. This includes our high throughput

infectious diseases lab at Herston, and we can re-direct state-wide if needs be

4. We have assisted Mackay to link with 4Cyte for a bespoke on-site arrangement on Hamilton Island, so that issue is now sorted
5. The private (TMR supported) truck driver testing sites will continue throughout this period and will no doubt take other comers if they turn up
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