Embedding Primary Care in Emergency Planning: The ACT Primary Care Emergency Response Committee

From crisis response to sustained system integration in the Australian Capital Territory (ACT)

Background

Primary care is often the first point of contact for communities before, during and after emergencies. Primary care clinicians are embedded in local communities and are critical to maintaining access to care, identifying and supporting vulnerable people, and reducing pressure on acute services during disasters.

The ACT Primary Care Emergency Response Committee (PCERC) was established in late 2019 in the context of bushfire emergencies affecting the ACT and surrounding South East NSW. Its formation recognised that emergency planning needed a clear mechanism to connect primary care with public health, clinical emergency response and broader disaster governance.

Purpose

The committee was designed to strengthen prevention, preparedness, response and recovery by creating a standing forum where primary care representatives could share intelligence, identify emerging issues and coordinate with ACT public health and emergency response.

Establishment of the Committee

Responding to Need

The committee was convened by a number of key stakeholders in response and recognition to the immediate need for coordinated primary care input during bushfire-related emergencies.

Sector-wide representation

Membership brought together representatives from general practice, pharmacy, allied health, nursing, Aboriginal health, after-hours services, ACT Health and Community Services Directorate, Canberra Health Services, ACT Ambulance Service and Emergency Services Agency, ACT/SNSW HealthPathways and Capital Health Network, ACT Primary Health Network.

Practical focus

Early discussions centred on real-time risks to primary care access, communication pathways, workforce needs, continuity of care and support for affected communities.

Secretariat and coordination

Capital Health Network supported committee coordination, enabling primary care issues to be captured, escalated and translated into system planning.

Sustainability of the Committee

What began as an emergency response mechanism continued through the COVID-19 pandemic and matured into an ongoing primary care emergency planning forum. The committee's value was demonstrated through its ability to maintain communication between primary care, public health and operational emergency response teams; support coordinated messaging to providers; and provide a trusted pathway for local intelligence from frontline clinicians.

This sustained operation helped shift primary care from being consulted during emergencies to being embedded in ACT sub-emergency planning, supporting a more integrated and resilient health system response.

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Key achievements

- Primary care is now more visible in ACT emergency governance and planning arrangements, with the committee formally recognised and embedded in the ACT Health Emergency Sub-Plan.
- Communication between primary care, public health and emergency response partners has been strengthened through formal processes.
- Primary care risks, capacity and local intelligence can be escalated through an established forum.
- The committee provides a repeatable model for embedding PHNs and frontline primary care providers into emergency preparedness, response and recovery.
- The approach aligns with national recommendations to include primary healthcare providers in disaster management arrangements, including representation on relevant committees and plans.

Role of PHNs

PHNs can play a practical system stewardship role in emergencies by convening primary care partners, supporting two-way communication, identifying service vulnerabilities and helping translate frontline issues into planning and response decisions.

Lessons learnt

1. Be Responsive: A disaster response can create the mandate for a practical, solution-focused forum.
2. Leverage partnerships and build broad membership early: Include clinical, primary care sector, consumer, public health and emergency planning voices.
3. Identify Scope of meeting: Forum was best used to identify risks, coordinate messaging and support rapid escalation.
4. Maintain momentum: Maintain the structure beyond the immediate crisis so primary care remains embedded in future emergency arrangements.
5. Use the PHN as a connector: PHNs are well placed to bridge government, acute care, community services and local primary care providers.

Conclusion

Primary care is an essential infrastructure in emergencies. The ACT Primary Care Emergency Response Committee shows how a PHN-led, multi-partner forum can move from crisis coordination to sustained emergency planning, ensuring local primary care capability is recognised, connected and embedded before the next emergency occurs.

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