ACT Division of General Practice Submission to the Standing Committee on Health and Disability

Inquiry into the closure of Wanniassa Medical Centre

ACT Division of General Practice (ACT DGP) is one of a network 111 local organisations (Divisions of General Practice) as well as the ACT state-based organization working with the Australian General Practice Network. More than 90 per cent of are members of their local Division.

The ACT DGP is involved in a wide range of activities including practice support and quality improvement, health promotion, early intervention and prevention strategies, chronic disease management, medical education, information management, health service development, health service delivery and workforce support.

By delivering local health solutions through general practice, we aim to ensure all residents in the Canberra Region can access a high quality health system.

Preamble

The ACT Division of General Practice (ACT DGP) regrets the recent closure of the Wanniassa Clinic and the very short time frame causing distress to patients. It is also regrettable that GPs have been relocated from an outer metropolitan area of need to join an existing concentration of GPs in a major inner metropolitan hub. This has occurred at a time when the Commonwealth offers financial incentives for GPs to relocate to outer metropolitan areas. However ACT DGP recognise that large clinics such as that at Phillip need to be viable, and have an important role in providing services in “one stop shop settings” that demonstrably assist in taking pressure of the public hospital accident and emergency departments. Both the Commonwealth government and the peak Australian General Practice Network support the establishment of Super Clinics in proven areas of need.

Unfortunately the closure of Wanniassa Medical Centre has simply moved GP services from one area to another with little net benefit to the community, and many patients have presented at other busy clinics in the Tuggeranong Valley rather than relocate to Phillip.

However ACT DGP is concerned that more study of the workforce and mapping of future areas of need across the ACT is needed, and that appropriate responses are carefully considered by the post election government in the ACT.

General Practice is largely viable and sustainable on its current private market model with the main impediment to accepting new roles in shared care and collaboration being due to workforce shortage and technological enablement. The ACT DGP view is that governments have a role in priority setting on health care outcomes and providing the environment that enables change. It should not intervene to directly deliver primary care services except in areas of acute need or market failure. Rather in the primary health care market ACT DGP calls upon the ACT government to build on its role as a partner and enabler to collaborative change.

ACT DGP contend that the best solutions to the problems will arise from collaboration between all the major stakeholders in problem definition, solution finding, and implementation. That includes the owners of large clinics such as Primary Health Care Ltd participating in active solution finding.

Role of Government

The ACT DGP view is that the ACT Government role is to assist with incentives and programs to –

- ensure the primary health market remains sustainable
- build on the work achieved to date with the ACT DGP to undertake comprehensive workforce planning and analysis to ensure the market is understood and responses are relevant
- facilitate care coordination for patients with chronic and complex needs
- improve interconnectivity of providers and the smooth flow of accurate and timely patient information
- provide incentives to the market to fill areas of need of access
- encourage and incentivise the focus of resources on nationally and locally agreed priority areas of health care outcome without reducing service standards to existing patients
- address areas of potential market failure
- reduce red tape, duplication, simplifying processes, and supporting outcome focused collaboration.

However with a national shortage of medical practitioners and a significant shortfall in the ACT of practicing GPs the current priority need for government support is on workforce issues. The ACT Assembly should also give due recognition to the collaborative work underway between the ACT DGP, AMA and ACT Health on support for after hours services, national and international GP recruitment campaigns, workforce analysis projects, and the establishment of the ANU medical school to provide a local supply of qualified practitioners.

Workforce in the ACT

Nationally there is a medical and nursing work force shortage. In the ACT there is an estimated shortfall of 60 GPs.

The ACT not only suffers the same overall pressures but compared to the 111 Divisions of General Practice across Australia the ACT DGP and the ACT general practice workforce as a whole has a number of divergent characteristics compared to the rest of Australia.

There are a number of ways of assessing the GP workforce in the ACT. Medicare billing data informs us of the numbers of GPs who bill for services using Medicare items, and also uses the measure of division of total claim numbers by the average claim numbers per full time GP to give a Fulltime Weighted Equivalent (FWE).

Medicare Australia data

Medicare Australia reported that for 2006-07 that there were 412 claiming doctors and these equated to only 226 FWE. That is 54.8% of GP time is utilised in Medicare services compared to the national average of 70.07%. The same data also indicates that the ACT has only 66.8 FWE doctors per 100,000 of population compared the national average of 86.1 and the NSW average of 94.1. This represents a notional shortfall of nearly 60 doctors against the national average.

Australian Bureau of statistics (ABS) data

The ABS Census Data extracted on Selected Health Occupations 4819.0 indicates that the ACT has the highest number of medical practitioners at 190.7/100,000 compared to the national average of 178.6/100,000 but it is clear that a significant proportion of that potential workforce is employed in the hospital sector (and multi-tiers of Federal and Territory government employment and other health employers such as the Department of Defence). The ABS also reports that medical practitioners not employed by hospitals are twice as likely to work part-time hours.

The ABS Census data reports that the overall workforce is 38.9% female, but 53% of medical practitioners under the age of 30 are female. The ACT DGP own survey data reports the overall female participation in the workforce at 56% and 66% in the under 45 group.

38.9% of all Australia's doctors were born overseas and 10.1% immigrated within the last 5 years.

Annual Survey of Divisions (ASD)data

The 111 Divisions of General Practice undertake an annual survey of general practice in Australia. In the ACT that is narrowly defined to mean those medical practitioners in general practice but excluding Defence, police and other public health clinics.

The 2006-07 survey indicated there were 94 practices with 330 GPs in the ACT. 24 of these were solo practitioners, and 56% of practitioners were women. Women GPs now dominate all age groups except the 55+ age group.

ACT DGP GP Census survey with 243 practitioner responses indicated that 45% of men and 16% of women worked 10 or more half day sessions a week in general practice. This does not mean they are true part time workers but that many hold roles outside of mainstream general practice.

The ACT has 9.4% of its population in the very high risk 65+ age group compared to the national average of 13.8%. This proportion of 55+ has risen significantly from the 7.9% in 2002/03 and is indicative of a major workload surge expected in the next decade as the younger ACT ages in place.

The ASD data indicated that the ACT had 1102 residents/GP compared to the national average of 904 residents/GP. When converted to FWE the ACT ratio was 1654 residents/GP compared to the national average of 1172 resident per/GP.

Workforce response to date

The ACT DGP and the AMA are working in collaboration with ACT Health and other partners where appropriate to respond to the fundamental underlying issue of workforce shortage.

Some issues such as process reform in payment models, immigration, simplification of process and program support clearly lie with the Commonwealth and Medicare Australia.

However significant steps have been made on the supply side with the establishment of the ANU Medical School and its significant support and input from general practitioners.

In response to the chronic shortage of GPs, in November 2007, the ACT Minister for Health announced a campaign to attract and retain GPs in the ACT. The ACT Government, in partnership with the ACT DGP has funded a 0.5FTE GP Marketing and Support Advisor position ($281,000) for four years from May 2008 to coordinate recruitment support for GPs and their potential employee(s) and to increase the profile of the Canberra region as a great location for GPs to work. The role also provides support and information for general practices trying to recruit GPs from interstate or overseas.

The role is overseen by the GP Marketing and Support Advisor Executive Committee consisting of the ACT Division of General Practice CEO, ACT Division of General Practice President of the Board, ACT Health Manager Workforce Planning and ACT Health GP Advisor.

Achievements

To assist the GP Marketing and Support Advisor identify the key priorities for this role, a joint ACT DGP and ACT Government 'GP Recruitment Forum' was held on 1 July 2008. At this forum the complexity of the recruitment process and the areas where the processes could be streamlined were highlighted. Work is now progressing to address these with relevant stakeholders and to develop clear process guides/factsheets. There has also been agreement amongst stakeholders for ACT Health to vary the Area of Need process for the GP workforce while the ACT remains below the national average for GPs. Through a close working relationship with the ACT Australian Medical Association the requirement for general practices to advertise their vacancies before being granted Area of Need status has been waivered. This has reduced the Area of Need application process from 2 - 4 weeks to 2 days. The Division and ACT Health will shortly begin a nationwide advertising campaign showcasing the lifestyle benefits of living and working in Canberra as a GP with a Call to Action to potential applicants to investigate GP employment opportunities in Canberra

- The GP Marketing and Support Advisor has been working to update GP Employment information on the Division website to allow a one stop access to GP job opportunities in the ACT and will shortly be adding further information that will assist in GP recruitment, both for employers and potential employees.

- Synergies between ACT Health, the ACT DGP and stakeholders are being explored (including Live in Canberra program, DoHA, Immigration, Skilled & Business Migration, recruitment agencies etc)

- A number of leads are being explored. Two Area of Need approvals have been completed in the past week. Approximately 5 international medical graduates (IMGs) are currently interested in relocating to Canberra and these applicants are being assisted through the process by the GP Marketing and Support Advisor, along with other stakeholders.

Other

GP Sessional Workforce survey jointly funded by ACT Health, Division, ANU Medical School, DoHA to identify why so much of the ACT GP Workforce is part time (or split their role between agencies and community practice) and whether there is any scope for part timers to increase their hours.

Further work also needs to be done on understanding the career aspirations of the ANU medical students (noting they are an older graduate group completing a second degree), and ensuring that graduates are retained within the ACT workforce and distributed fairly to all the areas of workforce shortage. We also need to better understand the drivers that motivate current GPs away from traditional general practice to join larger corporate entities or move to salaried employment.

Already General Practice is taking its first medical interns in the ACT on a pliot program with the ANU Medical School and experienced GPs are actively engaged in teaching and mentoring throughout the student training program.

ACT DGP notes the ACT Minister of Health has lobbied her federal counterpart on behalf the industry sector to increase the number of funded GP training places in the ACT, and to extend the Area of Need declaration for international recruitment to the whole of the ACT.

Barriers

- Barriers identified during the Forum and in discussion with stakeholders have included:
    - lack of access to GP job vacancies by wider community
    - lack of information regarding the IMG recruitment process
    - the complexity and time consuming nature of the IMG recruitment process
    - overall national shortage of GPs and competition among States
    - difficulties in recruitment including finding Australian trained doctors
    - recruitment costs
    - recruitment time frames required
    - cost of new infrastructure (as new doctors needed as other practices close down)
    - cost of supervising / training IMGs
    - inconsistent medical registration processes and perceived impediments in the ACT compared to other jurisdictions

General Practice Settings

Primary health medical care is delivered, and should continue to be delivered on a private business model with income and incentives offered to ensure the optimum use of evidence based care, and appropriate distribution of services to ensure equity of access.

ACT DGP recognise the trend away from single provider practices towards groupings of GPs in clinics with over half of practice clinics in the 2-5 GP range. ACT DGP also support the inclusion of skilled practice managers and practice nurses as integral members of care based teams within practices, and the involvement of larger practices in peer support and graduate education programs.

ACT DGP are cautious that any para-medical staff undertaking services previously delivered by GPs are not a substitute for qualified medical practitioners but a complement to general practice under close supervision by the GP as service coordinator and gatekeeper.

ACT DGP also recognise that large easy to access “super clinics” incorporating GPs, pathology, radiology and with proximity to allied health services provide an important substitute for emergency departments, and are convenient for in hours and after hours acute presentation of patients. However there are

potential deficits in the current business model of larger medical corporations in the areas of continuity of provider, care coordination for patients presenting with complex and chronic ongoing care needs, and under share care arrangements with specialist hospitals.

The Committee of Inquiry should also give due recognition to the equivalent well tried and successful market force model of individual independently owned clinics forming into convenient clusters of GP, pathology , pharmacy around accessible local shopping hubs, and the additional more extensive clustering of more advanced services such as radiology and specialist clinics around the ACT public and private hospitals.

The ACT DGP is of the view that a rich range of service delivery options better supports emerging care needs and provides for innovation and diversity of ownership preventing the emergence of monopoly care providers as has been the trend in the area of radiology and pathology.

While today the ACT has only 9.4% of its population over 65 compared to the Australian average of 13.8% the proportion is rising rapidly. The chronic and complex disease burden falls mainly in this group and there is no question that multi- disciplinary teams and coordinated care will be the model of preference for a number of vulnerable groups.

The “super clinic” concept is only one model of delivery in what should be a rich range of delivery models that support individual choice, diverse community cultural values, and needs. With improvements in electronic communication between providers, shared summary care records, and shared care plans, technology will enable the evolution of interconnected care clusters and the virtualised equivalent of “super clinics”.

Government should support infrastructure to connect the major care providers of GPs, specialists, hospitals, aged care facilities, allied and community care organisations. This is the enabler for effective collaboration between providers, provides an up to date record for decision, and provides the foundation for team based care.

While the role of governments may extend to meeting the unmet needs of Australians (e.g. the 39 Super Clinics being subsidised by the Australian Government in areas of need), ACT DGP believes that the ACT Assembly should be cautious in advancing its proposals for creation of public funded and run community health hubs in other than areas of proven need, and where other market based approaches have failed. To establish any service that simply redirects resources in an area of shortage from the private sector to the public sector is shuffling the deck chairs and not solving the underlying problems.

Enabling Technology

Integration of all parts of the health sector will depend on strong e-health, data collection and information management systems. Care at the individual and health service levels will be informed by the collection of data, its transformation into ‘information’, and connectivity between health care providers for communication of that information.

On the national level the National E-Health Transition Authority is developing a national business case for a national Individual Health Care Record for submission to the Australian Health Ministers Advisory Council (AHMAC) in October 2008. AHMAC are also expecting the completion of the Deloitte consultancy report on the vision for a national e-health strategy to be completed in August 2008.

ACT Health is currently trialling electronic discharge summaries from hospitals to general practice and itself will need to build both clinical systems infrastructure in public entities as well as the provider directories, and messaging systems and templates to transmit timely and meaningful patient information for incorporation into GP desk top systems.

As part of the emerging primary health care system, the general practice network will continue to improve e-health, data and information management systems by:

- developing or facilitating development of tools for the collection, management, interpretation and communication of health data and information
- providing education and training that increases primary health care's capacity and expertise in recording, searching and extracting clinical records
- assisting change management in general practices and for other members / customers
- informing policies and regulations that will ensure the security of consumer information, the development of interoperable tools and systems, and the development of commonly agreed and understood standards for data management (covering privacy, consent, governance, storage and access)
- working with software and IT providers as representatives of the primary health care sector
- building communication, agreement and common understanding between sector stakeholders, especially between primary health and the acute care sectors
- collecting, collating and interpreting practice data and returning it to practices as population level health information that will be used for benchmarking, peer review, clinical outcomes assessment and to offer more tailored packages of care
- informing regional decision making, health service planning, performance monitoring and policy development
- supporting engagement by primary health care in quality improvement initiatives such as the National Primary Care Collaboratives and the Audit and Best practice for Chronic Disease – Evidence (ABCDE) program.

Funding Models

Any coherent solution to funding reform in the primary health care sector requires a coordinated approach between the Territory and the Commonwealth. While primary health sector funding is the primary responsibility of the Commonwealth there will nonetheless be an increased emphasis on primary health care outcome indicators in the next round of Commonwealth/State Funding Agreements.

However health care is intrinsically interconnected and many of the problems in the public and private hospital, and public community health networks need to address GP involvement and connectivity in order to provide comprehensive solutions. Certainly the ACT DGP has provided a wide range of already

busy GP advisers to ACT Health and is open to work closely with ACT Health on solution finding within the limits of our current resources.

The current activities of the National Health and Hospitals Reform Commission, review of the Medical Benefits Schedule, and the national review of a Primary Health Care Strategy will all inform that process over 2008-09. It is important to ensure all the players sing from the same page, and that conflicting outcome incentives are not offered by the Commonwealth and the Territory. It would be entirely legitimate for the ACT to introduce its own targeted short term subsidies for those areas which are agreed acute areas of need and complement or fill gaps in Commonwealth funded services.

While the primary care GP is mainly funded on a fee for service basis there are more and more item numbers that reward team based care, care plans and coordination. There are also a range of specific non-fee for service payments made to individual practitioners under Service Incentive Payments to target particular outcomes, behaviours and data collections; and Practice Incentive Payments made to practices for achieving accreditation, subsidies for technology uptake and the like.

Many of these incentives are not considered attractive enough by GPs to effectively shift from coping with the high workloads in busy day to day practice to participate in other important interventions and activities. In addition, different target programs seem to be developed in isolation and compete for GP attention and their most precious resource – time.

In addition the Divisions of General Practice nationally have taken on diverse roles funded by Commonwealth and State governments. Division core business is member services and practice support balanced with facilitation and promotion of new and existing government programs to general practice. Some rural divisions are the preferred employers to large networks of allied health professionals. ACT DGP will be the employer of 3 of the Headspace youth mental health initiative allied health workers.

Almost all divisions are also fund holders for a growing range of services such as paying psychologists under the ATAPS scheme, and the newly announced payment of lifestyle modification providers for 40-49 year olds at high risk of diabetes.

There is active discussion within the 111 Divisions of General Practice on the future of general practice. The trend towards GP consolidation into health service teams, and the move away from fee for service towards capitation and fund holding, as well as the growing divisional role as fund holders in targeted areas of service delivery are areas of active debate. The Australian General Practice Network has recently released its discussion paper “Working Smarter” for network comment on its picture of the future of general practice.

ACT DGP thanks the Committee for the opportunity to make this submission and reaffirms its commitment to work in partnership with ACT Health on improving access to appropriate services and evidence based models of care for local community.

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