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The Legislative Assembly for the
Australian Capital Territory

Government Response to the Standing Committee on Health, Community and Social Services Report No 2

Access to Primary Health Care Services February 2010

Presented by
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Government Response

Standing Committee on Health, Community and Social Services Report No 2 - *Access to Primary Health Care Services February 2010.*

Introduction

In response to the closure of Kippax Medical Centre in March 2009, and ongoing community concern about the shortage of general practitioners in the ACT, the Legislative Assembly of the Australian Capital Territory, on 25 March 2009, referred this matter to the Standing Committee on Health, Community and Social Services. The Committee adopted the following terms of reference:

To inquire into and report on access to primary health care services in the ACT, with particular reference to:

- the role of nurse practitioners, allied health assists and other health professionals in providing primary health care;
- GP clinic closures since 2001;
- the current level of GP shortages in the ACT and the reasons pertaining to this shortage;
- how to arrest, and reverse, the decline in GP numbers in the short and longer term;
- strategies to attract and retain GPs in suburban clinics;
- linkages between Government and non-government health care providers including innovative and best practice models; and
- any other related matter.

At a similar time, in March 2009, the ACT Minister for Health appointed a taskforce to investigate GP workforce issues in the ACT (the ACT GP Taskforce). The ACT GP Taskforce was charged with the responsibility of investigating and reporting back to the Minister for Health about the following terms of reference:

- to review and consolidate work already undertaken by the ACT and Commonwealth governments on access to primary care services in the ACT;
- to explore and recommend on legislative options to protect the rights of patients and the health workforce;
- to advise on workforce demand and training issues in primary health care, with regard to current available published information;
- to explore and recommend on options and innovations to improve access to primary health care services in the ACT, including opportunities that may arise in the Commonwealth – State and Territory health reform agenda; and

- to consider and make recommendation on provisions to improve access to primary care services for vulnerable populations, including the aged, people with mental illness and the isolated.

In April 2010, the Council of Australian Governments (COAG) agreed, with the exception of Western Australia, to sign the *National Health and Hospitals Network Agreement (the Agreement)* [1]. The reforms outlined in the Agreement are designed to drive major improvements in service delivery and better health for patients, whilst equipping the health and hospital system to serve the Australian community into the future.

The Agreement establishes the Australian Government as:

- the majority funder of public hospital services, which includes:
  - 60% funding of the efficient price of public hospital services;
  - 60% funding of research and training in public hospitals;
  - 60% of block funding of small public hospitals;
  - 60% of capital expenditure; and
  - over time, up to 100% of the efficient price of primary care outpatient services.
- the jurisdiction with full funding, policy, management and delivery responsibility for the national aged care system/community care services for people over 65 (Aboriginal and Torres Strait Islander people over 50); and
- the level of government with full funding and policy responsibility for General Practice (GP) and primary health care. It is important to recognise that the Territory will continue to operate the primary health care services proposed for transfer, until otherwise agreed, for five (5) years from 1 July 2011.

Responsibility for hospital management will be devolved to Local Hospital Networks (LHNs), entities made up of small groups of hospitals. These networks will be separate state statutory authorities comprising between one to four hospitals. The networks will have a professional governing council with clinical representatives and a CEO who will make operational decisions and is accountable for health outcomes

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1) [1] *The Agreement* can be accessed at:

http://www.coag.gov.au/coag_meeting_outcomes/2010-04-19/docs/NHHN_Agreement.pdf).

In the case of the ACT and the Northern Territory (NT), the Australian Government has agreed that more flexible arrangements can apply to the LHNs. For the ACT, this is likely to mean that there will be only one LHN, confined in the first instance to the ACT, and it will not be required to be a separate statutory authority with a governing council and Chief Executive Officer. It is anticipated that the networked system will be comprised of The Canberra Hospital, Calvary Public Hospital, Clare Holland House and the Queen Elizabeth II Family Centre, and will hold service contracts with ACT Health.

As part of its full funding and policy responsibility for General Practice (GP) and primary health care, the Australian Government also intends to establish a number of primary health care organisations, called "Medicare Locals". Medicare Locals will be a separate non-government legal entity with boundaries to align with LHNs where possible. Governance of Medicare Locals will include broad community and health professional representation, with some cross membership of LHN governance. The Australian Government will negotiate service contracts directly with Medicare Locals in consultation with the Territory and other stakeholders.

Under the Agreement, the States and Territories will retain responsibility for system-wide public hospital service planning and performance, including the purchasing of public hospital services and capital planning. In addition to this, the States and Territories will manage the performance of the Local Hospital Network (LHN) and be responsible for community care services for people under the age of 65 (and for Aboriginal and Torres Strait Islander people under the age of 50).

The ACT Government support reform of the health system, and has already outlined its commitment to health reform through its Capital Asset Development Plan. In response to a projected increase in demand for health services in the ACT, the ACT Government commenced a Capital Asset Development Plan, called *Your health – our priority*, underpinned by extensive health service planning. This plan provides the basis for building sustainable and modern health infrastructure to ensure safety, availability and viability of quality health care in the ACT in the future. In the 2008 – 09 Budget, the ACT Government allocated $300 million over four years to begin work on what is expected to be a ten year $1 billion plan for the renewal of health services for Canberra and the region.

Response to Committee Recommendations

Recommendation 1

2.21 The Committee recommends that the ACT Government work with the ACT Division of General Practice to develop ways of raising the profile of general practitioners in the community.

Government Response

Agreed
The ACT Government will continue to work with the ACT Division of General Practice to address GP workforce shortages in the ACT. The ACT Government and the ACT Division of General Practice commenced a nationwide advertising campaign in 2008 showcasing the lifestyle benefits of living and working in Canberra as a GP, which also included a call to action to potential applicants to investigate GP employment opportunities in Canberra. In 2009 this campaign was expanded to include a direct mail out to approximately 4000 GPs in inner Sydney and Melbourne locations and to target overseas locations, including New Zealand and the United Kingdom. 2010 will see the continuation of the national and international campaigns and include linkages with Live in Canberra for promotion of GP vacancies.

The ACT Government has also provided funding of $281,000 over four years for a marketing and support position to work in partnership with the ACT Division of General Practice to address GP workforce issues. ACT Health and the ACT Branch of the Australian Medical Association have also jointly reconvened the GP Workforce Working Group, which works to inform discussion, help set direction and facilitate research on the GP workforce and general practice workforce shortages in the ACT.

Recommendation 2

2.27 The Committee recommends that the ACT Government extend their marketing strategy for GPs over the age of 55 to include attracting and reengaging recently retired GPs from across Australia, with particular attention to NSW and Victoria.

Government Response

Noted
There is an ongoing shortage of general practitioners in Australia, and a particularly severe shortage in the ACT. As noted in the response to recommendation 1, the ACT Government continues to progress a nation wide advertising campaign that included GPs in NSW and Victoria. The ACT GP Marketing and Support Officer will also continue to undertake generic marketing for general practice. This will encompass all general practitioners eligible for registration regardless of age. The ACT Government has also agreed to recommendation eight of the GP Taskforce to increase the GP Marketing and Support Officer role to full-time.

The GP Taskforce Final Report noted that many GPs see the ACT as an ideal environment to work across a portfolio of professional activities, offering diverse and interesting career prospects. The promotional campaign endeavors to leverage this strength and highlight the variety of employment opportunities and structures (such as part time) available to GPs in the ACT.

Recommendation 3

2.33 The Committee recommends that ACT Health collect and publish data on the number of overseas trained doctors recruited to the ACT, including their country of origin, the length of stay, and whether they return to their country of origin.

Government Response

Not Agreed
This information is not collected by ACT Health or the ACT Medical Board. It is not clear what the benefits of collecting such data would be. Furthermore, the collection of this information is likely to present privacy and confidentially challenges in part due to the small sample size in the ACT.

Recommendation 4

2.62 The Committee recommends that the ACT Government conduct a feasibility study on employing salaried general practitioners in community health centres.

Government Response

Noted
The ACT Government will continue to explore new models of primary health care delivery, of which salaried general practitioners in community health centres may be a component. It would not be feasible however, for ACT Health to consider recommendations in this area until negotiations have been finalised surrounding the Commonwealth's National Health Reform Plan (as contained in the *A National Health and Hospitals Network: Further Investments in Australia's Health* paper) released on 12 April 2010.

Recommendation 5

The Committee recommends that the ACT Government examine the provision of financial and other incentives to small suburban general practices in identified areas of need, and to new general practices wishing to establish in those areas.

Government Response

Agreed in Principle

The Australian Government already provides incentives to general practice in districts of workforce shortage, which corresponds with outer metropolitan provisions. The ACT Minister for Health has repeatedly asked for these provisions to be extended to the whole of Canberra and the Australian Government has declined to do so.

The ACT Government has established the GP Workforce Program - an initiative available to all Canberra GPs. The GP Workforce Program will provide a total of $12m over the next 4 years to support and grow general practice support in the ACT. Included in this funding is an initiative called the ACT GP Development Fund. Under this initiative, ACT GPs, including those in small suburban general practices, will be able to apply for funds under a number of different categories.

Recommendation 6

2.101 The Committee recommends that the Minister for Health propose that the consideration of increased Medicare item numbers for allied health professionals be included for discussion at the next Australian Health Ministers' Conference.

Government Response

Noted
Increased Medicare item numbers for allied health professionals is a matter for the Commonwealth. The ACT Minister for Health will write to the Commonwealth Minister for Health communicating the Committee's recommendation regarding this issue.

Recommendation 7

3.22 The Committee recommends that the ACT Government consider ways of expanding health options for consumers by enhancing the provision of services provided by registered and accredited allied health professionals under the National Registration and Accreditation Scheme, in community health centres in the ACT.

Government Response

Agreed in Principle
ACT Health has actively pursued pathways for new roles to become part of the health workforce, such as nurse practitioners and allied health assistants. ACT Health has also extended the scope of professional practice in a number of areas. For example, enrolled nurses who have undertaken additional training can administer medications and physiotherapists are now working in the emergency department to help with the management of musculoskeletal injuries.

The *ACT Health Workforce Plan 2005-2010* sets the agenda for workforce redesign to ensure a sustainable health workforce into the future. Work aligned to the plan, such as establishing nurse practitioner roles within the ACT, has already expanded health options for consumers and been incorporated within the legislative framework of the ACT.

Significantly, on 16 March 2010 the ACT Legislative Assembly passed the *Health Practitioner Regulation National Law Bill 2009* to enable the ACT to join the National Registration and Accreditation Scheme. The national scheme, which currently involves ten health professions including chiropractors, dental care practitioners, medical practitioners, nurses and midwives, optometrists, osteopaths, pharmacists, physiotherapists, podiatrists, and psychologists, will help health professionals move around the country more easily, reduce red tape, provide greater safeguards for the public and promote a more flexible, responsive and sustainable Australian health workforce.

Recommendation 8

3.49 The Committee recommends that the ACT Minister for Health enlists the assistance of all ACT federal members to lobby on behalf of the ACT, for the whole of the ACT to be considered a district of workforce shortage for GP services.

Government Response

Noted
The ACT Minister for Health has written and lobbied the Commonwealth Minister for Health on numerous occasions regarding this matter.

While the Commonwealth have confirmed that the criteria regarding districts of workforce shortage for GP services will not be changed for the ACT, the ACT Government will continue to avail itself of every opportunity to outline to the Australian Government the reasons why all of Canberra should be considered a district of workforce shortage in relation to general practice until the supply meets the average number of GPs for a similar urban population.

Recommendation 9

3.53 The Committee recommends that the ACT Government consider the provision of financial assistance to small general practices to employ a practice nurse that demonstrate a need for a practice nurse but are unable to employ one.

Government Response

Noted
The Australian Government already provides incentives to general practice in outer metropolitan areas to support practices to employ a practice nurse. The

ACT Division of General Practice also provides support to all general practices to assist with the engagement of a practice nurse. In addition, the ACT Division of General Practice provides a nursing in general practice officer who is available to support all Canberra general practices. As noted in the response to recommendation 5, the ACT Government has also put in place a GP Workforce Program that will provide a total of $12m over the next 4 years to support and grow general practice support in the ACT.

The ACT Minister for Health will write to the Commonwealth Minister for Health regarding these issues.

Recommendation 10

3.80 The Committee recommends that the ACT Government commission an independent evaluation of the walk-in centre at the Canberra Hospital after 12 months of operation, to examine the viability of establishing similar clinics in areas of greatest need.

Government Response

Agreed
The ACT Government has in place a governance model for new initiatives such as the Walk-In Centre that includes a cycle of review and improvement.

The ACT Health Centre for Nursing and Midwifery Research in conjunction with the Australian Primary Health Care Research Institute are undertaking an evaluation of the Walk-In Centre. This will be done within the first year of operation.

Recommendation 11

3.93 The Committee recommends that ACT Health engage with the Pharmacy Guild to explore ways of better utilising the pharmacies in the ACT in the provision of primary health care services.

Government Response

Agreed in Principle
The ACT Government will continue to explore new models of primary health care delivery and will continue to explore ways of improving access to health services by working closely with stakeholders, including the Pharmacy Guild.

ACT Health intends to commence work with stakeholders once negotiations surrounding the National Health Reform Plan are finalised and the consequences to the ACT are fully understood.

Recommendation 12

3.97 The Committee recommends that the ACT Government monitor the progress of the West Belconnen Health Cooperative and, if it proves to be

successful, provide information and support to community groups interested in establishing a health cooperative, or a similar model in their local community.

Government Response

Noted
The ACT Government does not routinely monitor the progress of private organisations. The ACT Government will continue to work with West Belconnen Health Cooperative to support this model as well as explore new models of primary health care delivery. It should be noted however that the outcomes of negotiations surrounding the National Health Reform Plan could influence how primary health services are delivered at a community level in the future.

Recommendation 13

3.104 The Committee recommends that the ACT Government conduct a community education campaign informing people about access points for health care needs, including general practitioners, allied health professionals and pharmacists.

Government Response

Agreed in Principle
The ACT Government is in the process of developing a service provider directory. Once established, the directory will provide a platform to improve awareness of services. The Walk-In Centre campaign will also include clear public messages about where members of the community can go for particular levels of health care.

Recommendation 14

4.40 The Committee recommends that the ACT Government trial a temporary shuttle bus service from Woden Town Centre and the Woden Interchange to the Canberra Hospital, and from an appropriate place at the Belconnen Town Centre to the Calvary Hospital, until such time as the Sustainable Transport Action Plan is implemented and public transport access to the hospitals is improved.

Government Response

Noted
The ACTION bus network already offers regular services from Woden Town Centre and the Woden Interchange to the Canberra Hospital, as well as from Belconnen Town Centre to Calvary Hospital. In total, there are 15 services to the Canberra Hospital: routes 3, 5, 6, 21, 22, 23, 24, 66, 67, 76, 77, 267, 720 934 and 938; and 4 services to Calvary Hospital: routes 3, 73/74 and 900.

Additionally, there are 6 ACT Regional Community Bus Services which provide flexible transportation for residents who are isolated because of lack

of viable transport options. This community transport services residents in Belconnen, Gungahlin, the Northside (Dickson and surrounding areas), the Southside (Narrabundah and surrounding areas), Tuggeranong, and Woden.

A shuttle bus could not offer round trips any faster than the current ACTION network, and would serve only as an expensive duplication of the current ACTION service coverage.

The current utilisation of ACTION buses going to these hospitals is unknown, and further research may be warranted. ACT Health will endeavour to work with ACTION to increase consumer awareness of the available services.

Recommendation 15

4.53 The Committee recommends that ACT Health promote the use of interpreters to general practitioners and the broader primary health care sector, to provide people for whom English is not their first language, greater choice in accessing medical services and to reduce the burden on services that cater specifically for this population group.

Government Response

Noted
The Australian Government is responsible for both general practice and interpreter services. The Australian Government, through the Department of Immigration and Citizenship, provides the "Translating and Interpreting Service National" for people who do not speak English and for English speakers who need to communicate with them. The ACT Division of General Practice is most appropriately positioned to promote this service to GPs and the broader primary health care sector. ACT Health will bring the Standing Committees recommendation to the attention of the ACT Division of General Practice for consideration.

Recommendation 16

4.61 The Committee recommends that the ACT Government investigate ways of providing an in-hours locum service to cover general practitioners working in community-run health services that receive funding from the ACT Government, such as the in-hours GP Aged Day Service.

Government Response

Noted
The ACT Government, through ACT Health provide funding to community-run health services such as the Junction Youth Health Service and Companion House, to provide specific services. Locum availability is a GP workforce issue. As noted in the response to recommendation 5, the ACT Government has put in place a GP Workforce Program that will provide a total of $12m over the next 4 years to support and grow general practice support in the

ACT. The ACT GP Aged Day Service which has recently gone out to tender, will provide GPs with emergency support for providing medical care to consumers who are house-bound and residents of residential aged care facilities. This service will provide in-hours locum cover to a clearly defined scope of clients.

Recommendation 17

4.71 The Committee recommends that the ACT Government investigate the feasibility of establishing a pilot project for residents living in residential aged care facilities in the ACT, such as the Proactive Aged Care program proposed by Healthcube, or a similar model.

Government Response

Not Agreed
Whilst residential aged care is the responsibility of the Australian Government, the ACT Government is currently tendering for an ACT GP Aged Day Service to provide GPs with emergency support for providing medical care to consumers who are house-bound and residents of residential aged care facilities. This service will provide in-hours locum cover to a defined scope of clients. It would not be appropriate to consider modifying the model at this stage, or running an alternate program in parallel until the GP Aged Day Service is established and evaluated.

Recommendation 18

4.77 The Committee recommends that ACT Health negotiate a cross-border agreement with the NSW Government for health services provided by Winnunga Nimmityjah Aboriginal Health Service, to NSW residents.

Government Response

Noted
Winnunga Nimmityjah Aboriginal Health Service (Winnunga) is a non-government organisation which receives funding from ACT Health for the delivery of a range of allied health programs. The ACT Government is not responsible for funding of general practice at Winnunga, this is a Commonwealth responsibility.

The Australian Healthcare Agreement provides the framework allowing for cross-border arrangements between government agencies of jurisdictions on hospital services. However, there is no mechanism that allows for bilateral arrangements on primary health care services provided by government agencies, or between non-government organisations in one jurisdiction and government agencies of another. For example, services provided by ACT Community Health are not subject to any cross-border payment by NSW.

While it would be inappropriate for the ACT Government to negotiate a cross-border agreement with the NSW Government on behalf of a non-government organisation, ACT Health will endeavour to contact Winnunga to clarify the issues and explore alternative options.

Recommendation 19

4.85 The Committee recommends that the ACT Government provide funding to Winnunga Nimmityjah Aboriginal Health Service to enable the employment of at least one full-time general practitioner position.

Government Response

Not Agreed
This is a Commonwealth issue. The Australian Government, through the Department of Health and Ageing is responsible for funding of general practice.

ACT Health funded Winnunga Nimmityjah Aboriginal Health Service approximately $1.34 million (2009/10) to deliver a range of allied health programs including: the Aboriginal Midwifery Access Program; Hearing Health; Dental Health; Mental Health; Dual Diagnosis; Youth Detoxification Support Service; The Opiate Program; and Correctional Health Services.

Recommendation 20

4.92 The Committee recommends that the ACT Government extend the Better General Health Program to general practitioners that provide 'continuity of care' to elderly patients and those with chronic and complex conditions to ensure they are financially agreed for the provision of that service.

Government Response

Noted
The ACT Government will continue to explore new models of primary health care delivery; and will consider expanding the Better Health Program, formerly known as the Better General Health Program in its pilot phase, to cater for targeted populations in the ACT.

The ACT Government notes that the Better Health Program had a budget of $275,000 in 2008/09.

Recommendation 21

5.18 The Committee recommends that the ACT Government conducts appropriate consultation with all relevant stakeholders in the development of its e-health strategy.

Government Response

Agreed
The ACT Government recognises the value of effective community engagement, and strives to draw on the diverse range of skills, experiences and knowledge from within the community when developing policy and programs.

Central to the ACT Government e-health strategy is the development of an Electronic Health Record (EHR). In developing the e-health strategy, ACT Health conducted an implementation planning study (IPS) into a clinical repository, which is a necessary pre-requisite to the development of an EHR. ACT health consulted with a broad range of stakeholders during the course of the IPS. These groups included:

- all divisions within ACT Health;
- the ACT Division of General Practice;
- the Southern General Practice Network;
- a sample group of ACT GPs;
- the ACT Division of General Practice Aged Care Focus Group;
- Health Care Consumers' Association;
- Capital Pathology;
- Canberra Imaging Group; and
- the National E-Health Transition Authority.

A key outcome of the IPS recommended that ACT Health broaden its governance arrangements of both the development and ongoing management of the EHR to include a wider range of stakeholders (public, private and consumers). ACT Health has adopted this recommendation and is currently considering the possible structural arrangements for the governance of the EHR. Other strategies focussed on garnering stakeholder engagement in the e-health strategy include:

- a monthly e-health meeting between ACT Health Information Services Branch and the Health Care Consumers' Association;
- representation by consumers and the ACT Division of General Practice on the ACT Health Information Management and Information Technology Committee;
- the employment of a full-time GP e-health liaison position;
- consumer representation on key e-health project steering committees; and
- regular meetings with the ACT Division of General Practice and the Southern General Practice Network.

Recommendation 22

5.28 The Committee recommends that ACT Health widely promote the services of Healthdirect throughout the community.

Government Response

Agreed in Principle
It is anticipated that the Healthdirect Australia service will be a fully national service by 2011. Given the national status of the service, any unplanned increase in call volume resulting from promotional activity in one jurisdiction has the potential to adversely affect service levels nationally. Consequently, promotional activities need to be undertaken in consultation with the operator of the service (National Health Call Centre Ltd) so that the service provider has time to employ and train any extra staff required to maintain contracted service levels.

An intensive promotional campaign accompanied the launch of the service in the ACT in May 2001. Promotions, including newspaper and television advertising and distribution of flyers and fridge magnets, were undertaken. The promotional activity continued intermittently for the next year. When call volumes reached anticipated target level of 10% of population (i.e. around 30,000 calls per year) promotional activity ceased (though it should be noted that call volumes continued to increase well beyond national and international averages for such services, consistently remaining at around 13% of population or more than 40,000 calls per annum).

Recent promotional activities have included display ads on the side of ACTION buses (mid-2009) and display advertising in the *Blue Book*, which is a resource distributed to parents of newborn children in the ACT. Materials targeted at Aboriginal and Torres Strait Islander communities have been produced and will shortly be distributed to Aboriginal and Torres Strait Islander Health Services.

Recommendation 23

5.29 The Committee recommends that ACT Health report on Healthdirect activity, including generic information about the number and nature of calls and action taken, as part of ACT Health's quarterly performance reports. The Committee further recommends that the ACT Government examine the Western Australian Healthdirect reporting model, with a view to its introduction in the ACT, if deemed appropriate.

Government Response—ACT Health report on Healthdirect activity

Agreed in Principle
Healthdirect Australia publishes both quarterly and annual reports on its web site: http://healthdirect.org.au/go/publications. These reports are publicly-available and provide the number of calls, the nature of calls and action taken. More detailed reports are provided to each participating

jurisdiction, and the ACT Government will consider the feasibility of including this data in ACT Health's quarterly performance reports.

Government Response—ACT Government examine the Western Australian Healthdirect reporting model, with a view to its introduction in the ACT

Not Agreed
The Healthdirect Australia service is a national service and provides regular reports via its website. The Western Australian Government has not provided a report since the 2nd quarter of 2008, and instead provides a link to the Healthdirect Australia website where for example, the most recent Healthdirect Australia report (3rd quarter 2009) can be found.

Recommendation 24

5.43 The Committee recommends that the ACT Government continue to monitor the innovations in primary health care delivery being trialled across Australia and overseas.

Government Response

Agreed
The ACT Government will continue to monitor innovations in primary health care, and will continue to actively engage in the national health reform process.