ACT Council of Social Service Inc

Submission to the Inquiry into Access to Primary Health Care Services

About ACTCOSS

ACTCOSS acknowledges that Canberra has been built on the traditional lands of the Ngunnawal people. We pay our respects to their elders and recognise the displacement and disadvantage traditional owners have suffered since European settlement. ACTCOSS celebrates the Ngunnawal's living culture and valuable contribution to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage and low-income citizens of the Territory.

ACTCOSS is a member of the nationwide COSS network, made up of each of the state and territory Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS' objectives are representation of people living with disadvantage, the promotion of equitable social policy, and the development of a professional, cohesive and effective community sector.

The membership of the Council includes the majority of community based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

ACTCOSS receives funding from the Community Services Program (CSP) which is funded by the ACT Government.

ACTCOSS advises that this document may be publicly distributed, including by placing a copy on our website.

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Acronyms

ACT	Australian Capital Territory
ACTCOSS	ACT Council of Social Service
CALMS	Canberra After Hours Locum Medical Service
FWE	Fulltime Workload Equivalent
GP	General Practitioner
MBS	Medicare Benefits Schedules
NHHRC	National Health and Hospital Reform Commission
NHWT	National Health Workforce Taskforce
NP	National Partnership
NSW	New South Wales
PHC	Primary Health Care
PBS	Pharmaceutical Benefits Scheme
QLD	Queensland
ROGS	Report on Government Services
TCH	The Canberra Hospital
VNPP	Victorian Nurse Practitioner Project
WHO	World Health Organisation
WiC	Walk-in Centre

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Summary of Recommendations

1. Ensure that this Inquiry considers all primary healthcare services beyond the provision of care by GPs.
2. Acknowledge that the challenges experienced in the ACT are common to many other jurisdictions and consider the national perspective in primary health care planning.
3. Acknowledge the supply and demand factors contributing to the health workforce shortage when planning future primary health care services.
4. Ensure that people in the ACT community who are experiencing disadvantage are considered when planning future primary health care strategies and models of care.
5. Ensure that future primary health care services take into consideration the barriers to access facing people experiencing disadvantage including cost, availability and location.
6. Develop further primary health care services that do not involve an up-front cost for consumers to access.
7. Develop alternative access points to primary health care that do not depend upon accessing a GP.
8. Develop primary health care services that are available outside of business hours.
9. Ensure that transportation is considered in future primary health care planning.
10. Develop alternative transport options for consumers to access primary health care services.
11. Ensure that health planning does not result in the centralisation of health care around The Canberra Hospital campus.
12. Improve the coordination of planning and development for health policies and services.
13. Adopt a social determinants approach to health care that focuses on the consumer.
14. Complete the *Health Consumer and Carer Participation Framework*, taking into consideration the recommended changes submitted by ACTCOSS.
15. Ensure that meaningful consultations occur in the planning and development of primary health care services in the ACT.
16. Explore strategies being adopted by other jurisdictions to improve access to primary health care services and determine whether such models would be applicable to the ACT.

Introduction

ACTCOSS welcomes the opportunity to provide a submission to the ACT Legislative Assembly Standing Committee on Health, Community and Social Services regarding the *Inquiry into access to primary health care (PHC)* services (the Inquiry). ACTCOSS believes that primary health care services are an integral part of the delivery of health care as they are the main point of access into the health care system. Traditionally the 'gate keeper role' for health care has predominantly been with GPs. However due to the supply and demand factors that are contributing to the decreasing health workforce and increasing demands upon PHC services, it is now time to explore alternative models of health care. ACTCOSS raised the need to develop innovative health care models in their ACT 2009 -10 Budget Submission; *Prioritising People: A Person Centred Approach to Today's Challenges,* stating that:

> A further challenge (in health) will be the ongoing health workforce shortages which will see ACT Health needing to adopt strategies that enhance our system, beyond our dependence upon hospitals and General Practitioners (GPs). Some of this work has begun, with ACT Health exploring the option of introducing Nurse Practitioner-led Walk-in Centres (WiCs). However more work is required if we are to ensure that services are timely and affordable.[1]

In providing a response to the Inquiry, ACTCOSS has chosen to provide a discussion of the broader health policy setting, beyond initiatives that target GPs alone. ACTCOSS believes that PHC planning and discussion need to be had at a whole of community level ensuring the fragmentation of the health system both in the ACT and at the national level, does not continue.

The focus of PHC reform can not lie with GP recruitment and retention strategies alone, as these methods are not sustainable in the environment of global workforce shortages.[2]

ACTCOSS encourages members of the Standing Committee and ACT Health to continue to consult with the community regarding the future of PHC in the ACT. ACTCOSS also promotes the development of initiatives and policies that support emerging evidence based strategies and encourage the Committee and ACT Health to explore such alternatives.

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[1] ACTCOSS, *Prioritising People: A Person-centred approach to today's challenges*, Submission to the ACT Budget 2009-10, February 2009, p.39

[2] National Health Workforce Taskforce, *Health Workforce in Australia and Factors for Current Shortages*, April 2009, p.62

Primary Health Care: Not Just GPs

While the Inquiry claims to explore access to primary health care services, the majority of the ToR for the Inquiry relates to GPs. It is important that the Standing Committee understands that primary health care involves a greater range of health care services than those provided by GPs. PHC includes services that act as the first point of call for consumers. PHC is defined by the National Health and Hospital Reform Commission (NHHRC) as being:

> services in the community accessed directly by consumers. It includes primary medical care (general practice), nursing, community health services, pharmacists, Aboriginal health workers, physiotherapists, podiatrists, dental care and all other registered practitioners. It also covers specialised services such as alcohol and drug treatment services, sexual and reproductive health services, young people's services, school health, and maternal and child health.[3]

The provision of healthcare in the ACT has mainly focused upon GPs in the past. This model is no longer sustainable due to the global shortage of GPs and other supply and demand factors. Alternative models of healthcare must now be explored without the focus upon the GP as the gatekeeper to health. The ACTCOSS 2009-10 Budget Submission: *Prioritising People: A person-centred approach to today's challenges* explored this issue:

> A longer term solution to address health workforce shortages is to develop more innovative ways of delivering health services. For example the recent ACT discussion paper on WiCs in the ACT, explores the development of Nurse Practitioner led centres. Currently within the ACT there are eight practicing Nurse Practitioners working in areas of emergency, aged care, wound care, sexual health and renal services. ACTCOSS believes that Nurse Practitioners can play a vital role in the delivery of health services throughout the ACT. Further Nurse Practitioner positions are required in the ACT, including positions for the 10 registered Nurse Practitioners, who are not currently working within that capacity in the ACT.[4]

It must be noted that ACTCOSS is not opposed to attracting additional GPs to work in the ACT. ACTCOSS welcomes any increase in GP numbers or medical training places. However ACTCOSS acknowledges that a sole focus upon attraction of GPs may not result in an increase in GP numbers, due to the global shortages and challenges in attracting GPs.

The focus of this Inquiry needs to be broad to encompass the whole PHC sector and possible changes to enhance the services provided and introduce new services. This will ensure focus is not placed simply upon

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[3] National Health and Hospital Reform Commission, A Healthier Future for all Australians: Interim Report, December 2008, p.6 NHHRC

[4] ACTCOSS, *Prioritising People: A Person-centred approach to today's challenges*, ACTCOSS Submission to the ACT Budget 2009-10, February 2009, P.42

one aspect of PHC, such as GPs, and encourage multifaceted solutions to address the challenges that will face PHC in the near future.

Recommendation
Ensure that this Inquiry considers all primary healthcare services beyond the provision of care by GPs.

Understanding the Health Policy Environment: Commonwealth and ACT Initiatives

Due to the interrelated nature of the health system, it is important that initiatives being developed both nationally and within the ACT are understood prior to the development of further strategies.

Currently within Australia the Commonwealth Government is implementing what they consider to be the most significant reform to the health system in recent times. The reform involves a range of policy changes that may affect the way that the health system is funded, administered and implemented. At the same time, the ACT Government is implementing an ambitious agenda in the form of the capital asset development plan, which sees an investment of over $1 billion into health infrastructure spending.[5] A summary of selected Commonwealth and ACT initiatives is provided below.

Commonwealth Initiatives

COAG Hospital and Health Workforce Reform

The National Health Workforce Taskforce (NHWT) was developed in 2006 in response to the COAG agreement to significantly reform the health workforce. The NHWT is a national body created under the Australian Health Ministers' Advisory Council, whose role is to undertake projects that inform the development of solutions on workforce innovation and reform.[6] In 2008 COAG announced that a new agency would be established that would subsume the NHWT, in managing and overseeing workforce reform.

The new agency will have a focus on implementing workforce reform and will devise solutions for workforce planning and policy.[7] The agency will also implement the necessary reforms to education and training and will operate across the health and education sectors. Under the new agency a national approach to workforce planning will be developed that supports and compliments the work of each jurisdiction.

The Agency will be funded under a new $1.6 billion National Partnership (NP) for hospital and health workforce reform.[8] The funding will also be allocated to the following areas:

- $500 million additional Commonwealth funding for undergraduate clinical training;
- 605 post graduate training places and/including 212 GP places;
- A health workforce statistical register;

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[5] ACT Health, *Your Health our Priority: Stage 2*, 2008, Accessed at http://www.health.act.gov.au/c/health?a=da&did=10241971&pid=1216959545

[6] National Health Workforce Taskforce, *Australian Health Workforce Online*, Accessed http://www.nhwt.gov.au/nhwt.asp

[7] National Health Workforce Taskforce, *Recent COAG Reforms*, 2008, Accessed at http://www.nhwt.gov.au/coag.asp

[8] COAG, Communique, November 2008, Accessed www.coag.gov.au

- $175.6 million over four years for capital infrastructure to expand teaching and training; and
- Funding to train approximately 18,000 nurse supervisors, 5,000 allied health and other supervisors and 7,000 medical supervisors.[9]

National Health and Hospitals Reform Commission

In February 2008 the Commonwealth Government established the NHHRC to develop long term health reform for Australia.[10] The NHHRC was tasked with providing advice on a framework for Australian Health Care Agreements by April 2008, and developing a report on long term health reform by June 2009.[11]

In December 2008 the NHHRC produced an *Interim Report* on long term health reform that outlined four strategic reform themes:

- Taking responsibility, including individual and collective action to develop good health;
- Connecting care, encompassing comprehensive care for people throughout their lives;
- Facing inequities, developing strategies that address the causes of inequities; and
- Driving quality performance, involving the production of a more efficient health system.

The report was comprehensive and covered many areas of healthcare. One such area was the development of primary healthcare. The report discusses 'Creating strong primary health care for everyone', which involves a range of suggested reform directions, including:

- Improved integration and strengthening of primary healthcare, with the Commonwealth assuming responsibility for all PHC policy and funding;
- Establishing comprehensive PHC Centres;
- Improved care coordination for people with chronic health conditions, with the option to enroll with a single PHC practitioner;
- Establishing of Divisions of PHC, replacing Divisions of General Practice;
- Facilitating access to care where doctors are scarce, including applying medical, pharmaceutical and procedural rebates to nurse practitioners and other health professionals;
- Establishing a National Aboriginal Heath Authority that would promote best practice and quality health outcomes in PHC for Aboriginal and Torres Strait Islander people; and
- Developing a person-controlled electronic health record.[12]

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[9] COAG, *Communique: Attachment A – Health and Ageing,* November 2008, Accessed www.coag.gov.au

[10] National Health and Hospital Reform Commission, *National Health and Hospital Reform Commission Website*, 2008, Accessed at http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/home-1

[11] Ibid

[12] National Health and Hospital Reform Commission, *A Healthier Future for all Australians: Interim Report*, December 2008, p.80

National Primary Health Care Strategy

In October 2008, the Commonwealth Government released the *Discussion Paper: Towards a National Primary Health Care Strategy*, for comment. The *Discussion Paper* and consultation will form the basis for the *National Primary Health Care Strategy*, a draft of which will be presented to the Minister for Health and Ageing for consideration by mid 2009.

The Strategy will include a broader perspective of PHC, encompassing topics such as:

- Prevention;
- Chronic disease management;
- Greater focus on multidisciplinary teams; and
- Access to other health professionals, including practice nurses and allied health professionals.[13]

The Discussion Paper proposed ten key elements of a future Australian PHC system, including:

> *All Australians should have access to primary health care services which keep people well and manage ill-health by being:*
> 1. Accessible, clinically and culturally appropriate, timely and affordable;
> 2. Patient-centred and supportive of health literacy, self-management and individual preference;
> 3. More focussed on preventive care, including support of healthy lifestyles;
> 4. Well-integrated, coordinated, and providing continuity of care, particularly for those with multiple, ongoing, and complex conditions.
>
> *Service delivery arrangements should support:*
> 5. Safe, high quality care which is continually improving through relevant research and innovation;
> 6. Better management of health information, underpinned by efficient and effective use of eHealth;
> 7. Flexibility to best respond to local community needs and circumstances through sustainable and efficient operational models.
>
> *Supporting the primary health care workforce are:*
> 8. Working environments and conditions which attract, support and retain workforce;
> 9. High quality education and training arrangements for both new and existing workforce.
>
> *Primary health care is:*
> 10. Fiscally sustainable, efficient and cost effective.[14]

[13] Department of Health and Ageing, 2DoHA Website, *Primary Health Strategy: Questions and Answers*, 2009, Accessed http://www.health.gov.au/internet/main/publishing.nsf/Content/PHS-QuestionsandAnswers

[14] Ibid

ACT Initiatives

GP Taskforce

In March 2009 the ACT Government convened a GP Taskforce in response to the growing concern regarding the closure of GP clinics across Canberra. The Taskforce will investigate options for improving access to primary healthcare in the ACT. A Discussion Paper will be prepared for consultation in mid 2009 and the findings of their investigations will be presented to the Legislative Assembly in September 2009.

Standing Committee Inquiry

The Standing Committee on Health, Community and Social Services is holding an inquiry into access to PHC.[15] This submission has been prepared for the Inquiry. The Committee is expected to report back to the Legislative Assembly with its findings by December 2009.[16]

Walk-In Centres

ACT Health has started to explore new ways to deliver health services that do not continue to rely heavily upon GPs and the Hospital Emergency Departments. In May 2009 the Commonwealth Government announced an investment of $10 million to establish a nurse-led WiC at The Canberra Hospital (TCH).[17] The WiC will be open for 16 hours a day, seven days a week and will be staffed by Nurse Practitioners who will have Medicare Benefits Schedules (MBS) and Pharmaceutical Benefits Scheme (PBS) access.

In the 2009-10 ACT Budget, the ACT Government committed $11 million over 4 years to refurbish and staff the planned WiC.[18] Development for the WiC is expected to commence in July 2009, with the centre being operational in June 2010.

Capital Asset Development Plan

In the 2008-09 ACT Budget, the Government allocated $300 million dollars over four years to health infrastructure.[19] The investment was to form the first part of the Capital Asset Development Plan or *Your Health – Our Priority*, the entire plan is expected to cost the Government in excess of $1 billion.

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[15] ACT Health, ACT Health Website, *Standing Committee on Health, Community and Social Services*, 2009, Accessed at http://www.health.act.gov.au/c/health?a=da&did=11034130&pid=1242179603

[16] Standing Committee on Health, Community and Social Services, *Inquiries, Papers and Reports*, 2009, Accessed at http://www.parliament.act.gov.au/committees/index1.asp?committee=115&inquiry=772&category=13

[17] Prime Minister of Australia Media Release, *Taking pressure off Canberra Hospitals emergency department*, 25 May 2009, Accessed http://www.pm.gov.au/media/Release/2009/media_release_1024.cfm

[18] ACTCOSS, *ACT 2009-10 Budget Snapshot*, 6 May 2009, p.7

[19] ACT Health, *Your health – our priority: Ready for the future,* 2008, Accessed at http://www.health.act.gov.au/c/health?a=sendfile&ft=p&fid=1210048545&sid=

The plan includes the development of a range of health facilities, including:

- $90 million dollars for a Women and Children's Hospital at TCH;
- $23.6 million for an Adult Mental Health Acute Inpatient Unit;
- $18 million for a new Community Health Centre/WiC at Gungahlin;
- $11.2 million for a Secure Adult Mental Health Inpatient Unit;
- $9.4 million for 16 new beds at Calvary Hospital;
- $5.7 million for digital mammography;
- $5.5 million for a Neurosurgery Suite at TCH;
- $5 million for Redevelopment of Community Health Centres;
- $4.1 million for a 16 bed Surgical Assessment and Planning Unit;
- $2.4 million for 24 additional beds at TCH;
- $2 million for a Mental Health Assessment Unit;
- $1.3 million for a Skills Development Centre;
- $0.8 million for a Mental Health Young Persons' Unit;
- $57 million for the provision for Phase 1 – Clinical Services redevelopment; and
- $63.8 million for Project Definition Planning.[20]

ACT Health Community Based Health Services Plan

ACT Health is developing a Community Based Services Plan to provide strategic level community based health service directions for ACT Health Services. An Options Paper is being developed regarding the future plan and has not yet been released for consultation.

[20] Ibid

Challenges Facing Primary Health Care

One of the most significant challenges that PHC services throughout Australia are facing is the health workforce shortage. The extent of the shortage varies between jurisdictions and is dependent upon a range of supply and demand factors. The extent of this shortage, particularly in GP numbers, and the factors contributing to this shortage are described in the sections below.

A National GP Shortage

The number of GPs working within Australia as a whole has been declining. Data demonstrates that there has been an average decline of 8.1% since 1998 of GPs working and providing more than 10 sessions per week.[21] There are also a range of factors that will continue to impact upon the supply of GP including:

- The ageing GP workforce, with an increase of 8.3% in the number of practicing GPs aged over 55 years;
- Increasing feminisation of the GP workforce; and
- The few medical graduates expected to enter the workforce in the near future (the number of medical graduates will increase from 2012 onwards as a result of COAG initiatives).

It is important that the health workforce shortage in the ACT is considered at a national level due to the interrelated nature of the health system, resulting in decisions and changes being made in the ACT impacting upon other Australian States and Territories and vice versa. Also many changes are being made at the national level that will impact upon the way that PHC is delivered in the future. These changes have resulted from new policy directions being informed by various Government entities including the National Health and Hospitals Reform Commission. Further details regarding National initiatives are provided in the *ACT and Commonwealth Government Health Workforce Initiatives* section above.

Recommendation
Acknowledge that the challenges experienced in the ACT are common to many other jurisdictions and consider the national perspective in primary health care planning.

Increasing Pressure on Primary Health Care: Reasons for the Shortage

Much research has been carried out to determine the reasons for the health workforce shortage. It is important to note that the shortages in the health workforce can not be attributed to one factor alone, such as the ageing population, but are a result of many global, national and local factors. The NHWT proposes a range of factors that influence the demand and supply of health workforce in Australia.

[21] National Health Workforce Taskforce, *Health Workforce in Australia and Factors for Current Shortages*, April 2009, p.30

The factors that are resulting in the increasing demand for health workers include:

- The burden of disease in Australia, particularly chronic diseases such as Type II diabetes and heart disease;
- Changes to service delivery, including new technologies and changing treatment modalities;
- Workforce specialisation; which has resulted in fragmentation into specialised professions; and
- Community expectations, such as the desire for quality, timely health care; and
- Unintended effects of workforce strategies; such as a shift in workforce shortages due to the introduction of workforce strategies.[22]

There are also a range of supply factors that are contributing to the health workforce shortage, these include:

- Competing demands for labour both internationally and throughout Australia;
- A shrinking workforce pool driven by the ageing population;
- Workforce expectations, including limiting hours of work;
- Reliance on international medical graduates, which is unsustainable during a global health workforce shortage;
- Complex education and training system with insufficient capacity to accommodate demand; and
- Professional rivalries and morale resulting in practitioners leaving the health workforce.[23]

Recommendation
Acknowledge the supply and demand factors contributing to the health workforce shortage when planning future primary health care services.

The ACT: A Snapshot

The ACT currently has the second lowest rate of GPs in Australia, with only 61 fulltime workload equivalent (FWE) GPs per 100,000 people.[24] The ACT also has the lowest rate of non-referred attendances that are bulk billed with 52.8% compared to 79.2% nationally.[25]

The difficulty ACT residents have in accessing PHC involves more than the lack of available GPs. The *Report on Government Services* (ROGS) measures access to primary healthcare through the availability of PBS medicines, availability of FWE GPs by region, availability of female GPs, availability of public dentists and early detection and early treatment for

[22] National Health Workforce Taskforce, *Health Workforce in Australia and Factors for Current Shortages*, April 2009, p.4-5
[23] Ibid p.40-41
[24] The Productivity Commission, *Report on Government Services 2009*, Table 11A.3, Medical practitioners billing Medicare and full time workload equivalent GPs, accessed at http://www.pc.gov.au/__data/assets/pdf_file/0006/85407/46-chapter11-attachment.pdf
[25] Ibid, Table 11A.21 Non-referred attendances that were bulk billed,

Indigenous People.[26] The ACT does not fare well in any of these meausres. Of all jurisdictions in Australia, the ACT has:

- The third lowest rate of PBS services and second lowest rate of PBS concessional services;[27]
- The second lowest rate of FWE GPs per 100 000 people (61 per 100,000, compared to 83.9 per 100,000 nationally);[28]
- The lowest rate of non-referred attendances that were bulk billed in 2007-08 (52.8% compared to 79.2% nationally);[29]
- The lowest rate of public dentists in the country (2.1 per 100,000 compared to 7.3 per 100,000 nationally);[30] and
- The second lowest rate of voluntary annual health assessments for older Indigenous people (155.4 per 1000 target population compared to 214.0 per 1000 nationally).[31]

These areas raise particular concern for people experiencing disadvantage, as often inequities exist in the access to healthcare by these consumers. For people experiencing disadvantage, not having access to free primary healthcare can often result in consumers not accessing healthcare at all. People experiencing disadvantage experience significant inequities in health outcomes including having shorter lives, higher levels of disease risk factors and lower use of preventative health services.[32]

Recommendation Ensure that people in the ACT community who are experiencing disadvantage are considered when planning future primary health care strategies and models of care.

The Consumer Experience

In many instances GPs are perceived by consumers as being the gatekeepers to healthcare. Currently in the ACT when consumers are ill they often resort to one of two options: access a GP or visit a hospital emergency room. For consumers needing to access a GP, the process can be quite daunting. Often GPs have closed their books to new consumers as they are unable to accommodate the increasing demand. Even for consumers who have a GP that they've visited previously, the wait can be extensive, causing difficulties for consumers requiring timely access to care.

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[26] The Productivity Commission, *Report on Government Services 2009*, 2009, p.11.15, Accessed at http://www.pc.gov.au/__data/assets/pdf_file/0006/85407/46-chapter11-attachment.pdf

[27] Ibid, Table 11A.10 PBS Services 2007-08

[28] Ibid, Table 11A.3, Medical practitioners billing Medicare and full time workload equivalent GPs

[29] Ibid, Table 11A.21 Non-referred attendances that were bulk billed,

[30] Ibid, Table 11A.14 Availability of public dentists

[31] Ibid, Table 11A.16 Voluntary annual health assessments for older people by Indigenous status

[32] Australian Institute of Health and Welfare, *Australia's Health*, 2008, Viewed 23 December 2008 http://www.aihw.gov.au/publications/aus/ah08/ah08.pdf

Consumers are then often left with one of five options:

1. Access a centre that allows walk-ins, but the wait can sometimes be hours;
2. Access the hospital emergency department;
3. Decide not to see a GP at all;
4. Wait to see a GP (if you are already on the books), sometimes for several days or weeks; or
5. Self medicate.

For people experiencing disadvantage there are fewer options. The low availability of bulk billing GPs means that consumers must be prepared to wait or determine if they have the available resources to meet the up front costs associated with visiting a GP. For people experiencing disadvantage the cost will often be too great.

The consumer experience described above has only considered the availability of GPs and has not taken into account difficulties associated with transportation, the location of primary healthcare services and the cost of pharmaceuticals. When taking these additional factors into consideration, people experiencing disadvantage face even greater barriers to accessing primary healthcare.

Recommendation
Ensure that future primary health care services take into consideration the barriers to access facing people experiencing disadvantage including cost, availability and location.

Primary Health Care in the ACT: Gaps and Challenges

A range of gaps and challenges have been discussed regarding access to PHC in the ACT. These issues are often complex and interrelated and sometimes span beyond the traditional health and ageing portfolio. The range of gaps and challenges provided below demonstrates the need for an inter-sectoral approach to PHC that takes into consideration the social determinants of health and assists consumers in a person centred way. A summary of the some of these gaps and challenges is provided below.

Cost of Accessing Primary Health Care

It is well known there is a lack of GPs in the ACT. The lack of GPs, and particularly the lack of bulk billing GPs results in longer waiting times for consumers and places considerable pressure upon people experiencing disadvantage. People experiencing disadvantage experience significant inequities in health outcomes including having shorter lives, higher levels of disease risk factors and lower use of preventative health services.[33]

The higher cost of health practitioners in the ACT is reflected through the health expenditure of Canberrans, with households in Canberra contributing 44% of their health expenditure on health practitioner fees, higher than any other capital city.[34] This creates great stress for consumers who in 2003-04 spent 5.1% of household expenditure on health.[35]

When developing future health services, we must ensure equitable access is considered in the planning phases. A consumer's ability to access health services must be considered in a whole of system way when services are developed, as the availability of services directly impacts upon the utilisation of others.

Recommendation
Develop further primary health care services that do not involve an up-front cost for consumers to access.

Limited Access Points to Primary Health Care

Currently Canberrans predominantly access PHC through GPs. This is problematic due to the lack of GPs in Canberra and the lack of bulk billing GPs, resulting in consumers having to wait for extended periods, not access health care, self medicate or pay more for healthcare. Further access points are required to ensure that consumers are able to access affordable healthcare in a timely manner.

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[33] Australian Institute of Health and Welfare, *Australia's Health*, 2008, Accessed http://www.aihw.gov.au/publications/aus/ah08/ah08.pdf

[34] ABS, *Household expenditure on health: A snapshot 2004-2005*, 2008, http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4836.0.55.001Main+Features12004-05?OpenDocument

[35] Ibid

Recommendation
Develop alternative access points to primary health care that do not depend upon accessing a GP.

Limited After Hours Options

Currently throughout the ACT there are limited options for consumers needing to access PHC after hours. These options are to:

- Access one of the limited private medical practises that are open for extended hours;
- Access the emergency departments at Calvary Hospital or TCH; or
- Access Canberra After Hours Locum Medical Services (CALMS).

Each of these options presents barriers, one such barrier is cost, particularly when accessing a private medical practice or CALMS.

Recommendation
Develop primary health care services that are available outside of business hours.

Transport

Transport is often raised as a barrier in accessing healthcare in the ACT. Currently consumers without personal transportation have limited options in accessing transport to attend medical appointments.

Suggestions have been made for possible improvements to transportation to primary healthcare including:

- Providing additional accessible buses on all ACTION Bus routes;
- Increasing community transport options;
- Expanding the Regional Community Services Buses allowing them to be accessible for more hours in the day;
- Locating new health developments near regional bus interchanges, or on regular accessible bus routes;
- Planning for transport when developing services;
- Having health services develop their own transportation methods for consumers; and
- Developing a shuttle running to and from the Woden Bus Terminal and Belconnen Bus Terminal to the hospitals and community health centres.

Recommendations

- Ensure transportation is considered in future primary health care planning.
- Develop alternative transport options for consumers to access existing primary health care services.

Location of Services

During consultations for the development of ACTCOSS 2009-10 Budget Submission, concerns were raised regarding the centralisation of health services, particularly around TCH campus. This concern has been heightened by the ACT Government decision to open a WiC at TCH. Centralising services within one region creates difficulties around access and travel, particularly for people who do not have their own transportation and those residing away from that region. The nature of public transport throughout Canberra can also result in consumers having to take several buses to access health services or to wait for extended periods for accessible transport.

Recommendation

Ensure that health planning does not result in the centralisation of health care around The Canberra Hospital campus.

Fragmentation and Replication: Departmental and Service Delivery

Fragmentation occurs in health care at both department and service delivery levels. At the departmental level, ACTCOSS has continued to advocate for greater coordination within ACT Health in the planning and development of health policies and services. ACTCOSS' greatest concern with health planning in the ACT is that processes, programs, services and policies are often developed and delivered in isolation. ACTCOSS is often involved in consultation processes for plans based upon similar services that are developed in isolation.

Significant evidence exists for a social determinants approach to health care planning.[36] This approach would encompass all sections within and across government departments, agencies and organisations to develop and deliver integrated healthcare processes. However it does not appear that ACT Health is working towards the development of such processes. Significant reform to the way that health services are planned for the ACT is required to ensure that the ad hoc development strategies and services become more streamlined.

Recommendations

- Improve the coordination of planning and development for health policies and services.
- Adopt a social determinants approach to health care that focuses on the consumer.

Consultation and Community Engagement

ACTCOSS has voiced a number of concerns regarding consultation processes carried out by ACT Health. ACTCOSS has also been informed of a number of concerns regarding consultation processes by members of the community and other community sector organisations, including:

- Being provided with a short amount of time to provide feedback;
- Gaining little or no feedback from ACT Health regarding consultation processes;

[36] World Health Organisation, *Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health,* 2008

- Outcomes of consultation processes being delayed by months or in some cases years;
- Feeling that aspects of policies being consulted are predetermined, with consultation processes acting as a formality; and
- Replication of consultation processes for projects and policies that are similar or linked.

In February 2009, ACTOSS provided a *Comment on the Draft ACT Health Consumer and Carer Participation Framework.*[37] ACTCOSS sees the development of a Consumer and Carer Framework as integral to ensuring ACT Health are aware of the importance of consumer involvement in health care planning, policy, development and implementation.

The Draft Framework addressed the need for consumer and carer engagement that is based upon principles of trust, respect and openness.[38] The definitions provided for these principles are:

- Trust – Participation works best where there is mutual agreement of the processes and assessment of the issues under consideration as developed through productive working relationships.
- Respect – All participants need to show consideration and value each other as equal contributors to the participation process;
- Openness – Participation must be built from the ground up and this can only be ensured if all participants are open to considering the ideas of consumers, carers and the community and are willing to accept change.[39]

ACTCOSS believes the framework can address concerns raised by community members, of agreed guidelines for community engagement are included. An example of this would be to provide at least eight weeks to gain feedback for consultation processes.

Recommendations

- Complete the *Health Consumer and Carer Participation Framework*, taking into consideration the recommended changes submitted by ACTCOSS.
- Ensure that meaningful consultations occur in the planning and development of primary health care services in the ACT.

[37] ACTCOSS, February 2009, ACTCOSS Comment on the Draft ACT Health Consumer and Carer Participation Framework, Accessed www.actcoss.org.au
[38] Health Care Consumer Association, Draft ACT Health Consumer and Carer Participation Framework, 2008
[39] Ibid, p.5

Possible Solutions: Learning from other Regions

Many states and territories are implementing strategies to improve access to PHC for consumers. These strategies use a range of service delivery models, including those that do not focus upon the GP being the gatekeeper to healthcare. It must be noted that no one strategy alone will address the challenges facing primary healthcare in the ACT. A variety of PHC initiatives are required to ensure that the barriers mentioned above are overcome and that all consumers have access to timely and affordable healthcare.

Several projects are being implemented across the country, with three examples of these projects provided below.

Queensland: Physician Assistant Pilot Program

In August 2008 the Queensland (QLD) Government launched the *Physician Assistant Pilot Program*, to determine how physician assistants will enhance the delivery of health care in QLD.[40] Ten physician assistants were recruited from the United States to be involved in the 12 month pilot, with five pilot sites developed throughout Queensland. Each pilot site specialised in a different type of health care, with the sites covering primary care, emergency, aged care, chronic diseases and cardiology. The majority of the sites are hospital based, with one site being a multi-purpose health service in Cooktown.

Physician assistants are licensed healthcare workers that are able to practice medicine under supervision of a physician. Physician assistants can conduct physical exams, diagnose and treat illness, order and interpret tests, counsel on preventative health care, assist in surgery and prescribe medication.[41] Currently physician assistants are being used in the United States, Canada, England and Scotland.[42] In the United States it was estimated that 73,893 physician assistants were practising at the end of 2008.[43]

The QLD Pilot will be the first of its kind in Australia. In 2009 the University of Queensland will be offering the *Graduate Certificate in Physician Assistant Studies* and *Master of Physician Assistant Studies.*[44]

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[40] Media Release: Minister for Health The Honourable Stephen Robertson, Saturday, August 16, 2008, *Physician Assistant Trial Sites Announced* http://www.cabinet.qld.gov.au/mms/StatementDisplaySingle.aspx?id=59727

[41] American Academy of Physician Assistants, *About Physician Assistants*, http://www.aapa.org/about-pas

[42] Media Release: Minister for Health The Honourable Stephen Robertson, Saturday, August 16, 2008, *Physician Assistant Trial Sites Announced* http://www.cabinet.qld.gov.au/mms/StatementDisplaySingle.aspx?id=59727

[43] American Academy of Physician Assistants, *Projected Number of People in Clinical Practice as PAs as of December 31*, 2008, http://www.aapa.org/images/stories/iu2008numclinpract.pdf

[44]University of Queensland, *Courses and Programs* http://www.uq.edu.au/study/program.html?acad_prog=5472

New South Wales: Health One

In 2007 the New South Wales (NSW) Government committed $40 million for the planning and implementation of HealthOne services throughout NSW.[45] HealthOne is a program that brings together health professionals including GPs and community health workers in a 'one stop shop'. It will form part of the NSW Government's commitment to greater integration and coordination in PHC, with a focus upon prevention and alleviating stress on hospitals.

HealthOne services are developed in a number of ways to accommodate the local circumstances and populations to which is provided. Three structures have been developed for Health One services, these are:

- Co-located services, with community health and GPs being located together;
- Hub and spoke model, with one site acting as a central site supporting and coordinating other services; and
- Virtually integrated services, with various services working as a virtual team rather than face-to-face.[46]

There are currently 15 HealthOne sites in various stages of planning and development throughout NSW. One of these sites, Mt Druitt Community Health Centre, was opened in June 2008 and has adopted the 'hub and spoke' structure.[47] The Centre brings together GPs, community health staff and other services staff to deliver integrated care. Two GP liaison nurses working within the Centre identify consumers that require care coordination and link them with the necessary health professionals.

An evaluation framework has been developed and evaluations will be carried out at each of the sites as the project progresses.[48]

Victoria: Nurse Practitioner Project

In 1998 the Victorian Government established a Ministerial Taskforce to explore the changing role of nurse practitioners in health care. In 2000 the Victorian Nurse Practitioner Project (VNPP) began with the aims being to develop nurse practitioner policy and legislation and fund health services to support nurse practitioners. Supports include the development of models of care and provision of training and clinical preparation for nurses to become nurse practitioners.[49]

The project is now in its fourth phase having funded a range of services to support nurse practitioners in areas such as wound management, general

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[45] NSW Health, *Integrated Primary Health and Community Care — NSW is well on the way*, Accessed http://www.health.nsw.gov.au/Initiatives/HealthOneNSW/newsletters/200704.asp

[46] Ibid

[47] NSW Health, *HealthOne at Mt Druit*, 2009 http://www.health.nsw.gov.au/Initiatives/HealthOneNSW/sl_mt_druitt.asp

[48] NSW Government, *HealthOne: Evaluation and Research* http://www.health.nsw.gov.au/Initiatives/HealthOneNSW/research2.asp#para_2

[49] Victorian Health, *Nurse Practitioners*, 2009, http://www.health.vic.gov.au/nursing/furthering/practitioner

practice, emergency, rural PHC, neonatal health, women's health and palliative care.

Victoria currently has 44 practicing and endorsed Nurse Practitioners working in a range of areas, with 22 working in emergency.[50]

Recommendation
Explore strategies being adopted by other jurisdictions to improve access to primary health care services and determine whether such models would be applicable to the ACT.

[50] Ibid

Conclusion

The *Inquiry into access to primary health care services* provides the Assembly Standing Committee on Health, Community and Social Services, with an opportunity to recommend health policy direction that is innovative and takes into consideration the existing national and jurisdictional policy environment.

The response to the health care challenges we are seeing in the ACT, will be varied and require the exploration of models that may not have been considered previously. ACTCOSS commends the ACT Government for developing a nurse led WiC in the ACT and sees this as the first step in exploring alternative models of care.

However ACTCOSS does have several concerns regarding the way that PHC is currently delivered, particularly for people experiencing disadvantage. As mentioned earlier within this report, the ACT Government does not fair well on the measures adopted by ROGS to determine how well consumers are accessing PHC, with:

- The third lowest rate of PBS services and second lowest rate of PBS concessional services;[51]
- The second lowest rate of FWE GPs per 100 000 people (61 per 100,000, compared to 83.9 per 100,000 nationally);[52]
- The lowest rate of non-referred attendances that were bulk billed in 2007-08 (52.8% compared to 79.2% nationally);[53]
- The lowest rate of public dentists in the country (2.1 per 100,000 compared to 7.3 per 100,000 nationally);[54] and
- The second lowest rate of voluntary annual health assessments for older Indigenous people (155.4 per 1000 target population compared to 214.0 per 1000 nationally).[55]

ACTCOSS continues to raise concerns for people that are experiencing disadvantage, unable to see healthcare professionals due to the barriers to access, such as costs and transport.

ACTCOSS encourages the Standing Committee to take this opportunity to progress significant reform placing the focus upon consumers and assisting people in our community that are experiencing the most disadvantage.

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[51] Ibid, Table 11A.10 PBS Services 2007-08
[52] Ibid, Table 11A.3, Medical practitioners billing Medicare and full time workload equivalent GPs
[53] Ibid, Table 11A.21 Non-referred attendances that were bulk billed,
[54] Ibid, Table 11A.14 Availability of public dentists
[55] Ibid, Table 11A.16 Voluntary annual health assessments for older people by Indigenous status