

Issues and Challenges for General Practice and Primary Health Care

A Discussion Paper

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How to provide input

To have your say!

Write, fax or e-mail your submission to us. Make sure that you let us know whether your comments are being made on behalf of an individual or an organisation.

If you or your organisation wish your submission to be treated confidentially, please indicate this clearly on the document by marking it 'private and confidential'. However, also please be aware that any submission may be subject to release under the *Freedom of Information Act 1989*.

Your input will inform the report that goes to the Health Minister.

Send your comments or submission or complete the questionnaire (at the back of this consultation paper) and send it to:

Mail: ACT GP Taskforce
Policy Division
ACT Health - Level 2, 11 Moore Street, City ACT, 2601
GPO Box 825, Canberra City ACT, 2601

Email: Email your comments to: GPTaskforce@act.gov.au

Fax: Fax your comments, marked "ACT GP Taskforce Discussion Paper"
to (02) 6205 0866

Inquiries about hard copies of this Discussion Paper should be directed to
ACT Health on: (02) 6205 0796.

Comments must be received by Friday 31st July 2009.

Please note: Copies of this Discussion Paper can be accessed via the internet at:
www.health.act.gov.au/gptaskforce.

Health Minister's Foreword

Talking General Practice



This paper talks about challenges facing general practice. This is part of a strategy to build a sustainable primary health care system for the people of the ACT, into the future.

On 26 March 2009, in response to the community concern regarding the recent closures of General Practitioner (GP) clinics in the ACT and the well documented shortage of GPs in the ACT, I announced that I would establish a GP Taskforce to investigate access to primary health care in the ACT. The Taskforce members include GPs who work as clinicians, academics and advisors, as well as consumers, policy makers and a nurse leader.

There is compelling international evidence that primary health care has an independent effect on improving health status and reducing health inequalities and that countries with well developed primary care systems have healthier populations and reduced health care costs. The ACT however, is facing a number of challenges that are impacting upon the sustainability of and access to primary health care.

These challenges are not exclusive to Canberra, however, due to a range of factors; the impact on the ACT community is greater than in all other jurisdictions but the Northern Territory.

Whilst this discussion paper acknowledges that general practices are most often privately owned businesses and that the education, training and distribution of general practitioners (GPs) is the responsibility of the Australian Government, it is clear that a local response is essential if we are to improve the situation in the ACT.

To help determine what local response we need in order to overcome our general practice issues, I seek your views. This discussion paper is intended to assist the GP Taskforce and to generate discussion and feedback 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
- legislative options to protect the rights of patients and the health workforce
- workforce demand and training issues in primary health care and
- ways to improve access to primary care services for vulnerable populations, including the aged, people with mental illness and the isolated.

I look forward to hearing your views.

Katy Gallagher

Ms Katy Gallagher MLA
ACT Minister for Health
June 2009

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

GP Taskforce

Who are we?

- Ross O'Donoghue and Dr Clare Willington (Co-Chairs)
- Dr Rashmi Sharma
- Dr Paul Jones
- Professor Nicholas Glasgow
- Professor Marjan Kljakovic
- Veronica Croome RN
- Janne Graham AM
- Ann Wentworth AM

Chapter 1 – Our World and Challenges

Tell me more

"The elderly in Canberra are becoming increasingly anxious about their health. No longer is the worry whether a doctor bulk bills but if there is going to be a local doctor (especially a good one who has time to listen) at all."

Canberra GP

I use different medical services for different needs. But, when my need is long term or extended, I want a "traditional" general practice.

Canberra health consumer

What do GPs Want?

"Recognition of the diversity in general practice and a system that supports a variety of business models."

"To preserve suburban practices as far as possible."

"To attract more GPs to Canberra to correct the workforce shortage."

"To reduce the administrative burden on general practice ("red tape")."

"Better networking and communication with all health services in the ACT"

"Financial remuneration for the additional non-clinical work I do."

"Reasonable waiting times for specialist and allied health public sector appointments."

"I need locum support to be able to take a holiday so I don't burn out."

"My practice to be financially viable — to be staffed with enough doctors and nurses."

What do Consumers Want?

"What I want from my general practice:

- Affordable care*
- Access when I need it (good appointment systems, for emergency and routine appointments)*
- To be located near to where I live or work and easy to get to*
- To be in a suitable and accessible building*
- To be available out-of-hours and*
- To provide the choice of a male or female doctor."*

Introduction

From a community point of view, primary health care is a service providing first contact, continuous, comprehensive and coordinated health care in the community. A team of professionals provide such services to communities without bias to gender, disease or organ system¹.

In Australia, a general practice is the health service which provides primary health care to its local community. The role of the GP is to lead the general practice. Leadership involves using a continuing, comprehensive, whole-patient approach to medical care which focuses on individuals, families and their communities.

Over time, the general practice team has changed. Forty years ago, an ACT general practice was usually a solo GP (and their receptionist), who managed health problems and in some cases referred patients to other medical specialists and a limited group of other health professionals such as the pharmacist and "district nurse". Now the GP team may include GPs, clerical and administrative staff, general practice enrolled and registered nurses (some of whom have specialised in areas such as women's health or diabetes), practice managers and allied health workers including physiotherapists, dieticians, podiatrists and psychologists—just to name a few.

GPs also work closely with other health professionals in the community depending on the needs of their patients.

A GP is a medical graduate who has undertaken additional specialised training in general practice. Some GPs describe the core of general practice as the personal health care of people who are or believe themselves to be ill. Sensing unease within themselves, which is not resolved using their own observations or using the resources of those around them, people seek a consultation to secure an understanding of what is happening to them, what it means and what might be done with what effect. The reason for the existence of GPs is their response to this human need².

¹ Adapted from the National Health Workforce Taskforce Health Workforce in Australia and Factors for Current Shortages April 2009
(<http://www.nhwt.gov.au/documents/NHWT/The%20health%20workforce%20in%20Australia%20and%20factors%20influencing%20current%20shortages.pdf> Accessed 12/05/2009)

² Adapted from General Medical Service Committee – Annual Report 1995

How does General Practice work?

In Australia, general practice is usually run as a small business, funded through a combination of sources including private fees charged to patients, and public funds provided by the Australian Government through the Medicare Benefits Scheme. The Medicare Benefits Schedule was founded in a philosophy of accessible and affordable health care for all through Medicare, which includes the public hospitals, specialist care and general practice.



Medicare is available to eligible Australian residents, New Zealand citizens, holders of permanent visas, visitors and temporary residents from countries with reciprocal health care arrangements, and holders of temporary protection visas³.

In the ACT, general practices vary in the number of GPs working within a practice, with either a solo GP or a group of GPs setting up or purchasing a business in a suburb or shopping centre. Individual patients and families choose a general practice as their primary health care provider and make appointments to see their GP about their medical concerns. Essential to general practice is a receptionist who manages the front office and appointment system, and in the larger general practices, the general practice manager who oversees its operation. Some general practices also employ general practice nurses who may specialise in, for example diabetic education. Some general practices include allied health professionals within their environment such as psychologists, social workers and physiotherapists.

Recent trends in general practice

A recent trend has been for some general practices to maximise their economies of scale by becoming larger. The move of some GPs to a corporate practice model in Canberra is part of this trend. While corporate practices have existed in larger cities for a number of years, the large corporate model is a relatively new model for providing general practice in Canberra. In some cases each GP is part of a corporate body that owns the general practice, while in others it is owned by a company who contracts GPs to work in its facility. There can be over ten GPs working within a corporate practice. See the map of current GP practices in the ACT at Appendix A.

There is no single corporate practice business model. Models range from those with no appointments and only bulk-billing, to appointment-based models or mixtures of both.

³ Medicare Australia website (<http://www.medicareaustralia.gov.au/public/register/eligibility.jsp> Accessed 15/5/2009)

In addition to changes that relate to maximising economies of scale, the role of general practice has also changed due to a number of Federal, State and Territory government initiatives. These changes have been in part a response to an increasing prevalence of chronic conditions⁴.

One of the most marked of these changes is that many more general practices now employ practice nurses. Sixty per cent of larger general practices in the ACT employ one or several practice nurses and approximately 40 per cent of all general practices in the ACT employ nurses. The role of the general practice nurse is becoming increasingly important. New research by ANU Medical School staff in the Academic Unit of General Practice and Community Health, funded by the Australian Primary Health Care Research Institute, has found that general practice nursing is one of the few growth areas in the general practice workforce in Australia and that practice nurses have multiple roles including patient care, organiser, quality controller, educator, problem solver and agent of connectivity⁵.

Other models of Primary Health Care

There are a number of models which have been established overseas that are starting to be introduced into Australia. Nurse led walk-in centres and the Australian Government's proposed super clinics are two examples of these. Super clinics aim to provide diagnostic, imaging and interventional services in the one clinic setting. Both models aim to improve efficiencies and provide greater access to a number of services in the same location. Both are yet to be tested in Australia, however, based on overseas experiences it appears that these models may offer greater choice to the community.

The Australian Government has not allocated any funds for a super clinic to be established in the ACT. The larger corporate clinics that exist on Canberra's north and south side are not part of the Australian Government super clinic program.

Some states across Australia are developing other models to support the role of general practice and aiming to reduce the demand pressure on hospitals. The GP Plus centres in South Australia are an example. These centres work more closely with community nurses and as they develop, will possibly require different and in some cases, modified health care worker roles.

Within the ACT, consultation and planning is underway to establish nurse led walk-in centres. The first walk-in-centre will be established on the Canberra Hospital

⁴ Adapted from National Health Workforce Taskforce Health Workforce in Australia and Factors for April 2009, (<http://www.nhwt.gov.au/documents/NHWT/The%20health%20workforce%20in%20Australia%20and%20factors%20influencing%20current%20shortages.pdf> Accessed 12/5/2009)

⁵ Phillips C, Pearce C, Whitehorse DGP, Dwan K, Hall S, Powerpoint Presentation from Australian General Practice Nurses Study (http://www.anu.edu.au/aphcri/Presentations/Chris%20Phillips_General%20practices%20as%20interprofessional%20communities.ppt accessed 15/5/2009)

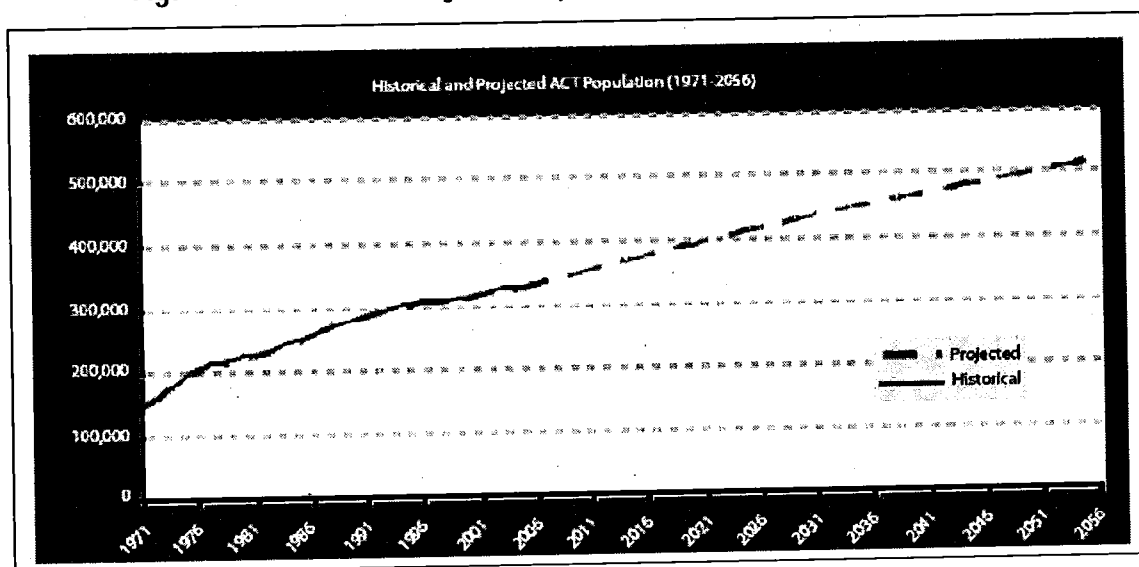
campus by June 2010 and will aim to relieve pressure on the emergency department for people presenting with minor illnesses and injuries.

Late last year the ACT Government conducted two public forums and released a discussion paper to canvas community views on these types of centres. The idea of this model is not to compete with general practices but to improve access for patients who have episodic, non ongoing minor illnesses and injuries. The intent behind establishing walk-in centres is to fully integrate them with existing services such as emergency departments. In this way they should support and connect with existing services provided by general practices and other health service providers.

Burden of disease

Australia has an ageing population, an increasing prevalence of chronic diseases and rising rates of lifestyle risk factors. By the year 2022, Canberra's population is projected to grow by over 51, 000 people and reach 400,000 persons by 30 June 2022 and 500,000 persons by 30 June 2050. The proportion of our population over 65 years is expected to increase from approximately 10 per cent in 2007 to 16.4 per cent in 2022, and increase further, to 20 per cent, by 2056⁶.

Figure 1 Historical and Projected Population of the ACT, 1971–2056



Source: Historical Data —Australian Bureau of Statistics Catalogue Number 3201.0, Population by Age and Sex, Australian States and Territories, Estimated Resident Population by Single year of Age, Australian Capital Territory (12 December 2008).

⁶ Historical Data —Australian Bureau of Statistics Catalogue Number 3201.0, Population by Age and Sex, Australian States and Territories, Estimated Resident Population by Single year of Age, Australian Capital Territory (12 December 2008). Cited in ACT Chief Ministers Department ACT Population Projections 2007–2056 http://www.cmd.act.gov.au/data/assets/pdf_file/0012/3360/ACT_population_projections_2007_2056.pdf

In addition, the ACT health system services a surrounding regional population in South East NSW, and this region will also experience similar degrees of growth and a more significant aged population profile, with 24 per cent of the catchment population in the region projected to be aged over 65 years in 2022, and 30 per cent by 2032.

All of these factors contribute to the need for more complex treatments and interventions for our community. While general practice still plays a key role in the management of acute and episodic conditions, more than one-third of problems now managed by general practice are labelled as chronic disorders. Often these disorders are continuing health problems that need comprehensive care provided by general practice to augment the self-care that patients and their carers provide.

The most common conditions are hypertension, diabetes, depressive illness, lipid disorders, osteoarthritis, oesophageal disease and asthma⁷. In practice, this means that patients present with multiple disorders when consulting with GPs. Increasing health care complexity within the Australian community and the subsequent increasing demand on general practice has significant implications for the workload in general practice. Workload and workforce shortages are key factors driving the current changes occurring in how health care is now being managed and delivered.

Workforce challenges

Australia has significant shortages in the primary health care workforce, as well as difficulties with recruitment and retention in areas of workforce need. Although data on how short the ACT is vary, the latest Report on Government Services 2009 states that the number of full-time workforce equivalent (FWE)⁸ GPs for 2007–2008 is:

- Urban (Australia)—90 GP FWE per 100,000 people
- Rural (Australia)—80 GP FWE per 100,000 people
- ACT—67.5 GP FWE per 100,000 people

Based on this information the ACT needs 74 extra full-time GPs to reach the national average of GPs per head of population. However, there is also evidence that many GPs are choosing to work part-time in their clinical practice. The latest Medicare billing data identifies 425 GPs using the Medicare system, but the FWE

⁷ Britt H, Miller GC, Charles J, Henderson J, Bayram C, Harrison C, Valenti L, Fahridin S, Pan Y & O'Halloran J. General practice activity in Australia 1998-99 to 2007-08: 10 year data tables. Canberra: Australian Institute of Health and Welfare; 2008. (<http://www.aihw.gov.au/publications/gep/gpaia98-99-07-08-10ydt/gpaia98-99-07-08-10ydt-c07.pdf> Accessed 15/5/2009)

[▲] Full-time workforce equivalent (FWE) is a measure of medical practitioner supply based on claims processed by Medicare in a given period, calculated by dividing the practitioner's Medicare billing by the mean billing of full time practitioners for that period.

⁸ Australian Government, Report on Government Services 2009, (<http://www.pc.gov.au/gsp/reports/rogs/2009> Accessed 15/5/2009)

rate is just over half this at 232. Based on this information, to achieve the 74 additional full-time GPs in the ACT in our current setting, we would need to attract 148 people—a very challenging figure when considered together with the ageing of the GP workforce in the last decade (1998–2008). Over this period, the number of practicing GPs over the age of 55 years has increased by 8.3 per cent⁹.

"Sixty per cent of medical students are now female. Female GPs usually wish to work fewer hours and have school holidays free. Older GPs have to work longer hours to make up the shortfall. More recent male graduate GPs have chosen lifestyle rather than service to their patients, and now work fewer hours, but expect higher rates of pay and do not wish to have the added burden of running a practice. The traditional older GP has been trying to fill the gaps for some time but is now realising that it is not going to get any easier and many more GPs will quit in the next few years."

A Canberra practice manager

An increasing feminisation of the GP workforce is likely to be one of many reasons for the trend towards part-time clinical work. Currently 28.9 per cent of the total national GP workforce is female, whereas the ACT female GP workforce is just under 50 per cent⁹. In a previously male dominated profession, feminisation has altered workforce characteristics. This means that previous projections of workforce requirements may be an under-estimation of the number of people really required to make this workforce sustainable, in its current model¹⁰.

Another factor likely to affect the general practice workforce is that the next 20 years will consist of Generation X (born 1965–1979) and Y (born 1980–1994)¹¹. Generation X and Y arguably have different skills, expectations and demands than the Baby Boomers (born 1946–1964) who currently dominate the workforce¹². It is thought that these generational issues will change the future primary health care workforce. New doctors will have more than one degree or formal qualification, have greater expectations of career flexibility, and will view multiple careers in a lifetime as the norm rather than the exception.



With the shift to postgraduate medical education the graduates will be older, have greater educational and personal debt, and are more likely to have a professional spouse or partner and dependents than previous cohorts of graduates¹³. All of these factors impact on career choice and location of practice¹⁴. In addition to this, the primary health care sector will have to compete with the acute hospital and

⁹ Australian Government, Report on Government Services 2009, (<http://www.pc.gov.au/gsp/reports/rogs/2009> Accessed 15/5/2009)

¹⁰ Health Workforce Queensland (2006) 'Sinking deeper into the abyss': a concise overview of current and future trends in the Australian urban, rural and remote general practice workforce. Brisbane: HWQ

¹¹ Australian National University, Australian Primary Health Care Research Institute, Submission to the National Health & Hospitals Reform Commission: Primary Health Care Workforce, Dec 2008

^{12, 13} and ¹⁴ *ibid*

rehabilitation sectors, which are also experiencing significant medical and nursing shortages, to attract graduates. The graduates of the next five years will have many choices and it is imperative that primary health is a valued and positive option¹⁵.

There are also workforce shortages in nursing. This is likely to impact upon workforce initiatives aimed at enhancing the role of enrolled and registered nurses in the primary health care sector—for example enhancing the role of the practice nurse within general practices. Education and training will be considered further in Chapter Three.

Workforce shortages are more acute in remote, rural and outer metropolitan settings, but exist even in urban settings including in the ACT. In an attempt to address these distribution problems, the Australian Government has provided incentives to support those who choose to move to or establish general practices into outer metropolitan, rural or remote geographical locations. In Canberra, the outer metropolitan incentives provided by the Australian Government apply to the following suburbs: Belconnen, Gungahlin-Hall, Weston Creek Stromlo and Tuggeranong. Within the ACT this policy has not had the desired results mainly because the ACT is too small for the redistribution policy to be effective.

In 2005, ACT Health worked with the GP sector, the ACT Health Care Consumers Association and other major stakeholders to develop a model of after-hours GP care built on the existing Canberra After Hours Locum Medical Service (CALMS). This model has been very successful in attracting and retaining GP locums to provide support in the after-hours period. The provision of this after-hours service is a key factor in sustaining viable in-hours general practices. Without this service, those GPs who offer both an in-hours and after hours service are left sleep deprived which potentially impacts upon their service provision. It is also a critical component that enables general practices to obtain Accreditation, which is necessary to be eligible for a small but significant funding stream via the Australian Government Practice Incentive Payments (PIP). General practices need to use an accredited medical deputising service (such as the Canberra After Hours Locum Services) in order to obtain and retain accreditation.

The workforce shortages and an ageing GP population are also having an impact upon provision of primary health care for people in residential aged care facilities (RACFs) and other vulnerable populations. This is considered further in Chapter Four.

¹⁵ Adapted from National Health Workforce Taskforce Health Workforce in Australia and Factors for April 2009, (<http://www.nhwt.gov.au/documents/NHWT/The%20health%20workforce%20in%20Australia%20and%20factors%20influencing%20current%20shortages.pdf> Accessed 12/5/2009)

What Are Our Options?

The ACT community must have a sustainable primary care system with an adequate general practice workforce to deliver its services. To achieve this will require short-term, medium-term and longer-term measures.

Long-term solutions

There is a need for significant development in models of primary health care team-based services. Services should be affordable, accessible and timely, with the capacity to provide for both urgent and continuing care. Whilst innovation is welcome, new models of care need to complement and support existing general practices. Existing general practices should be encouraged and supported to retain what is currently working well while adapting, where appropriate, to new ways of providing care.

For the longer term, we need to ensure that training capacity is sufficient to meet the training needs of the future workforce (See Chapter Three).

Short-term strategies

Short-term strategies involve recruiting our general practice workforce from elsewhere. Unfortunately, health workforce shortages are not just limited to the ACT. We are competing with other parts of Australia and on the international market for people to join our general practice teams.

There is also a large amount of paperwork which GPs are regularly requested to complete, including various kinds of medical certificates: standard private, Comcare, ACT workcover, NSW Workcover, University exemption forms, Third Party insurance forms and a plethora of Centrelink forms. For many of these forms, it is not a legal requirement that they are completed by a GP. Public education, coupled with increasing utilisation of practice nurses within existing general practices, could offer a way to reduce the burden of paperwork on GPs.

Medium and longer-term strategies include those focused on increasing training and workforce redesign. These are discussed further in Chapter Three.

To support recruitment, in 2007 the ACT Government provided funding for four years (\$281,000 in total) for a part-time GP Marketing and Support Advisor to coordinate recruitment support for GPs and their potential employees, 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, and is a partnership between ACT Health and the ACT Division of General Practice (ACTDGP).

The GP Marketing and Support Advisor commenced work in May 2008 and has already supported the recruitment of 10 new GPs to the ACT. However, in the context of the ACT workforce shortage and continuing attrition in the workforce, this rate of recruitment will make only a small difference.

While overseas recruitment is one way of boosting the local GP workforce, under current Department of Health and Ageing policy, only some suburbs of Canberra are recognised as a District of Workforce Shortage (DWS)¹⁶. In a city of the size of Canberra this is illogical and creates unnecessary barriers to the recruitment of GPs. The DWS policy also causes resentment amongst GPs about inequities surrounding incentives.

To help address this, the ACT Government lobbied the Australian Government and gained recognition of the GP shortage in parts of the ACT which resulted in an extension of the DWS zones and the Outer Metropolitan GP Incentives Scheme to areas of Belconnen, Gungahlin-Hall, Weston Creek-Stromlo and Tuggeranong. The recent growth in GP clinics in the Belconnen area however, may mean that the area will lose its DWS status, resulting in loss of current outer-metro practice incentives, such as Practice Incentive Payments (PIPs) for general practice nurses, and ability to employ International Medical Graduates (IMGs).

A simple solution would be to nominate all of Canberra's suburbs as DWS. The ACT Minister for Health, Ms Katy Gallagher, has lobbied the Australian Government Minister for Health on this point a number of times, without success.

Community Sector Support

The community, through non-government, non-profit agencies and volunteer groups and individuals, provide a range of services which support, supplement and enhance primary care. They frequently focus their work on the most vulnerable and under serviced populations (see Chapter Four).

Activities may include:

- Volunteer transport to and from health care facilities (e.g. regional community services)
- Counselling and referral service (e.g. Lifeline)
- Emotional support, information and formal education and training for improved self management (e.g. disease specific organisations and self-help groups)

¹⁶ Australian Government Department of Health and Ageing website—Search Districts of Workforce Shortage for General Practitioners (http://www9.health.gov.au/otdw/dws_database/cfi/index.cfm Accessed 12/5/2009)

The current shortage and distribution of primary care, including general practice services in the public and private sector adds pressure to the non-government, non-profit services. This sector has the ability to innovate and react quickly to need, but is constrained by its overall capacity to respond.

Discussion Points

Have your say

- Do you think people have to wait a long time for an appointment to see a GP?
- If yes – how long do you think people have to wait for an appointment?
- Do you have any ideas about ways to reduce waiting times for appointments to see a GP?
- How do you think this could be addressed in the short and longer term?
- What do you see as the role of community organisations in supporting people with chronic condition management and access to GP and primary health care services?
- Anything else you would like to say?

Chapter 2 – Records: Access and Legislation

Tell me more

What do GPs Want?

"I want:

- To recoup the costs of copying and forwarding records*
- Information about the legal requirements, in particular clarity about my obligations as a GP*
- The administrative burden on general practice to be reduced*
- Better networking and communication with all health services in the ACT."*

What do Consumers Want?

"I know sometimes health practices move or close. When this occurs, wherever possible, I want:

- to be told in advance when this will happen*
- to receive a copy of my health records in exchange for a reasonable fee*
- the doctor of my choice to have easy and timely access to my health records*
- to know where my health records are being stored."*

Recent trends

Recent trends in general practice across the ACT include changes in the geographical locations of general practices. See the map of current GP practices in the ACT at [Appendix A](#). Movement and closure of general practices may be the result of workforce shortages, health issues, personal circumstances or an ageing GP workforce. Decisions to close or relocate practices are not taken lightly. Recently, several long standing general practices closed and a number of GPs have relocated to other practices.

Closures of medical practices and the manner in which those closures occurred have caused significant concern and disruption to the local community, particularly patients and staff. Of particular concern to the ACT Government is that in some instances:

- the community has been given very short notice of closures or relocation of general practices
- notification to the community has been viewed by many as inadequate and
- timeliness of patient access to their health records has sometimes been poor.

Recent events have highlighted some areas in which the current legislation could be strengthened or clarified. These include, for example, requirements around notice of closure and transfer, storage and transfer of health records, charging fees for access to health records, and the possibility of keeping an up-to-date list and map of GP practices.

While this is only one of many issues that relate to the protection of the rights of patients and the health workforce, the recent experience in the ACT has required the Taskforce to make it a focus for the current discussion paper.

What is a health record?

A health record may be in paper or electronic form and may include clinical notes, medical imaging materials and reports, test results and copies of records.

Access to Health Records

In the ACT, transfer and access to a person's health records is regulated by the Health Records (Privacy and Access) Act 1997 (the Act). The Act gives consumers

of a health service a right of access to information in their own health records, subject to a number of conditions.

Anyone including an employer or landlord, who holds records that contain information regarding a person's health, however briefly and no matter who they are is seen in law as the record holder or keeper and must comply with the Act. Record keepers must keep health records for consumers 18 years of age or more, seven years from the date the last entry was made, and for consumers less than 18 years of age, seven years from the date the consumer turns 18, that is, until the consumer turns 25. They must also keep a register of health records that have been destroyed or transferred to another entity.

A person wishing to gain access to a health record can request this either in writing or orally. The record keeper can ask that the request be in writing. If someone other than a consumer (or a parent who consented to the treatment of the child within the last twelve months) is making a request, it must be in writing. Where a person authorised by the consumer is seeking access, that person must have a written authority, signed by the consumer.

Importantly, the Act applies differently depending upon whether the consumer is requesting a copy of their health records for personal reasons or whether the health service facility is moving or closing down.

Routine health record access

The procedures to follow when consumers make requests for access are laid down in the Act, however, other arrangements can be made if this is agreed to by a health service provider and consumer.

There are three forms of access described in the legislation. The consumer can:

- inspect the health record,
- receive a copy of the health record or, if the consumer agrees, an accurate summary of the health record; or
- view the health record and have the contents explained.

The Act says that within two weeks after the day of receiving the request, the record keeper must:

- give notice if the health record, or part of the record, cannot be produced and provide the reasons;

- give notice if the health record, or part of the record, is exempt from access and state the ground for the exemption;
- give access to the health record; or
- if a fee is payable, give notice, that access will be provided on payment of the fee.

These general provisions regarding access to health records currently do not apply on transfer or closure of a health practice.

Current requirements for transfer or closure

Record transfer

The obligations for health service providers who sell or close down a practice are that the practitioner must take practicable steps to inform all their patients that the practice is about to close down and how they can access their health records. The service provider, or legal representative, must publish a notice in a local newspaper stating that the practice is to be, or has been, transferred or closed down. After three weeks of publishing the notice, the records must be transferred to the patient, another health service provider nominated by the patient, or an identified record keeper in the ACT.

The three week period in the current Act serves as a “moratorium” in which the health service provider can do nothing in respect of the records. This is arguably too restrictive, has probably not been known or adhered to, and there may be circumstances where this delay in is neither in the interest of the health service provider or their patients.

It is currently not a legal requirement to inform the Health Services Commissioner (HSC) about who to contact with queries about access to health records when a practice closes, e.g. where the record is stored.

If a consumer transfers from one provider to another, the consumer may ask the first provider to give the consumer’s health record to the second provider. In this circumstance, the first provider must give the second, new provider the consumer’s record, or a copy of that record or a written summary of the health record.

The same requirements apply in circumstances where a provider transfers to another practice, and where the consumer wishes to continue to see the provider. The consumer may ask the first practice to give the health record, or a copy of the record, to the provider. The first practice may also give a written summary of the health record to the provider.

Fees for access

According to the Act, the Minister may determine the fees that can be charged for accessing health records. Maximum fees are set out in a determination to the Act. A fee may be charged to view a health record; for a copy of a record; for a copy of an image of a hardcopy, such as an x-ray; for provision of a summary of a record; or for a consultation during which the record is explained. No other fees can be charged for access. Once a required fee is paid, the record must be made available within seven days of payment, or within thirty days of receiving the request, whichever is later. The latest fee determination by the Health Minister is available from the ACT Health website at www.health.act.gov.au/c/health?a=&did=10101609.

Currently no fees have been determined for accessing health records when a health practice closes. This could be rectified through extending the current fee determination to include transfers of health records on closure of practice.

What Are Our Options?

In the following table, a number of other possible legislative amendments are proposed to assist general practices and the community. Your thoughts on these proposed amendments are important.

Current Position	Possible Amendments
No current method of keeping an up-to-date list or map of GP practices in the ACT.	Make notification of GP practice locations a requirement of the <i>Public Health Act 1997</i> , triggered when a practice is to open, close, merge or transfer.
The requirements for consumer access to health records on closure of a practice do not incorporate the general provisions regarding access that are generally available to consumers under the rest of the Act.	The general provisions for consumer access to health records should extend to closure of practice. Current patients should have priority over past patients.
On closure of a practice there is no period of community notification specified in the legislation before closure can occur.	Amend the legislation to require four weeks notice with examples of appropriate ways to notify the community.
There are no penalties in the legislation for failure to comply with the requirements of the <i>Health Records (Privacy and Access) Act 1997</i> .	Introduce penalty units (civil) for failure to comply under the <i>Health Records (Privacy and Access) Act 1997</i> .

Current Position	Possible Amendments
No notification requirements regarding the storage of health records on closure of practice.	Introduce a mandatory requirement that on closure of a practice health practitioners notify either the HSC or the relevant Health Professional Board regarding where health records are to be stored.
Health records cannot be transferred until three weeks after notification.	Remove the three week restriction to allow records to be transferred in urgent cases immediately. Include provisions that allow a practice to prioritise the transfer of health records, eg. releasing records for current patients before past patients.
There are no fees for access to health records when a health practice closes.	Current fees for transfer of health records should be able to be charged for transfers of health records on closure of practice.
There is currently no mechanism for determining appropriate fees which appears transparent to GPs	An appropriate mechanism should be established.
There are no fees for electronic transfer of health records	Enable charging an appropriate fee for an electronic copy of a health record in an appropriate electronic transport medium.

Discussion Points

Have your say

- Do you think the current legislation sufficiently protects consumers' rights regarding access to health records?
- Should GPs be required in the legislation to give a period of notice prior to closure of practice?
- Do you think legislation should encourage and enable the electronic transfer of health records?
- If you could change the requirements, what would you add, what would you modify and what would you remove?
- Anything else you would like to say?

Chapter 3 – Education and Training

Tell me more

What do GPs Want?

"I want:

- To attract more GPs to Canberra to correct the workforce shortage
- Adequate financial remuneration for the additional training work I do teaching medical students and registrars
- I want my practice to be financially viable — to be staffed with enough doctors and nurses
- If I'm an accredited teaching practice I want a GP registrar to train in my practice."

"I use different medical services for different needs. But, when my need is long-term or extended, I want a 'traditional' general practice."

Canberra health consumer

What do Consumers Want?

"From general practice I want:

- a competent and up to date health professional
- my health problems diagnosed with appropriate tests if necessary and managed with safe interventions, and treatments. Importantly, I want all this explained in consultation with my GP.
- personal care from my GP and to be treated as a "whole person"
- my health professional team to refer me to other health and community resources when I need them
- my health to be enabled through a preventive approach."

"It is highly likely that we will both be retiring in the next 12–18 months. We have major concerns regarding what will happen to our current patients as there have been other general practice closures in the area and not many new practices opening, and we have concerns for the nursing home and hostel patients we have been seeing."

Canberra GP

Introduction

Australia has a well trained general practice workforce. GPs undertake a required level of continuing medical education and can become vocationally registered with the Royal Australian College of General Practice (RACGP). The ACT has the highest proportion of vocationally registered GPs among its general practice workforce. Recent medical graduates who elect to train in the specialty of general practice are required to enrol in the GP training program that leads to the RACGP Fellowship. The education and training of GPs is controlled by the Australian Government and it is now clear that the number of GP training positions to date has not been enough to meet growing community need.

What do we have now?

In 2005 the Australian Medical Workforce Advisory Committee (AMWAC), established by Australian Health Ministers to advise on national medical workforce matters, including workforce supply, distribution and future requirements, reported that nationally in 2002 there were approximately 22,000 GPs. More than 80 per cent were vocationally registered, which means the remainder were trainees or IMGs¹².

AMWAC also engaged PricewaterhouseCoopers to undertake modelling and projections of future supply and demand for general practice services to 2013. Their findings identified a shortfall in the number of GPs being trained in Australia of between 1,100 and 1,200 between 2007 and 2013.

AMWAC suggested four actions to alleviate the GP shortages:

- Recruit overseas-trained doctors
- Increase the number of Australian GP trainees
- Maximise the workforce participation of existing GPs
- Consider new models of care.

¹² Australian Government, 2009-10 Health and Ageing Portfolio Budget Statements Outcome 5 (http://www.health.gov.au/internet/budget/publishing.nsf/Content/2009-2010_Health_PBS Accessed 27/52009)

What are the issues?

Overseas-trained doctor recruitment

Overseas recruitment is a short term strategy to boost a workforce. However, a significant barrier to overseas recruitment of trained general practitioners is balancing the time and red tape involved in recruiting International Medical Graduates (IMGs) and the resources available in general practices to undertake this process.

Not only are there essential immigration processes, qualifications must be certified, and there are also internal state or territory registration procedures.

In addition to this, there are Australian Government restrictions for the recruitment of IMGs. An IMG can only be recruited in an area identified by the Australian Government as being a District of Workforce Shortage (DWS)¹³. There are also processes around obtaining a Medicare provider number. As previously stated within the ACT, the Australian Government boundaries for DWS areas align with the outer metropolitan areas and exclude the city hubs. This makes no sense in light of the significant GP shortage across the ACT and creates inequities in Australian Government support.

"Part of the problem at least is a system failure and is not going to be solved by bringing in more doctors"

Canberra GP

To assist GPs and general practices to navigate the processes around overseas recruitment, as previously stated, the ACT Government has provided funding for a GP Marketing and Support Officer.

It should be remembered that IMGs are often recruited from countries with fewer doctors than Australia. The ethical basis of such recruiting is open to question.

Increasing the number of Australian GP trainees—national and local responses

Education and training of the general practice health care team is a medium to longer term strategy to build a sustainable future workforce. This is because GPs take around 12 years to train. In addition, there are shortages in nursing and many of the allied health professions.

Work is underway to increase the number of Australian GP trainees. The Australian Government announced in the latest budget a commitment to increase the numbers of GPs in training. The Australian General Practice Training program will expand from 600 new junior doctors commencing general practice training annually to 812 ongoing places from 2011 onwards.

¹³ Australian Government Department of Health and Ageing website—Search Districts of Workforce Shortage for General Practitioners (http://www9.health.gov.au/otdw/dws_database/cf/index.cfm Accessed 12/5/2009)

The Australian Government is also increasing the Prevocational General Practice Placements program in New South Wales, the ACT and Tasmania¹⁴. This program supports junior hospital doctors to gain experience in general practice as a way to encourage them to consider a career as a GP. It is hoped that a reasonable proportion of any additional funding for positions will actually reach the ACT. Coast-City-Country Training Ltd, the regional training provider is responsible for allocation of GP registrar training across three geographical areas (Murrumbidgee/Riverina, South East New South Wales/ACT and the Illawarra Shoalhaven/Southern Highlands). Historically, Coast-City-Country Training Ltd has allocated GP registrar training positions evenly between these areas, without considering the different population sizes or workforce within these areas. This is why the ACT has a total of only eight Full-Time Equivalent (FTE) registrar training positions despite this area having the largest population, largest number of general practices and significant workforce shortages.

In 2002 the ACT Government began planning to establish a medical school with the Australian National University. Over \$14 million was provided for this initiative. The ANU Medical School is established and now the ACT is now a net exporter of junior doctors. The next step in creating a sustainable GP workforce supply is to encourage newly graduated doctors to undertake training in general practice.

In 2007, ACT Health commenced planning for a trial that rotated junior doctors into private GP clinics as part of their training. This ACT Prevocational GP Placement Program was partly ACT Government funded and partly funded by the Australian Government Prevocational General Practice Placements program. The pilot initiative was extremely successful and in the recent ACT Government budget, long term funding was secured.

Other ACT Government funding, announced this year as part of a \$12.2 million package over four years to support growing our own GP workforce are:

- Providing Canberra region GP scholarships for year three and four ANU medical students who will work in the region and
- Supporting GPs in the provision of quality teaching and training opportunities for GP trainees from the ANU Medical School through infrastructure funding grants for their practices, and teaching incentive payments.

A longer-term strategy to boost GP numbers in the ACT is to increase GP Registrar training places. Although the ACT has only eight GP training places, there is the capacity within accredited GP training practices to double this to sixteen—a move

¹⁴ McDonald J, Cumming J, Harris M, Powell Davies G, Burns P, Systematic Review of Comprehensive Primary Health Care Models. Australian Primary Health Care Research Institute.

that ACT general practitioners have indicated that they would welcome. The Australian Government has been lobbied on this issue without success due to the allocation processes of training providers, as mentioned earlier.

However, no matter how successful the current strategies are in attracting doctors into the general practice workforce, it is very unlikely that this alone will sustain primary health care.

Maximising the workforce participation of existing GPs

As identified in Chapter One, the ACT has over 400 GPs however, many are working part-time in clinical practice. This has led to the hypothesis that increasing the workforce participation of GPs, by looking at ways to help them increase their clinical working hours, could reduce the workforce shortage.

In 2008, on the advice of the ACT GP Workforce Working Group, ACT Health, the ACT Division of General Practice and the Australian Government jointly funded the ANU Academic Unit of General Practice and Community Health to undertake research to find out what else GPs do, and whether there was any capacity for them to increase their clinical workforce participation. Although not finalised, it appears from this research that although many Canberra GPs are providing part-time consultations in clinical practice, they are fully employed in other roles such as teaching, research and/or local or federal public service, family or personal commitments such as child care, or are winding down to retirement, which means they are unlikely to have further capacity to participate in the provision of clinical services.

Many general practitioners report feeling overworked and stretched by existing acute and chronic care workloads. The Enhanced Primary Care MBS item numbers are often mentioned as increasing bureaucracy and red tape without fundamentally altering the nature or organisation of practice. The complexity and frequent changes to MBS item numbers and eligibilities leave many general practitioners without a full understanding or the ability to apply them properly. As a result many find that they can just keep pace with their current workload demands but find frequent changes to the MBS provisions an added burden. Unfortunately the red tape around the ever evolving Medicare incentives is outside the control of the ACT Government, although the ACT Government is keen to work with general practice to try and reduce red tape when interacting with ACT Health facilities and services.

Consider new models of care

One of the criticisms about new models of care is that in a rapidly changing health system, new waves of reform have often been introduced before previous interventions could be evaluated, leaving different layers of interventions interacting with one another and making it difficult to attribute the achievements solely to the interventions, rather than other contributing factors¹⁵. For this reason, any new model of primary health care must be fully evaluated using a rigorous action based research methodology. It is also essential that any changes made to general practice and primary care positively impact on quality or health outcomes.

One new model of care will be supported by an initiative announced in the recent ACT Government budget of \$12.2 million to support general practice. This initiative will support existing GPs to service residents of aged care facilities and elderly people at home by providing an in hours locum service.

What else can we do?

Enable new roles In other parts of the country, new roles are also being explored. Nurse practitioners offer one relatively new role while Physician Assistants offer another. Registered-qualified Nurse Practitioners are trained to a master level in a specified scope of practice and are able to order specific diagnostic tests, prescribe medications and make referrals. Further information about these workers is available on the ACT Health website at www.health.act.gov.au/c/health?a=&did=10207524.

Physician Assistants, who have had post graduate health care training and are licensed to practice medicine with physician supervision, and are a common feature of the US health system. Further information about these workers is available on the Queensland Health Department website at www.health.qld.gov.au/pa/.

Medical Assistants are another support role. These diploma qualified workers (TAFE Certificate IV) are being explored by members of "GPpartners" in Brisbane¹⁶. This role is based on similar roles overseas, that have been part of general practice teams for over fifty years in countries such as the US, Germany and Switzerland. Medical Assistants work under the supervision of the healthcare practitioner and carry out delegated tasks within their scope of practice and in compliance with legislative boundaries.

Also being explored locally are a number of new service models. One partnership initiative between general practice and ACT Health is the Community Health

¹⁵ McDonald J, Cumming J, Harris M, Powell Davies G, Burns P, Systematic Review of Comprehensive Primary Health Care Models. Australian Primary Health Care Research Institute.

¹⁶ GP Partners website (http://www.gppartners.com.au/page/Programs/medical_assisting/) Accessed 12/5/2009

Continuing Care Program Acute and Post Acute Care (CAPAC) strategy. CAPAC is currently being developed and proposes a model whereby public sector community nurses and allied health staff provide support to GPs through short-term, comprehensive, acute or post-acute care in the community for specific diagnostic groups according to defined agreed clinical guidelines.



Enhance Technology Technology and the internet also offer ways to better support GPs and improve communication and networks across the health sectors. Improvements in e-health provide significant opportunities to support team work, integration of services, evaluation and monitoring of the health care system. It can also potentially contribute through point-of-care testing, electronic decision support, home monitoring and improved communications. To effectively support team care and integration of services, systems need to be developed that allow for secure access to information for patients, carers and members of their treating team across the traditional “silos”.

In the recent ACT Government budget, \$90 million has been allocated to developing an e-health environment for the ACT. Once established, this e-health platform is likely to revolutionise work roles and the way chronic health care needs are managed by linking all the different parts of the system. This will be facilitated in part by the creation of an electronic health record to enable the secure sharing of information between patients and members of their treating team. There will, however, be workforce implications and there will be a need for the capabilities within services and the workforce to adapt and respond to these.

Foster Self-Care in general practice General practice in the ACT is under stress. Many GPs are tired, overworked, and dazzled in the spot light of public scrutiny by the communities they serve. Many GPs are burnt out and need the support of their professional peers. Recently, a solution was suggested at a general practice forum – the creation of “Peer Support Groups”.

This new idea is that funding be provided for the creation and maintenance of “Peer Support Groups”. Here, groups of 10-12 GPs would meet regularly to discuss clinical issues, management, and self-care. GPs would come voluntarily from different general practices across the ACT. The scheme could be administered by the ACT Division of General Practice with the target of having 30 such groups across ACT within two years. GPs should be financially supported and gain accreditation points through attendance. Practice nurses might also form similar groups.

Discussion Points

Have your say

- Does your practice/s support medical student and GP training? If not, why is this so?
- Does your practice/s support training other primary care workers? If not, then why, and would you be interested and what stops you?
- Does the concept of a supported "Peer Support Group" appeal?
- What are the current pressures you face in terms of work demand and work load?
- What do you think about new roles for practice nurses in general practice?
- How could Information technology be improved within the ACT and across the different sectors of ACT Health?
- Anything else you would like to say?

Chapter 4 – Primary Health Care Networks

Tell me more

"I spend a significant amount of my time trying to find out information held by other parts of the health system."

Canberra GP

What do GPs Want?

"I want:

- an information technology and management network that allows me to quickly access important patient information and communicate across the health system.
- An up-to-date list of who I can network with.
- Reasonable waiting times for specialist and allied health public sector appointments.
- A streamlined system of contact that is easy to navigate for both health worker and consumer."

"Why do I have to re-tell my story to every health professional I see?"

Canberra health consumer

What do Consumers Want?

"I want:

- Better networking and communication between all health services in the ACT."

Introduction

The health care system has become progressively more specialised and fragmented¹⁷. State and Territory governments provide public health care in hospital and community settings while the Australian Government is responsible for funding Aged Care and General Practice. There are also private health care sectors, non-government not-for-profit services, and volunteers. In hospital settings all health professionals are generally engaged by a single authority. In the community the medical general practice component of care is separated from public health authorities by the federal structures that regulate and fund general practice.

The network of private allied health providers, such as pharmacists, physiotherapists and psychologists who all have an integral role in aspects of primary care is also growing. Navigating the system and coordination of care for complex care patients is a time consuming role that increasingly falls to general practice, at present particularly GPs.

Primary Health Care Networks

The need for, and increasingly time consuming nature of care coordination has impacted general practice. Over recent years, the following activities have impacted upon the coordination role required in general practice. These include:

- An increase in short stay acute care, both as part of existing institutions such as hospitals and as stand alone facilities varying in their focus from targeting specific conditions (eye clinics) to multi-purpose (surgical facilities).
- An increase in the delivery of services in the home ranging from hospital in the home programs to community care programs.
- The development of multi-purpose ambulatory centres in the public health care sector to reduce the demand pressure on hospitals¹⁸.

Nurses in general practice have received much attention as an essential part of the primary health care workforce solution. Indeed the number of general practice nurses increased by 59 per cent between 2005 and 2007, and now represents the fastest growing specialty of nursing in Australia¹⁹. General practice nurses are increasingly taking on the patient care coordination role.

17 Australian General Practice Network (2007). National Practice Nurse Workforce Survey Report 2007 (http://www.generalpracticenursing.com.au/site/content.cfm?page_id=32208¤t_category_code=4059) Accessed 25/5/2009).

18 National Health Workforce Taskforce Health Workforce in Australia and Factors for April 2009, (<http://www.nhwt.gov.au/documents/NHWT/The%20health%20workforce%20in%20Australia%20and%20factors%20influencing%20current%20shortages.pdf>) Accessed 12/5/2009)

19 Australian General Practice Network (2007). National Practice Nurse Workforce Survey Report 2007. (http://www.generalpracticenursing.com.au/site/content.cfm?page_id=32208¤t_category_code=4059) Accessed on 25/5/2009)

Despite this increase, there are no standardised position descriptions, or agreed set of competencies or accreditation requirements for general practice nurses. Nor is there a clear nursing workforce pipeline into general practice, which will make it difficult to sustain future growth in demand. For the ACT to ensure a sustainable general practice nursing workforce, career structures and training pathways that enable career development is an essential longer-term strategy.

A challenge for general practice is however, that the District of Workforce Shortage (DWS) outer metropolitan provisions provide financial support for general practices in these areas to employ general practice nurses but only if they are in these DWS locations. This Australian Government policy is seen by many general practices as unfairly burdening inner metropolitan located general practices with the full cost of nursing employment.

Another challenge for general practice is identifying all the health professionals across the primary health care system. One question is, would it be helpful to have a public up-to-date list of private health practitioners, including allied health professionals, including their area of specialty?

Models that may help improve communication across primary health care are based on facilitating the development of functional primary health care teams by:

- increasing interprofessional health care education and clinical placements at all levels
- supporting interprofessional primary health care organisations
- learning from existing functional multidisciplinary team models (such as Aboriginal Medical Services) to build effective primary health care teams. However, these models need to be flexible and variable to take account of local needs and resources. Examples being explored are co-located teams or locally supported networks of providers and
- developing blended funding models consisting of a mix of fee-for-service and grant funding for patients with chronic or complex needs.

To assist coordination across the health care system, ACT Health is developing a GP Engagement Framework. This framework will support general practice liaison and shared care protocols to enhance client care provision between ACT Health and general practice. The ACT Division of General Practice in partnership with the Australian Medical Association is also working to identify areas of concern and develop solutions from a grassroots level regarding general practice interaction with ACT Health facilities.

What else can we do?

Communication and information flow is another challenge in a fragmented system. Both the Australian Government and State and Territory governments are working to address this issue and e-health is an essential building block for better communication across the health system.

More than 80 percent of Australians are in favour of electronic health records and are increasingly aware of the safety, economic and quality benefits that e-health can potentially deliver. The National E-Health Transition Authority (NEHTA) has been tasked by the governments of Australia to identify and foster the development of the technology necessary to deliver the best e-health system.²⁰

In 2007 the Australian Medical Association (AMA) called on the Australian Government to recognise that strategies to encourage and promote better communication within the health sector must be the highest priority on the e-health agenda. Promoting connectivity, particularly through the uptake of public key infrastructure, standards and secure messaging can drive secure electronic communication within the health sector, between GPs, other specialists, hospitals and pharmacists²¹.

The ACT Government has not waited for the national e-health work to be completed as this is likely to take some time. Instead, as stated in Chapter One, \$90 million has been allocated in the recent ACT Government to develop an ACT e-health environment.

There are models of e-health systems in Australia where patients and their GP consult through electronic means. Ozdocsonline is one such example based in NSW. Such initiatives are not as yet in the mainstream of general practice in the ACT, but are very likely to be accepted soon – particularly by the younger GPs.

Discussion Points

- Should there be a public up-to-date list of private health practitioners, including allied health professionals, and their area of specialty?
- Should there be an up to date provider directory for health workers that includes, public and private practitioners across all specialities available for use by health workers?
- Should GPs in conjunction with ACT Health look into e-health systems for GP-patient consultations to increase efficiency and free up time for more face-to-face consultations?
- Anything else you would like to say?

²⁰ Australian Government NEHTA E-health website, (<http://www.nehta.gov.au/> Accessed 6/62009)

²¹ Australian Medical Association, Connectivity- 2007. (<http://www.ama.com.au/node/2789> Accessed 6/62009)

Chapter 5 – Access and Vulnerable Groups

Tell me more

"Those with complex medical and psychiatric problems choose to be seen in clinics where the doctor and the staff know them well, often for years: places where their need is accommodated and where their special requirements get catered for."

Canberra GP

What do GPs Want?

"I want:

- Recognition of the diversity in general practice and a system that supports a variety of business models.
- To preserve suburban practices as far as possible.
- Reasonable waiting times for specialist and allied health public sector appointments.
- A standardised approach that removes duplication of paperwork in residential aged care.
- More nursing support in residential aged care."
- Support for caring for vulnerable populations within a general practice setting."

What do Consumers Want?

Even the most articulate and informed consumer will often be vulnerable in any particular encounter with the health care system due to natural power imbalances, perceived fear of retribution and because of their own state of wellbeing at the time of treatment.

There are groups of consumers who are particularly vulnerable. These consumers vary in their ability to be heard. Sometimes they can make themselves heard or have another person to speak on their behalf, and sometimes they have very quiet voices or no voice at all. These vulnerable populations can include some groups of children, the aged, Aboriginal and Torres Strait Islanders, those suffering from a mental illness, drug and/or alcohol addiction, people with a disability, and/or those from culturally and linguistically diverse backgrounds. Most importantly, they are people who are isolated from the general community.

Regularly others speak on their behalf and they say: *"Vulnerable groups need support to access health care."*

What do we have now?

The GP workforce shortage has put increased pressure on ACT Health services such as hospital emergency departments, and consumers report that they sometimes find it difficult to access a GP with open books to take new patients (for example for people newly arrived in the ACT), for home visits, and for nursing home patients.

The overall shortage has also impacted upon GPs' workload. The increase in paperwork and lack of locums or workforce support has contributed to a number of GPs electing to close their practices and relocate to larger, sometimes corporate-run clinics, thereby reducing the number of suburban general practices.

The closure of suburban practices, and the predominant servicing of aged care residents by older GPs, is likely to bring aged care issues further into focus and have an impact on the provision of care for Residential Aged Care Facilities (RACFs) unless there is some significant change.

The general shortage of GPs is also impacting upon palliative care services. Those who have a terminal illness and choose to spend their time at home often need a team of health professionals, including GP support. As we as a population age, access to this level of care is likely to become increasingly difficult.

Supporting vulnerable groups with access to medical care before the point at which they require an acute hospital admission has become a significant focus for health care planners. Isolation of vulnerable groups has also resulted in government strategies that aim to actively engage consumers with support pathways and programs. However, to date, much of the available federal funding has focused on reaching rural and remote communities in need. In urban communities there are populations missing out on health care, especially in areas of urban health workforce shortage creating pockets of deep urban need.

An emerging example of lack of access to primary health care exists in the area of children's health. The Academic Unit of General Practice and Community Health has carried out a study on "the health of kindergarten children" over the last 10 years (which is an extension of data gathered for 30 years prior to this by the Maternal and Child Health Nurses working in ACT Health). The recent data indicate that **each year** there are 12% (out of 4,600) of kindergarten children that do not have a general practitioner. The reasons for this phenomenon are not clear; nor are the long term health consequences.

It is clear that people with chronic conditions greatly benefit from service coordination and there are general practices who already do care for such populations. The question is, who is best placed to coordinate that care, and can

there be flexibility to ensure that all needs are met; for the patient, family/carers and health care team.

There are clearly vulnerable groups that could be managed in the community setting by coordination of general practice and ACT Health community health programs and services.

ACT Health has adopted a targeted approach to supporting general practice to engage vulnerable populations such as people living with chronic and enduring mental illness. One of the partnership initiatives between general practice and ACT Health is the Better General Health Program, which links people living with chronic and enduring mental illness proactively to general practices using nurse led coordination and service agreement payments between certain general practices and Mental Health ACT. This initiative has demonstrated measurable improvements in health for these people (blood pressure control, chronic disease management, PAP smear screening etc).

Other examples include:

- The ACT Health Aged Care and Rehabilitation Service, RADAR or Rapid Assessment of the Deteriorating Aged at Risk model. This service aims to prevent admission or readmission of high-risk patients living in the community, either in their home or in residential aged care, by providing timely team based support for GPs to manage older patients. The service comprises nurse practitioners, allied health and medical officers to support the GPs through short term, comprehensive, subacute or post acute care in the community for specific diagnostic groups according to defined agreed clinical criteria.
- The Junction Youth Health Service, which draws together key services and organisations in a coordinated approach to enhance support and provide an integrated and individually tailored service for young people, including the ACT Division of General Practice, ACT Community Care, The Canberra Sexual Health Centre, Child at Risk Unit (Community Health), Open Family, and the YWCA.
- The Directions ACT's health clinic—the 'Althea Wellness Centre'—which offers access to services such as General Practitioners, youth health services, co-morbidity support and assessment, sexual health services, naturopathy, and hepatitis C services to individuals who have alcohol or drug use issues.
- Companion House, which offers primary health care services including general practice to people who have sought refuge in Australia from persecution, torture and war related trauma.
- Winnunga Nimmityjah Aboriginal Health Service is another partnership model, supported by the ACT Government to provide an integrated health care service, including allied health services and specific targeted programs. This service is

managed by the local Aboriginal community to provide a culturally safe and holistic health service to ACT Aboriginal people.

Non-government organisations also offer a range of services such as the Women's Centre for Health Matters Inc. (WCHM), which aims to provide women with access to reliable and broad ranging health-related information, allowing informed choices to be made about each woman's own health and wellbeing. The centre also advocates influencing change in health-related services to ensure responsiveness to women's needs.

Several community based services offer support by means of transport, respite and activities for vulnerable groups. Condition based and self-help groups offer a range of information and support towards self management. This sector, often making effective use of volunteers has capacity, if appropriately funded, support primary care in the community and can be quickly mobilised.

What are the issues?

As well as low numbers of GPs, the ACT has a low rate of bulk-billing compared to other States and Territories. An important issue for general practice is that the current bulk billing/fee-for-service combined funding model, even with additional targeted payments, has difficulty in adequately supporting:

- a mechanism for GPs to allocate time for comprehensive management of chronic/ complex conditions
- adequate health promotion and illness prevention activity
- the use of team care approaches for people or groups whose care might be better provided in this way, such as children under five-years of age, older people, or people with chronic and or complex conditions
- the full use of non-medical staff in providing care within the general practice
- cross-sectoral planning for a local population or planning for services for particular groups of patients.

Another issue for general practice is that targeted payments from the Australian Government often increase bureaucracy and red tape without fundamentally altering the nature or organisation of practice. The complexity and frequent changes to MBS item numbers and eligibilities has been identified by general practitioners as being difficult to understand and cumbersome to apply properly. As previously identified, many GPs find that they can just keep pace with their current workload demands but find frequent changes to the MBS provisions an added burden and hence it is difficult to participate in further change.

What can we do?

The ACT and Australian Governments have made substantial commitments to improve access to health services. The ACT Government has committed \$1 billion in funding for health infrastructure in the 2008-09 budget to totally rebuild the ACT's public health system and position the ACT for future health service delivery up to 2021. This includes \$51.3 million in the 2009-10 budget for the forward design and construction of an Enhanced Community Health Centre within Belconnen and \$2.1 million to refurbish an existing area at the Canberra Hospital for a new walk-in centre.

A systematic approach to service provision for people with chronic disease improves access to services and care coordination. *The Diabetes Plan*, for example, has been developed with the knowledge that the number of people in the ACT with diabetes is projected to significantly increase, and there needs to be a managed change to the service delivery model to increase services and reduce the considerable strain on this heavily subscribed service. However, the Diabetes Plan reflects best practice, focussing on a person-centred continuum of care based on the level of need of the individual across the acute sector, community sector and rehabilitation. It also facilitates GP referrals as it has a single point of access.

Comprehensive, integrated primary health care can deliver on many areas of need, such as self management support, improved preventative care and chronic disease management, but it will require significant investment to do so. Some GPs may be willing to explore a blended payment model that supports team based collaborative care for vulnerable populations.

Self management of chronic disease is clearly recognised as an important part of an effective and efficient health care system. Improved understanding of health and empowerment of individuals to achieve lifestyle change has the potential to curtail health care costs in the future. The primary health care sector is the logical part of the health care system to support patients to become active participants in their own health care. There is increasing evidence that non-medical primary health care providers are effective in providing these services²².

A wide range of community and self-help groups offer support and linkage services and in many cases provide help in accessing mainstream services (See Chapter One). Many groups can target specific areas of need most effectively with comparatively lower cost because of their non-profit nature and use of volunteers.

²² Australian National University, Australian Primary Health Care Research Institute, Submission to the National Health & Hospitals Reform Commission: Primary Health Care Workforce, Dec 2008

Nationally, on 25 February 2008, the Prime Minister and the Federal Minister for Health and Ageing announced the establishment of the National Health and Hospitals Reform Commission. The Commission is charged with delivering better health outcomes for the community and providing sustainable improvements in the performance of the health system and is considering:

- The rapidly increasing burden of chronic disease;
- The ageing of the population;
- Rising health costs; and
- Inefficiencies exacerbated by cost shifting and the blame game.

The Commission published an Interim Report—*A Healthier Future for All Australians*—in December 2008, which contains its proposed reform directions including the need to address inequities. The Interim Report identifies the strategies to achieve this as recognising and tackling the causes and impacts of health inequities by:

- making real the universal entitlement to health services with targeting on the basis of health need
- National Indigenous Health Authority—expert purchasing to achieve better Indigenous health outcomes
- ‘Denticare Australia’—restorative and preventive oral health care for all Australians
- Remote and rural health—equitable and flexible funding, innovative workforce models, telehealth, patient travel support
- Mental health—early intervention for young people, rapid response teams, subacute care, linked health and social services
- National reporting on progress in tackling health inequities²³.

Establishing the National Health and Hospitals Reform Commission flags an Australian Government commitment to better community health in general and to vulnerable populations. It also provides an opportunity to explore new partnerships between the ACT Government and the Australian Government that focus on increasing support for vulnerable populations to access health care. These partnerships could potentially strengthen links with existing GPs.

The ACT is a small region providing an excellent opportunity to demonstrate and test models of care on specific targeted populations which, if successful, could have broader applicability.

²³ The National Health & Hospitals Reform Commission Interim Report—*A Healthier Future for All Australians*—in December 2008 (<http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/interim-report-december-2008>)

Discussion Points

Have your say

- Do you have a special knowledge or interest in vulnerable populations, including some groups of children, the aged, people with mental illness and the isolated?
- Are there additional supports which would assist such people to improve their access to primary care?
- What are your views about access to GPs for older members of the Community?
- Anything else you would like to say?

What next?

Summary

It is clear that the issues surrounding general practice and primary health care are complex, challenging and multi-faceted. This discussion paper is intended to assist the GP Taskforce to generate discussion and feedback on:

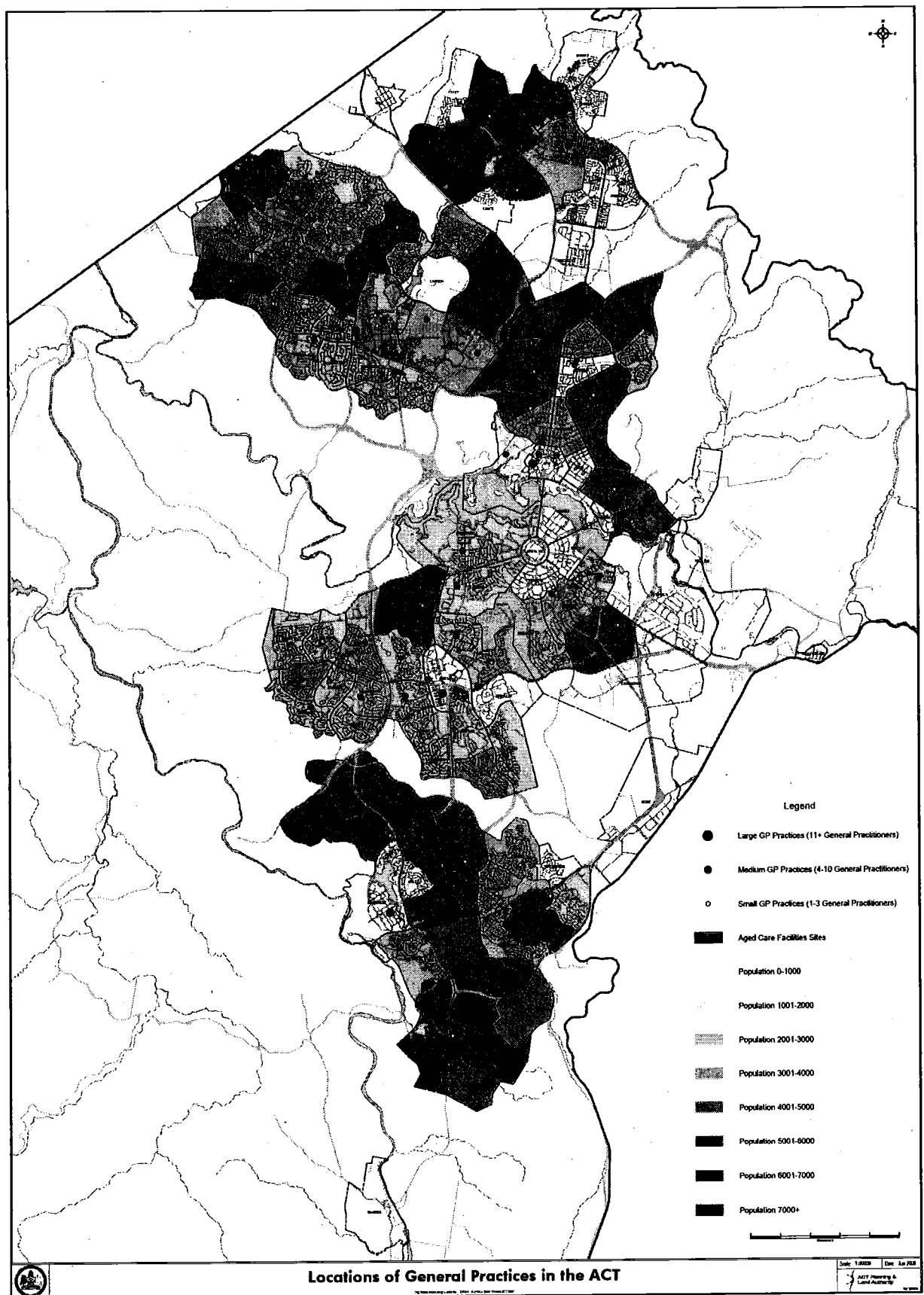
- options and innovations to improve access to primary health care services in the ACT, including opportunities that may arise in the Commonwealth-State/Territory health reform agenda.
- legislative options to protect the rights of patients and the health workforce in relation to health records
- workforce demand and training issues in primary health care and
- ways to improve access to primary care services for vulnerable populations, including some groups of children, the aged, people with mental illness and the isolated.
- We need a sustainable general practice and primary health care service for the future. To develop this, your views are most welcome by Friday 31st July 2009.

References

1. Adapted from the National Health Workforce Taskforce Health Workforce in Australia and Factors for Current Shortages April 2009
(<http://www.nhwt.gov.au/documents/NHWT/The%20health%20workforce%20in%20Australia%20and%20factors%20influencing%20current%20shortages.pdf> Accessed 12/05/2009)
2. Adapted from General Medical Service Committee—Annual Report 1995
3. Medicare Australia website
(<http://www.medicareaustralia.gov.au/public/register/eligibility.jsp> Accessed 15/5/2009)
4. Adapted from National Health Workforce Taskforce Health Workforce in Australia and Factors for April 2009
(<http://www.nhwt.gov.au/documents/NHWT/The%20health%20workforce%20in%20Australia%20and%20factors%20influencing%20current%20shortages.pdf> Accessed 12/5/2009)
5. Phillips C, Pearce C, Whitehorse DGP, Dwan K, Hall S, Powerpoint Presentation from Australian General Practice Nurses Study
(http://www.anu.edu.au/aphcri/Presentations/Chris%20Phillips_General%20practices%20as%20interprofessional%20communities.ppt accessed 15/5/2009)
6. Historical Data —Australian Bureau of Statistics Catalogue Number 3201.0, Population by Age and Sex, Australian States and Territories, Estimated Resident Population by Single year of Age, Australian Capital Territory (12 December 2008). Cited in ACT Chief Ministers Department ACT Population Projections 2007—2056
(http://www.cmd.act.gov.au/__data/assets/pdf_file/0012/3360/ACT_population_projections_2007_2056.pdf)
7. Britt H, Miller GC, Charles J, Henderson J, Bayram C, Harrison C, Valenti L, Fahridin S, Pan Y & O'Halloran J. General practice activity in Australia 1998-99 to 2007-08: 10 year data tables. Canberra: Australian Institute of Health and Welfare; 2008 (<http://www.aihw.gov.au/publications/gep/gpaia98-99-07-08-10ydt/gpaia98-99-07-08-10ydt-c07.pdf> Accessed 15/5/2009)
8. Australian Government, Report on Government Services 2009,
(<http://www.pc.gov.au/gsp/reports/rogs/2009> Accessed 15/5/2009)
9. Health Workforce Queensland (2006). *'Sinking deeper into the abyss': a concise overview of current and future trends in the Australian urban, rural and remote general practice workforce*. Brisbane: HWQ
10. Australian National University, Australian Primary Health Care Research Institute, *Submission to the National Health & Hospitals Reform Commission: Primary Health Care Workforce*, Dec 2008

11. Australian National University, Australian Primary Health Care Research Institute, *Submission to the National Health & Hospitals Reform Commission: Primary Health Care Workforce*, Dec 2008
12. Australian Government Department of Health and Ageing website—Search Districts of Workforce Shortage for General Practitioners (http://www9.health.gov.au/otdw/dws_database/cf/index.cfm Accessed 12/5/2009)
13. Adapted from National Health Workforce Taskforce Health Workforce in Australia and Factors for April 2009 (<http://www.nhwt.gov.au/documents/NHWT/The%20health%20workforce%20in%20Australia%20and%20factors%20influencing%20current%20shortages.pdf> Accessed 12/5/2009)
14. Australian Government Department of Health and Ageing website—Search Districts of Workforce Shortage for General Practitioners (http://www9.health.gov.au/otdw/dws_database/cf/index.cfm Accessed 12/5/2009)
15. Australian Government, 2009-10 Health and Ageing Portfolio Budget Statements Outcome 5 (http://www.health.gov.au/internet/budget/publishing.nsf/Content/2009-2010_Health_PBS Accessed 27/5/2009)
16. Australian Government Department of Health and Ageing website—Search Districts of Workforce Shortage for General Practitioners (http://www9.health.gov.au/otdw/dws_database/cf/index.cfm Accessed 12/5/2009)
17. McDonald J, Cumming J, Harris M, Powell Davies G, Burns P, *Systematic Review of Comprehensive Primary Health Care Models*. Australian Primary Health Care Research Institute.
18. *ibid*
19. GP Partners website (http://www.gppartners.com.au/page/Programs/medical_assisting/ Accessed 12/5/2009)
20. Australian General Practice Network (2007). National Practice Nurse Workforce Survey Report 2007 (http://www.generalpracticenursing.com.au/site/content.cfm?page_id=32208¤t_category_code=4059 Accessed 25/5/2009)
21. National Health Workforce Taskforce Health Workforce in Australia and Factors for April 2009, (<http://www.nhwt.gov.au/documents/NHWT/The%20health%20workforce%20in%20Australia%20and%20factors%20influencing%20current%20shortages.pdf> Accessed 12/5/2009)

22. Australian General Practice Network (2007). *National Practice Nurse Workforce Survey Report 2007*.
(http://www.generalpracticenursing.com.au/site/content.cfm?page_id=32208¤t_category_code=4059 Accessed on 25/5/2009)
23. Australian Government NEHTA E-health website, (<http://www.nehta.gov.au/> Accessed 6/62009)
24. Australian Medical Association, Connectivity- 2007.
(<http://www.ama.com.au/node/2789> Accessed 6/62009)
25. Australian National University, Australian Primary Health Care Research Institute, *Submission to the National Health & Hospitals Reform Commission: Primary Health Care Workforce*, Dec 2008
26. The National Health & Hospitals Reform Commission Interim Report—A Healthier Future for All Australians—in December 2008
(<http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/interim-report-december-2008>)



Map - Unpublished work kindly created by the ACT Planning and Land Authority on 15 June 2009

Questionnaire

By taking the time to complete this questionnaire, you and / or your organisation will be providing important information to the GP Taskforce about general practice within our community.

For ease of use, the Questionnaire has been separated in to three sections, a Consumer Section, a Primary Health Care Sector Section and a General Section.

The Consumer Section is intended for the general consumer community, including individuals and organisations. The Primary Health Care Sector Section is intended for members of the industry, including doctors, nurses, general practice representatives, pharmacists etc. The General Section contains questions relevant to both consumers and primary health care sector members.

Consumer Section

General thoughts	
1. Do you think people have to wait a long time for an appointment to see a GP?	
a. If yes – how long do you think people have to wait for an appointment?	
2. Do you have any ideas about ways to reduce waiting times for appointments to see a GP?	
3. How do you think this could be addressed in the short and longer term?	

Primary Health Care Sector Section

About Education, Training and E-Health Technology	
4. Does your practice/s support medical student and GP training? If not, why is this so?	
5. Does your practice/s support training other primary care workers? If not, then why, and would you be interested and what stops you?	
6. Does the concept of a supported "Peer Support Group" appeal?	
7. What are the current pressures you face in terms of work demand and work load?	
8. What do you think about new roles for practice nurses in general practice?	
9. How could information technology be improved within the ACT and across the different sectors of ACT Health?	

10. Should GPs in conjunction with ACT Health look into e-health systems for GP-patient consultations to increase efficiency and free up time for more face-to-face consultations? ----- ----- ----- ----- ----- ----- -----
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General Section

About Primary Health Care Networks	11. Should there be a public up-to-date list of private health practitioners, including allied health professionals, and their area of specialty? ----- ----- ----- ----- ----- ----- -----
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About Access and Vulnerable Groups	12. Do you have a special knowledge or interest in vulnerable populations, including some groups of children, the aged, people with mental illness and the isolated? ----- ----- ----- ----- ----- ----- -----
	13. Are there additional supports which would assist such people to improve their access to primary care? ----- ----- ----- ----- ----- ----- -----

14. What are your views about access to GPs for older members of the Community?	----- ----- ----- -----
15. What do you see as the role of community organisations in supporting people with chronic condition management and access to GP and primary health care services?	----- ----- ----- ----- -----
16. Do you have any suggestions for enhancing such organisations?	----- ----- ----- -----

About Records: Access and Legislation	
17. Do you think the current legislation sufficiently protects consumers' rights regarding access to health records?	----- ----- ----- -----
18. Should GPs be required in the legislation to give a period of notice prior to closure of practice?	----- ----- ----- -----

19. Do you think legislation should encourage and enable the electronic transfer of health records?	
20. If you could change the requirements, what would you add, what would you modify and what would you remove?	

If you have any further comments relating to general practice, please make note of them in the space provided below.

Thank you for taking the time to complete this questionnaire.