Doug Rankin
BANKS ACT 2906

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ACT GP Taskforce Secretariat
Policy Division
GPO Box 825
Canberra City ACT 2601

Dear Secretariat,

Thank you for your consideration in allowing me an extension to the deadline for making submissions to the Taskforce.

Please find attached my submission which reinforces the comments made by Nick Tsoulias in his proposal on behalf of the doctors4tuggeranong group. Whilst I do believe that Superclinics have a roll to play in the overall solution, they should not be regarded as the sole panacea.

The community wants and deserves access to GP facilities in a manner that teats them with dignity, ensures their welfare and is commensurate with their financial means. I look forward to seeing the ACT GP Taskforce report when it is completed.

Yours Sincerely,

(Doug Rankin)

GP SUPERCLINICS ARE NOT A PANACEA FOR OUR GP CRISIS

I have lived in Canberra for 26 years after moving from Melbourne. For 16 of those years, we had a family GP in a small family practice (husband and wife) at Monash. Over the years these two doctors served their community in a dedicated and humane environment, with the practice growing as the suburb expanded.

Some years ago, my doctor remarked to me that the larger clinics being established by Mayne Health Services at the time were the way of the future. He based these comments on the fact that small family practices did not have access to quality locums. Access to such people would have offered the practice managers the opportunity to keep abreast of technical development, provide health services to the community beyond their practice, let alone, take a holiday.

How prophetic his words were! He eventually sold his practice to Symbion and moved to their facility in Wanniassa. This move was predicated on the basis that it would provide their patient with access to facilities that they could not provide in their small practice. For example, they could not afford or accommodate the strict storage requirements for liquid nitrogen in their small practice. The Wanniassa Medical Centre was on the same bus route as the Monash service that passed their door. Consequently, their less privileged patients would suffer minimal transport inconvenience. Most importantly, it offered them more leisure time (they had 20 weeks holidays in 26 years of practice) and the opportunity to spend a day a week undertaking volunteer work in the broader community.

As experience has shown, this was an unfortunate decision. Symbion were ultimately swallowed up by Primary Health Care with the Wanniassa facility closed and all of its services re-located to Phillip, many kilometres away. Our former GP was lost to the Canberra community as a result. He relocated to Queanbeyan where he lives and continues a small practice while his wife remains with Primary Health Care. The fact that the Wanniassa facility remains vacant with Primary Health Care paying rent for the next four years to prevent competition entering the market illustrates that these decisions are not based on economic circumstances. They are purely commercially driven and are taken in the (perceived) best interests of the shareholders rather than the health and welfare of the community.

We were fortunate in our experience with Primary Health Care's Superclinic. Our GP's were moved to an area where one could still make an appointment with their service provider of choice. Those using the bulk-billing facility are not! They must take their turn in a queue that can involve waiting periods as long as ten hours! They have limited opportunity to see their doctor of choice and no continuity of professional help. A GP cannot know the unique characteristics of the individual from an electronic medical record. They must communicate with the patient and engender their trust before critical issues that may drive their diagnosis become evident.

We have now moved to the Tuggeranong Square Medical Centre where we are fortunate to have access to a GP we came to know and trust at Wanniassa. While the Tuggeranong practice is relatively large and a little inconvenient to get to, it is vastly superior to the 'factory' environment of the Phillip facility. I might add that it took us an inordinately long time for our

medical records to be transferred from Primary Health Care and I am not sure that the records provided to Tuggeranong are complete.

We were told that the delay was caused by some 400 patients leaving Primary Health Care as a result of the relocation. If this is correct, then where have these 400 patients gone? I don't believe there are sufficient GPs in Tuggeranong to absorb this influx, so is it likely that many of them are now presenting at the Emergency Department at Canberra Hospital?

There is certainly a case for the Superclinic practice to reduce the stress on the hospital system, but I do not believe it is a viable alternative to the family and medium-sized practices that our community needs and wants. Practices such as Tuggeranong Square offer a larger range of services than a family GP could provide, but these practices are not in the suburbs where the GPs are desperately needed. In Tuggeranong, as Nick Tsoulias has pointed out, Wanniassa and Calwell badly need quality GP services.

It is evident the ACT and Commonwealth Governments are taking initiatives to improve the number of GPs coming through our university system. They are also trying to entice GPs from overseas to move to Australia. Both of these initiatives have issues associated with them that may undermine their level of success.

University graduates are burdened with HECS fees in the early part of their working life. Consequently, they are unlikely to invest in establishing a small suburban practice. The concept of a Government loan of $100,000 suggested by Dr Lee of Erindale is one solution. However, there are other alternatives that need to be considered. For example, a community-owned practices where the GPs, the community and possibly the ACT Government, invest in the establishment of a practice of four to six GPs in strategic areas (Calwell and Wanniassa). These facilities are complemented by associated services such as Physiotherapy, Imaging, and Dental professionals.

Many of the remaining family GPs are aging and are likely to retire in the near future. This model would allow them to transition to retirement while still serving the community and nurturing the newly-qualified GPs. It would also provide the opportunity for the GPs to maintain their proficiency by having study time available during the week. The community would have a centralised facility where they could be assured of personal, trusting service and the convenience of co-location of a number of different health services.

The issue of bulk-billing would need to be addressed as many members of the community cannot afford to be 'out-of-pocket' by simply visiting the doctor. This could be overcome by allowing the doctors discretion to bulk bill or charge the full fee, based on the circumstances of the individual patient. A simplified means-test model could be employed, but this may unnecessarily complicate the process and impinge on the privacy of patients.

In the case of attracting doctors from overseas, I see some clear advantages. If we can attract quality GPs from overseas, we can absorb them into our health system much more quickly than fostering an increase in students passing through medical school. We should target mature GPs who have considerable experience in practice, preferably in a health system with similar standards to our own. We should also 'bond' these GPs so they are given either financial, tax or living incentives provided they stay in practice for a nominal period, three to five years.

The initiatives of the Government in this area are focussed on getting GPs into rural and remote localities, but the suburban needs should not be ignored. In fact, the current narrow focus is discouraging some GPs from moving to Australia. I met a GP from Britain recently who was interested in moving to Australia with her husband who is also a GP. However, they were advised in Britain that incentives only applied if they moved to a rural or remote location. I advised them that I understood the ACT was a qualified location under this scheme and they were to follow it up when the returned to Britain. How many other GPs have been lost to Canberra or similar locations with this sort of misinformation going out?

While I accept that it may no longer be viable for the two person family practice to survive in our community, I do believe that a four to six person health professional model can be viable. Some of the GPs workload could be alleviated by having qualified nurses in the practice who can deliver vaccinations and other minor health needs. With their co-location with the GPs, they would have access to doctors whenever this was necessary and the doctors would be able to focus on the more serious needs of patients. I believe the community would welcome and support this model.

In summary, I do not believe that Superclinics are the solution to our GP shortage, nor are they wanted by the majority of the community. I urge the ACT GP Taskforce to support a model that ensures the delivery of quality health services in the suburban centres close to the client population. A number of funding models could be employed to deliver such facilities and I would like to see the Taskforce consider a range of options for this overall model.

Thank you for providing me the opportunity to make this submission.

Yours Faithfully,

(Doug Rankin)