



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON COST OF LIVING PRESSURES IN THE ACT
Mr Johnathan Davis MLA (Chair), Dr Marisa Paterson MLA (Deputy Chair)
Ms Nicole Lawder MLA

Submission Cover Sheet

Inquiry into Cost of Living Pressures in the ACT

Submission Number: 015

Date Authorised for Publication: 21 March 2023

Deep End Submission, March 2023

The Legislative Assembly Select Committee on Cost of Living Pressures in the ACT

Contact: Dr Tanya Robertson, General Practitioner and Chair of Deep End Canberra

Email: deependcanberra@gmail.com



General Practice at the Deep End
Canberra Region Australia

Deep End Canberra started in 2016 as a collegiate network of GPs who work with vulnerable and disadvantaged people in the ACT. In 2023, our membership also includes Nurse Practitioners, Psychiatrists and other Allied Health Care Workers who are all providing care in both mainstream and specialist primary care settings. We care for vulnerable and at risk youth, refugees and asylum seekers, people with a disability, people experiencing domestic violence, homelessness and drug dependency, LGBTIQ populations, and people in the criminal justice system. We also have links to academic medical researchers in the field. You can find out more about us:

[RACGP - GPs at the Deep End](#)

[Take a dive – into the Deep End’s work tackling health inequalities – Croakey Health Media](#)

Poverty has lasting impacts both for individuals and the community. Current welfare payments are far too low to allow for stable housing, healthy nutrition, and social participation and yet here in the national capital, Deep End members are seeing more and more vulnerable people including Aboriginal and Torres Strait Islander People, refugees and new migrants. If we do not intervene, a significant number of our most vulnerable youth will be unemployable forever - disengaged from education in their teens (or earlier) with consequent low literacy and numeracy and on a path to long term welfare dependency that is woefully inadequate. Adverse childhood experiences and intergenerational trauma in combination with poverty results in emotional dysregulation, learning difficulties and mental distress which is then, too often, self-managed with alcohol and other drugs (AOD). ACT Public Mental Health Services are overwhelmed. Patients unable to engage with them despite multiple GP and other agency referrals, then present to Emergency Departments in crisis. Self-harm and suicide attempts and drug and alcohol fuelled violence demonstrate the level of despair. Evidence based treatments like DBT (Dialectical Behavioural Therapy) required for years (not weeks) coupled with long term relationships with multi-disciplinary teams (including GPs) are currently impossible to access. Many outsourced services have strict referral criteria that exclude the most complex clients with co-morbidities such as AOD use and mental health disorders. Discontinuity of care is harmful for those used to being abandoned yet it happens frequently with the high turnover of staff working with this emotional load and time-limited support services available.

Deep End Canberra welcome the opportunity to provide this submission to the ACT Legislative Assembly on current cost of living pressures that are impacting on the health and wellbeing of Canberra's most vulnerable people and are not alleviated by existing assistance programs. Greater barriers to health care services and social supports, especially housing, medication and food insecurity are just some of the impacts currently reported by our members.

Below are several ideas and a recommendation that we believe would help and are feasible to introduce in the short term. As a group of interested, volunteer members, we have neither resources to develop our proposals nor authority to convince decision makers (ACT or Commonwealth Government) to consider them, but as workers at the "coal face" we would welcome an opportunity to appear before the committee to convince you of their merit.

Ideas on how the ACT Government can help alleviate the impact of cost of living pressures.

Idea 1.

Establish a Community GP Liaison Unit (GPLU) within ACT Government

Building on the successful, long standing GP Liaison Units at Canberra and Calvary Hospital, we propose a new unit be established to support GPs with care co-ordination especially around outpatient appointments and liaising with specialty teams and the broader community-based services. This aligns with the Commonwealth Governments aim to reduce demand on Emergency Departments for which the ACT Government is receiving funding. Patients waiting for out-patient specialist appointments often attend the ED repeatedly– risk assessments and clear management plans for community care would improve patient safety and have considerable cost savings. Savings will also be made by reducing DNAs (Did Not Arrive) to specialist appointments ensuring efficient use of available resources.

Aligning with the existing GPLUs and the ACTHD GP policy advisor we suggest employing a further half-time GP advisor whose role would be to have a cross directorate liaison and primary care policy advice function. They would advocate for and explain the role of GPs when policies are developed and services are commissioned, especially across ACT Education, ACT Housing, ACT Justice and Community Safety, and ACT Community Services Directorates as well as the Health Directorates (CHS and ACTHD).

The GP Liaison Officers would have coordination roles – collaborating across directorates and primary care to facilitate specialist appointments including via video conference at the GP where attendance may be easier or organising case conferences with all team members involved. Arranging post ED follow up, establishing a lead team member/agency and providing an escalation pathway for concerned GPs would be key roles. There are many times where a simple conversation with a specialist can avoid patients joining long waitlists or returning to the ED but currently there is no phone access. Practical issues like transport and timing to fit other carer responsibilities may be simple barriers to overcome DNAs and the flow on impact these have. GPLOs might have a nursing, psychology or social work background. Deep End Canberra are strong supporters of multi-disciplinary care and recognising the benefits of diverse teams working for, with and on behalf of patients and families. Having a central point of contact for all health care workers trying to prevent the need for crisis, hospital care would be very welcome.

Idea 2.

Remunerate General Practices to care for Canberra’s most vulnerable people using practice support payments to supplement inadequate Medicare Benefit Scheme (MBS) rebates.

The MBS GP rebates are no longer adequate remuneration for practices doing the time-consuming complex and chronic, care and coordination required to meet the

health and social needs of Canberra's most vulnerable people. GP practices providing complex and comprehensive services to a large number of vulnerable patients are not financially viable if they accept the MBS rebates as the full payment for their services (i.e. bulk bill) and have no other subsidiary funding. Consequently these patients, who are most in need, are increasingly finding they are not able to access primary care that is free at the point of care.

Although ACT has some of the lowest overall bulk billing rates in the nation (69.1% vs 89% nationally) with only 40% of ACT individuals having all their primary care services bulkbilled in 2022, the more realistically remunerated enhanced primary care MBS item numbers are bulk billed by ACT GPs >90% of the time and ACT GPs bulk bill all items for children under 15 years and people over 65 years more than 75% of the time. GPs are trying to provide affordable care to those who most need it whilst remaining financially viable as a small business. It should be noted that the bulk billing rates of non GP specialists and allied health are lower than GPs and their out of pocket costs are much higher. Overall the result is that some vulnerable Canberrans are unable to access GPs who will not charge them out of pocket costs and these people are missing out on healthcare altogether, unable to afford medications and presenting late with illness and often to the Emergency Departments or Walk in Centres where they receive episodic, fragmented care without follow up and continuity. Continuity of care delivers better health outcomes and would be less costly to the ACT Government.

The ACT Government should continue to advocate for systemic Medicare and MBS reform which adequately and equitably remunerates complex chronic disease care and coordination. Currently the system is skewed and favours short consultations and interventions rather than long consultations and complex care required by the most vulnerable in our community. This idea is a medium term solution while we await the necessary and significant Medicare reform being considered federally.

We acknowledge the complexities of Medicare legislation and particularly section 19/2 of the Health Insurance Act of 1973 which prohibits the payment of Medicare benefits where other government funding is provided for that service. We believe the ACT Government needs to reassess their ability to subsidise the care provided to the Territories most vulnerable patients whether this is through the seeking of 19/2 exemption for some practices or via block grant funding for practices for non-MBS rebated care such as care navigation or preferential access to ACT funded allied health.

We suggest the ACT government work with the Capital Health Network (CHN) and local GPs to document which practices and providers are providing care to a patient population that is significantly socioeconomically disadvantaged. There is good evidence that these patient populations will have more complex health care needs and do better with comprehensive relationship based primary care rather than

episodic fragmented care that has a transactional nature (such as provided by WIC). GPs and established primary care providers such as primary care nurses working in General Practice are the system experts in relationship-based comprehensive primary care and they should be enabled to utilise and develop their expertise and skills. We would urge that the ACT Government resist the establishment of separate hospital-based navigation services which do not effectively draw on the established trust and relationships that exist between primary care services and their clients.

Members of Deep End and the ANU medical school have developed, piloted and validated a Survey of Disadvantage, which practices could use to document disadvantage in individual patients or families and to document the proportion of patients under their practice's care whom are experiencing significant disadvantage. Formal use and adoption of this survey could provide an evidence-based gateway to different and more appropriate funding pathways that are sustainable for patients, practices and cost effective for the health care system. We urge the ACT government to explore such initiatives. Practices that are already seeing a large proportion of disadvantaged patients would be supported to provide more comprehensive care and take on a coordinating role. It is logical that this should sit in general practice which already provides comprehensive primary care and not in a hospital or walk in centre.

With greater access to see and care for disadvantaged Canberrans, capacity and training opportunities will emerge for medical students, GP registrars and GPs to continue this rewarding work into the future. Offering ongoing connection to a General Practice allows relationships to develop and improves health outcomes. This solution also would help those who increasingly are unable to find ongoing affordable GP care when needing to exit services funded to provide time limited care, such as Junction Youth Health Service and Companion House Torture and Trauma service.

We need to support mainstream General Practices with this current wave of need arising from cost of living pressures. ACT GPs are skilled, committed and trying to deliver high quality care in an overstretched and skewed system. We believe GPs would be willing to take on care for vulnerable and disadvantaged people, if they were adequately supported. This includes when patients fail to turn up but lots of coordination gets done. Currently the MBS only allows for billing when the patient is present but block funding supports General Practices to provide care in other ways.

Working with disadvantaged Canberrans is challenging and currently financially difficult. However, when appropriately supported it can be very valuable and highly rewarding with long term impact on individuals and families lives. We should aim to work towards a system where all practices are able to offer this care.

Idea 3.

Improve access to Mental Health Diagnostic Services

Our local ACT Public Mental Health Services currently do not provide diagnostic services for specific mental health diagnoses that may be necessary in order for people to be eligible for support services and funding – within Education, Centrelink or NDIS. These are diagnoses that GPs are not permitted to make – Attention Deficit Disorder (ADD) and Autism Spectrum Disorder (ASD) as specific and recurring examples. Deep End members are often asked to assess for these diagnoses that have been “missed” in early childhood but we either have no referral pathways or long waits privately with large out of pocket costs that cannot be met by our patients.

Undiagnosed patients have no access to possible treatments or special considerations with education, employment or job seeking and later disability support requirements.

We propose that the ACT Government increase services or outsource psychiatric assessments for those identified by GPs (through the poverty/deprivation survey) who would benefit from a diagnosis due to access to support services or additional financial welfare support but who cannot afford the out of pocket costs. Diagnosis and management of these chronic health conditions while attending high school can make the difference between school “drop out” to school completion, open employment opportunities and social participation.

Recommendation 1.

Support the Housing for Health submission to the ACT Budget 2022/2023 to deliver integrated, multi-agency, wrap around support for 25 Canberrans who are homeless or at risk of homelessness and discharged from hospital with complex health conditions.

The aim of the Housing for Health Group, as a cross-sector platform, is to achieve better health and well-being outcomes for individuals with very high and complex needs who are homeless or at risk of homelessness through comprehensively addressing their housing and their health and support needs holistically, as a priority.

The Group proposes establishment of a pilot program that can provide secure housing combined with integrated, multi-agency, wrap-around support for 25 Canberrans who are homeless, or at risk of homelessness, including people experiencing serious mental illness and/or problematic substance use who are discharged from hospital with complex health conditions.

It is proposed that the pilot program operate for a three-year period, with progressive evaluation undertaken and reported annually, providing proof of concept, and supporting the ongoing sustainability of the program. (Attachment 1).

Deep End Canberra strongly support the Housing for Health concept. It is illogical to provide acute care in a hospital and then discharge someone back to the same circumstances that contributed to their health issues in the first place.

Conclusion

Deep End Canberra thank you for considering our ideas and recommendations as we all strive to do better, intervene earlier, and deliver opportunities, coordinated holistic health care and offer hope to our most vulnerable community members.