2009

The Legislative Assembly for the
Australian Capital Territory

Government Response to the Standing Committee on Health and Disability Report No 9

Closure of the Wanniassa Medical Centre

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INTRODUCTION

On 8 August 2008, the Wanniassa Medical Centre abruptly closed its doors and its doctors were relocated to the Phillip Medical Centre. Doctors, staff and patients apparently received little warning of the closure.

The closure attracted significant community concern. For this reason, on 7 August 2008, the ACT Legislative Assembly referred the matter to the Standing Committee on Health and Disability, to report back to the Assembly on 26 August 2008.

The Committee resolved to consider:

- the circumstances of the closure;
- the impact on the residents of the Tuggeranong Valley;
- the nature of the ACT Government's relationship with privately owned general practice in the ACT; and
- possible options for the future delivery of GP services in the ACT.

The Committee issued a media alert on 8 August 2008 announcing the inquiry. Due to the very short time frame for the inquiry there was no opportunity to advertise in local newspapers; however the inquiry received significant media coverage.

The Committee held a public hearing on 14 August 2008. Witnesses included:

- Ms Katy Gallagher MLA, ACT Minister for Health
- Dr Rashmi Sharma, President, ACT Division of General Practice
- Mr Phil Lowen, Chief Executive Officer, ACT Division of General Practice
- Mr Roger Nicoll, Chair, West Belconnen Health Cooperative
- Mr Russell McGowen, President, Health Care Consumers Association of the ACT
- Mr Roger Tall, building owner and local pharmacist.

Primary Health Care Pty Ltd declined an invitation to appear before the Committee.

The Committee received eight submissions from the public and stakeholders.

EXECUTIVE SUMMARY

The ACT Government welcomes the Committee's report, which highlights a number of issues currently facing the ACT community. These issues include the shortage of practicing GPs in the ACT, the role of corporations in health service delivery, and the impact of the Wanniassa Medical Centre closure on patients and GPs in the Tuggeranong Valley.

The ACT Government recognises the importance of equitable access to appropriate and timely primary medical care. The Government is committed to working with GPs, non-government organisations and the community on strategies to improve access to general practice.

The Government's response to the report's recommendations is consistent with the strategic direction of the *ACT Primary Health Care Strategy 2006–2009.*

The ACT Government is currently implementing a number of initiatives in order to improve the availability of general practice services in the ACT.

In early 2008, for example, the ACT Government, in partnership with the ACT Division of General Practice (ACTDGP), employed a General Practice Marketing and Support Officer. This is a four-year initiative to help local general practices attract and recruit GPs to the ACT. In particular this role is helping general practice navigate the multiple and complex processes required for recruitment of overseas trained doctors.

As a result of this appointment, ACT Health and the ACTDGP held a joint forum in July 2008. The forum focused on barriers to recruiting overseas GPs to the ACT. An outcome of this forum was a commitment from stakeholders to support the removal of unnecessary barriers to the recruitment of overseas doctors, through the ACT *Area of Need* process, until the ACT at least reaches the national average of GPs per head of population. Follow up activities, in conjunction with the close working relationship with the ACT Australian Medical Association (AMA), have reduced the *Area of Need* application process from around four weeks to less than a week.

Other outcomes of the forum have been that the ACT Government has been running a series of advertisements promoting the ACT as an attractive place for GPs to work, while the ACTDGP has been promoting its website as a central resource for local practices to individually advertise their general practice vacancies.

Another significant ACT Government initiative has been the reconvening of the ACT GP Workforce Working Group, chaired by the President of the ACT AMA. In 2007 ACT Health, in partnership with the ACT AMA, agreed that there needed to be a peak body to inform discussion, help set direction and consider general practice workforce strategies across the ACT.

The GP Workforce Working Group also includes representatives from the ACDGP, the Australian National University (ANU) Medical School, the ACT Medical Board, the Australian Government Department of Health and Ageing (DoHA), and other major stakeholders.

To date, two projects have been progressed as a consequence of this group's deliberation:

- a study of sessional (or part-time) GPs, which aims to examine why some GPs do not practice full-time and what, if any, support would be required for them to work more sessions. The Australian Government, in partnership with ACT Health, the ACTDGP and ANU Medical School, is funding the sessional GP study.
- a pilot project partnership between ACT Health, the local GP training authority, and several volunteer general practices. This highly successful project, conducted in the second part of 2008, involved rotating a sample group of junior doctors from ACT Health into the general practices as a way to encourage them to consider a career in general practice.

The ACT Government is also currently undertaking a scoping study to investigate the establishment of nurse-led walk-in centres in the ACT, to improve access for patients who require treatment for episodic, non-ongoing minor illness and injuries. It is intended that the walk-in centres will be fully integrated with existing services and will support and connect with activities and service provision of GPs and other health service providers.

In addition, the ACT Government has been successful in lobbying the Australian Government and local GP training provider to increase the number of GP training places in the ACT.

Further commitment to working with GPs, non-government organisations and the community on strategies to improve access to general practice has been demonstrated in the ACT Government's recent pledge of $12 million over four years to support and grow the ACT GP workforce. The $12 million GP package will provide:

- Five annual $30,000 Canberra-region GP scholarships for year three and four ANU Medical School students and graduates who commit to undertaking training and returning to work in the region.
- $300-per-day GP teaching payments for Canberra GPs to provide teaching and training opportunities for ANU Medical School trainees.
- An ACT GP Development Fund to provide a bi-annual grants pool of $1 million a year for one-off payments to GP practices that establish initiatives that attract staff, or that foster the establishment of new services.

- A new "In-hours" locum medical service to support GPs who care for residents of aged care facilities, as many GPs find it difficult to visit patients at home or in aged care facilities.
- A GP placement program for four junior doctors. This initiative builds upon the GP Workforce Working Group pilot project of rotating junior medical doctors through GP practices.

Although the ACT Government is working to increase the capacity of the general practice workforce, it has limited capacity to influence the decisions of private businesses. General practices are private businesses and the owners are therefore free to take decisions in the interests of those businesses.

The ACT Government considers it has a critical role to play in ensuring that the ACT has a sufficient GP workforce. However, it takes a number of years to train new doctors and so the impact of current strategies will take several years to impact upon the workforce. The ACT Government is exploring opportunities for alternate models of care which will offer a greater choice for community members.

In conclusion, the ACT Government is committed to work to support ACT general practice, encourage medical graduates into a career in general practice in Canberra, and to explore a range of options for the future provision of primary health care services in the community.

RECOMMENDATIONS OF THE INQUIRY

The Government agrees to five of the Committee's recommendations. One recommendation is noted.

RECOMMENDATION 1

The Committee recommends that the ACT Government investigate the possibility of incorporating provisions in crown leases to protect community interests

Agreed

The ACT Government has investigated the possibility of incorporating provisions in crown leases to protect community interests.

The outcome of the investigation by the ACT Planning and Land Authority (ACTPLA) is that such provisions could only be achieved where the land is sold by direct sale. It would not be appropriate for the Territory to impose such conditions on a Crown lease that is purchased by way of a public process (auction) and where market value is paid.

The lessee should be able to deal with the land, provided it is not in breach, as the lessee sees fit. However, where a Crown lease is sold at public auction for a single use, for example for a child care centre or community use, then restricted provisions in the Crown lease could be considered. In respect of existing Crown leases, the Territory does not have the legislative power to acquire existing land use rights without payment of compensation.

RECOMMENDATION 2

The Committee recommends that the ACT Government work with the ACT Division of General Practice to investigate the collection of data, about general practitioner workforce issues, in the different regional areas of Canberra

Agreed

The ACT Government has a strong working relationship with the ACTDGP. The Memorandum of Understanding (MoU) between ACT Health and the ACTDGP commits the two organisations to support the role of general practice in the ACT. The 2008–2009 Work Program to support the MoU encourages ACT Health and the ACTDGP to work together to collect qualitative and quantitative data about general practitioner workforce issues across Canberra.

This work will be carried out under the auspices of the GP Workforce Working Group, which includes all major stakeholders within the ACT. The group was first founded in 2003 and re-convened in 2007, and provides a forum to inform discussion, help set direction and consider general practice workforce strategies in the ACT.

The ACT GP Workforce Working Group is chaired by the President of the ACT AMA and includes representatives from ACT Health, the ACTDGP, the ANU Medical School, ACT Medical Board, DoHA and other major stakeholders.

The Committee's recommendation will be taken to the GP Workforce Working Group and specific actions to be taken will be informed by the advice of this group.

RECOMMENDATION 3

The Committee recommends that the ACT Government consult with Regional Community Services regarding the demand for transport to medical appointments for the frail aged and people with disabilities

Agreed

The six regional service providers provide information on a six monthly basis on the number of transports provided and any additional demand for services. The ACT Government considers this level of ongoing dialogue as effective and adequate.

In response to demonstrated demand, the Home and Community Care (HACC) program through the annual growth round also provides an opportunity for community transport providers to apply for additional funding to meet the increased demand for medical, para-medical and social transports.

Furthermore, the statement at paragraph 2.26 that "At this stage [the community mini-bus service] is not able to be used to transport people to medical appointments" is incorrect.

The service is for people who are socially isolated through an inability to access public transport. Where people are eligible for the HACC transport program and the purpose of the journey fits within the HACC guidelines, which a medical appointment does, then people are expected to use the HACC funded transport options. However, if people are not HACC eligible and fit the criteria for accessing the community mini bus service, there is no reason why the buses could not be used for transport to medical appointments.

In addition to Communities @ Work, HACC funded community transport is provided by Gungahlin Community Service, Woden Community Service, Southside Community Service, Northside Community Service and Belconnen Community Service.

In 2007-08 the six community regional services received $2.2 m to provide over 109,000 transports to the HACC eligible target group.

RECOMMENDATION 4

The Committee recommends that the ACT Government ensures that Primary Health Care Pty Ltd is meeting its lease requirements by providing the appropriate number of car parking spaces at the Phillip Medical Centre

Agreed

The refurbishment plans for Phillip Medical and Dental Centre were approved by ACTPLA, ACT Government in July 2005. The Crown lease for Block 12 Section 53 Phillip states:

"that the Lessee shall provide and maintain an approved, drained and sealed car parking area on the land to a standard acceptable to the Authority in accordance with plans and specifications previously submitted to and approved in writing by the Authority".

The approved Site Plan indicates 43 parking spaces on site. ACTPLA has confirmed that the lessee has provided the required spaces in accordance with the development approval. As there is no existing breach of the development approval or the Crown lease, there is no requirement for the ACT Government to continue to monitor compliance at this stage.

RECOMMENDATION 5

The Committee recommends that the ACT Government have discussions with the Australian Government with a view to exploring ways that patients can be assisted in receiving information about their rights in relation to accessing their medical records

Noted

In addition to the *Privacy Act 1988* (Commonwealth), since 1997 ACT consumers have had specialist legislation that governs rights of access to health records. The *Health Records (Privacy and Access) Act 1997* gives consumers of a health service in the ACT a right to access their health records, subject to a number of conditions.

The *Health Records (Privacy and Access) Act 1997* also outlines procedures to be followed by health record keepers when consumers make requests for access to their health records, to seek a transfer of their health records to a new health service provider or to seek a transfer of their records to the same health service provider at a new medical practice.

The *Health Records (Privacy and Access) Act 1997* is designed to protect the rights of consumers and offers enhanced protection and rights of access in addition to the protections that are available under the *Privacy Act 1988*. The advantage of the ACT legislation is that the requirements apply equally to the public and private sectors, unlike the *Privacy Act 1988* where different rules apply. In the ACT (and several other States and Territories that have adopted similar health records legislation), there is a recognition that in the provision of health services, the same requirements regarding access to health records and the protection of patient privacy should not depend on whether the health service provider is in the private or public sector.

The Committee advises that the *Privacy Act 1988* allows access to records to be denied for information acquired prior to 2001 if providing access would place an unreasonable administrative burden on the health organisation or cause the organisation unreasonable expense. The *Health Records (Privacy and Access) Act 1997* does not have a similar limitation.

The Australian Law Reform Commission has recommended wholesale changes to privacy legislation in Australia which may require some changes to ACT legislation. The ACT Government is watching with interest these developments and will be responding to any recommendations that may be made.

In 2008 the ACT Government revised and republished its health record brochures to provide consumers and health practitioners with up to date information about their rights and responsibilities under the *Health Records (Privacy and Access) Act 1997*. These brochures are freely available through the ACT Government Health Services Commissioner and at most health services. Brochures can also be found on the ACT Health website at http://health.act.gov.au/c/health?a=da&did=10101609.

In the ACT the health service provider or record keeper are able to charge a reasonable fee for providing access to a patient's health record. Fees are regulated by Ministerial determination. The latest determination is the *Health Records (Privacy and Access) (Fees), Determination 2008 (No 1)* which sets out the maximum allowable fees charged by health service providers to clients who wish to access their health records.

RECOMMENDATION 6

The Committee recommends that the ACT Government use the National Health and Hospital Reform Commission to raise concerns about the impact of the Australian Government legislation on the provision of GP services in the ACT, with particular reference to the Medical Benefits Schedule

Agreed

The ACT Government agrees with the Committee that the National Health and Hospitals Reform Commission (NHHRC) provides an opportunity to raise with the Australian Government many of the issues that have been highlighted in the course of the inquiry into the closure of the Wanniassa Medical Centre.

ACT Health recently provided a submission to the NHHRC, supporting a reform agenda that will focus on enhanced and equitable access to appropriate services, integration, sustainability, prevention, and adequate, flexible funding arrangements.

The submission requests that consideration be given to the inequities and inadequacies of the current Medical Benefits Schedule (MBS).

The ACT Government is concerned that a lower level of bulk billing has resulted in States and Territories being increasingly left to shoulder a growing share of health system funding. The ACT has the lowest rates of bulk billing nationally, resulting in lower levels of MBS payments for GP visits and flow on services such as pathology and imaging.

The ACT Health submission supports in principle a cashing out or fund pooling model, which would correct the shortfall in payments to the ACT (relative to similar populations) from the MBS. The resulting funds could be used more flexibly to support initiatives that could be used to improve primary care access, or support allied health, physician's assistants or nurse practitioners, for example.

ACT Health's submission to the NHHRC highlights the low GP numbers in the ACT and supports an increase in GP numbers in the ACT, through strategies such as increased training places.

The ACT Government is in agreement with the Committee's suggestion that increasing people's choices through the provision of alternative models of services delivery will reduce the impact on patients of business decisions made by corporate owned medical centres. ACT Health's submission to the NHHRC supports alternate models of primary care such as walk-in centres, and the utilisation of other health professionals such as practice nurses and allied health professionals to enhance the provision of primary care. These arrangements would require new funding arrangements to be considered, such as access to the MBS as part of a fund pooling arrangement.