Standing Committee on Health, Community and Social Services

Inquiry into Access to Primary Health Care Services

SUBMISSION

June 2009

Minister for Health
Katy Gallagher MLA

1. Introduction

1. Although data varies on how short the ACT is, the latest Report on Government Services 2009 states that the number of fulltime workload equivalent (FWE) GPs for 2007-08 is:
   i. Urban (Australia) – 90 GPs per 100,000 people
   ii. Rural (Australia) – 80 GPs per 100,000 people
   iii. ACT – 67.5 GPs per 100,000 people

2. The ACT is approximately 74 full-time GPs short of the national average of GPs per head of population (a conservative estimate). This has put increased pressure on ACT Government services such as hospital emergency departments, and the community is reporting to ACT Health that it is increasingly 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.

3. The ACT Government is working to address the GP shortage by:
   - Lobbying to increase the overall number of Australian GP trainees and those training places allocated to the ACT;
   - Attracting overseas-trained doctors;
   - Working in partnership with other key stakeholders;
   - Advertising in the national and medical press;
   - Assisting GP practices with recruitment processes;
   - Providing opportunity for current medical students to experience general practice through a Prevocational General Practice Training Program;
   - Exploring new models of care such as nurse practitioner roles working in partnership with GPs; and
   - Improving our knowledge and understanding of the GP workforce.

2. ACT GP Taskforce

4. An ACT GP Taskforce has recently been convened to investigate health workforce issues in Canberra. The ACT GP Taskforce will consolidate work already being undertaken by ACT Health and the Commonwealth Government.

5. The GP Taskforce is jointly chaired by Ross O'Donoughue, Executive Director, Policy Division, ACT Health and Dr Clare Willington, GP Advisor to ACT Health. Other members of the Taskforce include:

   - Dr Rashmi Sharma, Board President, ACT Division of General Practice
   - Dr Paul Jones, President, AMA ACT
   - Professor Nicholas Glasgow, Dean, ANU Medical School
   - Professor Marjan Kljakovic, Director, Academic Unit of General Practice
   - Veronica Croome, ACT Chief Nurse
   - Janne Graham, health care consumer representative (until June 2009)
   - Ann Wentworth, health care consumer representative (from June 2009)

6. The GP Taskforce Terms of Reference aim:
   i. to review and consolidate work already undertaken by the ACT and Commonwealth governments on access to primary care services in the ACT;

ii. to explore and recommend on legislative options to protect the rights of patients and the health workforce;
iii. to advise on workforce demand and training issues in primary health care, with regard to currently available published information;
iv. 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; and
v. 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.

7. A discussion paper, to engage wide public consultation, was released on Friday 19 June 2009. The discussion paper entitled *Issues and Challenges for General Practice and Primary Health Care: A Discussion Paper* has been included at Appendix A. To avoid unnecessary repetition, please refer to the Discussion Paper for an exploration of the relevant issues.

3. GP Liaison Network

8. ACT Health, in collaboration with the ACT Division of General Practice (ACTDGP) convenes the GP Liaison Network (the Network). The Network aims to improve communication and collaboration between general practice and public health services in the ACT. The Network:
   - considers issues which are of concern to general practitioners, ambulatory care, community, and acute care providers and provide advice and recommendations to the ACT Health's Operations Executive (OPEX) in relation to these issues;
   - identifies and promotes opportunities to enhance and integrate the systems and processes that interface between primary, community and acute care services in the ACT to maximise the effectiveness of available resources and services;
   - identifies gaps in planning and delivery of primary, acute and community care services and promote strategies to address identified gaps;
   - strengthens relationships, liaison and information sharing between primary, acute and community care service providers;
   - provides advice for the planning and facilitation of educational forums/workshops involving GP and general practice issues; and
   - assists in the development of shared care guidelines to help improve patient outcomes through better informed and planned patient management in the continuum of care including discharge planning.

9. The Network meets bi-monthly and is chaired by the Executive Director, Policy Division. It includes representatives from the ACT Division of General Practice, the ACT Health GP Advisor, GP Liaison Units at the Canberra Hospital and Calvary Hospital, the ANU Medical School, Community Health, Mental Health ACT, Aged Care and Rehabilitation Services, Information Management, Capital Region Cancer Service and Calvary Hospital.

4. RADAR Program

10. The Rapid Assessment of the Deteriorating Aged at Risk (RADAR) service is a rapid response program to support older people in the community, when they are becoming unwell and their own GP requires assistance with medical management. The goal of the program is to provide older people with rapid medical intervention to prevent deterioration of their health status and subsequent hospital admission.

11. The RADAR team (comprising medical staff, aged care nurse practitioner and social work) remains in close contact with the aged person's GP and liaises with available services to ensure that timely investigation and multidisciplinary management is available for the aged person in the appropriate environment.

5. CAPAC

12. A Community Acute and Post Acute Care (CAPAC) service is currently being implemented in the ACT. CAPAC aims to provide a framework to improve the capacity for acute health conditions to be managed within the community setting, rather than through attendance at emergency departments and frequent hospital admissions.

13. CAPAC is commencing with guidelines developed in partnership with general practitioners for the management of cellulitis, deep vein thrombosis and community acquired pneumonia.

6. GP Workforce Working Group

14. ACT Health and the Australian Medical Association (AMA) have jointly reconvened the GP Workforce Working Group to inform discussion, help set direction and consider general practice workforce strategies in the ACT. The Group aims to foster stakeholder collaboration on:
    i. Attraction and Retention of GPs
    ii. Training of GPs, for example, opportunities for increased training places
    iii. Possible new models for provision of primary medical care, especially in the areas of need such as residential aged care

15. Through the GP Workforce Working Group, ACT Health and the Australian National University Academic Unit of General Practice and Community Health have commenced a research project into sessional (part-time) GPs in the ACT. This project seeks to build knowledge about why working hours within the ACT GP Workforce are decreasing.

16. As part of the 2007–08 2nd Appropriation, the ACT Government has provided funding of $281,000 over four years for a marketing and support position (0.5 full-time Senior Officer Grade C) to work in partnership with the ACT Division of General Practice (ACTDGP) to address GP workforce shortages.

17. This officer was recruited in May 2008 and since her appointment:
    i. 12 Area of Need authorisations have been approved and one more is pending;
    ii. 47 genuine calls of interest have been received;
    iii. 7 GPs have commenced;
    iv. 8 GPs have been offered positions to commence in 2009;
    v. 10 suitable applicants have indicated that they may move to the ACT in 2009; and
    vi. 5 others are going through the Royal Australian College of General Practice (RACGP) assessment process.

7. GP Advisor

18. The ACT GP Advisor participates in planning and setting strategic goals for the ACT primary health care system, maintaining productive relationships between ACT Health, General Practice and other service providers.

19. The position involves the provision of effective, timely advice and briefings to the Chief Executive and Deputy Chief Executive on matters related to primary health care services. While reporting to the Executive Director of Policy Division, close liaison with the Chief Nurse, the Allied Health Advisor, other Senior Executives in ACT Health, other ACT Government agencies, major peak professional bodies, health professionals, consumers, and other stakeholders is required. The role requires the GP Advisor to maintain current registration as a medical practitioner in the ACT, and possess current vocational registration as a General Practitioner.

20. This role has been instrumental in raising the profile of primary health care in the ACT Health system and strengthening the partnership arrangements and communications between ACT Health, peak medical professional bodies and general practice more generally.

8. 2009 – 2010 ACT Budget Initiatives

21. $1.3 million of the budget will be allocated to the ANU Medical Graduate Scholarship scheme. Up to five scholarships ($30,000) in the first year and up to ten (depending on the number of training positions available) in subsequent years will be provided each year to keep ANU Medical School graduates working in Canberra.

22. In addition the scholarship scheme, $1.5 million over four years has been allocated to the GP Placement program for junior doctors. Furthermore, $3.5 million of the budget has been allocated to the Teaching Incentive Payments Scheme, which will provide $300 per day to general GPs who mentor and train ANU Medical School students.

23. The budget allocates $4 million over the next four years to the ACT GP Development Fund (the Fund). The Fund will provide one-off incentive payments to GP practices (either within or external to the ACT) for initiatives such as attracting staff, enhancing practices and establishing new services.

24. $1.9 million over four years has been allocated for a business-hours aged care GP locum service. The objective of this initiative is to free up GP practices to provide care to people who cannot travel easily (such as residents of aged care facilities) and reduce pressure on after-hours services and our emergency departments.

25. Although it is difficult to quantify the impact these initiatives will have on GP numbers in the community, there is already informal evidence to suggest positive results. For example:

- feedback from the medical students who have been spending time in GP practices has been very positive, and although the program has been running for a short time only, one student has already indicated that they will be pursuing general practice as their specialty; and
- feedback from general practitioners in the ACT via the GP Workforce Working Group has indicated that support in the form of a locum to fill in for GPs while they are attending to patients away from the clinic, will help prevent burn-out of our existing workers, as well as increasing the capacity of our GPs to service currently underserviced areas such as residential aged care facilities.

26. It should be noted that there are many factors impacting on GP numbers, most of which are outside the control of the ACT Government, however, these initiatives have the support of the RACGP and have been warmly welcomed by the ACT Division of General Practice.

27. The latest Commonwealth Health Budget invests in a broad range of health strategies, but incorporates some measures to address the Australia-wide shortage of GPs, including:

- $148 million over five years for additional GP training places in 2009 and 100 new places in 2010, and to provide 22 Remote Vocational Training Scheme GP training places from 2011. In addition, 212 GP training places are being provided through the COAG package from 2011. This will permanently increase the number of GP training places to more than 800 places per annum from 2011 onwards—a 35 per cent increase on the cap of 600 places imposed since 2004; and
- encouraging more junior doctors to become GPs by investing an additional $41.2 million over four years in high quality, supervised, general practice training under the Prevocational General Practice Placement Program.

28. The ACT Health initiatives work hand in hand with the Commonwealth Government's plan for growing more GPs, by providing incentives to train in the ACT rather than elsewhere. In addition, the ACT initiatives complement the Commonwealth initiatives by supporting current GPs - providing necessary incentives to attract working GPs to the region.

29. With regard to e-health, ACT Health has undertaken a number of initiatives to improve the accessibility to and flow of information between ACT Health and the Primary Care Sector. These initiatives include:

- Electronic Discharge Summary - The submission of electronic discharge summaries from The Canberra Hospital, via a secure messaging service, to the GP's Practice Management Software. Project is nearing completion.

- E-referrals - The submission of electronic referrals from GP Practices to ACT Health and the notification back to the GP's Practice Management Software that the referral has been received, the patient has been triaged and the patient has been booked for an appointment and the date and time of that appointment. E-referral is currently being trial within The Canberra Hospital and with seven GP practices and is intended to be rolled out for use by all GP practices who may wish to participate and to other areas of ACT Health.
- Other electronic notifications - ACT Health is currently working on enabling the electronic transmission of event notifications (admissions and discharges from hospital), breast screening letters, and medical imaging reports, via the secure messaging service to GP Practice Management Software, to improve the communication of information from acute to primary care.

30. Other ACT Health 2009/10 budget initiatives include the allocation of $90.2 million to enhance e-health capacity in four ways:
    i. Provision of personal electronic health records to aid informed decision making;
    ii. Establishment of digital hospital and health care infrastructure to enable fast and effective exchange of clinical information;
    iii. Enhancement of decision support systems to assist with safe, accurate and timely prescription and dispensation of medication; and
    iv. Expansion the ACT Health patient administration system to include the Calvary Hospital, adoption of an ACT wide staff rostering service, and implementation of a state of the art diet and food management system.

31. $8.2 million has also been allocated to expand allied health, nursing and midwifery services in the ACT.

32. $51.3 million has been allocated for the construction of an enhanced community health centre in north Canberra. This centre presents an opportunity for an integrated approach to primary health care delivery, with the possibility of including GPs as part of the multi-disciplinary team, along side diagnostic services and outpatient services on the same site.