



# Submission to the ACT Legislative Assembly Standing Committee on Health, Community and Social Services

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## Introduction

Anglicare Canberra Goulburn (CG) appreciates the opportunity to provide a submission to the House of Representatives Standing Committee on Health, Community and Social Services.

## Overview of Anglicare Canberra Goulburn

Anglicare CG has been delivering community services in the ACT, NSW South Coast, Goulburn and South Western NSW for over 100 years. The range of services include youth and family services, out of home care, child care, disability respite, specialist youth health services, mental health services and programs to support carers include respite care and a specialised service (CYCLOPS program) focussed on the needs of young carers.
Anglicare is the social service arm of the Anglican Church. We are values based organisation and we believe in the worth of every individual. Every individual has a right to be treated with dignity and respect and to be given the opportunity to participate in society both socially and economically.
Our policy and program responses are informed by our service practice and input our clients and community stakeholders. This submission is based on the experience gained by our program manager and clinicians with client input. Anglicare Canberra-Goulburn has a commitment to having representation with peak body organisations, advisory panels and committees to inform our service practice and to advocate on behalf of the people whose lives circumstances we seek to improve.

## The Junction Youth Health Service

The Junction Youth Health Service has been providing free health care for young people in and around ACT for the past ten years. The Junction is located in Civic and has a multidisciplinary team comprising of a GP, a paediatric registrar, a health manager, several clinical nurses, a midwife and a counselling team. The Junction is open from 12:45 to 5:00 PM Monday, Tuesday, Thursday, and Friday and 10: to 5:00 PM on Wednesday and has provided health care to over four thousand clients throughout the past ten years.

Young people are triaged at reception and every effort is made to connect them with appropriate members of the clinical team to have their health needs met. Whenever client's needs can't be met, referrals to other relevant services are made and young people are also encouraged to return to the Junction where possible. While clients can be referred to the Junction, referrals aren't essential. Young people are encouraged to make appointments however with the nature of young people, particularly at risk or homeless young people, the Junction understands they are not always able to make appointments. Hence, there is a need for reception staff to perform triage duties. Much of the health care provided by the Junction is completed on an opportunistic basis. The Junction understands that with many young people, another opportunity for

health care may not arise and therefore endeavours to work with young people whenever possible.

The Junction was initially established as it was realised that young people are reluctant to access mainstream GP's, In particular, at risk or homeless young people. They found these services not youth friendly and viewed them as judgemental and insensitive to their personal needs. Much emphasis was placed on creating a youth focussed service; the Junction, which provides a safe environment and interventions that are youth friendly. Being able to engage with this diverse group of young people has been a major factor in the success of the Junction. The increasing demand on GP's in the community coupled with the lack of GP's taking on new clients and lack of GP's willing to bulk bill has lead to greater demand on the Junction over the past five years. One of the greatest challenges for the Junction has been to increase its capacity and clinical management procedures without losing its youth friendly focus.

In 2009/ 2010 financial year ACT Department of Health granted additional funding to the Junction to expand its services to include outreach programs to the Gungahlin/Belconnen and Tuggeranong regions of the ACT. The Junction recruited two teams, each consisting of an outreach youth nurse consultant and an outreach youth worker. Each team was then allocated a region. The role of each team has been to develop partnerships with GP's and other allied health services in their regions as well as develop partnerships with youth centres, schools and other youth services in their region. The ultimate goal being to connect young people to GP's and other allied health services in their own communities.

As these partnerships have been developed the teams have commenced operating programs and "in times" at the various schools and youth services in their regions. Programs offered include various health education workshops and health promotion activities. The health promotion activities include attendance at various health promotion forums as well as conducting groups such as healthy cooking and dance/fitness.
During "In times" teams attend a school or youth service without offering structured programs or activities. These times offer opportunity for the teams to engage with young people on an informal basis. Nurses may use these times to offer health assessments to young people and where required make referrals. The youth workers will offer support on youth work items such as accommodation, D & A issues, income etc. The outreach service also includes assisting young people with all aspects of health appointments from providing bus tickets to providing transport and advocating for young people (where requested) during their appointments.

The Junction also offers support to GP's and other allied health services willing to work with the outreach teams. The Junction nurses will offer skilled support to the GP's thus minimising their workload to essential only interactions with clients. The youth workers will be addressing all youth work

support needs. By offering this support the Junction is hoping to make the partnerships more attractive to GP's and allied health services in their regions.

While establishing partnerships with GP's has been the biggest challenge to the success of the program the Junction has managed to develop several partnerships already and is optimistic about developing further partnerships and the ongoing development of this new and innovative health outreach program . In light of the above the Junction welcomes the opportunity to respond to the following terms of reference.

**Terms of Reference**

**The role of nurse practitioners, allied health assistants and other health professionals in providing primary health care;**

The role of the Nurse Practitioner (NP) is one of an expanded clinical practice within the scope of nursing. The NP adheres to the Australian Nursing Midwifery Council; National Competency Standards for Nurse Practitioners and the Commonwealth and State legislation relevant to their expertise area of nursing practice. NP's are not a substitute for a Doctor but, operates as a component of a health care team including other health care professionals to provide a safe and effective primary health care. Within their scope of practice the NP can assess patients, prescribe medications, order and interpret diagnostic investigations (including imaging), initiate and accept referrals. Nurse practitioners need to be utilised efficiently in areas of extreme disadvantage in the community and public transport must service these areas to make it accessible for young people.

NP's would be an essential part in improving the health care and wellbeing needs of high risk and homeless young people who don't access mainstream GP's. As part of a NP's clinical assessment they can focus on intervention and prevention programs. As the GP's have a lack understanding, flexibility and consult time constraints to engage this diverse group.

In 2008, The Australian College of Nurse Practitioner identified that only 50% of authorised NP's in Australia is employed as NP's.

**GP clinic closures since 2001;**

Noted closures of GP clinics has increased the pressures for remaining GPs and therefore these abandoned clients from these services have subsequently increased the demand on the remaining GPs. With the extra stress of additional clients requesting GP services, many GPs have subsequently "closed their books to any new clients".

Clients are forced to wait for appointments at Extended Hours Medical Clinics often have to see a different GP on each occasion. Young clients are often reluctant or unable to provide accurate medical histories and this coupled with the inconsistency of the GPs available can impact significantly on continuity of

care. Also many clients report they “would rather just be sick than have to line up and feel they didn’t get the help they needed”. Many of these clients are the most vulnerable and socio-economically challenged people in our society.

**The current level of GP shortages in the ACT and the reasons pertaining to this shortage**;

The establishment of the ANUMS (ANU Medical School) may help to address the GP shortage in the future.

Meanwhile it is noticed new buildings called “medical precincts” are under construction in parts of ACT.

Many GP’s have expressed that the work that appeals the most to them involves a small ‘family type private practice’ which is no longer financially viable. Instead the need seems to be for an ‘Express Doctor at a Patient Supermarket’. They make comments about having to work within the bounds of a Medicare billing system and being scrutinized and audited at verbatim.

**How to arrest, and reverse, the decline in GP numbers in the short and longer term;**

The ANUMS and TCH (The Canberra Hospital) partnership needs to continue. The shortfall could be addressed by introduction of mandatory/voluntary GP placements for Medical Students, Internships, and Resident Doctors at Suburban Medical Practices, including NGO clinical placements.

The Government needs to increase support to Suburban Medical Practices:

Measures such as offering subsidized or free rental for these practices, subsidized or free utilities, address, and decrease ‘red tape’ of insurance issues which prohibits practices from using outside support services; decrease the constant monitoring of ‘Medicare Fraud’ interrogation (remember these medical professionals are bound by a code of ethics) and provide a national registrar for all medical professionals to protect them and their clients.

An Australian remunerations document (2) clearly demonstrates the huge disparity between like wise professionals and GPs. This demonstrates a reason why GP numbers are possibly declining. GP remuneration of $88,877 is based on Medicare income earned from personal exertion by working a standardised 40 hours/week (excluding profits or losses from other activities e.g., engaging locums). This is compared with the average annual income of accountants $123, 8326, lawyers $133,262 and engineers $124,782.

**Strategies to attract and retain GPs in suburban clinics;**

Increase financial incentives (suggestions as above).

Increase support services for the GPs such as: Nurse Practitioners, Skilled Practice Nurses, Receptionists, Practice Managers, and Allied Health Professionals

**Linkages between Government and non government health care providers including innovative and best practice models; and any other related matter**;

Currently, NGOs (Non Government Organizations) are unable to work 'along side GPs' in suburban practices due to many restrictions including lack of space, insurance issues and clinical governance. The Junction Youth Health Outreach Program now regularly liaises with GP's and encounters many barriers which prevent best practice care for the clients.

Firstly, GP's in suburban clinics have very limited space to enable NGO health professionals to 'sit alongside them' to provide pre or post appointment education and support and follow up services to the client. Managers at these practices have explained this difficulty due to premium costs for clinic space (rental, facilities, auxiliary services, and insurances), thereby having to account for all allocated space for client care to be financially viable. NGO Health Professionals do not charge any direct payment for their services, and therefore no fee is payable or claimable to the Practice.

Secondly, GP's have their own insurance schemes which cover staff indemnity employed by their practice only. This precludes NGO services sharing a practice space. If NGO's health services were able to share a space and assist with client care, this would provide a user friendly service for both the client and GP to provide holistic care. For instance, The Junction Youth Health Service located in the Canberra City currently operates with only one part-time GP, one part-time Paediatric Registrar, one part time Midwife, one Mental Health Nurse, one Counsellor and two Youth Nurses working collaboratively to provide care for all their clients. This model demonstrates how a 'team' of non exclusive GP's and health professionals can work together to provide best practice care. Additionally, in many instances ACT suburban GP Practices sit nearby ACT government facilities which also preclude access for NGO health services. An example of this is the Cinder Family Practice and the ACT Community Health Building, which are physically located less than 500meters away from each other but do not work together.

Most importantly, much of the care provided by NGO's is primary health care and health promotion; early intervention and prevention. This type of service assists clients to stay well and thereby possibly alleviating future ongoing GP appointments for illness. For example, a young person who may be initially contacted through a Youth Centre by the Youth Nurse may need STI (Sexually Transmitted Infections) information and screening, contraception counselling and a possible medication order. Most of this care could be

attended by a NGO Nurse using approved clinical proforma's and guidelines. Consequently, this young person would require only a brief consult with their GP to obtain essential treatment and a possible a script. If a suitable location at or near a GP practice was available this would enable NGO's such as The Junction Youth Health Service and GPs to work collaboratively providing the young person with best practice evidence based holistic care. This may see an increase in access by at risk or homeless young people who are often challenging to connect with due to their complex health needs.

One of the most consistent findings in health services research is the gap between best practice models (as determined by scientific evidence), and actual clinical care. If an improvement in health care delivery is to be achieved, an emphasis must be placed on understanding the problem, the barriers, and effective strategies to implement change. For instance, physicians may need to revisit the guidelines, support services and financial incentives, whether it be government or practice based, to provide tailor made primary health care interventions (1).

The abundance of research demonstrating the significance of the widening gap between best practice and actual clinical practice is evident and continues to be a challenge to a collaborative approach.

Reference

(1) Richard Grol and Michel Wensing (2004) *What drives change? Barriers to and incentives for achieving evidence-based practice.***MJA** Vol 180 (15) March Pp. 57-60

(2)Medicare Schedule Review Board Remuneration Rates Study Executive Summary
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