



RACGP Tasmania

11th July, 2022

Ms Kathrine Morgan-Wicks
Secretary
Department of Health
GPO Box 125
HOBART TAS 7001

Email: ourhealthcarefuture@health.tas.gov.au

Dear Kathrine,

Re: Our Healthcare Future: Advancing Tasmania's Health consultation

The RACGP welcomes the opportunity to comment on the various issues presented in the Our Healthcare Future: Advancing Tasmania's Health consultation paper. We thank you for the extension in time to respond.

Prevention is the key to better health in Tasmania. Keeping patients out of hospital by receiving high quality, primary care should be the goal of health reform. Governments pay more for a single hospital admission than for a patient to see their GP for a 20- minute consultation, twice a week, for an entire year. The RACGP is calling for a 10% increase in the Medicare rebate for longer consultations (time to care for our more complex patients) and follow-up appointments for patients within one week of discharge from hospital.

The RACGP would advocate investing in general practice infrastructure with grants to practices for upgrading infection control processes – air conditioning systems, segregation of patients presenting with infectious diseases. This would then allow practices to see patients and keep them out of hospital – we feel this is a better use of funds than merely building more hospital beds. Increasing COVID@Home capacity and Hospital in the Home (HiTH) capacity would also keep patients out of hospital and we would support this.

The future of the health workforce is of real concern to the RACGP. With only 15-18% of medical graduates now seeking a career in General Practice, compared to 50% in the past, urgent strategies are required to encourage more junior doctors into general practice. This could be done by increasing the Medicare rebates and other financial incentives, providing avenues for extension of skills and providing opportunities to participate in research (e.g. with conjoint University appointments). In the past, the PGPPP (prevocational general practice placement program), or a compulsory GP rotation for junior doctors has increased graduate demand for general practice specialisation and may be of benefit again. High- quality medical student placements in general

practice are also essential as this is often a time when medical students decide that general practice is not their preferred option.

Strategic Ambitions:

Building the health workforce – It is critical for the future of healthcare in Tasmania to look at innovative ways to attract more health care workers to the State. These ways may include improvement of remuneration of junior doctors so that it is commensurate with their mainland colleagues. Registrars taking on the general practice specialisation pathway take a considerable pay cut to do so. This makes GP training less attractive to junior doctors and needs to be addressed. The remuneration of a general practitioner compared with other specialities (physicians etc) is vastly less and this makes choosing general practice a much less attractive option for many junior doctors who are finishing medical school with huge HECS debts.

Strengthening prevention – the RACGP is very supportive of improving health literacy, starting with children in Primary School and we would support the introduction of health programs used in other states such as the Healthy Harold van which visits schools every year and provides health literacy education to children at all ages. With current time pressures on GPs and the increasing complexity of care required for most patients, it is difficult for GPs to provide as much health education to their patients as they would like. It may be of benefit for GPs and practices to form links with local schools and if there was increased funding to allow for nurse coordination of this education this could also be helpful.

Patients in Tasmania tend to have more complex health needs than in other areas. We have higher rates of obesity, smoking, poor nutrition, mental health issues and general poor health. These patients require longer consultations to deal with their complex health needs and Medicare funding needs to increase for the longer consultations to support GPs to do this vital work (which also keeps patients out of hospital and saves the State Government the high cost of admissions).

Better and more accessible community care - The RACGP is very supportive of providing better and more accessible community care. We would ask that a State- run clinic is not operated in an area where the care is provided in direct competition with an existing General practice – other than in a rural or remote location where State infrastructure is available, but there is no GP service on the ground. We would suggest that supporting existing practices that are struggling with funding, including infrastructure grants would allow existing GP clinics to expand and with ongoing State Government funding, to support the provision of after-hours care to keep patients out of hospital. This financial support could include items such as a wage subsidy for practice nurses/ receptionists, rent, insurance, power, medical equipment, and consumables. We are also supportive of a hybrid funding model which would allow the State Govt to co-fund GP consultations to make healthcare more affordable for our most vulnerable.

Delivering the health infrastructure of the future - The Department of Health IT upgrade to improve communication between the THS and primary care would be welcomed. This would ideally include real-time monitoring of a patient's admission, discharge planning, investigation results, medication charts and outpatient appointments. The benefit of such an IT upgrade would be to minimise unnecessary re-admissions to hospital where there is confusion about medications etc from poor discharge paperwork.

Challenges and drivers:

Tasmanian Demographics – Tasmania has the oldest population in Australia, and this is expected to increase further by 2040, resulting in an increased need for primary care services to keep people well in their homes and out of hospitals. There is more need for preventative care and support for managing the complex health care needs of our population.

Tasmania has only 44% of its population living in the capital city, so the geographic dispersal creates challenges for our health care services and these challenges can be bridged by general practice if well supported and well-funded particularly in rural and remote areas.

Fiscal Challenges – The RACGP understands that health is the largest single category of expenditure for the State Government at 32.5% of expenses in the 2021-22 budget. Investment in primary care has been shown to reduce expense in the hospital sector and innovative shared funding models (such as the Urgent Care centre at Newstead Medical), have provided evidence of this. The RACGP's Vision for General Practice – a sustainable health care system, if implemented, was shown by Price Waterhouse Coopers to produce an annual saving to the health care system of \$4.5 billion.

Climate Change – we are already seeing the impact of floods, fires, heat, and cold temperatures to the health of Tasmanians and we acknowledge that this will only increase over time. General practice is able to focus on improving the health of Tasmanians by improving health literacy, exercise, activity, diet and addressing the social determinants of health. These issues are all complex and require innovative funding models.

Responding to future need – The availability of primary care services is vital to the ongoing performance of the health system. A reduction of primary care services would see an increase in demand on the public hospital system with huge financial impacts for the State Government. The RACGP would suggest that we look at a blended funding model rather than the current siloed funding. State Co-funding would allow rising practice costs (above what is supported by the Medicare rebate), not to be passed on to patients who would otherwise not be able to afford timely access to a GP.

Better and more accessible community care – General Practitioners are the first point of contact for most patients – an average of 83% of all Australians see a GP every year. We would support efforts to keep patients out of hospital by being able to provide high quality, timely care in the community via GPs and Allied Health professionals with the GP at the centre of the patient care. Out of hours clinics or extended hours practices, more general practitioners, better Medicare remuneration or blended funding models with state govt funding top ups to provide out of hours care.

The RACGP welcomes the Tasmanian Government's efforts to work more closely with the Australian Government, Primary Health Tasmania, and other relevant bodies to explore the introduction of new and innovative models of care outside of the hospital setting including funding structures to support them, and the RACGP would welcome inclusion in these discussions.

Telehealth strategy needs to allow longer consultations via phone as many people in Tasmania are either unable to connect to video for consultations due to lack of internet coverage or they are older and unable to manage the technology.

Collaborative health care is essential. We would welcome the opportunity to meet with Government and discuss options of health provision during the consultation phase prior to public release of these policies impacting general practice. The RACGP would happily support policies which we have been instrumental in planning.

In practice, a multi-disciplinary team provides high quality care to patients, and we would support the strengthening of general practice teams to allow non-GP health workers to function to the full scope of their clinical competence in a collaborative and coordinated model of care with the GP as a central figure managing the overall patient care.

Equitable health care does not mean universal free health care. The RACGP supports the concept of mixed-billing practices, where people who can afford to pay do so. General practice is not sustainable on bulk billing rates alone. We would support a blended co-funding model with the State Government to allow GPs to bulk bill those patients who are genuinely unable to pay for their healthcare, while keeping general practice sustainable.

The RACGP is very supportive of general practitioners being at the centre of their patients' healthcare, and then coordinate referrals to allied health, social prescribing opportunities, specialist doctors etc to support the patients' well-being in the community. We are supportive of models of 'intermediate care' such as COVID@Home, Hospital in the Home, and Community Rapid Response Service to support patients in their homes rather than having to be admitted to hospital.

Extending the scope of practice of other clinical professions needs to be done extremely carefully. Pharmacists are very keen to extend their scope of practice and the recent Pharmacist prescribing trial in Queensland has shown the potential for harm that occurred, and which has been written about extensively. We would support all health practitioners working to the full extent of their scope of practice provided it does not lead to worse clinical outcomes, fragmentation of care or increased health expenditure. The RACGP supports nurse practitioners, pharmacists and paramedics working in collaboration with GPs within a practice environment where the GP plays the central role in coordinating care.

The RACGP supports the concepts of embedding preventive health strategies across the health system. The social determinants of health such as community connections, positive mental health, and wellbeing, limiting harmful alcohol use, smoking cessation, good nutrition and living active lives are a great way to reduce the incidence of chronic health conditions and to improve health outcomes for Tasmanians.

Partnering with Consumers and Clinicians – the RACGP is very supportive of the Tasmanian Health Senate, and we feel it is very important that we are involved in this Senate. We are also supportive of the Future Health Leaders Forum but again stress the need for the RACGP to be involved in this forum.

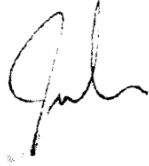
Building the health workforce – In order to build a pipeline of future GPs, registrar remuneration and conditions need to be on-par with hospital registrars. We need increased exposure to general practice for medical students, graduates, GP rotations for Junior Medical officers as a part of their hospital rotations in the first two years of practice. We would also request an increase in the Medicare rebate, blended funding with the State and Commonwealth, and we would support medical, nursing and Allied Health in-practice teaching in conjunction with UTAS.

Next steps: Clinical Services planning

Governance – It is essential that the regional reference groups for the North, North-West and South have general practice integration in order to be successful. There is a risk of continued siloing of care unless general practice opinion is sought on development of a changed service model delivery. It is essential that whatever model is developed will blend seamlessly into the general practice workflow and existing service model delivery.

Conclusion - The RACGP represents the majority of General Practitioners in Tasmania, and we welcome the opportunity to comment on the 'Our Healthcare future – advancing Tasmania's health' document. We are generally supportive of most of the issues raised by the State Government and would welcome the involvement of the RACGP throughout the reform process.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Tim Jackson', written in a cursive style.

Dr Timothy Jackson
Chair, RACGP Tasmania