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# Special Commission of Inquiry into Healthcare Funding

## Witness Outline

**Name:** Dr Robin Williams

**Occupation:** Chair of the Board of Directors at Western Health Alliance Limited

1. This is an outline of the evidence that it is anticipated that the witness will give to the Special Commission of Inquiry into Healthcare Funding.

### A. Role and Overview of Western NSW Primary Health Network

2. I am a General Practitioner (**GP**) in private practice in Molong, New South Wales. My practice also provides an outreach service to Yeoval once a week. I have practiced in Molong since about 2007. Prior to that, I practiced in Gulgong for about 10 years, having emigrated from the United Kingdom to Australia in 1997.
3. Since 2007, I have been a Visiting Medical Officer (**VMO**) at the Molong Multipurpose Service, where I am on call four days per week and do ward rounds on the other three days per week. I also conduct weekly rounds in an aged care facility in Yeoval operated by UPA of NSW Ltd
4. I am the Chair of the Board of Western Health Alliance Limited (**WHAL**). I have held this role since 2019, having been a Board Director since 2016. WHAL operates the Western NSW Primary Health Network (**WNSW PHN**). The WNSW PHN is one of 31 Primary Health Networks across Australia, established to support frontline health services and increase the efficiency and effectiveness of primary health care. The WNSW PHN is a not-for-profit organisation primarily funded by the Commonwealth Government.
5. The WNSW PHN covers the area comprised of the Western NSW Local Health District (**WNSWLHD**) and Far West Local Health District (**FWLHD**).
6. I am also a member of the Charles Sturt University Council and a previous member of the NSW Ministerial Advisory Committee on Rural Health.

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7. I am also a clinical lecturer in General Practice at the University of Sydney's (**USYD**) School of Rural Health, and our practice has Medical Students from USYD and Charles Sturt University (**CSU**) attached for usually three blocks a year. We also have GP Registrars from both the Royal Australian College of General Practitioners (**RACGP**) and the Australian College of Rural and Remote Medicine (**ACRRM**).
8. Between 2005 and 2010, I was a member of the Greater Western Area Health Service Advisory Committee and was Chair of the Board of the WNSWLHD between 2010 and 2016. Between 2003 and 2014, I was also a director of the Rural Doctors Network and was Chair of the Rural Doctors Network Board between 2005 and 2007.
9. Attached to this outline and marked 'A' is a copy of my CV.

### **B. Integrated care**

10. There is a need to prioritise the provision of providing integrated care to communities in rural and remote locations.
11. In my view, achievement of that aim is facilitated by clinicians having a high degree of autonomy to do things locally; and to implement a "whole team" approach to chronic care with a view to keeping people out of hospital.
12. If clinicians on the ground were able to focus on interventions at an early stage, before a patient's condition gets worse, it would deliver benefits to patients and lead to efficiencies in the delivery of care. Fee for service while encouraging activity does not really address preventative measures. There is a need for a mixed fee for service and block funding model to be developed as a matter of urgency and for a team-based approach to patient care to be funded so that each clinician can practice at their top of scope of practice. Allied health clinicians need to be more securely remunerated, allowing more flexibility in employment so that individual clinicians can work across several sites.

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13. There are a lot of local Multipurpose Services (**MPS**) in rural and remote communities, and in my experience, GP VMOs in those communities attempt to implement a seamless approach to service delivery by having patients and clinicians work together to shape and deliver care. However, the current funding structures and models can make that challenging. For example, if I see a patient at the MPS one day as a VMO and then review that same patient at my own practice the next week, both occasions of service would attract a different funding stream even though it involves the same patient and the same clinician, addressing the same medical condition.

### C. Access to primary care

14. The ability to access primary care in rural and remote locations is a significant issue. Whilst in Molong we have a number of GPs at present, I am aware of other towns and regions that may not have sufficient local GPs, with an aging workforce and no viable succession plans.
15. In my view, one option may be for NSW Health to collaborate with organisations such as the Rural Doctors Network, the Royal Flying Doctors Service (**RFDS**) and the Primary Health Networks (who have expertise in primary care) to develop and deliver primary care services which would service the thin markets. In my view, if service planning for primary care is done with partnership of NSW Health and local partners, with funding from the NSW Government and Commonwealth Governments, we could make a difference to a lot of the smaller communities.
16. The primary health care market is failing, and you cannot buck a market, so Government has to step in and control the market.
17. The WNSW PHN is presently mapping all our communities to identify at a Local Government Area level what is needed to provide sustainable primary care, such as seeing which communities should be prioritised for receiving GPs. This work is underway but not yet completed.

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### D. Funding for WNSW PHN

18. The initiatives commissioned by the WNSW PHN are Commonwealth-funded. There is scope for a blended funding model if there was a unitary authority responsible for primary health care - the important caveat is that funding must be guaranteed, otherwise secondary and tertiary care services will squeeze the funding and Primary Care will fall even further behind
19. In my view, the WNSWLHD and the WNSW PHN should be working together on clinical planning in order to develop local solutions across the spectrum of primary, acute and aged care. For example, since the start of 2024, we have set up a governance group at a board sub-committee level, to look at programs the WNSWLHD and FWNSWLHD and the WNSW PHN would like to work together on to drive change. I envisage that the Local Health Districts and Primary Health Networks should co-design service solutions for specific locations of crisis, with local community input – a place-based approach to service provision from the bottom up, not the top down. To do this we need a unified authority to oversee this with ring fenced funding which will not be siphoned back into larger centres. Primary care is constantly underfunded, with more funds being channelled into secondary and tertiary services which are far more expensive and this exacerbates the funding crisis in health. The closest collaboration which could achieve this is a unitary authority funded by State and Commonwealth Governments to take responsibility for thin or failed markets. Memorandums of Understanding (**MOUs**) between different organisations end up with planning documents but very little actual activity, and the two arms of Government are able to shift responsibility – one arm of Government has to take control in thin markets. It would seem logical that since NSW Health is increasingly becoming the default provider of health services in failed markets such as small communities in Western and Far Western NSW that it develops an independent adequately funded primary care authority to provide primary and hospital care in all the communities outside Dubbo, Bathurst, Orange and

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Broken Hill which are failing. Where primary care is thriving then the traditional models can remain – these communities are however decreasing in number at a very rapid rate and I suspect that all General Practice will be at crisis point within a decade, if not sooner, unless a fundamental change is implemented now.

### **E. Workforce**

20. Like many rural and regional areas, the region covered by the WNSW PHN faces challenges in recruiting and retaining the clinical workforce. Those challenges are particularly evident in the primary care space.
21. Addressing those challenges can be impacted by whether a particular area is deemed as being rural or regional for training purposes. For example, as I understand it, from January 2025, Lithgow will be classified as a rural area, meaning registrars can elect to do their “rural” term in Lithgow rather than other areas one might consider truly rural areas. The vast majority of small rural towns already haven’t had any allocated GP registrars, for term 2 of 2024, and in my view, an approach of this kind to regional/rural classification will make attracting trainees to rural towns in the western areas of NSW more difficult. The RACGP should be mandating that registrars are allocated to rural towns before allocating to regional centres. Going to a regional centre as a GP registrar is not much different from practising in the outer suburbs of our capital cities, so a rural term should mean a small community.
22. In my view, there is an opportunity to develop a whole of system approach to the allocation of placements for medical schools to identify where practitioners are needed. For example, there could be a benefit in developing a single pathway, from medical school to becoming a qualified GP or specialist, which could include allocating interns and registrars in a way that looks at the needs of particular communities.

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23. There is also an opportunity to develop a pathway for rural registrars that better supports young doctors who can work in rural areas. In my experience, there is a reluctance among some young doctors to enter into General Practice due to the uncertainty and challenges that accompany being a small business owner, particularly in a rural and remote area.
24. Additionally, delivering primary care in an integrated way involving GPs, nurses, paramedics and allied care staff working at the top of their scope of practice, could help alleviate pressure on GPs.

### **F. Technology**

25. Ideally, in order to deliver care in an integrated way in regional and rural areas there would be a single record available to all care providers. This database would cover and be shared across all the towns, and could support the remote supervision of registrars utilising a hub and spoke model with the four main towns acting as the hubs. Such an approach could also enable linkages with other care providers like Aboriginal Community Controlled Health Organisations and the RFDS. It could be considered too ambitious, but ultimately, I think it is what we need to do – piecemeal and band aid solutions have bedevilled provision of health in rural areas for the last 25 years. We need a fundamental and radical overhaul of our system.

**Name:** Dr Robin Williams

**Date:** 16 May 2024

## Annexure A



# Robin Williams

Chair - WNSW PHN

## Qualifications

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- MBBS (University of London)
- LRCP MRCS (England)
- DRCOG (England)
- Family Planning Certificate (England)
- Joint Certificate of Training in General Practice (UK)
- FRACGP

## Current Positions

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- General Practitioner and GP Registrar Supervisor, Molong HealthOne and providing weekly outreach clinic to Yeoval, including Yeoval UPA nursing home.
- GP Visiting Medical Officer to Molong MPS (Multipurpose Service) - 10 acute/sub acute beds and 20 nursing home beds.
- Clinical Lecturer, General Practice, School of Rural Health, University of Sydney (providing placements in General Practice for undergraduates).
- Board Director Western NSW Primary Health Network October 2016 - present, and Chair since July 2019.
- Member Charles Sturt University Council July 2021 - present.

## Achievements

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- Syntex Award Winner for best research project by a GP Registrar in Wales 1985 - audit of epilepsy care.
- Co-Presented paper on Integrated Care in Western NSW at 16th International Conference in Integrated Care in Barcelona, May 2016.
- Molong Citizen of the year 2019.

### Phone

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### Email

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### Address - Practice

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103 Bank Street Molong  
NSW 2866

### Address - Residential

2818 Mitchell Highway  
Molong  
NSW 2866

## Additional Information

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- Married 38 years to Nicola, a Registered Nurse.
- Three children, aged 34, 32 and 27, all educated to year 12 in Central Western NSW.
- Australian and British Citizen.
- Full Driving License.



# Robin Williams

Chair - WNSW PHN

## Undergraduate Education

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1976 -1981 Charing Cross Hospital Medical School,  
University of London.

## Postgraduate Posts

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August 1981 - January 1982, House Physician, Llandudno General Hospital, Llandudno, Gwynedd, North Wales.

February 1982 - July 1982, House Surgeon, Caernarfon and Anglesey Hospital, Bangor, Gwynedd, North Wales.

August 1982 - July 1985, North Clwyd General Practice Training Scheme.

August 1982 - January 1983, Senior House Officer in General and Neonatal Paediatrics, Glan Clwyd Hospital, Bodelwyddan, Clwyd, North Wales.

February 1983 - July 1983, Senior House Officer in Obstetrics and Gynaecology, H M Stanley Hospital, St Asaph, Clwyd, North Wales.

August 1983 - January 1984, General Practice Registrar, Pendre Surgery, Holywell, Clwyd, North Wales.

February 1984 - April 1984, Senior House Officer in Psychiatry, North Wales Hospital, Denbigh, Clwyd, North Wales.

May 1984 - July 1984, Senior House Officer in Accident and Emergency, Glan Clwyd Hospital, Bodelwyddan, Clwyd, North Wales.

August 1984 - January 1985, General Practice Registrar, Penrhyn Bay Surgery, Penrhyn Bay, Gwynedd, North Wales.

February 1985 - July 1985, Senior House Officer in General Medicine, Glan Clwyd Hospital, Bodelwyddan, Clwyd, North Wales.

August 1985 - July 1986 - working in Australia

August 1985 - January 1986, Resident Medical Officer at Dubbo Base Hospital, Dubbo, New South Wales.

February 1986 - June 1986, Locum General Practitioner at Dunedoo and Gulgong, New South Wales and Cairns, Queensland.

August 1986 - November 1987, Clinical Medical Officer in Community Paediatrics, North Clwyd Area Health Service, North Wales.

December 1987 - March 1997, Partner in five GP group practice in Llanfairfechan and Penmaenmawr, Gwynedd, North Wales.

(Six month sabbatical in 1992, as General Practitioner in Gulgong, New South Wales).

1995 - 1997, General Practice Advisor to Conwy Community Health Service.

April 1997, emigrated to Australia.

April 1997 - July 2007, General Practitioner Gulgong, and Visiting Medical Officer to Gulgong Health Service.

July 2007 - present, General Practitioner Molong and Yeoval, and Visiting Medical Officer to Molong Health Service and Yeoval UPA

2012 - present, GP Registrar Supervisor Molong HealthOne, and Clinical Lecturer, School of Rural Health, University of Sydney (providing placements in General Practice for undergraduates)





# Robin Williams

Chair - WNSW PHN

## Memberships

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- Board Director of Dubbo/Plains Division of General Practice 1999-2016 and Chairman 2000 - 2016.
- Member of Macquarie Area Health Service Credentials and Medical Appointments Advisory Committees 2000 - 2005 and member of Greater Western Area Health Service Credentials Committee 2005- 2010.
- Member of NSW Health Rural Health Clinical Consultative Group 2002.
- Member Macquarie Area Health Service Clinical Council and Audit Committee 2003 -2005.
- Board Director Rhedwest 2005 - 2006 and GpLogic 2006 -2007 (Royal Australian College of General Practitioners Representative).
- Board Director of NSW Rural Doctors Network 2003 - 2014, Treasurer 2004, and Chairman 2005 - 2007.
- Member NSW Health Ministerial Advisory General Practice Council 2004 - 2007.
- Member Greater Western Area Health Service Advisory Committee 2005 -2010.
- Chair, Western NSW Local Health Network Governing Council and subsequently Chair Western NSW Local Health District Board 2010 - 2016.
- Member NSW Ministerial Advisory Committee on Rural Health 2012 - 2016.
- Board Director Western NSW Medicare Local 2012 - 2015.
- Clinical Lead Molong pilot site for Western NSW Integrated Care Project 2014 - 2019.
- Member Llanfairfechan and Penmaenmawr Rotary Club 1991- 1997, and Gulgong Rotary club 2000 - 2004 (Foundation President of Gulgong Rotary Club 2000).
- Board Director Orange Regional Conservatorium of Music 2012 - 2019.
- Member of the Australian Institute of Company Directors (AICD) since 2022.
- Member of the Western NSW Local Health District Clinical Council since 2017.
- Member of the Western NSW Local Health District Medical Staff Executive Council since 2021.