

# Securing the future of Primary Health Care in small towns in Western NSW

*General Practice and Primary Health Care in small towns in Western NSW has reached a critical point.*

A crisis is looming within the next decade in which there may be a limited range of Primary Health Care Services, and no local General Practices in many small towns (NSW Rural Doctors Network, Report on GP Vulnerability in the Western PHN, December 2018).

Western NSW Primary Health Network (WNSW PHN) projects that 41 towns, and approximately a quarter of the population, in the Western NSW PHN region are at risk of not having a GP practising in those communities over the next 10 years unless remedial action is taken now.

Economic, social, employment and technological changes over the past 20 years have had significant impacts on communities throughout the world. These impacts have been felt in small towns in rural and remote communities (less than 12,000 people) as people leave to seek other opportunities.

These changes have reduced the availability and range of health services available to people living in small towns and the surrounding communities.

The Western Health Alliance, which operates WNSW PHN, will lead the planning and implementation of an Action Plan, working with key stakeholders to address the vulnerable position of these communities to secure their access to quality primary care and



Western NSW has lower GP attendances rate compared to national rate.

Lower number of GPs with maldistribution across the region.

Ageing GP workforce.

Over half of the GP workforce are International Medical Graduates.

High GP turnover in rural and remote communities.

Lowest afterhours GP attendance rate of any PHN nationally. \*



ensure the health outcome disparities between people living in cities and rural communities are addressed.

This paper highlights the factors threatening the sustainability of general practice in small towns and proposes actions required to avoid the progressive loss of local primary care services over the next decade.

## A region of high health needs

***The WNSW PHN region covers the Far West and Western NSW Local Health Districts across a total area of 433,379 square kilometres, making it the largest PHN in NSW (53.5% of the State).***

The total population is estimated to be more than 309,900 people (ABS, 2016). Approximately 10.5% of people in our region identify as Aboriginal and Torres Strait Islander. WNSW PHN supports 405 General Practitioners (including locums) who operate from 109 practices in our region.

 <p>Majority of population is aged younger than 14 or between 50-69 years. The average age is 40 yrs. compared to 32 yrs. (NSW).</p> <p>Lowest life expectancy of any NSW PHN (with Aboriginal people having a lower life expectancy than non-Aboriginal people).</p> <p>High levels of socio-economic disadvantage, particularly in Far West and North West NSW.</p> <p>Lower rates of self-reported good health and well-being compared to National average – lowest for +65 years and Aboriginal People.</p>	 <p>Higher rate of potentially preventable hospitalisations.</p> <p>Higher prevalence of chronic disease risk factors.</p> <p>Higher levels of long-term health conditions than Australian average.</p> <p>Highest in-hours and out-of-hours ED attendances of any PHN nationally.</p> <p>In WNSW PHN hospitalisations in Aboriginal people is around twice that in non-Aboriginal people.</p> <p><b>* Taken from the Western NSW needs assessment which was submitted to the Department of Health in mid-November 2018.</b></p>
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## Ongoing GP workforce shortages

***The number of GPs practising in the WNSW PHN region is already less than both the state and national averages.***

Across WNSW PHN, there are approximately 7.4 Full-Time Equivalent (FTE) GPs/GP registrars per 10,000 people. This compares with 8.1 FTE for New South Wales, and 7.8 FTE for Australia. The range in the region is between 8.6 per 10,000 in the south-eastern area, to 3.37 per 10,000 in the north west, and 2.8 per 10,000 in the far south west.

WNSW PHN is an area of identified GP workforce shortage, for all areas except Broken

Hill, Dubbo, Parkes and Orange. We have an aging GP workforce and a third of practices operated by sole practitioners which adds to the challenge (General Practice in western NSW, AHHA, August 2018). We also face challenges in finding and keeping practice nurses, Aboriginal health workers, allied health professionals and other primary care support staff, especially in more remote areas.

Outside of Bathurst, Dubbo, Orange and Broken Hill, our region has 46 small towns ranging in size from Parkes with a population just over 11,000 down to Tullamore with just over 200 (30 June 2016).

There are 109 General Practices, including Aboriginal Medical Services, in the western NSW PHN region and 291 GPs (as at January 2019). 33 Practices operate with a single GP or locum practising at the site. Just under 50% of general practices in the region are operated by a group of GPs, with a further 16.8% of practices operated by a GP-owned Medical Centre group (e.g. Ochre Health, Tristar).

Four smaller towns in the western NSW PHN region (Parkes, Forbes, Cowra and Mudgee) have health facilities providing surgical and maternity services. These towns require GPs with procedural skills including anaesthetics.

In 13 small towns, the Local Health District operates a hospital or multipurpose service requiring GPs in the town to also provide services to patients and to be on call at these facilities under visiting medical officer service contracts. While providing a broader practice experience for GPs, the on-call requirements add to the demands on the GP and their family.

The NSW Health/Rural Doctors Association (RDA) agreement establishes payment rates for medical services provided by General Practitioner Visiting Medical Officers (GP VMOs) at 125 small hospitals in rural New South Wales.

More than half of GPs practising in small towns in Western NSW are 55 years or over and are likely to retire within the next 10-15 years.

## A challenge to maintain workforce in small towns

***The future of maintaining general practice and primary care services in small towns in western NSW is bleak if action is not taken now address the longer financial sustainability of general practice and secure workforce availability.***

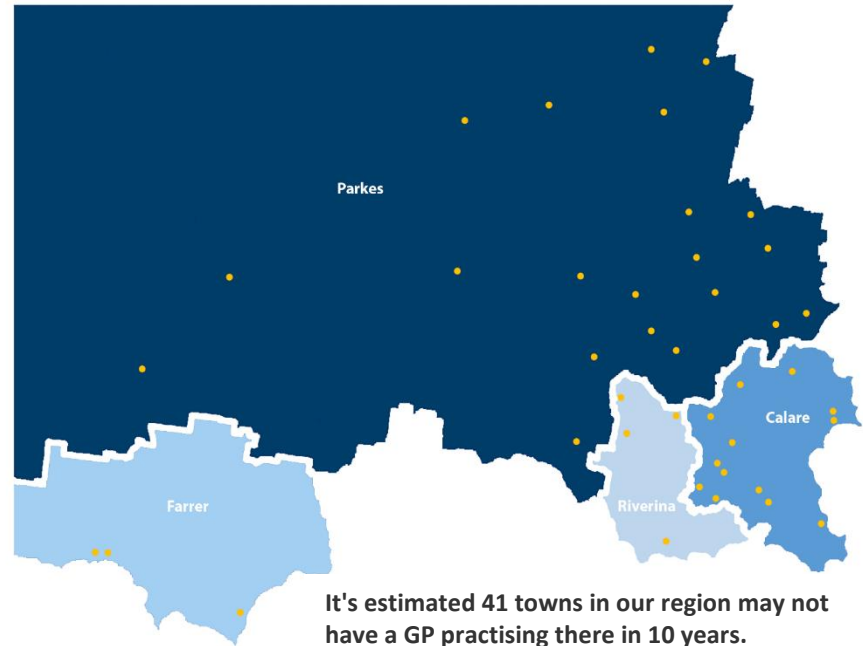
WNSW PHN projects that 41 towns in our region, approximately a quarter of the population, are at risk of not having a GP practising in those communities over the next 10 years.

It is both a recruitment and retention challenge. Over the next two to five years as GPs retire and/or move to larger towns out of the region, we expect major problems with finding new GPs to replace them. The historical service models no longer provide the incentives needed to attract, support and retain new GPs to our smaller towns and remote communities. These growing gaps, in turn, put added pressure on the remaining GPs. Better and different service models will need to be explored, funded and implemented, especially to support sustainable after hours primary care.

Over half of GPs practising in small towns and communities are 55 years or older and are likely to retire within the next 10-15 years.

GP workforce trends include new doctors not being trained as procedural GPs, new GPs generally not wishing to own and manage General Practices, and new GPs generally not wanting to work in after-hours periods.

About 60% of surveyed practices in 2017-18 described their practice as being only just financially sustainable. WNSW PHN estimates that the average attendance income for a small town general practice is \$55 per visit.



## The role of Western Health Alliance (WHAL)

***WHAL is funded by the Federal Department of Health to deliver the PHN program, identify and plan regional health priorities, commission services; and delivers other funded programs (including LHD funded).***

The WHAL Board is focused on addressing the future primary health care needs in the region through being a coordinator, advocate and funder of services to address local needs.

The Board and senior staff met in December to discuss the development of a strategy for long-term sustainability in small towns with 'vulnerable' general practices, focusing on small towns with solo GPs, GPs aged 55 years and over, and where overseas medical graduates are likely to leave those communities.

The workshop agreed that action be taken to address the vulnerability of primary health care services in small towns and WHAL should take the lead in working with stakeholders to identify practical solutions to sustain future services.

The role of the two Local Health Districts, the contribution that local government can make, the impact of Commonwealth Medicare and other program changes, the financial metrics required to sustain a practice, the opportunity to leverage other PHN funded services (i.e. Chronic Disease Management and Prevention program<sup>1</sup>) and the importance of community engagement were discussed.

<sup>1</sup> Supporting patients living with a chronic disease and coordinating their care is a key role of rural general practices. WNSW PHN commissions a Chronic Disease Prevention and Management Program (CDMPP) which supports 22 general practice teams in small towns.

The Board agreed on an action plan to raise awareness with local MPs and government, build a coalition of support and to focus on the high priority communities at risk. The plan will require a commitment from Commonwealth and State governments to support changed models of care and better funding arrangements.

## Our plan for the future

### ***WHAL proposes to form a coalition for action with key stakeholders working together to develop plans for small towns.***

The planning and implementation of small town action plans will be led by WHAL in conjunction with regional stakeholders including Federal MPs, the two LHDs, General Practices, Aboriginal Community Controlled Health Organisations, Bila Muuji, Rural Doctors Network NSW, Rural and Remote Medical Services, Local Government, Country Women's Association and NSW Farmers. The plans will be evidence based. An initial dialogue will occur with the two LHDs to clarify their role and plans to support and sustain primary health care services in small towns

WHAL proposes consideration of different funding models. Up to four towns within the Western NSW PHN region, with populations of less than 5,000 people, will be identified for inclusion in a project to trial new funding and operating models in line with an action plan for each town. This could include block funding from the Commonwealth and State. The models could include new models for Primary Health Care services based around team care including extending the scope of practice for nursing, shared health records and use of telehealth/care systems.

WHAL will consult with RDN NSW and other organisations on evidence which exists on attraction and retention programs for GPs and other health professionals in small towns and communities in Australia which have been successful, and the roles organisations like WHAL have played. WHAL will consider undertaking a survey of young GPs on the issues that would impact on them being attracted to small towns and in them staying in rural communities.

Financial, workforce and business modelling will be undertaken on current General Practice models and future delivery options to assess funding gaps. Place-based pooled funding, aligned to each community need, will be key to the models. Funding sustainability will be critical to ensure strong and effective primary health care services can be maintained and grown over the long term.

The project will strengthen and enhance general practice and primary care services in small rural communities, with funding used to commission services in the four towns. This would include practice nurses, nurse practitioners, community project workers/service co-ordinators, and pharmacists to work within and support the general practices. It will include the provision of relevant equipment to support the health professionals including information technology. Based on the needs of the general practice and community, this may include renovating a house and provision of a vehicle so that medical and allied health students can undertake their placements in the town.

There will be four key activities within the action plans:

- Clinical and community consultation on a long-term plan for sustaining general practice and primary health care in the four towns. The plan would include population health information, workforce and existing general practice operating data. It would focus on the general practices being rural "Health Care Home" ready with relevant models of care, business models, infrastructure and workforce to be implemented.

- Investment in relevant infrastructure support for general practice including IT, housing and vehicles (if required).
- Commissioning of services and provision of support from WNSW PHN for the four general practices in line with the health and community plan for each town. The NSW RDN Easy Entry - Gracious Exit Model<sup>2</sup> will be adopted as the in principle preferred approach.
- Evaluation of the models in each town.

## **We seek your support to secure services for the future**

The Western Health Alliance invites your organisation to work us to avert the crisis which is looming within the next decade – a future where only a limited range of primary health care services, and no local General Practices, are left in small towns in western NSW. We believe new approaches to funding and delivering services, and supporting our GP and primary care workforce, to be trialled and evaluated initially in four towns, is the way forward.

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<sup>2</sup> NSW Rural Doctors Network, Easy Entry, Gracious Exit report, September 2003