

Witness statement

Name: Andrew Gow

Occupation: Director of Strategy and Performance, COORDINARE Limited trading as South Eastern NSW Primary Health Network

1. This statement sets out the evidence that I am prepared to give to the Special Commission of Inquiry into Healthcare Funding as a witness.
2. This statement is true to the best of my knowledge and belief.

Role

3. I am the Director of Strategy and Performance in COORDINARE Limited, which is trading as the South Eastern NSW Primary Health Network (**SE NSW PHN**). I have held this role since 1 July 2015 and am responsible for overall planning, performance monitoring, evaluation, policy, information security and communications.
4. I have previously held roles in Illawarra Shoalhaven Medicare Local, Southern NSW Local Health District (**SNSWLHD**) (and predecessor organisations), a large not for profit health organisation and both Commonwealth and NSW Departments of Health.
5. I have thirty-one years of experience in population health, planning and policy areas of the health system. A copy of my CV is exhibited to this statement. [\[SCI.0011.0378.0001\]](#)

Collaborative Initiatives

6. SE NSW PHN collaborates with Illawarra Shoalhaven Local Health District (**ISLHD**) and SNSWLHD on several initiatives.
7. The Regional Mental Health and Suicide Prevention Plan 2018-2023, a copy of which is exhibited to this statement (SCI.0011.0327.0001), is one such collaboration. Ours was the first region in the state to jointly develop a Regional Mental Health and Suicide Prevention Plan. Developing the Plan was intended to create a shared understanding of local needs and priorities and then to set a path for ongoing collaboration around mental health service development across the region.

Regional Mental Health and Suicide Prevention Plan and Peer Workforce

8. One of the outcomes of the Regional Mental Health and Suicide Prevention Plan is the introduction of a 'peer' or lived experience workforce framework. A copy of this document is exhibited to this statement (SCI.0011.0330.0001). The development of this framework was

funded by the NSW Ministry of Health; the framework provides support and guidance for the employment and development of peer workers in any organisation, including LHDs.

9. SE NSW PHN has been able to play a key role in developing the mental health peer workforce across the region. Firstly, we have encouraged the employment of peer workers in the mental health services that we commission. At present, there are approximately 40 peer workers employed by services commissioned by SE NSW PHN. Secondly, we support professional networks for the peer workforce from all services across the region. There are currently over 165 local peer workers participating in these networks. Developing the peer workforce enhances local mental health services. It complements the clinical mental health workforce and also provides a different avenue for employment as much of the training can be done on the job.

Data Sharing Arrangements

10. To support the shift to more integrated, coordinated services, SE NSW PHN, ISLHD and SNSWLHD have collaborated to develop a protocol for sharing data between the three organisations. The Data Sharing Protocol explains how data may be shared amongst any of the three health organisations, while ensuring the associated risks are identified and managed. There are many benefits for both consumers and the health system that would come from sharing data, and in many cases, consumers expect that this will happen as a matter of course, but we have a responsibility to ensure that data sharing is appropriate, safe and lawful.
11. The data sharing protocol is the first stage in developing data sharing agreements for individual projects.

Workforce and ACT Cross-Border Healthcare

12. The proximity of the ACT to many communities within Southern NSW creates both opportunities and challenges. There is a need for collaboration amongst services on both sides of the border.
13. The Southern NSW and ACT HealthPathways Program is a cross-border partnership which facilitates clearer referral of patients through services on both sides of the border. HealthPathways is an online health information portal used at the point of care by GPs, specialists, nurses and allied health practitioners on how to assess, manage and refer patients in a timely manner to available services. It is underpinned by evidence-based practice. HealthPathways is used around the country, but the local program is a unique cross-border partnership involving:
 - Capital Health Network (ACT PHN)

- ACT Health
- SNSWLHD
- SE NSW PHN

14. Many consumers from the towns surrounding the ACT and across the Southern NSW region travel to the ACT to access health services. This includes primary care and specialist services as well as hospital-based care. The ACT is also a source of workforce for the surrounding towns in NSW, with some GPs and other primary health care professionals living in Canberra and working in surrounding NSW.
15. There is extremely limited public transport in the region so people who need to travel out of their local community, including to the ACT, rely on private cars. Consumers report that this is challenging for many reasons, including cost and the logistics of travel. The geography and climate of the region also adds to the transport difficulties, as driving can frequently be under challenging conditions.

Proposed solution to GP workforce issues in rural areas.

16. Workforce issues are the biggest challenge facing health care systems in Southern NSW. SE NSW PHN has consulted with our Clinical Council on this issue and have some thoughts for the Commissioners to consider.
17. All components of the health system are interlinked; issues in primary care will have dramatic follow-on effects in the other sectors of the health system including hospital and acute care.
18. Improving primary care access and sustainability will have positive effects such as better patient outcomes and reducing emergency department and hospital presentations.
19. Fee-for-service funding of primary care rewards episodic care and fast throughput, rather than coordinated and integrated care that encourages multi-disciplinary teams and preventative care. In less populated areas, doctors often face challenges due to lower patient throughput and higher operational costs, which impacts their ability to fully benefit from MBS payments and incentive schemes such as after-hours payments.^{1,2,3}
20. Rural peak bodies (Rural Doctors Association of Australia, National Rural Health Alliance) have called for an alternative funding model for general practice in rural areas – for example a hybrid

¹ Exhibit E.37, SCI.0009.0077.0001: NSW Parliament Portfolio Committee No. 2 (2022), *Health outcomes and access to health and hospital services in rural, regional and remote NSW Inquiry Report No. 57*.

² Exhibit H2.11, SCI.0011.0152.0001: Productivity Commission. (2017), *Integrated care, shifting the dial: 5 year productivity review [Supporting paper no. 5]*.

³ Exhibit E.27, SCI.0009.0042.0001: Australian Healthcare and Hospitals Association (AHHA), Western NSW PHN, Just Health Consultants (2020), *Sustainability of Primary Care in Small Towns and Communities Initiative: Models and strategies for general practice in rural and remote communities*.

block funding and MBS funding model.^{4,5} The RACGP has supported the Danish hybrid block funding model of 30% block funding and 70% fee-for-service.⁶

21. Importantly, the Urgent Care services are an example of a hybrid block funding/ fee-for-service model that has been rolled out across Australia including in NSW. Evaluation of these facilities will demonstrate if this model could be utilised across the broader health care spectrum.
22. Block funding would also allow for flexibility in service provision, including employing multidisciplinary teams, care coordination staff and administration staff.
23. In my view the mechanism to negotiate a new funding model is via the National Health Reform Agreement (**NHRA**) between the Commonwealth and state / territory governments, which is currently underway.

Engagement with Aboriginal Health Organisations:

24. Just over 5% of the population in SE NSW PHN identifies as Aboriginal or Torres Strait Islander. SE NSW PHN engages with four Aboriginal Community Controlled Health Services (ACCHSs) in the region:
 - Katungul Aboriginal Corporation Regional Health and Community Services
 - South Coast Medical Aboriginal Corporation
 - Waminda South Coast Women's Health and Welfare Aboriginal Corporation
 - Illawarra Aboriginal Medical Service
25. SE NSW PHN, in common with all PHNs, receives funding from the Australian Government to commission services specifically for Aboriginal people, for example services for care coordination, mental health and alcohol and other drugs. SE NSW PHN has generally provided this funding directly to ACCHSs outside of the usual competitive process. A proportion of the care coordination funding has also gone to a mainstream provider to offer services to those Aboriginal people who use mainstream general practices or who live in an area where there is no ACCHS.
26. There has been consideration at a national level to change funding arrangements, so that funding specifically for Aboriginal services would go directly to ACCHSs rather than through PHNs. However, as no final decision has been announced, current arrangements of funding flowing through PHNs has been extended by another financial year, to 30 June 2025.

⁴ SCI.0011.0348.0001: National Rural Health Alliance (2024), *2024–25 Pre-Budget Submission*, Deakin ACT.

⁵ SCI.0011.0347.0001: Rural Doctors Association of Australia (2022), Media Release, *Make 2023 the 'Year of Thinking Outside the Box' on rural health, doctors urge*.

⁶ SCI.0011.0346.0001: Attwooll, J. (2023). *Government flags shift in fee-for-service model*, NewsGP (online).

Consequently, there is an environment of uncertainty for both PHNs and ACCHSs in relation to these funding streams.

27. Local ACCHSs are able to submit a proposal for any of the services that SE NSW PHN commissions through an open market tender process.
28. SE NSW PHN wishes to ensure that all commissioned health services are culturally sensitive to the Aboriginal and Torres Strait Islander population. To this end, SE NSW PHN uses contractual levers such as a requirement for provider staff to undertake regular cultural competency training. As well, SE NSW PHN works with general practices to assist them in being more culturally sensitive, through various training approaches.
29. SE NSW PHN monitors the number of Aboriginal and Torres Strait Islander people who access commissioned services in the region.

Signature:

A handwritten signature in black ink, appearing to read 'Andrew Gow', written over a light grey rectangular background.

Name: Andrew Gow

Date: 14 August 2024