New South Wales

Special Commission of Inquiry into Healthcare Funding

Submission Number: 87

Name: The Royal Australian College of General Practitioners

Date Received: 31/10/2023

RACGP Submission to The Special Commission of Inquiry into Healthcare Funding - NSW

October 2023

RACGP

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About the RACGP NSW & ACT Faculty

The NSW&ACT faculty supports over 14,000 members across NSW&ACT, which accounts for approximately 33% of the total RACGP membership. We are committed to advocating for the profession and to providing members with opportunities for participation, quality education and collegiality.

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 46,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population.

We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues that affect their practices. We are a point of connection for GPs serving communities in every corner of the country.

Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

The RACGP welcomes the opportunity to provide a submission to New South Wales (NSW) The Special Commission of Inquiry into Healthcare Funding. This Inquiry is a significant opportunity to develop a robust set of recommendations for heath funding reform which ensures high-quality, safe, and accessible care from a patient's regular GP now and into the future.

Key Recommendations

The RACGP recommends:

- A sustained increase in public funding is required to meet the growing and changing needs of our community and minimise costs to patients, as detailed in our submission to the National Health Reform Agreement Addendum 2020-2025 Mid-term Review.
- While funding must be needs-based, it must also be evidence-based and promote the effective and efficient use of resources.
- Ensuring that the Single Digital Patient Records initiative includes general practices and is not limited to the tertiary sectors and that information is shared safely, reliably, and efficiently.
- Clear and consistent guidance to hospitals regarding GP liaison and referrals for admitted hospital in the home (HITH) patients to provide the necessary information for hospitals, GPs and patients, ensure continuity of care and compliant billing practices.
- Investing in cost-effective sectors, including general practice, that will deliver system-wide long-term benefits rather than fragmented health spending committed to isolated projects targeting specific diseases and reacting to demand.
- Removal of reported barriers to GPs working to their 'full scope of practice', largely due to lack of financial support, restrictive MBS and PBS restrictions, Medicare complexity, onerous administrative requirements and systems which do not support the generalist approach to health care.

- A strong commitment to improving the health and wellbeing of Aboriginal and Torres Strait Islander people as one of Australia's highest health priorities.
- Engagement and participation of GPs in the procurement planning process at Primary Health Networks (PHNs) presents an opportunity to enhance efficient service delivery.
- Further support targeted towards attracting students and early career health professionals into the primary health care workforce, with increased exposure to primary health care during training and mentorship.
- Continued measures to encourage more international mediate graduates (IMGs) to complete their training and practice in Australia.
- Practices should be provided with funding to support physical and IT infrastructure, enabling the adoption of new technologies and increases to practice capacity.
- The introduction of a health in all policies approach to governance structures.
- A shift in health funding to better support general practice and its focus on preventive care, and a move to providing care in the community and reducing reliance on expensive hospital services and tertiary care.

Submission

A. The funding of health services provided in NSW and how the funding can most effectively support the safe delivery of high quality, timely, equitable and accessible patient-centred care and health services to the people of NSW, now and into the future.

General practice is the most efficient and cost-effective part of the health system.[i,ii] GPs can provide the solutions to improving the healthcare system based on evidence and experience working at the coalface of patient care. However, the support of governments at all levels is needed.

A sustained increase in public funding is required to meet the growing and changing needs of our community and minimise costs to patients, as detailed in our submission to the National Health Reform Agreement Addendum 2020-2025 Mid-term Review.

Key funding priorities should be:

- improving the accessibility and capacity of primary care to promote health and wellbeing across the lifespan in a cost-effective way;
- supporting the increased demands for chronic disease care to be provided in the community;
- integration and collaboration between the primary, secondary, and tertiary healthcare systems; and
- integrating services across the health system to ensure comprehensive and coordinated care.

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*"There are **four main features of primary care services**:*
first-contact access for each need;
long-term person (not disease) focused care;
comprehensive care for most health needs; and
coordinated care when it must be sought elsewhere.

Primary care is assessed as "good" according to how well these four features are fulfilled. For some purposes, an orientation toward family and community is included as well."

Barbara Starfield, Liyu Shi and James Macinko

The implementation of this recommendation requires support for high-quality general practice multidisciplinary teams.[iv,v] In recent years, there has been a tendency for governments and aspiring governments in Australia to announce the dedication of considerable ad hoc funding towards specific and isolated health issues or services. These decisions and

proposals increase fragmentation of care, resulting in wasted resources, and do not support continuity of care which is essential for an integrated and sustainable health system. It is critical that funding of health services provided in NSW are underpinned by a long-term commitment to substantive increases in investment for holistic long-term person-centred care provided in a system that supports continuity of care with a general practice and GP.

While funding must be needs-based, it must also be evidence-based and promote the effective and efficient use of resources. The RACGP does not propose that funding be diverted from elsewhere in the health system; rather, government support for additional specialised and/or targeted services should aim to integrate with and enhance the delivery of high-quality, comprehensive primary healthcare. Additional funding is needed for GPs to manage patient transitions between their general practice care and the rest of the health system. This involves supporting care coordination and integration activities. This funding will also encourage improved handover when patients return from hospital and ensure there is timely and meaningful communication between general practices and other service providers, including hospitals. The savings generated from better coordination should be reinvested to support GPs and practices to coordinate care.

State and territory governments have a role in supporting high-quality general practice and the quadruple aim through supporting coordinated care between general practice and state- or territory-funded programs and services and supporting integrated care initiatives that improve the interface between general practice, hospitals and other health services.[vi]

oversee the ion of continuity of and Payroll tax

The RACGP welcomes the New South Wales Government taking the first steps to save general practices at risk of closure by announcing a pause on payroll tax audits, as well as a special inquiry into healthcare funding. This is a positive step in the right direction for the future of GP care in NSW.

General practice plays a critical role, keeping people healthy and reducing pressure on our emergency care system. There is so much more that GPs can and want to do for patients – this requires the removal the barriers. The threat of extra payroll tax became a concern for GPs after court judgements in NSW considered GPs at certain medical practices as employees for payroll tax purposes. The RACGP is looking forward to working constructively with the government to find a long-term solution to this and ensure that people across New South Wales have access to timely and affordable GP care into the future. What practices really need is certainty that they will not receive retrospective payroll tax bills.

B. The existing governance and accountability structure of NSW Health, including:

i. the balance between central oversight and locally devolved decision making (including the current operating model of Local Health Districts);

No comment

ii. the engagement and involvement of local communities in health service development and delivery;

Improving the health and wellbeing of Aboriginal and Torres Strait Islander people is one of Australia's highest health priorities.[viii] The RACGP is committed to raising awareness of Aboriginal and Torres Strait Islander health needs. All too often, policy is made outside the field of Aboriginal and Torres Strait Islander affairs that has an adverse impact on Aboriginal and Torres Strait Islander people. The importance of these interventions being led by Indigenous people and organisations cannot be overstated. This is what will make the difference between success and failure in efforts to improve the health of Aboriginal and Torres Strait Islander people.

iii. how governance structures can support efficient implementation of state-wide reform programs and a balance of system and local level needs and priorities;

The RACGP recognises the central role that social determinants, such as safe and secure housing, access to education, opportunity for good nutrition and exercise, have as a foundation for good health and the ability to make choices about

one's health.[xii] There must be recognition that many patients in certain populations do not have access to socioeconomic resources to enable to make healthier 'choices' that matter to them.

The RACGP supports a health in all policies approach to governance structures. This includes appropriate investment beyond the health system targeted at the social determinants of health such as measures that support the growth of genuine multi-disciplinary team, who can educate within their area of expertise and coordinated care with appropriate social supports.

iv. the impact of privatisation and outsourcing on the delivery of health services and health outcomes to the people of NSW;

Australia has also seen a rapid increase in the number of private telehealth organisations that provide virtual 'direct-to-consumer' (DTC) services, as funded by patients. Given these telehealth service models are commercially driven, it is unclear 'the extent to which patients are prioritised over profits, and how they contribute to the commercial determinants of health'[ix]. The RACGP has significant concerns regarding these privatised telehealth models as the have the potential to undermine existing long-term doctor-patient relationships, put the patient at risk and increase fragmentation of care, and increase costs to the health system overall.[x] It is critical that GPs are supported for the delivery of high-quality and safe telehealth consultations to their patients and to acknowledge the introduction of regulations such as the update to the Medical Board of Australia's Guidelines for telehealth consultations with patients. These guidelines aim to ensure that doctors providing telehealth services engage in good medical practice, could minimise these types of services.

v. how governance structures can support a sustainable workforce and delivery of high quality, timely, equitable and accessible patient-centred care to improve the health of the NSW population;

See section F

C. The way NSW Health funds health services delivered in public hospitals and community settings, and the extent to which this allocation of resources supports or obstructs access to preventative and community health initiatives and overall optimal health outcomes for all people across NSW;

Primary Health Networks (PHNs) present a possible pathway to providing and administering some flexible funding within the primary care sector. However, while the RACGP appreciates the need by the government for management and oversight of additional funding, the RACGP is concerned with this additional layer of bureaucracy. Using PHNs as a delivery mechanism for funding can potentially risk delaying funds reaching GPs and therefore patients.

Where possible it is the RACGP's preference that funds be provided as directly as possible to GPs to simplify funding programs. Where funding is allocated through PHNs, they must work closely with local general practices to ensure the delivery of services to the community are aligned with local need and do not duplicate already existing services already provided in local general practices. Efforts to increase general practice representation on PHNs will support better-integrated care. Shared funding from state and federal governments to support collaborative commissioning with investments in performance monitoring will likely benefit the sustainability of collaborative and integrated models of care and improve the patient journey between the two health systems.

Hospital in the home

There is a lack of formalised partnerships across the traditional boundaries of our health system, including those between hospitals and general practice.[iii] Hospitals routinely notify the referring practitioner of HITH care arrangements, and this should also include notifying the patient's regular GP to avoid incorrect Medicare billing and compliance issues. There is also a lack of harmonisation across states and territories regarding guidelines and availability of hospital in the home (HITH) resulting in patients being unable to access Medicare rebates to see their usual GP whilst accessing HITH services With the lack of clarity, GPs may be less likely to provide services to patients in these situations due to the fear of compliance activities and the implications of these.

Clear and consistent guidance to hospitals regarding GP liaison and referrals for admitted HITH patients will provide the necessary information for hospitals, GPs and patients to ensure continuity of care. It will also help clarify funding and billing arrangements. This is particularly critical for those patients with complex health issues so prevalent in Australia today that may require additional support.

D. Strategies available to NSW Health to address escalating costs, limit wastage, minimise overservicing and identify gaps or areas of improvement in financial management and proposed recommendations to enhance accountability and efficiency;

See section C (above) regarding a review of PHN spending.

As outlined in RACGP's Vision for general practice and a sustainable healthcare system, general practice is the most cost-efficient part of the health system. General practice has a strong track record of delivering cost-effective care early which keeps people out of hospital and also help to reduce overservicing within the health system.[vi,xii,xiii]

If Australia's health system is to remain financially sustainable, greater diversion funding will be required towards general practices and away from expensive hospital care. This shift in funding will over time will reduce the demand on hospitals and help keep their costs sustainable by reducing potentially preventable hospitalisations and managing chronic disease in the community rather than hospital.[vi]

Too often we have seen health spending committed to isolated projects targeting specific diseases and reacting to demand rather than investing in cost-effective sectors that will deliver system-wide long-term benefits. To identify areas for future investment, the RACGP recommends a review of spending in the Australian health (and NSW specific health) system from a health economics perspective to identify areas of the highest cost effectiveness. Once identified, the government at all levels must prioritise funding these areas to deliver long-term sustainability to the Australian healthcare system.

GPs and preventive healthcare

General practice is at the forefront of healthcare in Australia and in a pivotal position to deliver preventive healthcare. Preventive healthcare is an important activity in general practice. It includes the prevention of illness, the early detection of specific disease, and the promotion and maintenance of health. The partnership between GP and patient can help people reach their goals of maintaining or improving health. Preventive care is also critical in addressing the health disparities faced by vulnerable population groups.

As outlined in the RACGP's Vision for general practice and a sustainable healthcare system, increased preventive care through general practice will bring efficiencies and cost savings to the entire health sector. GPs and their teams already provide preventive care to their patients. However, there is opportunity for patients to be further supported to access preventive care routinely through their general practice. By recommending a shift in health funding to better support general practice and its focus on preventive care, and a move to providing care in the community and reducing reliance on expensive hospital services and tertiary care.

Cost of living and bulk billing rates

Annual bulk-billing rates have hit their lowest point in more than a decade, as cost-of-living pressures continue to push clinics to the brink. Practices are having to make the difficult decision to reduce bulk-billing rates so that they can cover their expenses. Everything has increased in price in the past 12 months – subscriptions, insurance, the consumables used in general practice. May's Federal Budget included $3.5 billion over five years to triple the bulk billing incentive. While this was welcomed, and long advocated for by the RACGP, it was no silver bullet for struggling practices. Doctors are now calling for an investment overhaul on a systemic level, with more funding funnelled into keeping costs down.[xiv]

The triple incentive is only being implemented from November 1 so has not had any effect on the financial pressures facing general practice at the time of writing this submission. The subsidy is only to try and ensure the Medicare rebate is

closer to the minimum amount of money required to make bulkbilling affordable for practices to continue providing. It does not address the patients who are still facing financial strain but do not have healthcare card.

The RACGP highlights that it continues to have concerns around disease-specific MBS items. As specialist generalists, GPs are trained to treat a patient as a whole person, not a specific illness or issue in isolation. Any new funding via MBS rebates must not further fragment MBS funding, but address the affordability of providing patient-centred care in a general practice that can provide continuity of care overall.

E. Opportunities to improve NSW Health procurement process and practice, to enhance support for operational decision-making, service planning and delivery of quality and timely health care, including consideration of supply chain disruptions;

Engagement and participation of GPs in the procurement planning process at PHNs presents an opportunity to enhance efficient service delivery (see Section C).

F. The current capacity and capability of the NSW Health workforce to meet the current needs of patients and staff, and its sustainability to meet future demands and deliver efficient, equitable and effective health services, including:

i. the distribution of health workers in NSW;

There are many challenges associated with delivering high-quality primary care to Australia's rural and remote communities. These include issues with access to health services, gaps in digital and physical infrastructure, workforce maldistribution, and the increased prevalence and burden of chronic disease. Without increased funding to retain the rural and remote workforce, many rural and remote communities will see minimal benefits from other structural reforms. Practical measures must be implemented to attract and retain doctors in the general practice workforce, including the reinstatement of a Prevocational General Practice Placements Program.

Ensuring GPs have access to facilities and can provide care to their patients in a range of settings and locations helps to make services more viable over the longer-term. The RACGP supports measures that align with this approach. Addressing key local challenges relies on establishing strong community partnerships and providing regional structures for these partnerships to grow. In particular, the RACGP supports the use of telehealth, electronic communications and virtual models of care in rural and remote areas as part of the integrated health system. This could involve directing State government funded hospitals and private specialists to prioritise the availability of telehealth services and electronic communications with a person's usual GP.

ii. an examination of existing skills shortages;

There is limited economic evidence for role substitution in primary care; more economic evaluations are needed. [xv] Medical workforce shortages in general practice are better addressed by:

- improving support for medical training in general practice
- improving MBS and WIP funding for existing service providers
- cutting unnecessary red tape preventing overseas trained doctors from working in Australia (whilst considering concerns raised in RACGP's submission to the Kruk report)
- providing incentives to encourage medical practitioners to work in rural and remote areas and with underserved populations
- encouraging junior doctors to complete GP rotations as part of their hospital training
- ensuring non-GP and GP workforces are being best utilised within their existing scope of practice.

The reported barriers to GPs working to their 'full scope of practice' are largely due to lack of financial support, restrictive MBS and PBS restrictions, Medicare complexity, onerous administrative requirements and systems which do not support

the generalist approach to health care. The benefit of supporting GP services across all areas is that as specialised generalists they are expert at providing care for more than 90% of the healthcare needs of the community.

iii. evaluating financial and non-financial factors impacting on the retention and attraction of staff;

An effective primary care system that keeps potentially preventable hospitalisations (PPH) low requires a sustainable workforce of GPs. Australia is facing a looming shortage of GPs, particularly in rural and remote areas.[xvi] This is expected to be exacerbated with 25% of GPs reporting intentions to retire in the next 5 years.[xvii]

The salary of a general practice registrar drops significantly compared to that of a hospital-based junior doctor once they commence training in both urban and rural general practices. The disparity between the average GP in training's income (at the time of commencing general practice training) and hospital-based positions (that would alternatively be available to them) is estimated by the RACGP to be approximately $30,000 per annum. Funding support needs to be provided via training organisations to ensure that junior doctors are not financially penalised for choosing general practice, especially rural general practice, and have salary that is equal to that of other junior doctors across the health system. Funding should also continue for rural generalist programs, including to support GPs with subspecialist skills.

iv. existing employment standards;

The RACGP's Standards for general practices (5th edition) provides a benchmark for quality care and risk management in Australian general practices. This has been developed with the purpose of protecting patients from harm by improving the quality and safety of health services. The Standards also support general practices in identifying and addressing any gaps in their systems and processes and are based on the best available evidence of how general practices can provide safe and quality healthcare to their patients.

v. the role and scope of workforce accreditation and registration;

RACGP accreditation

Before a practice or health service is eligible to be accredited against the Standards, it needs to meet three core criteria. The three criteria include:

- The practice or health service operates within the model of general practice described in the RACGP's definition of general practice.
- GP services are predominantly of a general practice nature.
- The practice or health service is capable of meeting all mandatory indicators in the Standards.

The Medical Board of Australia play the following key roles:

- registers medical practitioners and medical students
- develops standards, codes and guidelines for the medical profession
- investigates notifications and complaints about medical practitioners
- where necessary, conducts panel hearings and refers serious matters to Tribunal hearings
- assesses international medical graduates who wish to practise in Australia, and
- approves accreditation standards and accredited courses of study.

vi. the skill mix, distribution and scope of practice of the health workforce;

Increased investment in general practice teams, through the Workforce Incentive Program (WIP), is also needed to ensure practices are staffed to support high-quality multidisciplinary care. The RACGP would encourage increases in the WIP funding to better support pharmacists and other allied health staff working within the general practice setting.

There is limited economic evidence for role substitution in primary care; more economic evaluations are needed. [xviii]

The RACGP continues to be concerned about task substitution as a solution to workforce shortages and the prioritisation of rapid access to primary care through various health professionals without focusing enough on the patient needs and the four main features of 'good' primary care. Specifically,

1. First-contact access for each need
2. long-term person (not disease) focused care
3. comprehensive care for most health needs
4. Coordinated care when it must be sought elsewhere.

Primary care is assessed as 'good' according to how well these four features are fulfilled.

All areas of health workforce are experiencing workforce shortages at this time. There are current and forecasted workforce issues for nursing, midwifery, and allied health professionals. Team based care needs to be constructed in such a way that increases net productivity for the same workforce. Fragmentation of care across a number of providers will decrease efficiencies and outcomes and increase costs.

General practice teams – nursing workforce

The nursing workforce is also limited and maldistributed. The APNA Annual Report 2022 states that "there are 96 000 nurses who work outside the hospital system. This includes nurses in general practice, aged care, Aboriginal and Torres Strait Islander health, correctional facilities and other community settings." Australian Institute of Health and Welfare's A profile of primary health care nurses – 2019 indicates that "at least 82,000 nurses work outside of the hospital setting including nurse practitioners, registered nurses, enrolled nurses and registered midwives…Two-thirds of primary health care nurses reported working in general practice in 2019 (68%)". Yet, many general practices struggle to attract and retain practice nurses to work at existing scope of practice. Similarly, there is an acute shortage of qualified nurses to work in the aged care sector. Nursing workforce shortages are likely to continue in primary health care if the identified challenges of pay and conditions are not addressed. **Error! Bookmark not defined.**,**Error! Bookmark not defined.** This needs to be addressed before embarking upon expanding scope of practice.

Further exacerbating nursing workforce concerns was the passing of legislation requiring residential aged care services to have 24/7 access to a registered nurse. There is further commitment to increase the average minimum care minutes (RN). These initiatives in one sector will likely continue to drain the already strained supply of nurses in primary health care. **Error! Bookmark not defined.**,xix

vii. the use of locums, Visiting Medical Officers, agency staff and other temporary staff arrangements;

The RACGP has developed the Standards for after-hours and medical deputising services to improve the quality and safety of health services that provide care outside normal opening hours. The Standards support after-hours and medical deputising services in identifying and addressing any gaps in their systems and processes.

viii. the relationship between NSW Health agencies and medical practitioners;

G. improved communications between the NSW Health agencies and general practitioners would significantly improve the care of all NSW patients and break down roadblocks in care due to failure to provide timely communications.

i. opportunities for an expanded scope of practice for paramedics, community and allied health workers, nurses and/or midwives;

A key role of general practice is to guide patients through the complexities of the healthcare system, and prevent unnecessary screening, testing and treatment. Every touch point in general practice provides opportunity to improve on multiple health outcomes. Multiple health professionals offering the same services, reduces opportunity for comprehensive care, adds to health system complexity, duplicates or fragments care, creates patient confusion around role delineation[xx] and directs patients away from the essential coordinated medical care provided by their general practice.

Fragmenting healthcare has been shown to be less safe and more expensive than models that facilitate continuity of care. Losing this important opportunity for comprehensive and integrated care through task substitution could prove detrimental to patients. Local and international evidence shows that better support for, and use of, general practice is associated with lower emergency department presentations and hospital use[xxi,xxii,xxiii,xxiv,xxv,] decreased hospital re-admission rates[xxvi], and significant savings for the healthcare system[xxvii,xxviii,xxix]. The RACGP identifies a lack of understanding by other health professionals and policy makers about the specialty of general practice and the breadth of knowledge, experience, function, scope and responsibilities of generalist health professionals and their importance to the success of the Australian health care system.

The RACGP maintains that better support for the provision of general practice teams can be achieved through implementing the RACGP Vision for general practice and a sustainable healthcare system. This would include increased funding for general practices to employ, coordinate and lead a team of qualified health professionals, such as pharmacists and nurse practitioners, through the Workforce Incentive Program. The RACGP supports the Workforce Incentive Program Practice Stream as it recognises the additional time required for GPs to effectively lead patient care across the multidisciplinary care team and encourages more general practices to employ nurses as part of the multidisciplinary care team. As discussed in Section F(vi), WIP funding should be further increased.

The RACGP is concerned that Australian policymakers continue to propose new workforce solutions based on overseas models of primary care that require expansion of independent scope of practice for other health professionals. These proposals are often profession-led and the volume and quality of evidence for patient health outcomes and cost-effective healthcare utilisation does not stack up compared to the large evidence base supporting the cost-effectiveness of continuous and coordinated care by a GP. Local and international evidence shows that better support for, and use of, general practice is associated with lower emergency department presentations and hospital use[xxxi,xxxii,xxxiii,xxxiv,xxxv], decreased hospital re-admission rates[xxxvi], health benefits for Aboriginal and Torres Strait Islander communities[xxxvii,xxxviii] and significant savings for the healthcare system[xxxix,xl,xli]**.** Despite modelling in other countries, there is no evidence that expanded scope of practice has assisted with medical practitioner workforce concerns or improved distribution to areas of need.

Costs associated with fragmented care

There are strong associations between continuity measures as years with the same regular general practitioner (RGP) and odds for use of out-of-hours (OOH) services, acute hospital admissions and mortality.[xlii] This demonstrates that the length of the patient-RGP relationship is significantly associated with lower use of OOH services, fewer acute hospital admissions and lower mortality. “The presence of a dose-response relationship between continuity and these outcomes indicates that the associations are causal”.[xliii]

NSW LUMOS data reinforces the power of continuity of care with GPs to decrease costs to the NSW Health system with less preventable hospitalisations and better outcomes for chronic disease management.

We need only look to our own data, so need to invest in health carers who can assist GPs in accessing the appropriate services within the NSW system.

Multiple prescribers create more risk for the patient and can contribute to overprescribing of antibiotics. A Cochrane review of non-medical prescribing for acute and chronic disease management in primary and secondary care found that non-medical prescribers prescribed more drugs, intensified drug doses and used a greater variety of drugs compared to usual care medical prescribers.[xliv]

Episodic and independent care from multiple providers also risks undermining the quality and efficiency of the Australian healthcare system and results in poor patient outcomes.[xlv] This results from factors such as a lack of consistency and unified medical records, ineffective clinical handover, missed opportunities for patient follow up and learning from patient interactions, the provision of contradictory clinical advice, missed opportunities to detect contra-indications and to initiate a range of opportunistic health promotion activities and diminished clinical governance and accountability. Losing this important opportunity for holistic, comprehensive and integrated care could prove detrimental to patients.

Patient safety is paramount and best protected where health service providers are working together respectfully and appropriately, communicating fulsomely, with instruments such as GP Management Plans and Team Care arrangements. Using skills, expertise and established scopes of practice in complimentary and not competitive ways to best serve patients.

Expanding the scope of practice of healthcare professionals without the same level of training as GPs can lead to fragmented and inefficient care, mis- or delayed diagnoses[xlvi], inappropriate or delayed treatment – including pharmacological treatment, inappropriate referrals and interventions and/or adverse events resulting in physical or psychological harm to patient. It may lead to a two-tiered system, where patients who cannot access GP services (for example, due to cost or geographic location) receive care from another professional without the same level of qualification as a GP. This has the potential to reduce equity of access to high-quality healthcare, increase health disparities, drive down efficiencies and increase costs.

ii. the role of multi-disciplinary community health services in meeting current and future demand and reducing pressure on the hospital system;

International experience overwhelmingly supports better integrated and supported primary care as a solution to improving health outcomes and reducing pressure on hospital systems.[xlviii] The RACGP strongly supports measures to enable multidisciplinary within general practice to better manage disease in the community setting, improve health outcomes and reduce hospital admissions, and more efficiently use health resources.

The RACGP welcomes all budget measures that support coordinated, culturally safe multidisciplinary general practice team-based care. However, it is important that team-based care is supported by the retention of appropriate collaborative arrangements, including between nurse practitioners, midwives and general practitioners.

iii. opportunities and quality of care outcomes in maintaining direct employment arrangements with health workers;

See Section A regarding payroll tax concerns.

H. Current education and training programs for specialist clinicians and their sustainability to meet future needs, including:

i. placements;

The RACGP specifically welcomes actions which are targeted towards attracting students and early career health professionals into the primary health care workforce, with increased exposure to primary health care during training and mentorship. General practice skills are the cornerstone of medicine. Junior doctors, regardless of intended specialty, will benefit from exposure to general practice. Early exposure will provide doctors with increased diagnostic skills for undifferentiated patients, advanced communication and consultation skills, and broad exposure to health issues affecting everyday Australians. This further benefits the non-primary care workforce, ensuring they comprehensively understand a GP's role in coordinating the patient's journey through the health system. Early exposure will also assist junior doctors in making informed career choices.

The future medical workforce must be prioritised through the highest level of education and training required to provide high-quality patient care. Enhanced funding for GPs and practices to undertake teaching is needed to better support the education of students, registrars and junior doctors working towards a career in general practice.

Funding must support coordination, infrastructure and administrative duties related to placing students within general practice. For individual GPs who provide teaching and supervision, funding must adequately support them to provide these activities and compensate for any potential loss of income from their regular practice.

ii. the way training is offered and overseen (including for internationally trained specialists);

Due to the over 10-year process it takes for a high school student to become a general practitioner, Australia is unlikely to be able to resolve any GP workforce shortage in the short term without bringing in additional international medical graduates (IMGs) to bolster the GP workforce.

The RACGP is supportive of measures to encourage more IMGs to complete their training and practice in Australia. To complete their training, all GP trainees require support. IMGs don't have access to the same support networks and familiarity with the Australian medical and education system that Australian-based trainees benefit from.

The RACGP Fellowship support program has already helped many IMGs achieve fellowship and can be scaled up to support IMG GP trainees into the future. The RACGP calls on the future funding to support 500 participants per year in the RACGP Fellowship Support Program to support more IMGs to achieve GP fellowship. Additional support to ensure cultural training is critical to set IMGs up for a successful future.

iii. how colleges support and respond to escalating community demand for services;

The RACGP is the voice of GPs in our growing cities and throughout rural and remote Australia. We are Australia's largest professional general practice organisation representing more than 46,000 urban and rural members. For more than 60 years, we've supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and well-being for all Australians. The RACGP has a long and proud history of keeping general practice at the forefront of the quality healthcare agenda, supporting our members in their pursuit of excellence in patient care and community service and, supporting efforts aimed at collaboration and integration to improve quality and safety across the health system. This work in turn responds directly to community demands for healthcare, such as adequate funding aim at addressing continued increases in the rates of people living with chronic health conditions and multimorbidity as Australia's population ages and lives longer.

The RACGP has continued to advocate for government to adequately fund general practice to ensure it can meet community demand and produce optimal health outcomes for people across Australia. In delivering a high-performance health system, it is necessary to allocate resources carefully and effectively and assess the cost-effectiveness of services.

iv. the engagement between medical colleges and local health districts and speciality health networks;

Opportunities exist with fostering closer partnerships between PHNs and GPs to ensure local needs of GPs and their patients are met through funding of different models of care such as shared care models within the GP setting rather than hospitals

(see Section C).

v. how barriers to workforce expansion can be addressed to increase the supply, accessibility and affordability of specialist clinical services in healthcare workers in NSW;

Specialists supporting general practitioners within the general practice setting.

See sections F(ii,iii) and G(i,ii).

I. New models of care and technical and clinical innovations to improve health outcomes for the people of NSW, including but not limited to technical and clinical innovation, changes to scope of practice, workforce innovation, and funding innovation

The RACGP *Vision for general practice and a sustainable healthcare system* (the Vision) describes a sustainable model of high-quality, cost-effective and patient-centred care that aims to address many of Australia's healthcare challenges. The Vision identifies that the future of our healthcare system can be protected by better supporting existing general practice services through:

- maintaining and modernising the Medicare fee-for-service system
- setting and indexing rebates that accurately reflect the cost of service provision by specialist GPs
- supporting the delivery of comprehensive general practice care
- increasing payments to practices to facilitate the employment of general practice team members or providing NSW Health staff to support GP clinics onsite
- facilitating genuine quality improvement activities in general practice
- increasing funding for GPs and practices to undertake teaching of medical students and GP registrars and introducing new funding to support teaching for all other members of the general practice team.

Innovative models of care in general practice and a sustainable general practice workforce can be facilitated by:

- supporting patients to be the central focus of the health system
- encouraging continuity of care for patients within their preferred practice via voluntary patient enrolment and ensuring timely appropriate communication regarding all patient care within the NSW health system to the nominated general practice
- supporting GPs and their teams in coordinating care with hospitals and other health and social services
- recognising patient complexity through improved funding systems for provision of integrated care services that can be accessed via general practices rather than only via hospital staff
- supporting general practice–based research and ensuring universities support academic general practice

Scope expansion should support continuity of care so that patients do not have to go elsewhere and can receive more care through their preferred practice when they need it. Many GPs feel that they are unable to maximise their potential due to various restrictions, such as the Medicare Benefits Scheme (MBS). Improved rebates for longer consultations, MBS reform, and wider task delegation would allow GPs to maximise their potential within Australia's healthcare system. Extending the scope of general practice team members could enable GPs to delegate where appropriate and required, and work to the top of their scope of practice.

General practice infrastructure funding must be addressed, ensuring that practices have the tools required to provide comprehensive care. The indirect costs of running a practice, such as the costs associated with improving the infrastructure required to provide quality care, are not supported by the current funding structure.

Technical innovations

Integration and use of digital technology in general practice has experienced a surge during the COVID-19 pandemic. This clearly demonstrates that when there is a clear purpose and value, and the necessary supports are in place, digital technologies will be adopted and can support the delivery of better patient outcomes.[xlix]

Practices should be provided with funding to support physical and IT infrastructure, enabling the adoption of new technologies and increases to practice capacity, as well as:

- maintenance and improvements to physical infrastructure
- maintenance or introduction of new IT hardware/software
- the training required to ensure quality use of technology.

The recent notification of Single Digital Patient Records (SDPR) for NSW represents a unique opportunity to address the current gap, whereby patient information is not or cannot be shared with GPs upon episodes of transitions of care between hospitals and other tertiary care settings, and the home or primary care setting. This lack of continuity of information results in fragmented care which is often duplicated due to gaps in information. Ensuring that the SDPR is connected to GP practices ensuring timely provision of information will be essential in addressing increased costs and suboptimal health outcomes that may arise with the current disparity that exists. Access for all general practices and GPs to the NSW health medical records needs to be prioritised to really provide cost efficiencies through improved communications, decreased duplications of investigations and decreased medication errors and preventable hospitalisations.

The transfer of patients between primary and secondary care has already been discussed as a significant pain point for patients, and collaboration between hospitals and GPs and the integration of systems will be vital to improve this. The RACGP sees significant opportunities to achieve better patient outcomes from improved collaboration between hospitals and general practice.

The sharing of information with general practice needs to occur seamlessly and be fully integrated with current systems. The implications and costs for general practices to manage information via current processes create a heavy burden on GPs, diverting their time away from providing essential medical care for patients. This impacts on patient care due to inefficiencies and the risk of information not being appropriately incorporated into the patient record. A SDPR must ensure information is shared safely, reliably and efficiently.

General practices need be able to seamlessly receive, review and incorporate health information from other sources into their existing local health records efficiently. This must happen in a way that supports patient confidentiality, quality clinical handover and effective continuity of care. Delivery systems have been developed to support the safe and effective transfer of sensitive health information and mitigate the risks of communicating via mail, fax and email.[xlix]

The issue of interoperability continues as a key barrier to the effective implementation of digital health. Different clinical software products and secure messaging services are often unable to exchange data. These include:

- greater use of secure message delivery by hospitals, other medical specialists, and allied health professionals
- greater interoperability between secure message delivery providers
- generating increased electronic referrals
- the ability to use patient collected data in real-time to support clinical decisions
- technologies that support culturally and linguistically diverse populations to access to their personal health information in an interpretable fashion
- greater adoption of standards to assist with interoperability of information transfer between parts of the health system
- development of an authority that guides development of Clinical Decision Support[xlix]
- A coordinated whole of sector approach, seamless and secure digital systems, supported by evidence-based regulations and patient education will be critical to achieve the benefits of digital health more broadly[xlix]

The RACGP believes the establishment of standards should be prioritised for improving interoperability. The key role of standards is to create consistency and compatibility. Systems should be so well-designed that users, particularly those in overburdened sectors such as aged care, do not require high levels of digital literacy. Technologies need to be user friendly to minimise the need for extensive training and education.[li]

J. Any other matter reasonably incidental to a matter referred to in paragraphs A to H, or which the Commissioner believes is reasonably relevant to the inquiry.

No comment.

Conclusion

By improving existing funding arrangements and introducing further supports to introduce innovative models of care in general practice, the RACGP believes that significant savings would be achieved for funders, patients and providers. By implementing systems of care that include the GP and general practice (such as have been funded through multiple pilot projects in the Western Sydney Local Health District and Western Sydney Primary Health Network,

The RACGP looks forward to working with all levels of government to collaboratively develop and introduce appropriate models for improving healthcare in the interests of all Australians.

Prepared by: NSW/ACT Faculty and Funding and Health System Reform.

Date: 31 October 2023

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