

# Service Provider Panel

Primary Health Care Workforce  
Session Summary  
February 2024

## Background

The Service Provider Special Interest Panel met on Tuesday 20 February 2024 to discuss [Primary Health Care Workforce and the impacts of maldistribution and shortages](#).

Participants represented a diversity of service size and type, with representation from all seven country WA regions and the Perth metropolitan area.

WA Primary Health Alliance's (WAPHA) commissioning activities are impacted significantly by the shortage of primary health care professionals in particular areas of WA (most acutely outer metropolitan, regional, rural and remote). Without a viable and sustainable primary health care workforce, there are places in WA where commissioning services is persistently difficult.

There are six key 'stages' of workforce market capacity, with specific factors that define the various markets including:



1. **Stable market** – where community and provider populations are sufficient and appropriately diverse to enable market competition and client-centric care.
2. **Thin market** – where the market is typically characterised by limited number of services with longer than average wait times.
3. **Thin market at risk of failing** – where indicators demonstrate increasing fragility of the market, with often single or few primary care providers, many general practices at significant risk of closure, and long-standing challenges in attracting and recruiting a workforce.
4. **Failing market** – where indicators demonstrate an irreversible or near irreversible decline in market capacity, general practice closures due to financial unviability, poor access to services and extreme challenges meeting workforce needs.
5. **Market failure** – when community populations are too small to support NGO/private provider business models, there are shortages of GPs and other health professionals, restricted access to Medicare funded services, a disproportionate number of elderly, poor and underinsured residents, and high rates of chronic illness.
6. **No Market** – a systemic inability for clients to access effective primary health care services or Medicare funded services. This designation comes with an inherent recognition that there are instances where a market cannot exist in the traditional sense and should not be forced.

## Background cont.

WAPHA considers six principles in designing new primary health care workforce models in WA:

- building local capacity and enabling access to multidisciplinary team care
- Integrating primary care and acute services to enhance wrap around support
- team based employment settings
- Structural changes to primary care entity ownership
- reorganising funding to support care provision
- digitally enabled delivery

## Questions posed to the panel

1) What is the impact of primary health care workforce maldistribution and shortage on your ability to deliver your services?

2) In the context of the six workforce design principles above, how can WAPHA work with you to minimise the impact of your workforce challenges?

3) What innovations have you already implemented/ are considering in response to lack of supply/ inability to attract qualified primary health care professionals for your services?

## 1) What is the impact of primary health care workforce maldistribution and shortage on your ability to deliver your services?

Panel members shared their experiences of:

- high staff turnover due to burnout leading to more time spent training new staff
- limited recruitment pools and not being able to match conditions elsewhere
- competition between providers
- seeking stable funding from the Australian Government to offer longer term employment opportunities
- grappling with the true costs for delivering services in region e.g. housing and travel
- having less time seeing patients to accommodate long travel distances for clinicians
- population growth
- contractual limitations
- issues finding workforce to sustain quality and affordable services in low-socioeconomic areas
- the impact of removal of WAPHA regional contract managers







2) In the context of the six workforce design principles above, how can WAPHA work with you to minimise the impact of your workforce challenges?

Panel members offered the following ideas:

- re-organising funding based on hard to reach and low socioeconomic areas
- assistance to build local workforce – consideration of funding placements for allied health students and/or upskilling health assistants providing services where appropriate
- creating lasting pathways between agencies to prevent doubling up of services
- digitally enabled services - for example, setting up a room as a hub that clients can use for all service [appointments]
- recognising the burden of care for the client and [identifying] how this be mitigated
- leveraging other modalities in regions and [assisting in] community navigation support
- increasing trust to increase collaboration e.g. Community of Practice in Meekatharra

"Clients are happy to use telehealth but often want face to face introduction first. We need to offer choice."  
- quote from a panel member

"Organisations are having to make operational cuts to enable CPI provision. However, how to provide less services when demand is increasing."  
- quote from a panel member

Integration was a key theme discussed and panel members agreed the Australian Government's requirement for PHNs to have a local integration role.

Comments included:

- integration between primary care and acute care needs stronger advocacy which is something WAPHA could do
- WAPHA regional integration managers (RIMs) and other staff in regions can provide opportunities to better integrate [services]
- RIMs have a role in partnership connection as they are the connections on the ground WAPHA can explore this going forward
- foster collaboration and focus on local priorities and local solutions such as Department of Communities District Leadership groups and bring together key people in regions and metro areas
- Wheatbelt Hub [was noted] as an exemplar, there are lots of assets & facilities in the region offering face to face in a shared location

"Regional integration managers are untapped and can be utilised more. Midland example: local services not aware of other services. WAPHA RIM did a great job bringing people together & pooling resources and relationships."  
- quote from a panel member

3) What innovations have you already implemented/are considering in response to lack of supply/inability to attract qualified primary health care professionals for your services?

Comments from panel members on the challenges on lack of supply/ability to attract qualified professionals included:

- innovation of care coordination/ navigation - limited funding in regional contracts.
- care coordination would be fantastic, however there is a long waitlist for counselling as well as the difficulty of demand for services and not knowing if there is capacity in other services
- there are so few supervisors to enable the supervision of early career clinicians which also needs funding and support
- the difference between CPI and cost of doing business is three to four percent per annum on average - with a cumulative impact over a period of five years we are 20 per cent short [on funding] compared to the start of the contract

"Increased telehealth services [and] offer a mixed model of delivery. We have chosen to offer dietetics and exercise physiology only in areas [that] have no other access to these services."

"Care coordination provides wonderful outcomes if services are paid to implement this. Having all players in the town looking at working better [together] is also the way to go."

"Utilise provision and supervision and upskilling staff. Need a long term vision as we are losing our workforce in WA and not expanding at a suitable rate."  
- quotes from panel members

Panel members shared current and future plans such as:

- considering telehealth and working with consortia to access multidisciplinary teams
- implementation of a peer workforce however, noting the extra cost incurred with the requirement for supervision and training
- scope of practice review underway, led by the Australian Government Department of Health and Aged Care and is considering what needs to change to enable professions to work at top of scope

Overall themes

Managing the cost of recruitment, staff retention, training and induction is complex and challenging.

There is opportunity for increased integration between providers and WAPHA has a key role in facilitating this across WA.

CPI and indexation continue to be a challenge for service providers to navigate.



WA Primary Health Alliance

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