WA GP ADVISORY PANEL

MEETING COMMUNIQUE

WEDNESDAY 29 MAY 2024

RACGP Royal Australian College of General Practitioners

RURAL HEALTH WEST

WA Primary Health Alliance
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TOPIC ONE

Federal budget announcements

The 2024-25 Federal Budget was recently released outlining the Federal Government's priorities for 2024-25 and beyond. Specific budget measures relevant to general practice include:

- **Growing the national network of Medicare Urgent Care Clinics by 29 (to a total of 87) and providing additional support for clinics located in regional, rural and remote areas ($227m).**
- **Boost the supply of health care in areas of shortage, the Budget provides $17.4 million to support health services at risk of closing. Primary Health Networks and Rural Workforce Agencies will work with local communities to support people to get the care they need, close to home.**
- **$90.0 million over three years from 2023–24 to fund the implementation of the health-related recommendations of the Independent review of Australia's regulatory settings relating to overseas health practitioners (the Kruk Review) to grow and support the health workforce**
- **The Government will also extend existing single employer model trials until 31 December 2028 to help attract and retain general practitioners (GPs) in areas of workforce need.**
- **$21.6 million over three years from 2024–25 to extend the Home Care Workforce Support Program for an additional three years to facilitate the growth of the care and support workforce in thin markets.**
- **$17.4 million in 2024–25 to extend the General Practice Incentive Fund until 30 June 2025 to improve access to primary care in thin markets.**

Members were asked to provide feedback on recommendations for action or advocacy they would like to see the lead agencies undertake given the impact of the above measures on general practice.

Discussion points from Panel members included:

While the budget had a lot of measures relating to general practice, it was suggested that the budget did not include much to support GPs, and risks undermining general practice for the expansion of Medicare Urgent Care Centres (UCCs).

The cost-of-living disparity between remote and metro areas, as well as the flat Medicare rebate, was flagged as a contributing factor to GP Port Hedland challenges, with an UCC potentially being on the horizon to take the pressure off the hospital. It was noted that increasing the rebate and supporting funding for the existing GP clinic could also be a solution.

A panel member noted that rather than funding initiatives external to general practice, if GPs received additional funding, then they would be able to provide those services within the context of general practice at a more cost-effective rate.

Funding for mental health nurses was a welcome measure, however implementation will be critical to overall success.

There was concern about the funding for digital mental health services, with GPs noting that many patients prefer to see someone in person, and those that need mental healthcare the most, are the least likely to be able to access online services. Distributing more funds to physical Head to Health centres would be preferable.

While the NDIS reform was noted as needed, the importance of adequate funding if GPs are to play a more central role in NDIS access was flagged as critical.

Areas for action/advocacy

Noting the consideration of additional funding for pharmacists to provide vaccines in aged care, a request was made to advocate for funding so practice nurses could provide vaccines in aged care. If practices nurses could claim for these it would be more efficient for GPs and general practice overall.

Transparency around funding and scope of UCCs as well as reporting on the cost per patient was requested. It was noted that this may provide evidence that the current Medicare rebate is inadequate.

It was noted that rather than withdrawing item numbers such as 2712, additional unique item numbers, for things like wound care and fractures, may make it more viable for GPs to manage these, rather than send patients to urgent care. Women's health care was also noted as a gap, with the lack of related item numbers for GPs providing that service needing addressing.

Patient education was flagged as important to reduce presentations at UCCs for minor issues, that could easily be managed by their local GP, and to also ensure the expectations for the episodic care provided by UCCs are clear and resources aren't being used on non-urgent issues.

COMMENTS FROM CHAT

"Shocked to see [rebate] 2712 is being removed after COVID extra mental health visits..."

- *"And mental health items not getting the triple incentive, despite the epidemic of mental health issues."*

"Staffing [can be] an issue for UCCs especially... evenings and weekends - many of our GPs are doing shifts to cover it, hence less GPs 'in house' – [utilising] workforce from one area to cover another. [Consideration of] billings/wages to cover regular GPs in evenings and weekends to see extra patients they know well in their regular practice location [might be a solution]?"

"Suturing and incision and drainage is extremely underfunded - and [the] only reason to do it is to maintain skills."

"One of my irritations - the non funding incentive increase for antenatal and mental health."

"...Every patient I talk to [wishes] to see someone face to face for mental health and [most patients] don't even really want to see someone via telehealth."

Additional information provided by lead agencies:

- **Further information on the Scope of Practice Review being conducted by Mark Cormack can be found here.**
- **Regarding the budget announcement of $5.2M of training scholarships for LARC and IUD insertions and removals, to include Nurse Practitioners - RHW have consulted Dr Samantha Johnson, Medical Director at SHQ, who are awaiting further information. As soon as additional details become available they will be shared with the Panel.**

Note: The information contained within this communique represents the views and opinions of WA GP Advisory Panel members only and does not necessarily represent the views or opinions of RACGP, RHW or WAPHA.

TOPIC TWO

Hospital Liaison GP role review

WA Health and HSPs are currently undertaking work to review and standardise the Hospital Liaison GP (HLGP) role.

To inform this review, members were asked to identify:

What are the expectations of your local HLGP?

Comments from members included:

Key expectations

- It's important that anyone in a liaison role has a clinical background and is empowered to improve outcomes (such as hospital discharge summary issues for example).
- Advocacy and education to local GPs in the catchment area, particularly when HLGPs are often asked to represent the voice of GP collectively.
- Maintaining clinical presence and contact with patients in order to stay connected to current issues.
- Timely communication back to GPs referring patients to hospital. One successful example involved a suspected meningitis patient sent to ED and the updates, suggestions and feedback provided from the HLGP was very helpful.

Opportunities for improvement

- Seek opportunities for proactive engagement by HLGPs with community GPs and provide HLGPs with extra support and funding for this engagement. The role is different across hospitals and the level of engagement HLGPs have with community GPs varies greatly as a result.
- Ensure service and contact information for HLGPs is up to date and regularly communicated out to local GPs.
- Consider a variable remuneration rate according to the hospital size and complexity which impacts on the HLGP role.
- Consider giving the HLGP a more senior role within the hospital, for example sitting on the hospital management board helping make decisions about what is reasonable to expect to happen in hospital, versus in general practice. This would help elevate the influence of the HLGP.

It was noted that current discussions from the RACGP Council around minimum expectations included ensuring the HLGP:

- is a Fellowed GP;
- is currently working in community practice within the hospital's catchment; and
- has a realistic FTE which is suggested as currently being too low, reducing ability to fulfil all aspects of the liaison role in the allocated time available.

COMMENTS FROM CHAT

"HLGPs to be working a minimum of two days per week as a GP in the catchment area for the hospital, so they have current experience...and they are impacted by decisions made by the hospital."

"I would like the HLGPs to be involved in the orientation of interns and RMOs to educate on what GPs...want in a discharge summary and [provide] examples of good and bad discharge summaries."

"HLGPs could [engage with] hospital doctors [elevating] the pivotal role of GPs in a patients care, and therefore [GPs should] have some input into their care."

"...Facilitation of GP education, hospital point of contact for GPs, communication from hospital, and to provide feedback to hospital."

"HLGPs should be embedded within 'health services'. An...example is the state mental health service where a HLGP would provide a better understanding by GPs, of the difficulties facing mental service delivery. Similarly, prison health services would benefit from a HLGP to minimise the risk of released prisoners with chronic health issues being lost to follow up by GPs."

"[Provide] HLGPs a direct line of communication to the Director of Medical Services and the CEO, so that if Head of Departments are ignoring feedback from the HLGPs, the HLGP can escalate the issue easily."

FDSV special interest panel (April 2024)

- The first meeting of the Family, Domestic and Sexual Violence Special Interest Panel was held on 19 March.
- Following the successful pilot application, the group was reconvened to inform the ongoing program of work, with the first meeting focusing on feedback on the draft training plan designed to foster a whole-of-practice response to patients impacted by violence and/or abuse.
- Feedback was largely positive and highlighted the need to include nurses in the reproductive coercion training module, including the Child Protection Unit in the plan, and ensuring trauma informed care is included in the foundation modules to build confidence.

WAPHA Needs Assessment focus groups (April 2024)

- WAPHA and Impact Co. sought member feedback across a number of focus groups in April to provide input into a Needs Assessment on After Hours programs across WA.
- Members were asked to share experiences, views and perspectives on how primary health care services in the after-hours period, and for multicultural communities and those experiencing, or at risk of, homelessness are delivered across WA, with the aim of:

    1. Identifying the current state of primary health care services that operate with respect to services provided in the After Hours period (including specifically for multicultural communities and those experiencing, or at risk of, homelessness)
    2. Understanding current and unmet need across WA; and
    3. Highlighting opportunities to enhance primary care services to improve health outcomes

Primary Care Access to Specialist Advice (PCASA) Project (April 2024)

- The WA Department of Health System Improvement Unit sought WA GP Advisory Panel member feedback to provide further input into the future of outpatient and innovative care across WA.
- Members were asked to share ideas and feedback on the opportunities and challenges for the Primary Care Access to Specialist Advice (PCASA) project which aims to establish a pathway for GPs to access consultant advice to support patient management in the community.
- There was strong support for the PCASA model of care, which has the potential to provide GPs with direct and efficient access to hospital specialist advice.
- Funding for the PCASA model of care was not secured in this budget cycle, however the PCASA project team will continue to explore avenues for funding and use the findings from the panel to advocate for the establishment of this service.

WA Virtual Emergency Department (WAVED) consultation (May 2024)

- The WA Department of Health sought WA GP Advisory Panel member feedback on the WA Virtual Emergency Department (WAVED) health system initiative that was endorsed by the Minister for Health and Cabinet in early 2023 as part of the WA Health Ambulance Ramping Strategy.
- Members were asked to provide feedback to identify the value of a direct referral pathway in to WAVED and key requirements to be considered in the design a direct GP referral pathway into WAVED.
- Feedback will be used to inform the future development of the WA Virtual Emergency Department.

Next steps

This communique will be shared with key staff across the three lead agencies, it will also be posted on WAPHA's website and shared with external stakeholders as part of the CEO's monthly Strategic Update.

Please send any suggestions for future agenda topics to nicola.blacker@wapha.org.au