

6 May 2022

Ms Kym Peake  
Chair, Independent Governance Review Panel  
Via email [IndependentGovernanceReview@health.wa.gov.au](mailto:IndependentGovernanceReview@health.wa.gov.au)  
Lodged via the Independent Governance Review of the Health Services Action 2016 SUBMISSION PORTAL

Dear Ms Peake

### **Independent governance review of the Health Services Act 2016**

The Royal Australian College of General Practitioners (RACGP) thanks the Independent Governance Review Panel for the opportunity to provide input into this Review.

The RACGP is Australia's largest general practice organisation, representing over 90% of Australia's general practitioners (GPs). We advocate for affordable and equitable access to high-quality health services and improved health outcomes for all Australians. GPs work with patients on a wide range of issues and understand the complex interaction between health, social issues, workforce participation and the ability to access education.

*RACGP has a [Vision for general practice and a sustainable healthcare system](#) (Vision) that places the patient at the centre of care in partnership with their GP. It is vital that all health professionals, policies and programs strive to ensure that a patient's usual GP is involved at all stages of care.*

In providing this submission, we note that the RACGP does not represent the whole of primary care, nor do other organisations in the primary care space represent general practice.

### **Background**

Our current health system was developed at a time when acute medical conditions were the main focus of healthcare and is no longer fit for purpose in a society where half the population now have chronic health conditions.

GPs are the only medical practitioners that specialise in managing multimorbidity across the full patient spectrum, from paediatrics to aged care. This unique case load requires broad-ranging knowledge and a whole-of-person approach to providing care. We know multimorbidity is increasing, and the complexity of care required is increasing with it.

General practice requires a breadth of medical knowledge and clinical skills, including anaesthetics, GP obstetrics, palliative care and refugee health. GPs are involved with our non-clinical roles such as teaching and research.

### **Devolved governance structure**

It is anticipated that a Health Service Board (HSB) will include skills, expertise and experience in several areas including primary health care, and that the functions of each board include “cooperating with other providers of health services, including providers of primary health care, in planning for, and providing, health services”.

We note that a majority of HSBs have a GP member, but it is unclear how general practice (as a subset of primary care) is included as part of the cooperation “in planning for and providing health services”.

Part of the structural problem when we look at the various frameworks is that ‘primary care’ includes GPs but does not appear to recognise GPs as medical specialists.

We recommend that each Health Service Provider (HSP) appoint primary care advisory councils/committees that include a minimum number of practising specialist GPs, and that such appointments are adequately remunerated. RACGP could enable a network of GPs appointed to such advisory bodies to ensure ideas are shared across the system.

### **HSP culture from a community point of view**

We need a culture shift in the state health system to consider how general practice might be better integrated into the broader health care system in Western Australia.

This will ensure better outcomes for patients and communities, and save the state health system tens of millions of dollars each year.

As outlined in our [Vision](#), local and international evidence shows that better support for, and use of, general practice is associated with

- lower emergency department presentations and hospital use,
- decreased hospital readmissions,
- health benefits for Aboriginal and Torres Strait Islander communities, and
- significant savings for the healthcare system.

Right now, we believe that HSPs perpetuate a hospital-focussed approach to healthcare. HSPs and their staff appear not to be incentivised to support coordinated care between general practice and state-funded programs and services, nor are they incentivised to support integrated care initiatives that improve the interface between general practice, hospitals and other health services – the kind of outcomes anticipated from the Sustainable Health Review.

Ultimately, recognising the crucial role of specialist GPs will lead to keeping patients out of hospital, reducing recurrent re-admissions, and providing equity of access to healthcare - especially in rural and remote areas.

### **System's ability to manage, plan and implement key health reforms and workforce requirements**

RACGP was encouraged by the [General practice workforce training pathway pilot](#), particularly the support for GP registrars and RMOs with GP intent by providing equitable access to GP-suitable clinical experiences. Elements of this workforce pilot have been successful, but the challenges of networking between employing health services (EHS) is evidenced by the inability to find a resolution to increasing access to paediatric and O&G rotations for 2022.

In the fourth 'enduring strategy' arising from the Sustainable Health Review, reference is made to developing "a partnership between WA Primary Health Alliance and the Department of Health to facilitate joint planning, priority setting and commissioning of integrated care". WA Primary Health Alliance has a broad remit; only the RACGP can speak for GPs or general practice. Any partnership aiming for "person-centred, equitable, seamless access" to healthcare must involve the general practice profession.

### **System's ability to respond to emergency situations**

When it comes to healthcare, the state's emergency management plans are very hospital and emergency services focussed. Not only can GPs assist in the Preparedness for emergencies, but in the Response and Recovery phases, too.

We recommend that RACGP-appointed specialist GPs be formally involved in state and regional health emergency preparedness, response and recovery planning.

### **Other - Chief General Practitioner**

Three recent issues highlight the need for a more structural approach to involving general practice in health decisions in this state.

At the end of last year, based on experiences elsewhere in Australia, RACGP identified that State-endorsed guidelines were required to assist GPs manage COVID-19 in the community. Health did not see it as essential, but RACGP was able to demonstrate the need for guidelines and the Department ultimately published some.

When it was recently determined that the State would provide access to antiviral drugs via general practice, the decision to proceed was communicated on a Friday afternoon for a Monday implementation without sufficient consultation with general practice. Primary care stakeholders only saw a draft version of implementation information a few days earlier.

The third issue relates to the recent decision to remove mask-wearing restrictions except in hospitals and other settings without consultation with the broader medical profession. At the last minute, RACGP was able to lobby for mandatory mask-wearing to remain in place in healthcare settings other than hospitals, including general practices.

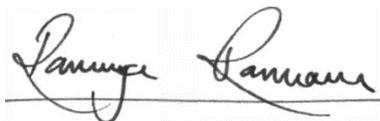
Each of these issues is an example of the needs and expertise of GPs not being considered as part of the broader health response to COVID-19.

To ensure that the perspective of on-the-ground, specialist general practitioners is included in important public health decisions (in addition to emergency preparedness, response and recovery), RACGP proposes the appointment of a Chief General Practitioner

A Chief GP would complement similar roles in the Clinical Excellence division, providing strategic advice and support on workforce, clinical practice, education and research at the centre of the health system. This would facilitate interprofessional collaboration with and across HSPs.

Thank you for considering our submission. If you would like to discuss any of the above matters further, please contact us care of the RACGP WA State Manager, Mr Hamish Milne on 08 9489 9555 or [hamish.milne@racgp.org.au](mailto:hamish.milne@racgp.org.au)

Yours sincerely



Dr Ramya Raman, FRACGP MBBS Dip Child Health BSSC (Psych)  
Chair, RACGP WA