

30 September 2017

Ms Robyn Kruk AM
Chair, Sustainable Health Review Panel
C/- Sustainable Health Review Secretariat
189 Royal Street
EAST PERTH, WA 6004

Dear Ms Kruk

Sustainable Health Review – Public Submissions

The Royal Australian College of General Practitioners (RACGP) thanks the Sustainable Health Review Panel for the opportunity to help shape the future of the health system in Western Australia.

Introduction

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.

The RACGP's mission is to improve the health and wellbeing of all people in Australia by supporting GPs, general practice registrars and medical students through its principal activities of education, training and research. RACGP achieves this by assessing doctors' skills and knowledge, supplying ongoing professional development activities, developing resources and guidelines, helping GPs with issues that affect their practice, and developing evidence-based standards that general practices use to ensure high quality healthcare.

Background

Much of the information described in this submission is derived from a workshop of RACGP members held in Perth on 10 August 2017 to specifically identify priority areas for consideration in this Review. The group identified the following:

- Hospital - GP communication and referral
- Urgent care pathways
- Residential aged care – access to medical care
- Pre-vocational training (PGPPP)

Another priority area identified by RACGP WA is a formal structure/forum to ensure the perspective of primary health stakeholders informs policy development.

Forum for engagement with primary health stakeholders

In support of our vision of “Healthy Profession. Healthy Australia”, RACGP seeks opportunities to advocate for an effective and sustainable primary healthcare system, and supports the provision of quality healthcare leading to better health outcomes.

In Western Australia, RACGP WA regularly engages with primary health stakeholders, however the avenues for engagement with the Department of Health and/or WA Health more broadly are ad hoc.

We recommend:

- Establishing a regular Ministerial forum that includes primary health stakeholders to provide advice and guidance to the Department of Health to inform the delivery of patient-centred, high quality and financially sustainable healthcare across the State.

Hospital - GP communication and referral

Each year over 85% of Australians will see their GP who, in collaboration with the general practice team, provide over 145 million general practice services. GPs have ongoing relationships with their patients, and are therefore familiar with their patients’ medical history, social circumstances and disability factors, as well as the barriers to participation in community life and employment their patients face.

It is therefore essential that a patient’s GP receive their hospital discharge information in a timely manner to maintain continuity of care and to reduce the chances of readmission. Research shows that patients who see their usual GP within 72 hours of being discharged from hospital have lower hospital readmission rates, particularly those patients with high needs.

We recommend:

- That all patients should have a clear, concise and fully completed discharge summary provided to their usual GP within 24 hours of discharge (in line with WA Health discharge summary policy):
 - o All high-needs patients should have an appointment arranged for them by hospital staff (on or before discharge) to see a GP at their usual practice within 72 hours of discharge¹
 - o Stakeholders need to collectively agree on a definition of what is a ‘high-needs patient’
 - o Encourage all hospitals to use My Health Record to upload discharge summaries by 31 December 2018, in addition to current methods of communication
- Increased funding for GP Hospital Liaison Officers to improve communication between tertiary and primary health sectors in WA
- Ensuring that GPs are funded to participate on Rural Medical Advisory Committees (MACs) to support the needs of rural and remote communities
- Providing a date of appointment for patients accepted by the Central Referral Service.

- ¹ Torjesen, I. Seeing same GP is linked to fewer hospital admissions: BMJ 2017;356:j543; and, Purdy S. Avoiding hospital admissions: what does the research evidence say? London: The King's Fund; 2010.

Urgent care pathways

Sometimes patients require provision of medical care outside normal opening hours. The RACGP believes that patients value an ongoing relationship with a GP which is built on trust, and which provides continuity of comprehensive and coordinated medical care throughout the 24-hour period.

General practices that meet the [Standards for general practice](#) (4th edition) are required to be able to demonstrate reasonable arrangements for access to primary medical care services for their regular patients within and outside normal opening hours. Some practices use their own GPs to provide care or alternatively use a local cooperative of GPs or a medical deputising service. Where a deputising service is not available practices may have an arrangement with a local hospital. Some practices use a combination of all these arrangements.

The provision of urgent care will require local solutions that differ based on demographics and geography.

We recommend:

- Focussing on the individual needs of specific areas (use the PHNs to assist with identification)
- Using GP stakeholders to facilitate local solutions
- Using a tendering process to identify the most appropriate practices in areas of need
- Supporting systems that prioritise continuity of care

Residential aged care – access to medical care

As the number of older people increases in Australia, so too does the complexity of the management of chronic health concerns. The challenge for GPs is to provide appropriate care of the highest quality to older people regardless of where they are living, but it is particularly challenging in residential aged care.

Enabling the provision of quality care to people of all ages in residential aged care will prevent many hospital admissions and, similarly to the point made above about seeing a GP within 72 hours of discharge from hospital, will reduce readmissions.

Provision of quality general practice service to patients in Residential Aged Care Facilities (RACFs) has seen a reduction in funding at a federal level. This has resulted in after-hours visiting services fragmenting primary care and increasing the cost to both the state and federal governments.

We recommend:

- When the federal Practice Incentive Payment (PIP) for RACF visits is removed, that funding for equivalent support payments be instigated
- Providing funding, recognition and support for GP-led training in residential care
- Patients' regular GPs be funded to facilitate an advance care directive to prevent inappropriate transfers to hospital

Pre-vocational training (PGPPP)

The Prevocational General Practice Placements Program (PGPPP) was a Commonwealth-funded prevocational training program to enhance junior doctors' understanding of primary health care and encourage them to take up general practice as a career. Funding for PGPPP ceased on 31 December 2014 but was extended in WA by the State government for a further 12 months.

The PGPPP was introduced at a time of low demand for GP training places, and was aimed at attracting hospital doctors into a career in general practice. As demand for places on the Australian General Practice Training (AGPT) program began to exceed supply over a number of years, PGPPP funding was redirected to expand AGPT program training places from 1 January 2015.

While PGPPP undoubtedly resulted in more junior doctors choosing general practice, it also exposed a larger number of junior doctors to general practice, which was beneficial in terms of understanding the role (and challenges) of primary care in the health system.

We recommend:

- Funding pre-vocational training opportunities in general practice for residents (similar to PGPPP)
- Bringing together relevant primary health stakeholders to enable pre-vocational training in WA.

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, [REDACTED]

We look forward to working with the government to help shape the future of the health system in Western Australia.

Yours sincerely



Dr Timothy Koh
Chair, RACGP WA



Dr Sean Stevens
Deputy Chair, RACGP WA