



GENERAL PRACTICE
tasmania

Policy Statement:

2010 Tasmanian State Election

*Delivering local health solutions
through general practice*



**Quality
Improvement
Council**

'Yes ... we are
a QIC accredited
organisation'

Policy Statement

The General Practice Tasmania network believes that there are a number of immediate steps that need to be taken to begin to put health services in Tasmania back on the right track.

- Above all, it must be recognised that health is not just about hospitals
- Support for general practice and primary health care is critical to the solution of health issues in this State
- This requires
 - Urgent investment in an electronically connected health system
 - A shift in priority to illness prevention and wellness promotion
 - Complementary initiatives with the Australian Government to address workforce shortages
 - Increased availability of services for priority groups to which GPs can refer
- Opportunities arising from national health reform that could allow state health systems and general practice to work better together must be capitalised upon

Our Network, if suitably supported and funded by the Tasmanian Government, has the knowledge, representative capacity and proven ability to work in partnership to effect change and deliver local solutions through general practice.

Recommendations

General Practice Tasmania recommends that the next State Government:

1. Urgently invests in information systems infrastructure and electronic communications mechanisms that allow for real time communication between referring providers and treating clinicians in hospitals.
2. Increases investment in illness prevention and early intervention and addresses the hospital-centric nature of the public health system. Without this, the growing burden of chronic disease will not be addressed.
3. Works in partnership with the Commonwealth Government to support initiatives and innovations designed to address health workforce shortages including the expansion of primary care infrastructure, education and training incentives and new models of service delivery.
4. Allocates increased funding to mental health services as well as to services to deal with dual diagnosis or co-morbidity such as drug and alcohol dependency particularly for rural and regional areas where services are not currently available.
5. Demonstrates a willingness to work in partnership with the primary care sector and actively pursues opportunities arising from national reform that could allow state health systems and general practice to work better together.
6. Acts to publish hospital and specialist waiting times, allowing general practitioners and patients to make informed decisions regarding treatment options and referrals.
7. Gives a renewed emphasis to community engagement and consumer and community involvement in decision making. Increased literacy among health care consumers and carers is required to ensure rational health policy and resource allocation decisions are not overshadowed by political lobbying.
8. Considers new models of care such as properly resourced short stay facilities serviced by GPs.
9. Works to change the culture within Government to reflect a greater commitment to working in partnership with other health care providers rather than an internally focused approach that has been apparent for the past few years.
10. Implements a comprehensive plan to address health inequalities particularly for Aboriginal and Torres Strait Islander people in Tasmania.

About Us

General Practice Networks were established by the Commonwealth Government in the 1990s to enhance the role of general practice in the delivery of health services, to position and promote general practice and its lead role in primary health care and to provide informed advice on primary care policy, and service planning.

There are General Practice Networks in every state and territory of Australia and a national peak body known as the Australian General Practice Network (AGPN).

The General Practice Tasmania Network comprises three divisions of general practice, a workforce support agency with General Practice Tasmania as the state peak body.

General Practice Tasmania provides strategic leadership, advocacy and representation for its members and provides government and other stakeholders with an effective channel for comprehensive consultation and communication.

The three Divisions of General Practice, General Practice South, General Practice North and General Practice North West, support general practice to deliver quality primary health care to their local communities. This support ranges from ongoing education and training to information management and support for practices to maintain accreditation as well as many illness prevention and early intervention activities to prevent or delay the onset of chronic disease.

Divisions actively promote integration and linkages of different services and systems to enable local communities to have better and more coordinated access to necessary health services. Divisions also provide direct patient care through the employment of allied health professionals such as physiotherapists, dieticians and psychologists and by developing partnerships with other local primary care service providers.

The fourth member, General Practice Workforce, promotes careers in general practice in Tasmania and provides services to attract recruit and support general practitioners to work in Tasmania. There are similar agencies to General Practice Workforce in each Australian state as well as the Northern Territory with a national peak body called Rural Health Workforce Australia.

The General Practice Tasmania Network supports more than 550 general practitioners, 300 practice nurses and 170 general practices across Tasmania. The Network also increasingly works with allied health professionals across a range of disciplines to support a multidisciplinary team approach to primary care in Tasmania.

Contact Details



Chair: Mr Glenn Appleyard

Media Spokesperson:
Dr Judith Watson

Chief Executive Officer:
Ms Sarah Male

Telephone: 6224 1114

www.gptasmania.com.au



Chair: Dr Elizabeth Webber

Chief Executive Officer:
Mr Richard McKercher

Telephone: 6208 7300

www.gpsouth.com.au



Chair: Dr Beth Mulligan

Chief Executive Officer:
Mr Phil Edmondson

Telephone: 6331 9296

www.gpnorth.com.au



Chair: Mr Daryl Guest

Chief Executive Officer:
Ms Elvie Hales

Telephone: 6425 0800

www.gpnw.com.au



Chair: Dr Annette Douglas

Chief Executive Officer:
Mr Peter Barns

Telephone: 6334 2355

www.gpatlas.com.au

The members of the General Practice Tasmania Network look forward to working with the next State Government, the Minister for Health, the Department of Health and Human Services, other professions and the community in planning and implementing health care reforms in Tasmania.

The rationale for our Policy Statement and Recommendations are outlined below.

The Challenges

Tasmania is facing a number of major health challenges such as a rapidly ageing population, a dramatic increase in the prevalence of chronic disease, a rising incidence of mental illness, spiralling health system costs, significant workforce shortages and health inequalities especially for indigenous Australians and those in lower socio-economic groups.

It is not acceptable that, compared with the rest of Australia Tasmania has:

- A lower population life expectancy for both males and females;
- Higher rates of death from cancer, diabetes, ischemic heart disease and chronic respiratory disease;
- Higher rates of avoidable mortality than all other jurisdictions except the Northern Territory; and
- Highest proportion of current smokers.

No government can afford to ignore these challenges and many require immediate action if we are to have a viable and sustainable health system.

The Australian Government has made commitments to health system reforms, a number of which promise to improve access, improve chronic disease outcomes, and reduce pressure on our hospital system by providing additional primary care infrastructure and increasing the focus on prevention of illness.

The Council of Australian Governments has also set a forward work plan for health that includes preventative health care, a focus on child and indigenous health, transitional aged care, e-health and workforce planning, and key chronic disease areas and population health issues such as obesity, diabetes, cancer and mental health.

In our own State, through *Future Health*, the current Tasmanian Government has implemented a series of programs and initiatives to contribute to a safer, more sustainable, more efficient and more accessible health system.

Australia's health system is on the cusp of significant reform. Hundreds of recommendations have been developed as a result of recent government health reviews and one message is repeatedly clear: if we are to have a sustainable and effective health system that delivers equitable outcomes, keeps people well and at a price we can afford, then we must invest in primary health care.

Reform is welcome: results of an international 2009 Commonwealth Fund survey show that 71 per cent of Australian primary health care providers believe the system needs fundamental change.

In 2009 the Australian General Practice Network released two key documents setting out a plan for primary health care led renewal and rejuvenation of the Australian health system. The first was our Primary Health Care Position Statement, *Care that Puts People First*, and the second was *Connecting Care* our blueprint for the role and function of Primary Health Care Organisations (PHCOs) as recommended by the National Health and Hospitals Reform Commission.



A key premise of our blueprint is that PHCOs should evolve from existing General Practice Networks, such as the General Practice Tasmania Network, as our Networks have an existing national and state footprint and a strong track record in general practice engagement, partnerships and primary care service innovation.

In Tasmania, our Network has also developed a number of policy positions in an attempt to guide the priorities of the State Government and influence the local implementation of reforms. [Refer *General Practice Tasmania Position Statements* available at www.gptasmania.com.au]

Workforce

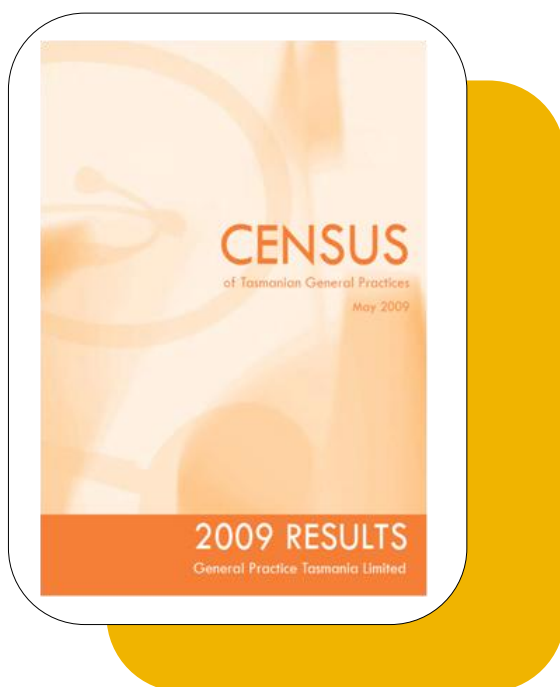
Workforce shortages (including shortages of general practitioners) are being experienced internationally, nationally and locally across the entire health sector. At the same time, the demand for health services continues to increase due to expectations, demographic change and patterns of disease.

Under current conditions there is expected to be a significant shortfall in the general practitioner workforce in Tasmania in a relatively short period of time.

Tasmania's GP workforce continues to become proportionally older – with 33% over the age of 55 years in 2009 compared with 26% in 2005 [Source: *Census of Tasmanian General Practitioners, General Practice Tasmania, 2009*]

As increasingly more GPs are reaching retirement age the General Practice Tasmania network believes that urgent action must be taken to both increase the supply of general practitioners to the state as well as to reduce the demand on GP services to address this problem and to avoid ongoing problems of primary care sustainability in Tasmania.

Such action requires reform in government policy, within the education and training sector, within the community and within the general practice profession itself. It must comprise a range of strategies and interventions that address the relationships between availability of workforce, infrastructure, technologies, community expectations and funding. It must also be based on accurate and relevant data and be built around a sound engagement strategy which includes both the providers of health services and the consumer.



Service Integration

There is a significant lack of integration between the components of the State health system. The General Practice Tasmania Network strongly supports the need for greater integration in patient care and the development of a model that provides better linkages between care currently provided separately in the primary and acute care settings.

Despite efforts to address this problem through initiatives such as the establishment of Integrated Care Centres (ICCs), the proposed model for ICCs remains unclear and concerns remain as to whether sufficient recurrent funding has been allocated to support new service models. The Network believes that the service model for ICCs and the mix of services located at each site must be adaptable to local needs, must integrate smoothly with existing care and referral pathways and must be planned with meaningful input from the communities in which they are located, including all local GPs.

ICCs offer a chance to address significant service gaps between the primary and acute care levels for patients with chronic and complex needs and should be developed in a manner that capitalises on opportunities for funds pooling.

The systems and processes for patient entry to and exit from the public hospitals are currently inefficient and often not transparent. Continuity of care is hampered by different technology, inconsistent protocols and procedures, lack of cross sector communication and some professional boundaries. Clinical information transfer between hospitals and general practitioners is very poor. After years of investment, the fact that there is still no satisfactory distribution of electronic discharge summaries from hospitals to GPs is unacceptable.

Discharge medications are often inadequate with patients discharged with insufficient medication and an expectation they will see their GP within five days to obtain repeat prescriptions and for ongoing management of their recovery but GPs are not provided with discharge information to support this.

Hospitals will often not accept referrals from a general practitioner without reassessment. There is a lack of respect for the knowledge and skills of GPs that is manifested by the repetition of entire suites of expensive blood and diagnostic tests. There is also an unwillingness to contact the GP when valuable clinical and social input might be gained early in the patient's stay to both the hospital and patient's benefit.

There is concern about staff shortages and the high staff turnover within the hospital system. There does not appear to be appropriate systems in place to compensate for the staff turnover, maintain corporate knowledge and support continuity of relationships. There is also often insufficient orientation of hospital staff to the role of general practice.

GP-Hospital Interface

A poorly functioning acute care system contributes to a strain on general practice with hospital staff shortages and delays in patient care resulting in increased complexity and acuity of care required in general practice – patients who should be treated in hospitals are instead being cared for by the GP while they are waiting. While we acknowledge that sometimes the same can be said in reverse – that patients that should be seen in general practice are turning up at hospital Emergency Departments – we need to ensure that patients are getting the right care at the right time and in the right place.

We also believe that all public hospitals, both regional and rural, should be part of one integrated system with seamless entry, exit and transfer of patients with essential and appropriate systems and communication to facilitate a multidisciplinary and continuity of care approach. While we acknowledge the intention of the Department of Health and Human Services to achieve this through the establishment of Area Health Services, we are concerned if Area Health Services are not managed with statewide consistency there is the potential to create three separate systems and pathways, resulting in further complexity for health practitioners and patients.

We believe that sustainability of the health system will most successfully be achieved if there are effective partnerships between the public system and other health service providers including general practice and private hospitals. Systems should be developed, resourced and supported to assist a multidisciplinary and continuity of care approach to patient care. These systems include information exchange, clinical and referral pathways and cultures that allow patients to seamlessly move between primary and acute care and work together to achieve the best possible health outcomes.

Illness Prevention

The work of the National Preventative Health Taskforce: Australia: the Healthiest Country by 2020 provides a valuable set of recommendations to inform the Federal Government's blueprint for refocusing the health system on prevention. With Tasmania experiencing higher prevalence and rates of death from cancer, diabetes, heart disease and respiratory disease than the rest of Australia, together with the highest rate of current smokers, poor dietary habits, physical inactivity and substance abuse, the next State Government needs to develop a clear plan to invest in wellness promotion and illness prevention that builds effective partnerships across the health system with common and clearly articulated and understood objectives. Such a plan must be developed from the ground up gathering ideas from service providers and consumers and developing these into practical, action-oriented changes that will yield obvious improvements.

Community Engagement

Efforts to effectively engage communities in decision making to date (eg through Tasmania Together and initiatives in the Tasmanian Health Plan) have become fragmented, overly complex and government engineered and as such are unlikely to stem the "tsunami" of chronic disease that we are facing in this State. Until such time as there is an increased literacy among health care consumers and carers about the challenges we face, rational health policy and resource allocation decisions will continue to be overshadowed by political lobbying.

The work of the current State Government to establish Clinical Networks as a means of engaging health care providers and consumers in redesigning the health system should be continued but must be simplified and effectively operationalised.

High Priority Groups

While there has been some progress in improving the health of the Tasmanian population over recent decades, there remain substantial inequalities. The response to the needs of these populations has often been fragmented and disjointed, rather than involving a comprehensive, integrated approach to overall health and wellbeing.

Health policy must pay particular attention to groups within the population who have particular health needs or inequitable access to care: children and young people, older Australians, Aboriginal and Torres Strait Islander peoples, people with mental health problems and people with chronic disease.

Priority must also be given to models of care in rural and remote Tasmania where small populations and distance pose difficulties in attracting and retaining health providers.

Mental Health

Mental ill-health is currently one of the biggest challenges facing countries in the western world, with mental health problems affecting at least one in four people at some time in their lives.

In February 2006, the Council of Australian Governments formally recognised that mental health is a major health issue for the Australian community and therefore developed a National Action Plan on Mental Health.

This plan details a series of initiatives to the value of \$4 billion over five years, to improve mental health and facilitate recovery through a greater focus on promotion, prevention and early intervention.

GPs play an essential and fundamental role in the care of the mental health and wellbeing of their patients and it is often the GP who is required to diagnose mental ill-health and make decisions about the need for therapeutic treatment.

As with the GP-hospital interface, an underfunded acute mental health care system contributes to a strain on general practice and their patients. Patients in need of specialised care are often unable to access the services that they need in the public system owing to a shortage of funding or trained clinical staff.

Our Priorities

Overall, in addressing the long term health challenges for Tasmanians, the General Practice Tasmania Network believes that the health care system needs to be reoriented to be primary health care led and patient centred with focus on early intervention and supported self-management.

If we are to achieve this, then the backlog of patients who have been waiting to be seen in the public hospital system must be addressed. There also needs to be a significant and sustained investment in primary prevention, wellness promotion and early intervention for patients with chronic disease as well as those with mental illness. At the same time the health inequalities for disadvantaged groups must be addressed.

The next Tasmanian Government must implement reforms complementary to those of the Commonwealth Government, targeted to improve the health of Tasmanians and at the same time develop socio-economic policies to address the social determinants of health.