Response to Victorian Department of Human Services
September 2002

GPs in community health services report

GPDV welcomes the Department of Human Services' summary report, *Study of General Practitioners in Community Health Services.* Particularly positive elements are:

- DHS's interest in identifying and clarifying the role of GPs in community health services (CHSs); and identifying the barriers to that work and strategies for overcoming some of them.
- the existence of a model for GP services to achieve financial break-even.
- emphasis on information management, especially to integrate GP and allied health service activities within CHSs.

GPDV's comments on the summary report relate both to:

- ensuring provision and enhancing the quality of, general practice services provided through CHSs (include funding appropriate for effective CHSs, role of divisions in providing support to CHSs); and
- ensuring access to allied health services for patients who require them, including for those who present to private general practice.

Provision and quality of GP services in CHSs

1. Some of the problems identified in the report are common to private general practice in low SES areas as well as general practice in community health settings. Crucial issues in both types of setting include:

   - the high volume of patients with complex needs
   - low GP: population ratio
   - difficulty in recruiting GPs

   and because of these points:

   - there are particular difficulties in ensuring the uptake of the Practice Incentives Program (PIP) and therefore accessing more Commonwealth funds for general practice, as well as enhancing the quality of general practice services.

   The problem is that the nature of this sort of practice – where consultations tend to be longer, are in high demand with fewer GPs to provide them – makes it extremely difficult for GPs to remove their focus from direct consultation for long enough to establish the the systems for doing the work rewarded through the PIP, let alone then maintaining it.

2. The existence of a financial break-even model in the report is positive, but the premise that Medicare and PIP can provide sufficient levels of funding to meet the needs of the often disadvantaged patients with complex needs who access CHSs may be misplaced. The low GP remuneration in CHSs (compared to private practice) is one of the barriers to recruitment, though it is certainly not the only one.

3. Given the need for CHSs to access Commonwealth funds that support the provision of general practice services – MBS and PIP payments – the proposed task group will need to examine how to help CHSs access the PIP funding stream. The PIP is designed as an incentive for GPs whose income is based on a fee-for-service arrangement. It does not function as easily as

an incentive for salaried GPs who will not necessarily gain financial benefits for the extra work entailed in meeting PIP requirements. (We know this is also an issue for GPs in private practices who are not principals, and so do not automatically receive a share of the PIP payments). It might be useful if there were opportunities for CHSs with GPs to get together to examine arrangements that would encourage recruitment of GPs in the context of the PIP – such as pooling the PIP payments to provide for long service leave.

4. Accreditation is a condition of accessing PIP payments. Extra resources will be needed to build the capacity of GP services within CHSs to allow them all to reach accreditation. Even more resources may be needed if they are to be accredited as teaching practices, as the project recommendations suggest.

5. It is imporant to create links between CHS GPs and their local divisions to support CHS practices in such areas as reaching accreditation standards and training for the use of EPC items, for which divisions have skilled and experienced staff.

Integration between allied health and general practice

6. Anecdotal evidence from divisions located in areas of high need, with culturally and linguistically diverse communities, suggests that private practice GPs in those areas are likely to have a similar profile of complexity and disadvantage among patients to those GPs working in CHSs. If we consider the need for coordination of general practice and allied health services for these patients with high needs, we need to remember the importance of coordination between private general practice and CHSs at least as much as between CHS GPs and co-located allied health services. Strong partnerships between CHS and general practice as a whole are unlikely to be achieved by focusing only on the relationships within each CHS, especially given the relatively low numbers of GPs working in CHSs compared to other settings.

7. GPDV suggests that DHS service agreements could include the following elements related to the provision of general practice services:
   - The service's financial plan for general practice services, including consideration of PIP incentives and methods to support and encourage GPs to work on the PIP initiatives
   - Arrangements for the CHS to attain general practice accreditation
   - Plan for computerisation of the general practice services, and for the establishment of recall systems
   - Arrangements to acquire support of the local division in achieving these outcomes
   - Measurement of GP participation in EPC referral systems
   - Measurement of GP participation in population health programs (e.g. the Commonwealth's Chronic Disease Management Initiatives).

8. Increasing the number of GPs in CHSs, or increasing the number of GPs in private practice who refer patients to allied health services in CHSs, will demonstrate even more starkly the inadequacy of funding for allied health services in CHSs. Funding levels will need to be increased to address demand, especially if waiting times are not to effectively prohibit access.

Primary and acute settings

9. Private practices in areas of high need and CHSs both struggle to recruit GPs. Failure to address the recruitment issue effectively will have consequences for the demand on hospitals given the high needs of the populations served.