Rural Divisions & Rural Health

GPDV Principles & Position

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General Practice Divisions – Victoria Ltd
1st Floor, 458 Swanston Street, Carlton Vic 3053

Tel. (03) 9341 5200
Fax. (03) 9348 1375
Email: gpdv@gpdv.com.au
Website: www.gpdv.com.au

BACKGROUND

Aim

To enhance GPDV's commitment and responsiveness to the health issues and concerns affecting rural and remote communities in Victoria through advocacy, representation and support for the work of rural divisions of general practice in rural health.

Introduction

A core role for all divisions is to ensure that general practitioner services are integrated with other primary health services. Divisions are well placed to influence and contribute to health service planning and provision at the local level in both rural and urban areas.

The Australian Divisions of General Practice (ADGP) noted the following as key areas in which rural divisions contribute to rural health at the local level[1] by:

- initiating health services integration and strengthening the links between general practice and the community;
- encouraging systematic approaches to chronic illness care;
- encouraging and supporting GPs in achieving quality in their practice; and
- assisting GPs to undertake primary health care and population health related activities.

Divisions of General Practice have a significant and growing role as advocates for the integration of General Practitioners and general practice into the broader health care system including links with the acute system.

There is a growing body of research and practice based knowledge, development of policy and implementation of programs and initiatives by all levels of government which address rural health issues and which have implications for both divisions and the rural and remote communities in which they work. Rural divisions are pivotal in building the relationship between general practice and other parts of the primary health care sector within rural communities and will increasingly be called upon to support and resource initiatives designed to enhance the health status of their communities.

The Process

GPDV has drawn on a number of processes to enable it to develop its position on working with rural divisions and related rural health issues including:

- identification of issues at Board level;
- a scan of the views held by other peak bodies and organisations with an interest in rural health and general practice;
- an internal scan of GPDV's activities and systems, identifying current achievements, gaps and opportunities;
- a sample audit of division resources and documents to identify issues, roles in rural health and expressed needs; and
- an overview of workforce related issues and links with other stakeholders.

[1] Australian Divisions of General Practice, 2000, *Rural Divisions of General Practice – A Way Forward;* paper developed for a meeting in February between rural divisions and the Commonwealth Minister for Health.

The Policy Context

The policy context which GPDV refers to in relation to rural health has several aspects which all have implications for the role of divisions of general practice and the rural and remote communities in which they operate. These include:

Divisions of General Practice Program

The Government's response to the review of the General Practice Strategy stated that "The government is committed to ensuring that people who live in rural and remote Australia have access to primary medical services".[2]

Commonwealth, State and Territory Governments

Healthy Horizons[3] is a framework providing direction for improving the health of rural, regional and remote Australians. The framework recognises that for some injuries, conditions and diseases, the health of people living in rural, regional and remote Australia is substantially worse than for their urban counterparts and that the health of Aboriginal and Torres Strait Islander people is significantly poorer than other Australians. Some of the key indicators of these differences are seen in higher mortality rates, higher rates of hospitalisation and reduced use of some services. The framework identifies seven goals:

- Improve highest health priorities first – National Health Goals and Targets
- Improve the health of ATSI people living in rural, regional and remote Australia
- Undertake research and provide better information to rural, regional and remote Australians
- Develop flexible and coordinated services
- Maintain a skilled and responsive health workforce
- Develop needs based flexible funding arrangements for rural, regional and remote Australia
- Achieve recognition of rural, regional and remote health as an importance component of the Australian health system

The Victorian Government Approach

The Victorian approach[4] identifies four key factors that require attention:

- differentials in the health status of rural Victorians;
- the impact of demographic changes in rural Victoria;
- the increased capacity to provide services through technology and changes in rural practice which has increasingly seen more primary and secondary care provided regionally; and
- the move to implement a social model of health which recognises the interplay between social, environmental, biological and medical determinants of ill health and which aims to take a preventative approach to the achievement of health and wellbeing.

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[2] Commonwealth Department of Health and Family Services, 1998, *The Government's Response to the Reviews of General Practice: General Practice – Foundations for the Future.* (Available at www.health.gov.au/hsdd/gp/pdf/grd.pdf)

[3] National Rural Health Policy Forum & National Rural Health Alliance, 1999, *Healthy Horizons – A Framework for Improving the Health of Rural, Regional and Remote Australians 1999 – 2003.* Developed for the Australian Health Ministers' Conference.

[4] Department of Human Services, 1999, *Rural Health Matters, Strategic Directions 1999–2009* from www.dhs.vic.gov.au/rural/strategy/sdkey.html; accessed 5th January 2000.

Key Issues In Rural Health

There is considerable research indicating that Australians living in rural and remote communities experience differences in health status both within and between their communities and compared to those living in urban communities.[5]

Some of the key factors considered in relation to the health of people living in rural and remote communities include:

A Division Snapshot

- 140 GPs
- Population of about 130, 000
- Relates to 5 DHS regions, 7 LGAs.
- A mix of towns from small provincial to very small rural centres.
- 6 public & 1 private hospital, 9 CHCs
- Shortage of Mental Health Services
- Shortage of GPs and specialist services

- the impact of socio demographics factors. There is evidence to indicate that people living in "capital" cities can expect to live longer than their counterparts in a remote area. Indicators of socio economic wellbeing also show a tendency for increasing socio economic disadvantage with increasing distance from a major urban centre;
- differences in health status indicators for rural and remote communities compared to urban communities demonstrated by consistently higher levels of mortality, disease incidence and hospitalisation;
- the implications for rural communities of specific risk factors such as work environments, and the impact and relevance of preventive measures such as participation in cancer screening programs and use of sun protection;
- the reduced access to health care experienced by people living in rural and remote communities as evidenced by indicators such as use of hospital services, health expenditure and distribution of health personnel;
- differences in models of patient care because of distance from health services. For example, people with chronic conditions that require follow up treatment are more likely to be hospitalised for treatment in rural and remote areas;
- the severity of health issues confronting Aboriginal and Torres Strait Islander (ATSI) people;
- the importance of flexible and sustainable models of service delivery to cater for local and regional health needs;
- the impact on physical and mental health and well being of the combined economic, social and environmental decline experienced by many rural and remote communities; and
- the relevance of the social model of health as a means of addressing the multiple social, environmental and economic factors which impinge on the health status of people living and working in rural and remote communities.

A Division Snapshot

- 100 GPs
- Pop. approx 115,000
- Covers approximately 27,000 sq. km and 7 LGAs
- 12 public and one private hospital within the division boundaries.
- Few allied health / community services outside of the main provincial centre
- Most specialist services including obstetrics, anaesthetics and A & E are delivered by GPs working in the small country hospitals.
- Shortage of female GPs contributes to access issues.

[5] See, for example, previous works cited and also Australian Institute of Health and Welfare, 1998, AIHW Cat. No. PHE 6, *Health in Rural and Remote Australia;* Public Health Association of Australia, *Policy Statement on Rural Health*, adopted 1991, amended 1997 and further amended 1999, at www.pha.org.au/policy/Rural.HTM accessed 27th January 2000.

The Role and Contribution of Rural Divisions to Rural Health

Rural divisions have developed and implemented a wide range of programs designed to support the integration and development of general practice at the local level including:

- programs which focus on the GP contribution to National Health Goals and Targets;
- practice support particularly in relation to accreditation, immunisation and IT;
- local education and networking opportunities for GPs and other health professionals;

> "The GP Support Plan has at its heart the maintenance and development of services which assist GPs in providing quality health services to their communities. A core component of this program is the continued provision of Recruitment Services via the divisions' Workforce Officer. The provision of an adequate medical workforce underpins many of the activities that are required to ensure the best general practice contribution to the Divisions Program aims and ultimately population health. This focus is well supported by GPs, other health professionals and the general community as documented in the Division Needs Analysis project." ***1999-2002 Division Strategic Plan***
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> "Workforce remains a primary consumer of our time and it is my personal view that this will only increase over the next few months and years." ***Chair's Report, Division Newsletter January 1999***

- establishment of links with other providers in the primary and acute health care sectors;
- the development of workforce support programs designed to enhance GP recruitment and retention; and
- development of programs designed to enhance access to GP services and in particular focussing on the GP contribution required to address the health issues and concerns of Aboriginal and Torres Strait Islander people.

Issues for Divisions of General Practice Working in Rural Health

It is evident that a number of rural health related issues identified by rural divisions of general practice are consistent with those identified by peak bodies with an interest and role in rural health. These include the implications of:

- workforce related issues such as recruitment and retention of GPs and other health professionals;
- limited access to health and other related services;
- inflexible definitions of "rural", "regional" and "remote" particularly in relation to funding and eligibility for "rural specific" programs;
- a combination of adverse social, economic and environmental factors on the health and wellbeing of people living and working in rural and remote communities;
- declining rural communities, withdrawal of services and reduced capacity to service health related needs; and
- adoption of service provision models, which have not first been tested in a rural context.

> "The 'tyranny of distance' is a complicating factor that has to be considered with every activity. In itself distance provides major access issues to medical services for sub-populations within the division**."** ***1999-2002 Strategic Plan***

GPDV PRINCIPLES AND POSITION

GPDV Operating Principles

In serving its membership GPDV will seek to:

- Ensure that the needs of all members are considered by examining the implications of policy and program development for both rural and urban divisions and their communities. This recognises that many of the health issues faced by rural and remote communities are also faced by urban communities but the weight of the issue may vary from one community to another and from urban to rural and remote communities;

- Advocate for recognition of the needs and concerns of rural divisions and of the contribution of rural divisions in addressing rural health issues as they respond to new policy and program initiatives;

- Collaborate and cooperate with other key stakeholders to improve access to services for rural and remote communities and to minimise the risk of duplication in policy and program development;

- Ensure that data collection and analysis systems are shared with other key stakeholders wherever possible and appropriate; and

- Ensure that the needs and views of the rural division membership are represented as appropriate, and that they are kept informed about the development of relevant policy and program initiatives as they arise both within the Divisions Program and in other relevant Commonwealth and state funded programs.

A sample of GPDV's work with rural divisions

- advocacy, representation and support in relation to primary care programs such as EPC, PCP;
- facilitation of delivery of regional activities in immunisation;
- participation in regional meetings and forums;
- collaboration with RWAV in development of education workshops and conferences;
- ongoing support for individual divisions in program and organisational development;
- preparation of submission and responses to rural health related issues such as the Rural Health Stocktake;
- advocacy and support in relation to Koori health issues;
- support for development of IT infrastructure which is integral to recruitment and retention in rural areas; and
- inclusion of rural needs in the design and delivery of workshops and other activities.

Determining the GPDV Position

In the context of the operating principles, GPDV will determine its position in relation to rural health issues by considering the:

- extent of a clearly defined role for divisions of general practice;

- role of general practice as an integral part of primary health care in a rural setting;

- need for multi disciplinary approaches, including general practice;

- relevance to rural and remote health settings of the evidence base underpinning the particular issue;

- need for flexible funding and service delivery models which recognise the higher cost of delivering health care in rural and remote settings;
- impact of local and regional factors on rural health status;
- need to give due recognition to the health issues of ATSI people within rural and remote communities and to support responses which are community - controlled;
- extent of opportunities provided for community participation in determining local priorities and responses; and
- interdependency between sustainable general practice and rural community sustainability.

Priority Directions for the GPDV Board

The priorities, which the GPDV Board will consider in working with rural divisions and on related rural health issues, fall within the strategic goals of the organisation and include a commitment to:

- monitor developments in rural health care by receiving updates and reports as necessary;
- ensure the needs of rural divisions and current rural health issues are addressed as an integral component of strategic and business planning;
- establish strategic relationships with other rural health stakeholders and peak bodies;
- establish regular contact between GPDV Board members and their rural division Boards;
- ensure that rural divisions are strategically included in GPDV policy development and decision making mechanisms;
- continue to advocate for flexibility in the application of definitions of "rurality" particularly where it is evident that rural or urban divisions are disadvantaged in their ability to service their entire catchment area; and
- continue to define the role of GPDV in relation to workforce and advocate, in conjunction with workforce related and other agencies, on the structural barriers which impede division efforts in addressing workforce and other issues which affect the health status of rural and remote communities.