

November 26, 2021

Committee Secretary  
Senate Standing Committees on Community Affairs  
P.O. Box 6100  
Parliament House  
Canberra ACT 2600

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Dear Sir/Madam,

Thank you for the opportunity to present this submission to your inquiry regarding the provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians.

I was appointed by the Victorian Government to the role of Latrobe Health Advocate in 2018. Reporting directly to the Minister for Health, I have engaged extensively with communities across the region and delivered advice to the Government on a range of health and wellbeing issues, including the delivery of GP and related health services in Latrobe.

In September 2020, I presented an Access to Services Action Plan to the Victorian Minister for Health, which laid out the current state of access to GPs and related services in Latrobe and identified four areas for action:

- Improving training and accreditation pathways for doctors in Latrobe
- Enhancing and promoting the liveability of Latrobe and strengthening local GP recruitment systems
- Building health and digital literacy and enabling greater responsiveness to community voice
- Local system design and innovation; reducing the burden on the emergency department and creating a multidisciplinary business model for the future

In September 2021, I released a follow up Action Plan detailing the progress made to date and the work yet to be done.

I have highlighted a number of these actions in addressing the Terms of Reference of this inquiry and also have drawn on my COVID-19 Impact and Recovery in Latrobe report released in June 2021, all of which can be found on my website at <https://www.lhadvocate.vic.gov.au/>.

Should you have any questions about the information provided, or the engagement model used to undertake this work, I am available to discuss my submission. Please feel free to contact my office on 1800 319 255 or email [info@lhadvocate.vic.gov.au](mailto:info@lhadvocate.vic.gov.au) to arrange such a meeting.

Yours sincerely,



Jane Anderson

# Submission to Senate Standing Committee on Community Affairs: Provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians

## Background:

The local government area of Latrobe City is located approximately 150kms east of Melbourne. It is recognised as one of Victoria's major regional centres and is one of six local government areas that make up the broader Gippsland region.

Latrobe is home to 73,929 residents and 5,019 businesses. Latrobe City is made up of four central towns; Churchill, Moe, Morwell and Traralgon, and several rural townships; Boolarra, Glengarry, Toongabbie, Tyers, Traralgon South, Yallourn North and Yinnar. It has traditionally been recognised as the centre of Victoria's electricity industry with local coal mines and power stations providing significant employment opportunities and contributing to the local economy for much of the past century.

In 2014 a fire ignited and took hold in the Hazelwood Coal Mine, it lasted for 45 days. Latrobe communities were significantly impacted by this event and subsequent Hazelwood Mine Fire Inquiries were held. These inquiries found that the health profile of the Latrobe Valley was poorer compared to other local government areas in Victoria and the average for the state. The Inquiries established that there was a strong case for the health of the Latrobe Valley to be substantially improved.

In response to the 2014-16 Hazelwood Mine Fire Inquiries I and II, the Victorian Government designated the Latrobe City local government area as a Health Innovation Zone, the first of its kind in Australia. This designation included the establishment of the Latrobe Health Assembly and appointment of the Latrobe Health Advocate.

I listen to the concerns and aspirations of people across Latrobe and share them with key stakeholders and decision makers within local organisations and all levels of Government. This amplification of community voice forms the basis of conversations and decisions about systems change and innovation, with the intention to improve health and wellbeing outcomes in Latrobe.

I engage with people who represent a broad range of demographics and have made a deliberate effort to reach out to under-represented communities that may not usually have their voices heard.

Reporting directly to the Victorian Minister for Health, I provide independent advice to the Victorian Government on behalf of Latrobe Valley communities on system and policy issues affecting their health and wellbeing. I maintain a focus on strategic outcomes and systemic change, ensuring advice and activities within the Latrobe Health Innovation Zone are informed and underpinned by a strong collaborative approach.

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## a. The current state of outer metropolitan, rural, and regional GPs and related services.

Access to primary healthcare services was identified as a priority for my office in my 2019/2020 Statement of Intent because community members raised their concern about not being able to obtain a timely appointment with a GP in their town or nearby. After extensive consultation with communities and service providers I presented an Access to Services Action Plan to the Victorian Minister for Health, in September 2020. The action plan detailed the current state of access to GPs and related services in Latrobe and identified four areas for action.

- Improving training and accreditation pathways for doctors in Latrobe
- Enhancing and promoting the liveability of Latrobe and strengthening local GP recruitment systems
- Building health and digital literacy and enabling greater responsiveness to community voice
- Local system design and innovation; reducing the burden on the emergency department and creating a multidisciplinary business model for the future

**In Latrobe, people find it hard to get an appointment with a doctor, their experience with services does not always meet their expectations and their health is being impacted. Local doctors are in high demand and the system seems to be working against them.** Communities have said there may be enough doctors in Latrobe per person, but there are not enough doctors per problem.

There is continued community and media interest in what has been described as a 'GP crisis' in Latrobe. People in Latrobe are continuing to raise concerns and frustrations about access to services, and in particular, GPs. Communities have said that GPs and specialists can be hard to access as they may be too far away, booked out, too expensive or only in the area temporarily. People in Latrobe have talked about the impact of continually seeing a different doctor as this can make it difficult to establish a relationship of trust and to receive continuity of care.

**Local practices have expressed their frustrations about having to turn patients away on a daily basis and have shared their aspirations for changes in the training and recruitment pathways for GPs.**

People have talked about the difficulty in paying for and getting access to services, medicines and specialists. They have talked about having to travel outside Latrobe to access the support they need. People have suggested that improvements could be made to help patients have better access to scripts and pharmacies, with less reliance on waiting for an appointment with the doctor.

Engagement with communities and systems stakeholders has led to a deeper understanding of the systemic issues that can impact the availability of doctors in Latrobe and the experience that patients and their families have in trying to access a doctor.

It is evident that availability of GPs in Latrobe is not a standalone or discreet issue and that any reforms need to have consideration for the greater primary healthcare system from a local, state and national perspective.

There are actions that can be taken now that may result in short-term improvements and ease some pressure, however investment into longer term, sustainable change with a view towards future population health trends and health system innovations are likely to achieve greater results.

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Bringing about change will undoubtedly require strong cooperation between the State and the Commonwealth, good will, and investment from every aspect of the system, and at a local level collective leadership that is visible and effective.

Change cannot be implemented by the Office of the Latrobe Health Advocate. Change needs to occur within and amongst health services and governments in response to the systems insights and community views that have been highlighted.

### **b. Current state and former Government reforms to outer metropolitan, rural and regional GP services and their impact on GPs, including policies such as:**

- i. the stronger Rural Health Strategy,*
- ii. Distribution Priority Area and the Modified Monash Model (MMM) geographical classification system,*
- iii. GP training reforms, and*
- iv. Medicare rebate freeze;*

In consultation with communities, service providers and other stakeholders, a number of insights were gained into how the system operates within Latrobe.

- *The Medicare model doesn't substantiate the GP working as part of multidisciplinary models of care.*
- *The GP has to sign off on the multidisciplinary plan, and the time and money they get doesn't equate to their normal salary.*
- *Funding is not allocated to general practice because it is seen as a private business, a block funding arrangement could make a huge difference.*
- *GPs are wanting more of a work-life balance, which is a good thing, but if they're working full-time in the clinic sometimes there's not an incentive to do the afterhours work.*
- *Mental health patients need more time and support. There has been a big surge in young people seeking mental health support.*
- *There is an ongoing tension between service delivery (and increasing demand) and innovation.*
- *Supervisors do their jobs altruistically. If you pay them less it puts the retention and recruitment of supervisors at risk, and that is a parallel threat.*
- *Providing accommodation for students is a big challenge that needs to be addressed.*
- *The usage of telehealth draws back to underlying issues regarding digital literacy of healthcare providers and that is becoming an issue.*
- *Remote patient monitoring is an opportunity to reduce ED presentations. We need to understand the current digital capabilities, current and future needs of regional primary healthcare settings.*
- *Telehealth provides a great opportunity for regional communities to have direct access to metropolitan GPs and specialists, however there is a risk that we don't build the digital infrastructure and capacity of local clinics and regional GPs to provide supports to their communities.*
- *Where you have multiple clinics, they should be able to work together to provide continuity of care across the clinics, rather than each being standalone.*
- *We need to change the narrative; working rurally is a unique opportunity and not one that is substandard to metro.*

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In July 2020, all towns within Latrobe City were allocated as a Distribution Priority Area (DPA). Noting this as a short-term solution, the Action Plan asks the Australian Government Department of Health to amend the Medicare system in a way that enables the entire Latrobe LGA to be allocated as a DPA over a sustained period of time. The resources required to achieve this goal include:

- An assessment of the way in which the DPA status is awarded, with a view to have it based on number of services delivered in relation to demand. Demand should include ED presentations that could be seen in general practice.
- Longer term, multi-year DPA allocation to create certainty and ensure greater stability for general practices and communities.
- Political support and advocacy, peak body lobbying.
- Evidence data from the Latrobe Health Innovation Zone.
- Ongoing monitoring of the outcomes associated with DPA status in Latrobe (build in historical and current data, future population health trends).

Since the release of the original action plan my office has convened regular stakeholder forums where action plan agencies have come together to provide updates on the work underway, discuss strategies to advance our systems change efforts, and importantly, identify challenges and ways to address them.

The forums have been well-attended by action plan agencies and served as a platform for them to assess their progress and hear from others about interventions underway, and from several keynote presenters, including National Rural Health Commissioner Professor Ruth Stewart.

A wealth of work has taken place within Latrobe and in Gippsland more broadly to implement the actions in the plan. There have been actions taken to improve training pathways for doctors, build digital literacy, promote the liveability of Latrobe, and enable local system design and innovation to reduce the burden on the emergency department.

Action plan stakeholders have worked independently and together to raise awareness of community needs and deliver on their commitments. A revised action plan has been created based on community views and partner agency feedback to ensure it remains relevant, accurate and future-focused. In assessing progress against each of the actions in this plan, my office and partner agencies have used the Water of Systems Change framework<sup>1</sup> to help us think systemically about systems change, explore what is happening below the surface, and determine how we can achieve large-scale change.

There is scope for more organisations to join the conversation, and there is a richness of expertise to be gained from the involvement of tertiary institutions such as Monash Rural Health (Gippsland Regional Training Hub) and Federation University. In the year ahead, my office will seek opportunities to work with local Aboriginal organisations and communities to learn more about person-centred models of care.

There is an opportunity for more agencies in Latrobe to be at the table and help bring about long-term systemic change that takes communities and primary healthcare services towards a future where people are enjoying better health outcomes because of improved access to GPs and other health professionals.

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<sup>1</sup> John Kania, Mark Kramer & Peter Senge, May 2018: *The Water of Systems Change*

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### c. The impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural and regional Australia

When COVID-19 emerged as a global, national, state and local issue during 2020, my office committed to a new project which aimed to:

- ensure that COVID-19 messages reached people in Latrobe, especially people who are vulnerable,
- ensure the system protects mental wellbeing of people in terms of COVID response,
- prevent greater inequities,
- encourage collaboration and working together on the COVID-19 response; and
- provide insights to government and other leaders to inform systems change.

In June 2021 my office released a report, developed with the assistance of Gippsland PHN, detailing the impacts of COVID-19 on Latrobe communities, and identified health system mega trends. <https://www.lhadvocate.vic.gov.au/publication/covid-19-impact-and-recovery-in-latrobe/>

Maintaining innovations and positive changes achieved during the COVID-19 response was seen to be an important factor for the recovery phase. Innovations that included:

- Telehealth became an important feature of the COVID-19 response, with more digital health service delivery. (Telephone was more popular than video)
- The introduction of Medicare Benefits Schedule (MBS) bulkbilled telehealth items was well received by health professionals and communities.
- Opportunities to streamline processes were identified, such as GPs and pharmacies working together to ensure people could access prescriptions in a timely way

Additional impacts included:

- People were not having routine screening and pathology tests during the COVID-19 response. Health professionals were concerned about the possible impact this could have on chronic disease management and incidence of illness.
- Health services needed to consider how to prevent people from becoming sicker as well as promote health. COVID-19 recovery will need to reorient the system towards prevention.
- Health professionals expressed concern that reduced Emergency Department presentations and declining demand on other services such as pathology and radiology, may result in longer term complications for patients and increased burden on the health system.
- There was concern about more pressure on an already stretched mental health system.

**COVID-19 has exacerbated the need to develop and implement a strategy to address known gaps in digital literacy, access to data and technology.** There is broad inequitable access to data, hardware and skills across communities and systems, and government interventions must focus on capacity building for health services and communities alike to ensure everyone who needs to can access telehealth and online health resources.

**Community voice suggests there is a tension between people seeking trusted quality relationships with doctors and at the same time there is still a demand for more GPs in the region.**

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My office surveyed Latrobe communities about access to services in the region, and when asked who else they might see if they were unable to see a doctor, 60% of respondents this year said they would attend the emergency department, up from 32% in 2020. Another 40% of respondents said they would phone Nurse on Call, up from 5% in 2020. There is a clear need to reorient primary healthcare systems to models of proactive health protection and wellbeing maintenance to alleviate the pressures on our local GPs and health professionals

### **d. Any other related matters impacting outer metropolitan, rural, and regional access to quality health services.**

There has been great bipartisan interest in and support of the action plan from politicians in Latrobe and across Gippsland. Local members have committed to ongoing discussions surrounding the changes needed to affect real and lasting change for the benefit of communities across the region. The Victorian Government has designated Latrobe as a Health Innovation Zone and the conditions exist to bring together all levels of government with communities and services to tackle this complex problem.

In her foreword to the September 2021 Acton Plan, National Rural Health Commissioner, Professor Ruth Stewart says “Some people would say that this is a Wicked Problem<sup>2</sup> - a problem that is impossible to solve because of incomplete, contradictory, or changing requirements and are so complex that one cannot identify a satisfactory point of resolution. I don’t think that improvement of rural health care provision is a wicked problem, and the Action Plan proves it.”

No one denies the complexity of the issues we are facing in working towards equitable access to GPs and associated services in Latrobe or any regional city across Australia. Our experience over the last two years has shown that when we work together, we can in fact build the capacity of services to deliver and communities to adapt.

The September 2021 Action Plan is attached for your information and is available at: <https://www.lhadvocate.vic.gov.au/publication/improving-access-to-services-in-latrobe-2021/>

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<sup>2</sup> Guy Peters (2017) What is so wicked about wicked problems? A conceptual analysis and a research program, Policy and Society, 36:3, 385-396, DOI:10.1080/14494035.2017.1361633