This Won't Hurt a Bit!

Fortnightly Electronic Newsletter for GPs, Practice Nurses and Staff

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## Medicare Locals and Wheatbelt GP Network

Members may recall reading about changes in the wind with 'primary health care networks' in Wheatbelt GP Network's Annual Report. Now branded 'Medicare Locals', something seems to be written about them in virtually every issue of any medical periodical.

Ostensibly a vehicle to drive primary health care reform the thinking behind such a restructure seems sound. Subsequent to gaining agreement from the state governments however, much of the prospect for reform seems compromised. In addition, the proposed 'evolution' of existing Divisions of General Practice effectively halves the number of such organisations across the country. While the intelligence behind this centres on efficiencies and critical mass, basing proposed boundaries on population sizes sees the seven existing WA rural Divisions reduced to just two.

With the word 'Medicare' being synonymous with Federal health expenditure, their choice of name enables a variety of health related programs funded by the Australian Government to be appropriately branded as such. It seems difficult to trust the 'local' description in the name though in an organisation that is responsible for such services from Esperance to Kununurra.

The proposed boundaries see the Wheatbelt combined with Great Southern (Albany), Bunbury and the South West. The Wheatbelt GP Network's Board originally endorsed discussions as to how this could happen. Not too far into the process it became clear that the unique demographics of the Wheatbelt were not going to be met by an organisation based in Bunbury or Busselton.

If the Peel region was described as 'urban', the Wheatbelt has the second largest regional population in the state. The 2006 census recorded a population of 71,320. The population is highly dispersed with Northam, the largest centre, having only 9% of the population. More than 50% of the region's population is located in 30 towns with the remainder in groups of fewer than 200 people. This makes the Wheatbelt a region of duplication and replication. When the Network delivers a program or a service it needs to be done in town after town in order to reach a significant portion of members or population.

Government initiatives are often framed in, what Wheatbelt GP Network have coined, a 'Bathurst, Bendigo, Ballarat' model of what rural Australia looks like - where most support is simply delivered to major rural cities. For example in order for members of the Wheatbelt GP Network to access incentives under the 'Closing the Gap' initiative, one GP and one staff member from each practice must attend cultural awareness training. For Albany or Bunbury that would mean one GP out of the dozen or so in the practice and one of several staff members attending a workshop in their own town. In the Wheatbelt, it often meant the only GP in the practice and one of the two staff members travelling as much as several hundred kilometres to attend such training.

It has resulted in a Network that is solution oriented and keen to help members. In an initial workshop held with the other three Divisions from the South West it became clear that this is a strength of the Wheatbelt GP Network. For instance, the Network has fought to maintain the size and function of its highly valued counselling service. It is only funded specifically to employ 2 FTE Psychologists and continues on-going discussions with its funder to justify this vital service and seek additional resources. The Network clambers together an ever changing combination of programs, fee-for-service and other income to keep this service going. Everywhere else in rural Western Australia has a significant presence of not-for-profit organisations with a national profile delivering counselling services through regional centres.

Other examples of finding unique solutions for the Wheatbelt include employing the pharmacist to undertake Home Medicine Reviews. The Wheatbelt has predominately solo-pharmacist pharmacies where the pharmacist is understandably reluctant to undergo accreditation for the small number of HMRs they could do and don't want to spend their afterhours time undertaking these reviews.

The Network provides a range of Allied Health services including Podiatry, Dietetics, Diabetes and Asthma Education and Physiotherapy. This is delivered in a model that is flexible and reactive, designed to identify and fill the gaps of the private and WACHS provided services. The Network employs four nurses in various capacities. They provide, among other things, CPR and triage training, Mental Health Nurse services and assessing for nurses to be certified immunisation providers.
where towns without GPs have faced either remaining without a doctor or paying more than they could recoup through the actual practice, as well as the withdrawal of corporate practice management organisations from the smaller towns.

Perhaps it is though, the aspect of workforce support where Wheatbelt GP Network has come into its own. For the past decade rural Western Australia has relied on International Medical Graduates to maintain its workforce. With changes to government policy the number of GPs moving here from overseas has plummeted. Problems associated with this have included a kind of bidding war Wheatbelt GP Network commenced the management of General Practice within the Northam Hospital in October 2009. With the central focus of alleviating the need for the Northam GPs' involvement in the on-call roster during their surgery hours, it enabled the Network to cut its teeth and build its expertise in Practice Management. Subsequent to this, the Network reopened the Wyalkatchem practice and now manages practices in Southern Cross, Corrigin and within the WACHS Aboriginal Health clinic in Northam.

Where the Network manages a practice in partnership with the local shire, it enters into a profit sharing arrangement with the shire. If the Medicare expenditure generated through General Practice in the Central Wheatbelt was to match the per capita national average, a further $9 million per annum would flow into delivering the healthcare of the population. It is on the basis of this that the Network is delivering sustainable models of General Practice that are not an endless financial burden to the local government. Associated with managing such practices is planning to allow for changes in the existing model of multiple General Practices, each with a solo GP. With the supply of International Medical Graduates cut-off and the policy behind this pointing to the increased number of medical students now coming through, the clinical, financial and physical model of General Practice in the Wheatbelt needs to adapt if these Registrars are to be lured to the Wheatbelt. Eventually it is anticipated that the Network can manage groups of three or four practices with a combination of IMGs and Registrars along with fully qualified GPs acting as supervisors. This also would enable the matching of the needed FTE to each town; presently whether the Whole Patient Equivalent is 600 or 1600 the solution is always one full-time GP.

The Network was also successful in securing an election commitment for $3 million to build a 'SuperClinic' in Northam. This Integrated Primary Healthcare Centre will be a purpose built facility that would provide an opportunity to co-locate with as many Northam GPs as interested, along with, but not limited to, the Network's Allied Health and counselling, a pharmacy and a physiotherapy clinic. The Network is also in discussions with UWA and the Rural Clinical School regarding making the clinic available for practical student placements. The centre will be the fulfilment of a part of the Board's strategic planning, having identified the need to prepare Northam for generational change and to become a regional centre that can provide support to smaller Wheatbelt towns in a 'centrifugal' model. Although the Northam site is one of four locations out of the twenty-two promised locations that have been identified as already having a provider and 'invitations to apply' issued and completed, the Network anxiously awaits the receipt of a contract.

Returning then to the formation of Medicare Locals, having ascertained that any Medicare Local formed will in its eventual form have limited if any input from or obligation to consult or engage its membership, and having seen from the process thus far enough to cause concern that the unique demographic and needs of the Wheatbelt will be diluted, the Network's Board has taken the decision not to use the Network's time and resources in participating in the transition or establishment of a Medicare Local. It has rather, taken the decision that in line with the strategic direction identified in its 2007 Board Planning Day, the Network would be self-sustainable by 2012 enabling it to provide support to its members as needed, irrespective of the agenda of the government of the day. In order to do this, the Network of course needs income independent of its traditional Department of Health and Ageing contracts. The Network has over the past few years moved to delivering programs that are fee-for-service and self-sustaining. It will continue to do so. The income generated from General Practice management, rent from the two houses and the Allied Health Rooms it owns along with any rental gained from the SuperClinic will also enable the Network to maintain many of its present services. It is anticipated that by focussing on delivering services under its present contracts, meeting these deliverables and ensuring its own sustainability, the Network will be well-placed to attract contracts to deliver programs and services for a Medicare Local when established. Irrespective of this however, the Network will continue to exist, ensuring its assets, resources and income is utilised in providing strong support for GPs and primary health to contribute to positive outcomes for individuals and communities in the Wheatbelt.

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