

# Division of General Practice: providing a creative solution to regional health care shortages

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General Practice in Australia is moving towards a period of significant change and transition as it strives to address the issues of workforce shortage, aging population and the growing dissolution in general practice itself. Nowhere is the lack of workforce more evident than in rural and regional Australia.

Traditionally, rural and remote general practitioners have been self-employed. They have owned their own business, including practice infrastructure, and employed their own staff directly. As with most businesses, the initial investment is substantial, and is recouped later through the sale of the business. Significant time needs to be spent by the doctor on business and practice management, which detracts from available time for clinical, family or leisure activities.

In some parts of rural and remote Australia there can be significant economic disincentives to long-term rural practice using the traditional model. While housing and practice purchase costs may be lower in non-metropolitan areas, these capital investments are unlikely to appreciate in value to the extent experienced in metropolitan areas, and in small towns there is a risk that they will become unsaleable in the future.

The dilemmas faced by self-employed doctors include: a lack of locums, excessive workloads, the increasing cost and complexity of practice management, the increasing expectations of the public in relation to opening hours and the standard of facilities, including e-health and what people are prepared to pay. GPs attitudes are changing, with more working part time, with ownership being shared with or relinquished to third parties, interest in other lifestyle activities/quality of life (family friendly working conditions) as a priority has increased and many doctors now have less interest in management and ownership.

Divisions of General Practice were established to support the general practice sector. The North West Slopes Division of General Practice Limited (NWS DGP) has existed since December 1994 and provides professional support to 53 GP members. Forty-six members are practicing GPs and represent 96% of general practitioners working in the towns of Quirindi, Werris Creek, Tamworth, Nundle, Kootingal and Walcha. North West Slopes Division is committed to supporting the GPs in this region and the communities they serve.

The current GP: population ratio in Tamworth is 1:2157. This is significantly higher than the recommended ratio of 1:1000 (RDAA & Monash University, 2003) and the Australian Health Ministers Workforce Advisory Committee benchmark of 1:1100, and has led to all Tamworth practices closing their books to new patients for most of the year since early 2004 and the waiting times for non urgent appointments increasing up to a period of 8+ weeks.

This paper outlines an innovative interdisciplinary model of general practice that is currently being established (project phase) in Tamworth, NSW. The project is referred to as the **Regional GP Access Project**. The practice model involves an exciting partnership between the Division, the University of Newcastle and the Tamworth Regional Council.

It provides for the establishment of a model that will not only provide an immediate benefit to an under resourced regional centre but will also be involved in training undergraduate

students along with the potential to provide an expanded range of community benefits to the local Aboriginal community and other disadvantaged groups.

The project has received strong backing from the local GPs and community. It has received financial support from the Federal Government, NWS DGP, Tamworth Regional Council, the University of Newcastle and the local community.

## **REGIONAL GP ACCESS PROJECT**

The project will establish a GP practice management program, under the auspices of the NWS DGP, which will develop the infrastructure and lead to a separate operational, management company for a 5–6 doctor practice in Tamworth. The practice will operate as a ‘walk-in, walk-out’ practice for GPs, with practice management services that assist GPs to practice the highest standard of clinical practice. Practice management services will deal with everyday operational aspects of the business to ensure that the practice operates on a sound economic basis.

### **Major project objectives**

- A practice that will provide for the primary health care needs of a significant portion of the population in Tamworth and surrounding areas.
- A training environment for both general practitioners in training and medical students initially, and with further development, for allied health professionals, nurses and medical practice administrative staff.
- The project aims to provide a new model for regional general practice that promotes interdisciplinary care involving a range of health professionals working together in the same organisation providing a range of appropriate care for the populations health needs.

### **Major project aims**

- To improve community access to primary health care in Tamworth and the surrounding area.
- To address the health needs of the community and provide services in response to the identified needs. For example, increase community based services to the local aboriginal community.
- To provide innovative solutions to the GP and allied health workforce shortage now and into the future.
- To provide a training practice in which both graduates and undergraduate medical students can gain valuable experience and appreciation of general practice as a medical specialty.
- To provide a training practice in which undergraduate allied health and nursing students can gain valuable insights and experience in primary health care practice.
- To provide a ‘walk-in, walk-out’ practice model to assist with recruitment and retention of GPs to the Tamworth community.
- To provide a model of health care that reflects a strong emphasis on the integration of practice nurses and allied health in the delivery of best quality, equitable health care.

- To provide a model of care that embraces improved health information management for planning and clinical quality improvement.
- To encourage continuing research in primary health care and academic support for practice staff and students through the appointment of a Senior Lecturer in General Practice with the University of Newcastle, Department of Rural Health.

The Practice will have a positive impact across all existing areas of health. Feedback from existing GPs has been overwhelmingly positive. The Practice is being modelled to fit into the existing general practice landscape rather than challenge existing local models of care.

The practice will meet unmet demands in nursing and allied health education and training for the future workforce in health. There is currently no other teaching GP practice in the Tamworth area that is trying to address the long-term issue of medical recruitment and retention.

The practice will also alleviate the demand on the Tamworth Base Hospital Emergency Department. People new to town or who are experiencing difficulty getting into see a GP are accessing services of the ED. This is an unsatisfactory and expensive arrangement due to the misuse of emergency medical facilities and the lack of continuity of care through the ad hoc nature of consultations.

## How does the model work?

Funding has been acquired by the Division to establish an independent company. This company will provide infrastructure and manage the services necessary to operate the practice. With linkages to the regional training consortium, New England Area Training Services, and the University Of Newcastle Department of Rural Health, the practice will be an academic training practice for both General Practice Registrars and medical students.

The practice management company will employ support staff and non-medical clinical staff (eg Practice Nurses and Allied Health Professionals) and will manage all of the infrastructure needs of the practice. Doctors will be recruited and contracted to the company. The doctors will be paid on a percentage basis of the gross income of the practice.

The practice will, from a patient's point of view, be identical to existing Tamworth practices except for its GP training component and that, over time, innovations in primary care will be incorporated perhaps more quickly than they would in existing practices.

## Viability of the model

As a result of Federal Government funding grants, local council funding and community funding, along with strong financial and professional support and commitment from the University of Newcastle, this model has strong financial viability.

The NWS DGP was successful in gaining \$200 000 through the Regional Partnership Program administered by Department of Transport and Regional Services (DOTARS). This funding was followed up by a generous community donation of \$200 000. This funding secured a budget for equipment, furniture, information technology project manager salary, recruitment, evaluation etc.

Funding for the construction of a purpose built centre is currently being sought through negotiation with Tamworth Regional Council (TRC) and the Federal Government who are responsible for managing the Medical Infrastructure Fund. At the time of writing this paper an

agreement is still to be brokered between TRC and the Federal Government. Interim premises are being accessed to allow a more rapid solution to the GP crisis and allow sufficient funding to become available for construction. The cost of construction of a purpose built Practice to the specifications of the project management group is expected to be around \$1.8 million.

The viability of such a model can be guaranteed and can be supported at three levels:

- 1 **Financial Viability** – with the funding provided above, the project will be making a surplus within the first 12 months of operation and at the end of 3 years will be generating surpluses in excess of \$231 000 per annum, even by the most conservative estimates. This will continue to be reinvested into the practice to provide enhanced services. No dividends are liable to be paid to any of the organisations investing in the establishment of the Practice and all surpluses are to be re-invested back into it to enhance health care services to the community.
- 2 **Community Viability** – the Tamworth and outlying community currently experience severely reduced access to GP services. New residents are required to access GPs in neighbouring towns or the Emergency Department at the Base Hospital. In order to provide adequate primary care services to an ageing population now and into the future there is an obvious need for increased primary care services.
- 3 **GP Viability**
  - *Retention* – an increase in GP services will reduce the stress on present practising GPs thereby reducing the attrition rate of GPs from the area and profession. By providing a ‘walk-in, walk-out’ practice for GPs this will also reduce the financial burden and commitment normally placed on GPs participating in private practice
  - *Recruitment* – by educating medical, nursing and allied health undergraduates and GP Registrars within a regional primary care framework will encourage and support more of these professionals to move to Tamworth and regional areas.

The project partners and related health and government organisations believe it is critically important to investigate and establish models of general practice that will ensure a sustainable number of GPs and primary health care teams to support the health needs of our local community into the future. They believe that this model has exciting prospects for health in regional areas and Tamworth has the opportunity to lead the way in reforms to primary health care in Australia.

## Timeframe

The interim practice aims to be operational by mid 2005. The practice will commence operation with at least 2–3 GPs, 2 practice nurses, a GP academic, a practice manager, reception staff and possibly some P/T allied health. The practice will be managed by an Executive Officer who will sit on the Practice Board of Directors along with the NWS DGP CEO.

The purpose built practice will house 5–6 GPs, practice nurses, practice receptionists, visiting medical and allied health specialists, and GP registrars, along with medical, nursing and allied health students. The practice will contain state of the art education and telehealth facilities and may eventually house the offices of the NWS DGP.

A more up to date timeframe and report on progress will obviously be available at the time of presentation in March 2005.

## SUMMARY

We believe this model of primary health care is, firstly a viable alternative to traditional general practice, secondly it meets the needs of the community and finally it may serve as a blue print for other Divisions or communities looking to solve their primary health care crisis.

The NWS DGP is keen to provide a solution to the GP crisis in Tamworth and this model promises this. It provides an opportunity for GPs to “get on with practicing medicine” without worrying about the business management side; it will provide a centre for training GPs, allied health, nursing and medical receptionists. And most importantly it upholds the role of the Division, which is to support and encourage GPs to practice high quality health care in the general practice setting.

We look forward to expanding this paper in Alice Springs by providing information on how we have managed recruitment issues, established GP contracts, negotiated with stakeholders and a comprehensive update on where the project is up to. We also hope this paper will stimulate some discussion allowing us to learn from other communities’ experiences across Australia that may be involved in similar projects. We hope by presenting this project that this will help to encourage other communities or Divisions to solve their primary health care issues locally through Government, council and community support within a solid primary health care frame work such as the presented.

## PRESENTERS

**Graeme Kershaw** has been the CEO of the North West Slopes Division of General Practice for the past 3 years. He has a 26-year career history with senior executive experience in both the private and public sectors. Graeme is firmly committed to maintaining and enhancing the strength and vitality of rural and regional communities.

**Jo Starky** graduated from the University of Queensland in 1994 with a Bachelor of Speech Pathology. She has worked in hospital and community settings in Qld, NSW and the UK. Jo has a keen interest in improving community access to allied health services within a primary health care model of care. Currently she works part time with the North West Slopes Division of General Practice as the Project Manager behind a new model of primary health care being delivered by the Division of General Practice in Tamworth, NSW. Jo continues to deliver adult speech pathology services part time at Tamworth Base Hospital.