



5 July 2023

Department of Health and Aged Care
GPO Box 9848
Canberra ACT 2601

Via email: BBVSTITSH@health.gov.au

Dear Department of Health and Aged Care,

Re: Development of the Fourth National Hepatitis B Strategy 2023-2030 and Sixth National Hepatitis C Strategy 2023-2030

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments on the draft Fourth National Hepatitis B Strategy 2023-2030 and Sixth National Hepatitis C Strategy 2023-2030.

Testing, monitoring, management and treatment for hepatitis B and C is part of core work for general practitioners (GPs). GPs often initiate testing, play a key role in raising awareness of infection and reinfection, and in implementing primary and secondary prevention measures. The holistic, patient-centred, and relationship-based approach of general practice can ensure the effective delivery of preventive care and treatment.

Our feedback on the consultation questions most relevant to general practice is outlined below.

Vision statement

Q6. Is the Vision Statement appropriate for the life of the strategies (2023-2030)?

The RACGP supports the vision statements for both strategies. It is critical people have equal access to safe and affordable testing, management and treatment of both hepatitis B and C.

Priority areas for action

Q11b. Are the 'Priority Areas for Action' identified in the Strategy suitable to mobilise activity and drive the public health response across communities to achieve elimination by 2030?

Priority area 8.2: Testing, treatment, and management

Both strategies should have a stronger focus on hard-to-reach populations. Hepatitis B and C often affect people who are already marginalised. People with hepatitis C will often also have significant health and social needs such as mental health issues, poor access to stable housing and transport and comorbid diseases. Increasing access to treatment will require specific planning for how this will occur.

Promoting and supporting general practice care for patients living with hepatitis C is essential. Siloed services run the risk of further fragmenting care. These patients require holistic care such as that provided by general practice. An example of this demonstrated in practice is Medeco Medical Centre Inala, a general practice in Brisbane that successfully treated its patients living with hepatitis C. The general practice then took the next step of launching a mobile hepatitis C service, the '[Kombi Clinic](#)' which has successfully provided ongoing care for patients living with hepatitis C.



Recommendations:

- Both strategies should have a stronger focus on hard-to-reach populations.
- Better promote and support ongoing hepatitis C care in general practice (see recommendations below)

Additional feedback

Q13. Please provide any additional feedback and comments.

Prescribing

GP prescribing of anti-virals is an effective means of overcoming barriers for patients to access these medications. As the medications for hepatitis B and C treatment are classified as a 'S100 highly specialised drug' under the National Health Act, GPs need to undergo further training to be able to prescribe these medications. As expert generalists, GPs are professionals who work within their scope of practice and seek relevant education to gain the knowledge and skills they need to serve the needs of their patient populations. This additional training requirement can be a barrier to the delivery of care. In the case of hepatitis C, this may also result in a considerable underuse of curative medications for the disease. Succinct clinical practice guidelines and [HealthPathways](#) providing locally relevant pathways to clinicians need to be available to help facilitate safe and effective prescribing.

To ensure the patient receives holistic care before, during and after anti-viral treatment, non-GP prescribers of anti-virals should communicate the treatment plan and other relevant details to the person's regular GP.

Recommendations:

- Consider removing additional training requirements for GPs to provide anti-viral medications but ensure GPs have access to clinical practice guidelines and HealthPathways.
- Change the Authority to a 'Streamlined Authority' to remove some time constraints on GP prescribing without removing any of the criteria required to prescribe.
- Non-GP prescribers of anti-virals should be required to communicate the treatment plan and other relevant details to the person's regular GP

Partnerships for care

Coordinated care between all services is essential to provide timely and effective care for patients living with hepatitis B and C. We agree that general practice should be supported to have partnerships with public health units and with other organisations involved in ongoing care of patients.

Both GPs and non-GP specialists are involved in the management of patients with hepatitis B and C. A shared care model supporting shared care pathways, where GPs and non-GP specialists work in concert to improve care for people with complex chronic conditions should be established and embedded in practice to improve care. The attributes of this model are outlined in the RACGP position statement - [Shared Care Model between GP and non-GP specialists for complex chronic conditions](#).

Recommendation: Provide support for general practice in different settings of partnerships of care, including access to non-GP specialists as needed.



RACGP
Royal Australian College
of General Practitioners

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Thank you again for the opportunity to provide feedback on the Strategies. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Nicole Higgins
President