RACGP
Royal Australian College of General Practitioners

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10 January 2025

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 Fifth National Sexually Transmissible Infections Strategy 2024 – 2030

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the draft Fifth National Sexually Transmissible Infections Strategy 2024-2030 (the Strategy).

Sexually transmissible infections (STIs) are frequently seen in general practice. General practitioners (GPs) often initiate testing and provide asymptomatic STI checks as appropriate. The holistic, patient-centred, and relationship-based approach of general practice can help ensure the effective delivery of preventive care and treatment for STIs.

The RACGP offers a variety of resources and CPD for GPs on sexual health. In particular, the sexually transmissible infections including HIV, and cervical cancer chapters in the RACGP's *Guidelines for preventive activities in general practice* and the Sexually transmissible infections and blood borne viruses chapter in the *National guide to preventive healthcare for Aboriginal and Torres Strait Islander people* provides guidance for GPs on this topic. The chapters on screening and case-finding defines the RACGP's position on what GPs should be doing for asymptomatic people.

Comments on the consultation questions that are relevant to general practice are outlined below.

1. *Are the Key Indicators and Targets presented in the strategy achievable by 2030? If not, what adjustments would you suggest?*

Section 6. Measuring progress

Key indicator – Integrated primary care (page 20)

In the first dot point the 2030 target is - *"Increase in the number of people, including priority populations, tested for STI via no cost and lower cost GP appointments and in accordance with guidelines".* It is unclear what is meant by 'no cost GP appointments', as there has to be adequate rebate. The RACGP recommends this wording be amended to "provide adequate patient rebates through Medicare for GP delivered STI testing".

The Royal Australian College of General Practitioners Ltd
100 Wellington Parade, East Melbourne VIC 3002
Tel **1800 4RACGP** | 1800 472 247 Fax (03) 8699 0400 Email racgp@racgp.org.au
racgp.org.au ACN 000 223 807 ABN 34 000 223 807

2. *Do you believe the 6 priority areas for action are sufficient to achieve the strategy's targets, or are there any additional actions you consider critical to meeting these?*

Section 8. Priority Areas for Action

Section 8.1 Integrated primary care

- The Strategy needs to recognise the importance of communication in achieving integration. Integrated care can only be achieved if there is good communication between all services. A person's usual GP should be central to communications to ensure care is not fragmented. Communication, including referral into specialist clinics and the transfer of information back to primary care, should be supported by digital systems that use encrypted communication between providers. The My Health Record can be a useful tool, but it is not primarily a means for providers to communicate and it needs to be used with some caution to ensure patient confidentiality.

- Ensuring adequate remuneration

    - Primary health care must be financially accessible, but many general practices face economic challenges and bulk billing consultations is just not feasible. For many patients this can be a barrier. General practice is underfunded, and additional support through the Medicare Benefits Schedule (MBS) is essential. Funding models need to recognise general practice management of those with chronic disease, including chronic STIs such as hepatitis B, hepatitis C and HIV. Funding models also need to recognise the need to fund quality improvement projects and activities.

    - Antenatal care, including STI screening, is another area where MBS funding falls short in recognising the complexity of care. Routine antenatal attendances are currently covered by MBS items 16500 (face-to-face), 91853 (video) and 91858 (phone) regardless of the length of appointment. Given the complexity of care required, the RACGP recommends that rules be amended to allow GPs to bill MBS Level C and D time-based attendance items (36, 44, 91801, 91802, 91894) for antenatal attendances that extend beyond 20 minutes. While MBS funding is provided for the Aboriginal and Torres Strait Islander Health Check including sexual health screening, similar funding is not available for other Australians, limiting screening opportunities for high-risk populations.

    - There is a need to evaluate the economic costs of investing in standalone sexual health clinics versus adequately supporting accessible primary care.

Section 8.4 Prevention, testing and treatment

The RACGP recommends:

- All common STI treatments should be provided as part of the Doctor's Bag and preferably include appropriate patient information about re-testing and contact tracing. Avoiding dispensing fees for prescriptions would remove a key barrier for patients who see a GP for a STI test.

- GP clinics should be provided with funding for point of care testing facilities to enable immediate one-stop testing and initial treatment.

- Support and funding should be provided for improvements in real-time computer decision support (CDS) to enable prompting for appropriate STI testing (e.g. syphilis serology testing should be prompted in pregnancy if there is no current pathology result in the patient file). When an STI check is requested, the

CDS should also prompt for appropriate co-tests to be considered. Current guidelines for normal risk individuals who have no symptoms recommend HIV, syphilis blood tests and tests for chlamydia and gonorrhoea from urine (or vaginal swab).

3. *Are there any key topics or issues related to STI control that you feel have been overlooked or insufficiently addressed in the draft strategy? Please specify.*

- The Strategy should acknowledge the availability of the Therapeutics Good Administration (TGA) approved self-testing kits for gonorrhoea and chlamydia for women. It needs to be noted this increased access to partial STI testing can have both positive and unintended negative consequences. These consequences are outlined in the RACGP's newsGP article on this topic. Setting an agenda to monitor for these consequences and learning how best these new tests fits into the bigger picture should be a priority.

- Investigate ways to increase anonymity of STI testing without the loss of follow up - in general practice this could be done with the use of pseudonyms.

Thank you again for the opportunity to provide feedback on the draft Fifth National Sexually Transmissible Infections Strategy 2024-2030 (Strategy). 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 Michael Wright
President