RACGP Queensland Budget Submission

2024-25

RACGP

About the RACGP

The RACGP is the voice of GPs in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 46,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population.

We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues that affect their practices. We are a point of connection for GPs serving communities in every corner of the country.

Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

Introduction

There has never been a more important time for State Governments to invest in primary care. A confluence of factors including an aging population, an epidemic of chronic disease and acute workforce shortages is placing an increasing burden on our hospitals and other parts of the tertiary health system.

Reducing the burden on hospitals requires investment in primary care. Well-resourced and supported GPs keep Queenslanders healthy and out of hospital. This is why the RACGP is making its first Budget submission to the Queensland Government.

A well-resourced general practice sector is key to addressing the current and future challenges facing patients, funders and providers. It is also the most cost-effective place to invest in healthcare with evidence showing that every $1 invested in primary care delivers $1.60 in healthcare system benefits.[1] These benefits include reduced preventable hospitalisations, lower hospital readmission and emergency department presentations, and improved workforce productivity.

The budget proposals contained herein seek to help Queensland meet primary care workforce challenges, better coordinate between primary and tertiary care and create more effective and convenient digital health record keeping.

[1] NSW Government. Lumos Evaluation: Report 2. Sydney: NSW Government October 22. Sydney (AU). 66p.

Summary of Funding Requests

The policy initiatives outlined in this Budget submission will improve the health of Queenslanders and reduce pressure on our hospital system. They strongly align with the Queensland Government's own vision for the health of Queenslanders and support the delivery of the system priorities outlined in the *Health Q32* (2023) vision for Queensland's health system and the *Queensland Health and Hospitals Plan* (2022).

Initiative	Rationale	Cost	Alignment with Queensland Government Priorities
1.Attract more GPs to train in regional and rural areas of Queensland by funding the RACGPs Fellowship Support Program (FSP).	Attract more doctors to train and reside in regional and remote areas of Queensland	$4.05M per year for 4 years to provide top up payments to 134 junior doctors training in regional and remote areas.	*Workforce* – A responsive, skilled and valued workforce where our people feel supported (Health Q32)
2. Improve coordination between primary hospitals and primary care by establishing Hospital and Health Services (HHS) Primary Care Advisory Councils for all of Queensland's HHSs	Foster better coordination and cooperation between hospitals and primary care to reduce emergency department presentations, hospital admissions and potentially preventable hospitalisations	FY25: $370,000 in year one to support the establishment of 16 Councils Ongoing: $270,000 per year to continue operational support	*Consumer Safety and Quality* – Ensuring the delivery of safe and quality healthcare that supports consumers to achieve better health outcomes (Health Q32)
3.Develop a digital Child Health Record giving Queenslanders the option of choosing between a digital copy and a hard copy	Support parents and their health teams to more conveniently and reliably access essential health records	$12 million over three years to create an integrated digital health record that interfaces with general practice management software. This cost reflects potential efficiencies that will be realised by utilising work currently underway in New South Wales. Cost estimate is based on the development of similar healthcare apps currently in market.	*Health Services* – Sustainable, personalised healthcare that delivers outcomes that matter most to patients and the community (Health Q32) Empower all consumers to manage and optimise their healthcare throughout the course of their lives (Digital Health 2031)

1. Queensland Government Priority: Workforce – A responsive, skilled and valued workforce where our people feel supported.

To ensure Queensland has the GP workforce required to meet the needs of future generations the RACGP is calling for financial incentives to support more GPs training in rural and remote areas meet costs associated with study and training.

Proposed Budget Measure	Estimated annual investment required
Allocate $4.05M to support GPs participating in the RACGPs Fellowship Support Program (FSP) in order to attract more GPs to train in regional and rural areas of Queensland	$4.05M per year will provide incentives for 134 doctors to work in regional and rural areas

Issue

GPs are at the heart of Queensland's healthcare system however Australia currently faces existing shortages and severe challenges associated with meeting medium- to long-term demand. Current forecasts suggest a shortfall of around 11,000 GPs by 2032. Shortages are already being acutely felt in regional and remote areas of Queensland where communities are struggling to attract and retain GPs.

A number of factors are contributing to these shortages including the declining number of medical students and graduates choosing general practice as a career, which has fallen from around 40% in the mid-1980s[2] to 13.1% in 2023.[3] Students and graduates who do choose general practice are choosing to work in metropolitan or regional areas. This is evidenced by the number of unfilled rural training places increasing from 10% (65 places) in 2018 to 30% (201 places) in 2020.[4] This is further exacerbating access issues in regional and rural areas.

The shortage of GPs is leading more people to seek essential healthcare from emergency departments. Many often present to hospital at a more advanced stage of illness and require more expensive treatment because they have not seen a GP earlier when treatment is generally cheaper and able to prevent health issues worsening.

According to the most recent Queensland Health data more than 575,000 Queenslanders visited emergency departments during the July-September 2023 period, an increase of almost 20,000 from the same quarter in 2022.[5] This has a significant financial impact on the Queensland budget with a single hospital admission costing around $5020 on average.[6] Additionally, the number of serious category 1 and 2 presentations has increased by 8.6%, an increase that Health Minister Shannon Fentiman has described as 'huge'.

Solution

General practitioners undertake the same first eight (8) years of medical training as other specialists like cardiologists, dermatologist and psychiatrists. This training includes six (6) years of medical school and two (2) years as an intern, before then entering the community to undertake a further three to four years of specialist general practice training. The speciality is selected, not a default training pathway for unsuccessful applicants of other medical specialties.

Sustained, long-term investment is essential to ensure Queensland is training the doctors today that it will need in a decade's time. However, a long-term strategy must be augmented and supported by shorter-term strategies to address

[2] Playford D, May JA, Ngo H, Puddey IB. Decline in new medical graduates registered as General Practitioners. Medical Journal of Australia. 2020;212(9):421–2. doi:10.5694/mja2.50563
[3] The Royal Australian College of General Practitioners. General Practice: Health of the Nation 2023. East Melbourne, VIC: RACGP, 2023.
[4] RACGP & Department of Health. Unpublished GP registrar intake data, 2018 to 2020. January 2020.
[5] Queensland Health. Queensland Reporting Hospitals: Emergency care [Internet]. Queensland: Queensland Health; November 2023 [cited 21 November 2023]. Available from: https://www.performance.health.qld.gov.au/Hospital/EmergencyDepartment/99999
[6] Steering Committee for the Review of Government Service Provision. Report on government services 2019. Canberra: Productivity Commission, 2019.

current shortages. Recruiting and training more International Medical Graduates (IMGs) is a cost-effective way of ensuring more communities in Queensland have convenient access to GPs and can help ease workforce pressures almost immediately.

Fellowship Support Program (FSP)

The Fellowship Support Program is the RACGP's self-funded, 24-month education and training program designed to support IMGs with a recognised specialist qualification to qualify for RACGP Fellowship.

Unlike other federally funded training programs that are only available to Australian citizens and permanent residents, the FSP has no geographic placement requirements for training. However, trainees must pay out-of-pocket costs of around $40,000 per annum to participate.

In response to the need to incentivise junior doctors to train and work in rural communities the Victorian Government is rolling out incentive payments of $30,000 to junior doctors to help meet exam-related costs.

The Queensland Government could adopt a similar model, offering incentive payments to IMGs enrolled in FSP to train in areas of need in rural and remote Queensland communities.

Benefits:

- Attraction of up to 134 additional trainee doctors to work in rural and remote Queensland communities;
- Evidence shows that junior doctors who train in rural and remote regions are more likely to choose to live in those areas making funding training in rural and remote areas both a short- and long-term solution.[7]

The RACGP would be happy to collaborate with the Queensland Government on the design of a Program to ensure it meets the long-term needs of Queenslanders.

2. **Queensland Government Priority:** *Consumer Safety and Quality* – Ensuring the delivery of safe and quality healthcare that supports consumers to achieve better health outcomes (Health Q32)

To improve collaboration between Queensland's hospitals and general practices and ease the pressure on hospitals the **RACGP is calling for the establishment of Hospital and Health Services (HHS) Primary Care Councils** involving local GP representatives and senior Primary Health Network (PHN) and executives.

This could be achieved by achieved by replicating the established **Health Alliance model** between the Brisbane North PHN and the Metro North HHS.

Proposed Budget Measure	Estimated annual investment required
Establish Hospital and Health Services (HHS) Primary Care Councils for all Queensland HHSs	FY25: $370,000 for establishment and to reimburse Council members Ongoing - $270,000 per annum for secretariat functions and reimbursement of Council members

[7] Russell DJ, Wilkinson E, Petterson S, Chen C, Bazemore A. Family medicine residencies: How rural training exposure in GME is associated with subsequent rural practice. Journal of Graduate Medical Education. 2022; 14(4): 441-50. Doi: 10.4300/jgme-d-2101143.1

Issue

Australia has historically had a siloed approach to healthcare with State Government's prioritising funding for hospital and tertiary care while primary care has been the jurisdiction of the Federal Government. This has resulted in a lack of integration, collaboration, and coordination between the primary and tertiary systems, which has in turn led to increased strain on all parts of the health system and poorer patient outcomes.

The number of people seen in emergency departments (ED) within recommended timeframes has fallen from 74% in 2012-13 to 68% in 2021-22. Worryingly, the sharpest declines have been seen in people requiring emergency care, where the percentage of people receiving care within recommended timeframes fell from 84% to 62%, while people seeking urgent care being seen within timeframes fell from 68% to 60% over the same period.

The financial costs of poor coordination between tertiary and primary care are significant. According to the Chief Health Officer's 2023 *The Health of Queensland Report* more than one in 20 hospitalisations in Queensland in 2020-21 were preventable.[8] Preventing these hospitalisations could have saved the hospital system between $555 million and $1.07 billion[9] and free up around 5% of hospital beds to greatly alleviate bed-block pressures for hard-working hospital staff.

Addressing and ameliorating fragmented care creates a more coherent and person-centred health system that delivers improved patient outcomes including reduced hospital admissions, reduced hospital readmissions and shorter hospital stays, all of which reduce pressure on the hospital system and reduce expenditure.

It also helps ensure people access the care in the most appropriate, and cost-effective, locations such as general practice and GP-lead urgent care clinics.

Better coordination can also help identify serious clinical issues early when harm can be minimised. For instance, a stronger link between Mackay Hospital and Health Services and the general practice sector in Mackay may have supported earlier identification of the issues impacting the obstetrics and gynaecology units within the hospital.

Solution

A dedicated Hospital and Health Services (HHS) Primary Care Advisory Council for each HHS, modelled on the current Health Alliance partnership between the Metro North HHS and the Brisbane North PHN, would drive better collaboration between primary and tertiary care.

The Health Alliance was created by the Boards of the Metro North HHS and the Brisbane North PHN after a shared acknowledgment that complex health system problems could not be appropriately addressed in isolation by one part of the health system. It provides a forum for different parts of the health system to collaborate on improving the performance of the health system and the outcomes of patients.

Councils would be comprised of local GPs, a PHN representative, an allied health representative and a consumer as well the HHS CEO and the relevant PHN CEO to ensure strong leadership and decision-making ability. The Council would provide HHS leadership (including Safety and Quality committees) with critical information regarding local patterns of care, bottlenecks, concerns and successes.

It could also form a vital stakeholder engagement function to ensure HHS priorities are communicated, and in some cases reflected in operating practices, to the primary care sector.

The *Hospital and Health Boards Act 2023* sets out the requirements for Governance of HHS including need for an independently and locally controlled Board that must have at least one clinician member, however it does not stipulate that the clinician represent primary care. The Act currently gives the Minister the power to establish an Ancillary Board

[8] Queensland Health. The health of Queenslanders. Report of the Chief Health Officer Queensland. Queensland Government. Brisbane, QLD: Qld Health, 2023.
[9] Australian Institute of Health and Welfare. Admitted patient care 2021-22: Costs and Funding. Australian Government. Canberra, ACT: AIHW 2023. Accessed at: https://www.aihw.gov.au/reports-data/myhospitals/sectors/admitted-patients

(s43A), however we propose a more robust solution would be to amend the Act to legislate that each HHS must establish a HHS Primary Care Advisory Council.

3. **Queensland Government Priority:** *Health Services* – Sustainable, personalised healthcare that delivers outcomes that matter most to patients and the community

To ensure Queensland children get the healthiest possible start to life the RACGP **recommends developing a Digital Child Health Record as a digital alternative to the paper based Red Book** to make storing and finding health records easier for young parents.

Proposed Budget Measure	Estimated annual investment required
Develop a Child Digital Health Record to support more convenient recording of essential child health checks	$12 million over three years to create an integrated digital health record that interfaces with general practice management software. Costing reflects efficiencies associated with utilising work currently underway in New South Wales and is based on the development of similar healthcare apps currently in market.

Issue

The first 2000 days of a child's life are a critical time for their development. During this period GPs play an essential role in supporting families to promote long-term physical and mental health and wellbeing. This involves periodic health checks that support the early recognition and management of key developmental or psychological issues. Early intervention generally leads to improved outcomes for children and their families.

Currently, the results of these health checks are recorded in a child's Personal Health Record (The Red Book), a hard copy booklet provided to the parent/s of every child born in Queensland. It includes pages to record key developmental milestones. Parents and carers must take this hardcopy book to all health appointments; however, these books are often forgotten or lost making it difficult for healthcare providers to access information needed to provide safe, high-quality care.

Additionally, a hard copy book is out of step with contemporary consumer expectations for digitally enabled, convenient health record keeping. In recent years Queenslanders have embraced initiatives like My Health Record and digital Vaccination Certificates, highlighting their readiness to adopt digital solutions.

Solution

The Digital Child Health Record (DCHR) is a comprehensive and secure digital health record that will strengthen continuity of care between healthcare professionals and families and improve child and maternal health, particularly amongst the most vulnerable Queenslanders.

It is consistent with the ambitions outlined in *Digital Health 2031*, the Department of Health's digital vision for Queensland's health system, which lists as one of its strategic themes *Empowered consumers* which it defines as "Empower all consumers to manage and optimise their healthcare throughout the course of their lives."

It should be integrated with, and able to enhance, existing digital health software including general practice management software, My Health Record and My Medicare.

New South Wales is currently introducing a digital version of the Little Blue Book that will be launched in phases over a three-year period from 2024 to give families, and their health professionals, easier access to their child's health information. It is expected to support future integration with the National My Health Record. This builds on *Australia's National Digital Health Strategy* (2017), which was supported by the Queensland Government, and the Australian Digital

Health Agency's first Framework for Action (2018) as well as partnership between the Digital Health Agency, eHealth NSW and the Sydney Children's Hospitals Network which established the National Children's Digital Health Collaborative to design, build and evaluate a child digital health record. There are excellent opportunities to leverage this existing work to quickly and cost-effectively implement the CDHR.