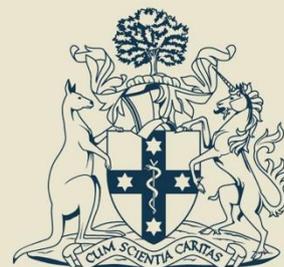


RACGP Tasmanian Budget Submission

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 Tasmanians healthy and out of hospital. This is why the RACGP is making its first Budget submission to the Tasmanian 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 Tasmania 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 Tasmanians and reduce pressure on the state's system. They strongly align with the Tasmanian Government's own vision for the state's health and support the strategic ambitions outlined in *Advancing Tasmania's Health* (2022)

Initiative	Rationale	Cost	Alignment with Tasmanian Government Priorities
Attract more GPs to train in regional and rural areas of Tasmania by funding the RACGP's Fellowship Support Program (FSP)	Attract more doctors to train and reside in regional and remote areas of Tasmania	\$880,000 per year for 4 years to provide top up payments to 20 junior doctors training in regional and remote areas	<i>Building the Health Workforce</i> (Advancing Tasmania's Health)
An annual stipend to allow the organisation to reimburse GPs who participate in advisory bodies and provide expert advice	Support the sustainability of general practice and ensure the Tasmanian Government continues to receive high-quality, expert primary care advice	\$16,000 per year as reimbursement for approximately 100 hours of expert advice	<i>Partnering with Consumers and Clinicians</i> (Advancing Tasmania's Health)
Establish and staff a dedicated Mother and Baby Service for all of Tasmania through a public/charitable partnership	High-quality, early intervention for perinatal issues ensures children get the best start to life	\$20 million over four years to establish and staff a dedicated Mother and Baby Unit	<i>Better and More Accessible Community Care</i> (Advancing Tasmania's Health)
Expand vaccine funding to ensure more Tasmanians are protected from potentially fatal influenza and meningococcal infections	Reducing the number of people developing influenza and meningococcal B	\$4.22 million per year to provide free influenza vaccinations at GP clinics for people not covered by the National Immunisation Program \$10.3 million per year to provide meningococcal B vaccine to eligible children and young people	<i>Strengthening Prevention</i> (Advancing Tasmania's Health)

1. Tasmanian Government Priority: Building the Health Workforce

To ensure Tasmania has the GP workforce required to meet the needs of Tasmanians now and into the future 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 \$880,000 per year to support GPs participating in the RACGP's Fellowship Support Program (FSP) to attract more GPs to train in regional and rural areas of Tasmania	\$880,000 per year will provide incentives for 20 doctors to work in regional and rural areas

Issue

GPs are at the heart of Tasmania'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 Tasmania 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 to 13.1% in 2023.² Students and graduates who do choose general practice are choosing to work in metropolitan or regional areas. This is further exacerbating access issues in regional and rural areas.

As a result of this shortage more people are seeking essential healthcare from emergency departments with many often presenting to hospital at a more advanced stage of illness and requiring 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 Productivity Commission's Report on Government Services 2023 emergency presentations in Tasmania have increased by about 6.67% from 2017-18 to 2021-22.³ More concerningly, just over half (53%) of Tasmanians in emergency departments are seen within the timeframes recommended for their triage categories, ranking the state fifth in the nation. This is a decline of more than 26% from 2013-14 when around 72% of people were seen on time.

Solution

General practitioners in Tasmania undertake the same medical training as other specialists like cardiologists, dermatologist, psychiatrists, and others. This training includes five (5) years of medical school and one (1) year as an intern and then one (1) year of hospital residency, before then entering the community to undertake a minimum of two to three 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 Tasmania 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 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.

² The Royal Australian College of General Practitioners. General Practice: Health of the Nation 2023. East Melbourne, VIC: RACGP, 2023.

³ SCRGSP (Steering Committee for the Review of Government Service Provision) 2023, Report on Government Services 2023, Productivity Commission, Canberra.

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 Tasmanian Government could adopt a similar model, offering incentive payments to IMGs to train in areas of need in rural Tasmanian communities.

Benefits:

- Attracting of up to 20 more trainee doctors to work in rural Tasmania;
- 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.⁴

The RACGP would be happy to collaborate with the Tasmanian Government on the design of a Program to ensure it meets the state's long-term needs.

⁴ 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

2. Tasmanian Government Priority: Partnering with Consumers and Clinicians

To ensure Tasmanian GPs are reimbursed for the expert advice they provide to the Tasmanian Government the RACGP is calling for an **annual stipend to cover the cost of participating in expert advisory committees, groups and panels to advise the Government.**

Proposed Budget Measure	Estimated annual investment required
Allocate \$16,000 to the RACGP as an annual stipend to allow the organisation to reimburse GPs who participate in advisory bodies and provide expert advice	\$16,000 per year

Issue

The Tasmanian Department of Health regularly invites the RACGP to participate in Steering Committees, Working Groups, Clinical Advisory Groups and Consultations, where expert GP advice is deemed essential. While other participants in these groups are generally remunerated for their time, GPs are not. This leads to a potential loss of income that is compounded by the fact that the Groups generally meet during business hours, meaning the GP is unable to provide essential and billable care for their patients while participating in the Groups.

RACGP have been providing expert clinical guidance on matters impacting patient health and healthcare in Tasmania for many years. Our GPs have been sought after on countless occasions to provide expert advisory services.

It's common knowledge that GPs work long hours providing back-to-back patient consultations up to six days per week, to provide a service and meet the needs of their communities. A GP's income is fee-for-service based, not a fixed salary so when GPs are attending advisory meetings they are foregoing potential income they may receive for providing healthcare during that time.

Solution

The RACGP seeks to have GP expertise appropriately remunerated when invited to provide their expert clinical advisory services. On behalf of our GPs, we are seeking a recurring annual stipend of \$16,000 to cover GP time and expertise when participating in expert advisory services to the Department of Health. This would put the Tasmanian Department of Health on par with other state health departments who pay a stipend.

Benefits

- Ensuring that providing essential healthcare advice to the Tasmanian Government does not impact the financial sustainability of Tasmania's GPs.

3. Tasmanian Government Priority: Better and More Accessible Community Care

To ensure Tasmanian mothers and their babies can access timely and community centered support the RACGP is calling for **the establishment of a standalone Mother and Baby service to be established in Hobart and Launceston.**

Proposed Budget Measure	Estimated annual investment required
Allocate \$20 million over four years to establish and staff a dedicated Mother and Baby Service for all of Tasmania through a public/charitable partnership	\$5 million per year over four years to establish and staff a dedicated Mother and Baby Unit

Issue

The closure of the Mother and Baby Unit at the St Helen’s Private Hospital has left Tasmania with a dire shortage of available beds for mothers requiring specialised, acute care to deal with serious perinatal mental and physical health issues. While we acknowledge and welcome the Tasmanian Government’s funding for three mothers and babies beds at the Royal Hobart Hospital (RHH), more capacity is required to support Tasmanian mothers.

As many as one in five mothers, or around 1,152 Tasmanian mothers a year, experience perinatal depression and anxiety. Tragically, 21 per cent of maternal suicides are due to severe depression. In addition to the significant impact this has on Tasmanian families, it also has a substantial economic cost. Based on Productivity Commission modelling we estimate perinatal depression and anxiety costs Tasmania around \$16.7 million per annum in health, economic and wellbeing costs.

The acute mental health beds provided at RHH as an interim replacement do not address the health needs of Tasmania nor the strong community demand for early intervention and community-based support for families experiencing perinatal challenges. They also do not alleviate the lack of access to care experienced by families living in north and north-western parts of Tasmania. Additionally, the service at RHH is currently overwhelmed with referrals.

Tasmania is the only Australian state that does not provide this support through public community care services.

Early intervention is the best model of care for perinatal support. Delayed access to care and support leads to greater adverse impacts on families and our healthcare services. Many states across Australia already provide free and accessible early parenting support through partnerships with experienced non-governmental organisations such as Tresillian, an organisation with a proven track record of delivering low cost, high value family-centric care for more than a century.

Solution

The RACGP is calling for the Tasmanian Government to fund small, dedicated community day program and residential stay services for families experiencing perinatal exhaustion, feeding/settling difficulties and postnatal depression/anxiety in Tasmania.

The College estimates four low acuity residential beds in each region coupled with day programs, virtual home care and some community outreach, would provide adequate support for Tasmanian families. In 2022 Tresillian provided over 630,00 family contacts including 6,484 residential admissions with an overall satisfaction rate of 91.6%. Their research shows that every dollar they spend on supporting families early achieves close to three dollars saved in future health expenditure.

The service would be staffed primarily by specialised nurses with support from general practitioners and liaison with paediatric and psychiatric services if required. This would be in addition to the ongoing hospital-based psychiatric beds at the RHH which can be used for high complexity psychiatric admissions involving infant care.

There are a number of nonprofit organisations experienced with delivering this service interstate which could be contracted to delivery this service for Tasmania.

Benefits

- Ensuring Tasmanian mothers and their babies can access essential and timely community based support
- Reducing demand for high-cost hospital and psychiatric level services through early intervention
- Flow on benefits include lessened requirement for mental health and paediatric services in later childhood, lessened parental requirement for psychiatric services, improved family bonds, improved maternal productivity and return to the workforce.

4. Tasmanian Government Priority: Strengthening Prevention

To reduce Tasmania's risk of serious infection from influenza and meningococcal B, and mitigate associated health costs, the RACGP is calling on the Tasmanian Government to **expand access to life-saving vaccinations** not covered by the National Immunisation Program.

Proposed Budget Measure	Estimated annual investment required
Provide all Tasmanians with access to free influenza vaccinations from February to June 2024 to augment that National Immunisation Program	\$4.22 million per year to provide free influenza vaccinations at GP clinics for people not covered by the National Immunisation Program
Provide all Tasmanians infants and children aged two and under, and adolescents aged 15 to 19 years with access to the meningococcal B vaccine	\$10.3 million per year to provide meningococcal B vaccine to eligible children and young people

Influenza

In 2023 (to 16 November) more than 3,341 Tasmanians were diagnosed with laboratory-confirmed influenza.⁵ This equates to 584 people per 100,000. Modelling suggests this costs the Tasmanian economy around \$34M per annum including costs related to around 550,000 lost work hours, 276 lost healthy life years, 483 hospital admissions and 6897 GP consultations.⁶

According to the National Centre for Immunisation Research and Surveillance influenza vaccination can prevent illness in about 50-60% of young people and healthy adults under the age of 65%. Therefore, expanding access to influenza vaccination is a substantial opportunity to improve the health of Tasmanians and reduce the cost burden on the health system.

Meningococcal B

Meningococcal B is a rare but deadly infection that, if not fatal, can cause severe scarring, loss of limbs and brain damage. According to the Tasmanian Department of Health an average of seven Tasmanians are infected with meningococcal every year with majority of cases being serogroup B. The Meningitis Centre Australia estimates that every case of meningococcal infection that is prevented saves the health system around \$10 million over a person's lifetime. These costs include hospital and outpatient costs, educational assistance, National Disability Insurance Services Scheme support, direct government support and other costs.

Infections related to the A, C, W and Y serogroups have all declined since vaccinations for these serogroups were made available in 2017.

Tasmanian Coroner Simon Cooper recommended Tasmanians be provided with access to free meningococcal B vaccines following an inquest into the death of Sarah Beltz who died from the infection in 2018.

⁵ Immunisation Coalition. Influenza Statistics. [Accessed 30 November 2023]. Available at: <https://www.immunisationcoalition.org.au/news-data/influenza-statistics/>

⁶ NSW Productivity Commission. Boosting the NSW Influenza Vaccination Rate. October 2023. NSW: Sydney.

The South Australian State Government began funding meningococcal B vaccines for eligible young people in 2018. Subsequently there has been a 60% reduction in meningococcal B cases amongst infants and a 73% drop in cases amongst adolescents.⁷

Solution

The RACGP is calling on the Tasmanian Government to fund GPs to administer both influenza and meningococcal B vaccinations.

Influenza vaccinations should be delivered from February to June to augment the National Immunisation Program and significantly boost influenza vaccination rates. Funding vaccinations in GP clinics, prior to the peak of the influenza season, would help prevent a substantial number of cases as well as creating opportunities for GPs to talk to patients about a range of preventive health measures including smoking cessation, weight loss and chronic disease prevention.

RACGP is calling for the Tasmanian Government to adopt a similar position on meningococcal B vaccine to the recently announced Queensland position which will see free vaccines available to infants and children aged two and under, and adolescents aged 15 to 19 years.

Vaccines in Tasmania could be delivered to eligible young people via registered vaccine service providers including GPs, community vaccination clinics and Aboriginal Community Controlled Health Organisations.

Benefits

- Lower rates of serious influenza and related illnesses, reduced impact on the health system and less lost productivity on the Tasmanian workforce.

⁷ Wang B, Giles L, Andraweera P, McMillan M, Almond S, Beazley R, Mitchell J, Lally N, Ahoure M, Denehy E, Koehler A, Flood L, Marshall H. Effectiveness and impact of the 4CMenB vaccine against invasive serogroup B meningococcal disease and gonorrhoea in an infant, child, and adolescent programme: an observational cohort and case-control study. *Lancet Infect Dis.* 2022 Jul;22(7):1011-1020. doi: 10.1016/S1473-3099(21)00754-4. Epub 2022 Apr 12. PMID: 35427492.