

# Western Australia **Pre-Budget submission**

**2026-27**





The RACGP supports  
**4,590 GPs** in  
Western Australia



**701 Practices** across  
Western Australia



**689 GPs** in training  
across the state

## About the RACGP

The RACGP is the voice of specialist General Practitioners (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 50,000 members, the RACGP supports GPs across all stages of their careers – from medical students and GPs in training to experienced Fellows. We cultivate a stronger profession by helping GPs continue their professional development throughout their careers, developing resources and guidelines that support world-class healthcare delivery, and advocating for a sustainable and equitable general practice workforce.

Across Western Australia according to the 2024/25 Australian Government data, there are 4,590 practising GPs working across 701 general practices, providing more than 16 million GP services each year to over 2.4 million Western Australians.

The RACGP currently supports 689 GPs in training across the state – including 169 in inner metro, 247 in outer metro, and 294 in rural, regional, and remote areas – ensuring access to vital healthcare across the state.

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

# Introduction

A strong general practice sector providing preventative healthcare to communities remains one of the most effective ways to alleviate the growing strain on our state's hospitals and emergency departments. General practice is also one of the most cost-effective places to invest in healthcare, with evidence showing that every \$1 invested in primary care delivers \$1.60 in healthcare system benefits.

Western Australia continues to face significant pressures across our healthcare system, with a strained and understaffed workforce managing patients with increasingly complex healthcare needs. As our state's population ages and increasingly deals with chronic diseases, these pressures will only continue to increase. Investment in preventative care that keeps people healthy and out of hospital, or reduces their likelihood of readmission, is increasingly vital to ensuring people are healthy and our hospitals are functioning.

The RACGP supports the Western Australian Government's moves to develop a Preventative Health Strategy. The policy and funding initiatives outlined below represent options available to the Western Australian Government that support preventative health and keeping people out of hospital.

**Dr Ramya Raman FRACGP**

Chair, RACGP Western Australia & RACGP Vice-President



# Summary of funding options

Initiative	Rationale	Cost
Post-hospital discharge GP connection program	Establish a Western Australian Hospital to GP Transfer of Care Pilot program, linking primary health networks with GPs as part of the patient journey.	Resourcing for this program will vary depending on initial scope.
Connecting patient journeys through data	Our state's health network is incredibly complex, and patients navigate it in diverse ways, which can have significant impacts on their long-term health outcomes.  Access to a dataset that shows this journey and health outcomes, whilst protecting patient confidentiality would allow targeted support and tailored approaches.	\$15 million over 4 years
Improve access to afterhours GP care and alleviate pressure on WA hospitals	Patients need to access care at a variety of hours, however most can't access a GP outside of traditional business hours.  Many GPs want to provide care at these times but cannot afford to do so without having to pass on higher fees to patients.  Grants can help cover costs associated with opening later and on weekends.	\$12 million per annum
Enhance meningococcal B vaccine coverage for Western Australians	Vaccines represent an incredibly effective tool to prevent hospitalisations, reduce preventable illnesses and protect vulnerable communities.  Targeted campaigns to improve access to vaccines for meningococcal B will help keep people out of hospital.	\$36 million over 4 years
Establish an office of the Chief General Practitioner to embed specialist GPs in health system planning and coordination	General practice sits primarily under the remit of the Federal Government. However, in our day-to-day reality, GPs are engaging constantly with state run health systems.  Chief medical officers (and their office) provide invaluable insight to policy makers and are a central office health practitioners can engage with. A Chief General Practitioner would allow the Western Australian Government to better link general practice to state-run services.	\$1.5 million per annum
Remunerate GPs for preparing medical reports for the State Administrative Tribunal (SAT)	GPs provide a variety of services to the State Administrative Tribunal, including preparing medical reports for capacity determinations and guardianship applications.  Whilst the tribunal can order costs of services be covered by any party, funding is not available to do so, therefore GPs are called on to provide these services for free. An allocated pool of funding would ensure GPs are fairly remunerated for their work.	Approximately \$1.2 million per annum, subject to full costing

# Post-hospital discharge GP connection program

## Budget initiative

Proposed Budget Measures	Estimated investment required
Establish a Western Australian Hospital to GP Transfer of Care Pilot program, linking primary health networks with GPs as part of the patient journey	Resourcing for this program will vary depending on initial scope.

## Issue

The handover from hospital to home is a critical moment that strongly influences patient outcomes. Patients are often discharged with new medications, pending test results, or only a partial understanding of next steps. Gaps in follow-ups lead to medication errors, missed warning signs, and unnecessary readmissions. This worsens patient outcomes and increases pressure on emergency departments and hospitals.

GPs deliver the best care when they have a full picture of a patient's health journey, but timely, complete discharge summaries are uncommon, and WA GPs frequently need to chase patients for follow-up appointments after hospital visits.

## Solution

When GPs are equipped with timely patient information, outcomes improve and system strain decreases. Research shows that seeing a GP within seven days of discharge significantly reduces readmissions. Lumos program data in NSW, which links general practice and hospital data, shows nearly a 25% reduction in readmissions over 1–3 months when patients see their GP within four weeks. Patients who see their GP within two days after an unplanned discharge have 32% fewer readmissions in the first week, and even follow-up within seven days leads to a 7% reduction in 28-day readmissions.

Across thousands of discharges, these reductions represent major system-wide benefits: fewer readmissions, fewer occupied beds, reduced emergency pressure, and better patient outcomes.

South Australia has already implemented a 'Hospital to GP Transfer of Care Pilot' (January 2026), where participating health networks notify a patient's GP upon admission, provide updates on expected discharge, and issue a finalised discharge summary within 48 hours. The GP then arranges a follow-up appointment within four days. Regular reporting ensures consistent communication and measurable improvements.

A similar program in Western Australia would significantly reduce preventable readmissions, support better long-term outcomes, and ease pressure on overstretched hospitals and emergency departments.

Impact	Cost
<ul style="list-style-type: none"><li>Reduces avoidable and unnecessary readmissions to hospital</li><li>Supports better health outcomes for patients</li><li>Better links between general practice and hospitals</li></ul>	<ul style="list-style-type: none"><li>Resourcing for this program will vary depending on initial scope</li></ul>

# Connecting patient journeys through data

## Budget initiative

Proposed Budget Measures	Estimated investment required
Fund a health data program, modelled on the NSW Lumos program, that tracks patient journeys across Western Australia	\$15 million over 4 years

## Issue

Our state's health system is incredibly complex, it is supported by every level of government and includes a wide variety of services and settings. How patients interact with these services and their journeys through them have meaningful and significant impacts on their overall health outcomes. Given this complexity, there are still significant difficulties in tracking patient journeys and ensuring best practice.

The Lumos healthcare data program provides vital insights to policy makers about how patients move between different healthcare services in New South Wales. The platform combines patient information from different healthcare services to understand how patients use the health system in NSW. The data is de-identified and has already provided powerful insights that are delivering health system efficiencies and savings including contributing to the significant reduction in readmission rates after GP visits post hospital discharge.

Whilst the data from this program is relevant to Western Australia, a similar program, based in our state, would provide invaluable information about how people use our state's healthcare system.

## Solution

Funding a Western Australian based healthcare data program would enable policymakers and healthcare practitioners to see how patients interact with Western Australia's unique healthcare setting to guide meaningful policy reform, improve patient outcomes and reduce expenditure.

Impact	Cost
<ul style="list-style-type: none"><li>Provides policymakers and health practitioners with clear local evidence on health journeys and outcomes</li><li>Ensures best practice healthcare for the public</li><li>Reveals unique and novel insights on changing healthcare needs</li></ul>	<ul style="list-style-type: none"><li>\$15 million over four years is estimated to enable the establishment of a similar sized and scoped program as the existing Lumos program in NSW</li></ul>

# Improve access to after-hours GP care

## Budget initiative

Proposed Budget Measures	Estimated investment required
Fund a trial of after-hours GP care grant programs that help cover the costs for practices to open late and on weekends	\$6 million per annum to fund 40 support packages annually

## Issue

With the growing complexities of life representing an increasing burden on our free time, more people are seeking to access healthcare outside of traditional business hours but are often unable to. The Australian Health Consumer Sentiment Survey conducted by the Consumer Health Forum of Australia noted in its 2022 report that accessing care during the evening, on the weekend or during holidays without going to a hospital emergency department was difficult for a significantly higher proportion of respondents in 2021 (34.3%) compared with 2018 (23.7%). Additionally, an even greater proportion of people with chronic conditions found accessing care out of hours difficult (36.0% in 2021 compared to 28.1% in 2018).

In recent years there has been considerable investment, via initiatives like Urgent Care Clinics, in increasing access to emergency care but there has been very little investment in increasing access to routine and preventive GP care outside of traditional business hours.

There is no substitute for care from a GP who knows their patients and their medical history, and many are ready to provide care at hours that suit their patient's lifestyles and commitments. However, the reality of GP business structures mean they cannot open late on weeknights or on weekends without facing significant increased operational costs that ultimately must be passed on to patients.

## Solution

Funding grant packages of \$150,000 per annum will allow practices to open longer hours and help cover the costs of after-hours staff wages, on call allowances, and associated facility costs. Currently, Medicare rebates don't adequately cover the costs associated with providing after hours care.

To be eligible for the funding, participating practices would be required to extend opening hours to include some evenings from 5pm-8pm and some weekend hours. Minimum requirements to be determined.

Impact	Cost
<ul style="list-style-type: none"><li>Enhances afterhours access to care for patients</li><li>Reduces strain on urgent care clinics and emergency departments</li><li>Improves economic viability of general practice</li></ul>	<ul style="list-style-type: none"><li>\$6 million per annum to fund 40 \$150,000 support packages</li></ul>

# Enhance Meningococcal B vaccine coverage for Western Australians

## Budget initiative

Proposed Budget Measures	Estimated investment required
Fund a program to ensure Western Australian families can access vaccines for Meningococcal B	\$36 million over 4 years

## Issue

Vaccines remain one of the most effective tools to prevent hospitalisation for a range of incredibly serious diseases. Whilst the National Immunisation Program (NIP) is a well-functioning program delivering lifesaving vaccines across Australia, all state and territory governments must also do their part to ensure widespread vaccine coverage and effective community protection.

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 Western Australian Department of Health between 10 and 20 Western Australians are infected with meningococcal every year. Access to a vaccine for the A, C, W and Y serogroups is available through the NIP but families currently have to pay for the Meningococcal B vaccine out of pocket.

## Solution

Fund a program that enables access to Meningococcal B vaccines for cohorts recommended by ATAGI; children under 2 and adolescents aged 15-19.

Impact	Cost
<ul style="list-style-type: none"><li>Prevents unnecessary hospitalisation and serious illness</li><li>Provides economic benefit through reduced lost productivity and costs associated with managing serious illness</li><li>Enhanced protection for vulnerable groups</li></ul>	<ul style="list-style-type: none"><li>\$36 million over 4 years</li></ul>

# Establish an office of the Chief General Practitioner

## Budget initiative

Proposed Budget Measures	Estimated investment required
Establish an office of the Chief General Practitioner to provide advice to the Western Australian Government on primary health care and general practice	\$1.5 million per annum

## Issue

Whilst General Practice is traditionally regulated by the Federal Government, GPs sit within a largely state-run health system. As a result, state governments across Australia often develop health policies that GPs are expected to implement, without GPs being meaningfully included in the decision-making process.

The RACGP has and will continue to represent the voice of General Practice, including through advocacy to government. However, the college understands Chief Medical Officers play an invaluable role in the policy making process that can't be replicated by a professional body. Western Australia's Chief Medical Officers cover a wide range of health policy areas including pharmacy and psychiatry but currently do not specifically cover general practice.

## Solution

Establish a Chief General Practitioner and resource their office to represent general practice in policy development within the Department of Health. The Office of the Chief General Practitioner can also act as a conduit for GPs to engage with the State Government.

The Chief GP would work in the Department of Health alongside the Chief Medical Officer and other chiefs to advise on health system improvement, particularly regarding interactions between primary and tertiary healthcare as well as ensuring the views of general practice are incorporated into policy design and implementation.

Impact	Cost
<ul style="list-style-type: none"><li>Improved patient outcomes including reducing hospital admissions and readmissions, shortening hospital stays and reducing costs.</li><li>Better connects general practice into state run health services</li><li>Delivers stronger health policy outcomes by embedding general practice in decision making</li></ul>	<ul style="list-style-type: none"><li>\$1.5 million per annum is estimated to cover the costs of remuneration for the position of Chief General Practitioner (in line with other Western Australian</li></ul>

# Remunerate doctors for services provided to the State Administrative Tribunal

## Budget initiative

Proposed Budget Measures	Estimated investment required
Establish a funding pool to ensure GPs are remunerated for services provided to the State Administrative Tribunal	Approximately \$1.2 million per annum, subject to full costing

## Issue

The State Administrative Tribunal (SAT) often calls on GPs to provide their advice and expertise to assist the tribunal's decision making. These services range extensively but can include medical reports for capacity determinations, which help SAT decide whether a person is presumed capable or whether protective orders are required, as well as guardianship and administration applications, where GPs provide clinical insight into cognitive function, mental health conditions, and daily functioning. Additionally, GPs can assist SAT in considering advanced Health Directives & treatment consent or through summonsed witness for medical evidence.

Section 87 of the State Administrative Tribunal Act 2004 gives SAT discretionary powers to order a party(s) to pay costs, however there is no available funding to do so. Therefore, GPs are providing these services to the SAT without payment.

According to the AMA WA, while unaware of the full number of medical reports required by the SAT of GPs last financial year, it would be fair to assume a close correlation with the 3,379 applications the SAT received for the appointment of new guardians and/or administrators in 2024/25. On this basis, the cumulative financial burden on impacted GPs over the years is substantial.

## Solution

Ensure GPs are remunerated for services provided to the State Administrative Tribunal by establishing a funding pool.

Impact	Cost
<ul style="list-style-type: none"><li>Assists the smooth and timely operation of the State Administrative Tribunal</li><li>Ensures GPs will continue to provide vital advice to support the operation of the tribunal</li></ul>	<ul style="list-style-type: none"><li>1.2 m per annum to enable the SAT to reimburse medical practitioners who provide medical reports or other information as permitted under section 16(2) of the Act.</li></ul>