RACGP
Royal Australian College of General Practitioners

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24th November 2023

RE: Select Committee Enquiry on Transfer of Care Delays (Ambulance Ramping)

The Royal Australian College of General Practitioners (RACGP) Tasmania Faculty welcomes the opportunity to provide a submission to the Tasmanian Parliament Select Committee Enquiry on Transfer of Care Delays (Ambulance Ramping).

The RACGP is Australia's largest professional general practice organisation, representing more than 47,000 members working in or towards a career in general practice, including four out of five general practitioners (GPs) in rural Australia, with approximately 800 members across Tasmania.

The transfer of care delays issue is symptomatic of a larger systemic issue that is not unique to Tasmania or Australia. It is indicative of a lack of focus on preventative primary care measures which has resulted in overuse of tertiary services. Long term underfunding and undervaluing of primary care coupled with Tasmania's high need, and geographically dispersed population will be exacerbated by Tasmania's aging population and health workforce shortages. A collaborative and integrated approach to our healthcare system is needed to enable it to support our population to flourish.

A poorly funded and staffed general practice within Tasmania has contributed to the transfer of care delays issue. Contributing factors are bed block due to lack of available discharge beds, GP workforce shortage, and underfunding of GP services.

In this submission the Tasmanian Faculty of the RACGP will address terms of reference *a), d),* and *f)* that we have identified as the key issues that impact transfer of care delays from a general practice and primary care perspective.

a) the causes of transfer of care delays, acknowledging Federal and State responsibilities

The RACGP suggests that a significant contributor to transfer of care delays in Tasmania are bed block/flow issues arising from a lack of available discharge beds in residential aged care facilities (RACFs) and peripheral hospitals. There are also minimal incentives for the already overstretched GP workforce to work in RACFs/group homes. Targeted funding and the adoption of innovative models including virtual care to support the delivery of aged care services by GPs could potentially provide a solution to the impact of a lack of available discharge beds.

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Bed block and patient flow issues in emergency departments in Tasmania could also be reduced through the appropriate use of GP services. In 2018-2019, 35% Australia's of emergency department (ED) presentations were classified as lower urgency, and less than half of these presented out of hours[i]. In Western Australia it has been estimated that up to 40% of cases presenting to ED are treatable within the scope of GP services[ii]. Avoidable, lower urgency presentations at EDs spiked in 2020–21 with an 11% increase from the previous five-year average[i]. The growing proportion of these types of presentations reflects a need for increased access to GPs in Tasmania in order to reduce low urgency GP treatable presentations to tertiary services.

Evidence suggests that general practice care is more cost-effective than hospital care. The average cost to government for a non-admitted ED presentation in 2020–21 was $611.9. In comparison, the cost to government to support a patient to spend 20–40 minutes with their GP is $80.10[iii]. Additionally, according to the World Health Organisation, the medium to long term forecasting of health costs for regions who invest in primary care and preventative medicine improve health system efficiency resulting in reduced total hospitalisations, including emergency and avoidable admissions[iv]. Supporting federal investment into general practice and its workforce will reduce the cost burden of tertiary care, whilst increasing the accessibility of primary care and in turn reducing the impact of transfer of care delays in our community.

d) The State Government's response to transfer of care delays and its effects to date, and the efficacy of these measures

The RACGP supports measures that enable the ability of secondary triage paramedics to refer suitable patients to services outside EDs, like the Community Rapid Response Services (ComRRS) or GP led Urgent Care Centres (UCCs). However, this needs to be underpinned by appropriate clinical handover and resourcing to support effective communication between emergency services and primary care.

UCCs that provide supplementary episodic care to patients' when they are unable to access their usual GP, while potentially reducing presentations to EDs, are unlikely to positively impact transfer of care delays. In addition, staffing of UCCs should not impact the broader general practice workforce.

f) further actions that can be taken by the State Government in the short, medium, and long term to address the causes and effects of transfer of care delays

Federal funding for a Medicare item number to allow a hospital-discharged patient to be seen by their usual GP within a week of discharge is needed to prevent readmission to hospital. More than 748,000 potentially preventable hospital readmissions occur each year in Australia, accounting for 6.6% of all hospital admissions and 9.8% of hospital bed days[v]. Local and international evidence shows that better support for, and use of, general practice is associated with reduced ED visits and hospital use, and decreased hospital readmission rates[vi].The RACGP recommends that the federal government invest in reducing hospital admissions by providing funding to support GPs who see their patient within seven days of an unplanned hospital admission or ED presentation.

While increased access to GPs is integral to reducing transfer of care delays, the current trajectory of the GP workforce in Tasmania is inadequate to meet the growing needs of our population. Coupled with the shift to the expansion of scope of practice for other health care professionals, it is imperative that GPs remain as the clinical leaders in multidisciplinary primary care teams.

In Tasmania there are 106 GPs per 100,000 population, decreasing with increased rurality, well below the national rate of 119.6 per 100,000[iii]. Evidence suggests that the lower numbers of GPs in rural and remote areas of Australia impacts access to healthcare. Over 50% of people in outer-regional, remote, and very remote areas are waiting 24 hours or more for an urgent appointment with a GP. This is compared to 36% of people in major cities waiting 24 hours or more[vii].

The General Practice workforce in Tasmania has had only a 1% FTE increase over the past 5 years[viii]. To meet community needs, this proportion should be at more than 50%[ix]. The last five years have seen an increase in the proportion of GPs over the age of 55 in both headcount and FTE. This trend has continued in 2023, with GPs over the age of 65 years old comprising over 15% of the FTE workforce while GPs aged 39 years and younger comprise just over 17% of the FTE workforce[iii]. Alarmingly there is also a rise in GPs reporting that they are considering reducing the time they spend practising or are considering stopping practise altogether, with 64% of GPs reporting this in 2023[iii].

Growing the GP workforce and enhancing the attractiveness of the specialty to those both working in and considering general practice is paramount. Specifically, prevocational exposure to general practice has been linked to increased uptake of general practice specialisation as well as an enhanced

understanding of the role general practice plays in co-ordinating health care for junior doctors who choose to undertake a different specialty.

In 2023, 30 of the 32 available AGPT training placements were filled in Tasmania. Additionally, the introduction of the Single Employer Model (SEM) has yet to have a significant impact with only a small number of participants to date. The federally funded John Flynn Prevocational Doctors Program (JFPDP) is in place in Tasmania, although there has also been low uptake to date, with practices reportedly unaware of the requirements and availability of the program in addition to restricted spaces and locations for JFPDP placements.

In addition to the JFPDP program a state funded pre-vocational general practice exposure program that supports placements at all AGPT accredited training practices would influence more junior doctors to pursue GP training. A program similar to the former Prevocational General Practice Placement Program (PGPPP), or the General Practice for Registered Medical Officers (GP-RMO) pilot[x], where there is the opportunity and expectation for junior doctors to spend time working in general practice prior to specialisation will meet this need.

Maintaining service delivery in both the hospital and general practice settings while junior doctors are on such placements will require considerable investment. Support is needed for both the current hospital workforce, which relies heavily on junior doctors, as well as already overburdened and under remunerated GP supervisors who must take time away from their own practice to support the education of the junior doctors.

Attractiveness of GP training to junior doctors could be further enhanced though a registrar incentive payment comparative to the current Victorian model. Without such an incentive Tasmania will not be able to compete with Victoria for the recruitment of GP registrars.

To address the issue of transfer of care delays from a general practice perspective, robust general practice funding and workforce development is needed. Enhanced promotion of the SEM and the JFPDP, and financial incentives for medical graduates and registrars are all necessary to increase career attractiveness. We endorse the PHN Tasmania submission on this enquiry and reiterate that a co-ordinated, collaborative approach is needed to address this systemic issue in our health system whereby the most accessible and affordable option for patients is often the one that is in fact the most costly and detrimental to the health care sector. The capacity to deliver primary care services to our community must be increased thereby reducing the reliance on hospital services.

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[x] Crespo-Schmidt A, Mason L.(2019) *A Model of General Practice Placements in Tasmania for Hospital Medical Officers*, National Rural Health Conference 2019. Accessed from https://www.ruralhealth.org.au/15nrhc/sites/default/files/D8-2_Crespo-Schmidt.pdf on 6 Nov 2023