

GP Super Clinics initiative – comments on the draft Program Overview

Preamble

The AMA welcomes the opportunity to provide feedback on the draft program overview material. The AMA recognises that GP Super Clinics formed part of the Government's election promises and, as such, is on the implementation agenda for the Government's first term.

In a spirit of constructive engagement, the AMA offers the following commentary on GP Super Clinics.

The AMA's fundamental disposition on public policy proposals is that patient care must be paramount. Clinical independence is vital if patients are to be confident in the services they receive, the privacy they deserve and the health outcomes that we all desire.

The AMA acknowledges that the Government is responding to capacity concerns in Emergency Departments and the fragmentation between primary care and acute care services within the context of a strong health care system that, in most areas, is delivering world's best practice health care outcomes.

This system has been built on the fundamental role played by GPs who provide comprehensive primary care to their patients and leadership in their health care management. To that end, there are different models of general practice that have evolved to cater for different situations.

GP Super Clinics

The concept of Super Clinics is not new. It has evolved as patient demand has changed. The AMA would caution against an uncritical adoption of the concept merely as a response to changes in demand pressures. Examination of the potential of the existing primary care service provision should precede the introduction of larger primary health care clinics. The Program Overview does not address this fundamental planning issue.

The AMA is concerned that a false impression can be made that the introduction of GP Super Clinics will solve not only the demand pressures in primary care but the capacity pressures in hospital Emergency Departments. Australia also needs a broad long-term policy agenda that encourages increased investment across the whole of general practice. Policy settings must support GPs to develop practice infrastructure, provide a wider range of GP coordinated services to patients, and train the future GP workforce. It makes sense to build on the proven track record of GPs in the delivery of high quality patient care based on incremental, evidence-based change.

The proposed Super Clinics must integrate smoothly with existing care and referral pathways with the GP as leader of the health care team. Otherwise patient care will be compromised and GPs who have been loyally serving their local communities will be alienated.

General Practice in Local Communities

Local GPs are a crucial aspect of primary care. Local communities rely on local medical services. Proximity is a critically important factor in a patient's decision to seek services from a GP. This is particularly the case for patients in disadvantaged areas who may not have the resources to travel longer distances. If Super Clinics are established in areas where they draw doctors away from local practices, then they will undermine one of the key successful aspects of the General Practice model – proximity.

The GP Super Clinics proposal is very similar to initiatives in the United Kingdom to introduce polyclinics. GP groups have strongly criticised the polyclinics model as being driven from the top down, undermining existing general practices, and weakening local community infrastructure.

The British Medical Association has expressed the firm view that improved patient care should be *“achieved by building on the current models that are working well, rather than through the introduction of new infrastructures which have the potential to fragment the local health economy”*. We must ensure that we learn from this experience and ensure that GP Super Clinic funding is directed towards building on what works at the local level. Just as existing GP practices have evolved to meet the needs of their communities, GP Super Clinics will need to adapt to meet local needs.

Super Clinics and Demand Pressures

The AMA shares the Government's aspirations for the highest quality clinical care and the best health outcomes within the primary health care sector.

The AMA wants to ensure effective use of hospital inpatient facilities. This said, the draft materials must not convey the impression that GP Super Clinics will keep people out of Emergency Departments. Despite claims by State/Territory Governments, there is no credible evidence to support the contention that large numbers of patients who could otherwise visit a GP are clogging emergency departments. Our understanding is that GP manageable presentations at Emergency Departments represent about 10 per cent of presentations, but about 1 per cent of the resources consumed.

The Government needs a good regional analysis of the clinical cases that present to Emergency Departments who could be managed in primary care to assist in the development of appropriate clinical programs and options.

The AMA is keen to assist in formulating and implementing the strategies required to improve the management of these patients and provide some relief to the public hospitals where clinically appropriate.

In areas where there is a GP shortage, eg in under serviced rural areas, the Government support for infrastructure in the form of a GP Super Clinic could be a positive move to attract doctors and other allied health providers to service a community as long as the providers are not withdrawn from existing local practices. Clearly the enhancement of existing practices would be the most pragmatic option to built primary care capacity.

In the proposed Super Clinic model, the policy framework must ensure that:

- GP Super Clinics foster a long term relationship between the GPs and their patients – which promotes high quality continuous care;
- there is meaningful local input into the development of a GP Super Clinic, which includes all local GPs;
- local GPs are supportive of and are part of GP Super Clinic proposals;
- the introduction of a GP Super Clinic must contribute to and enhance local GP infrastructure, not undermine it or compete unfairly with it;
- GP Super Clinics have in place a viable business model, based on fee for service, that is not dependent on ongoing Government subsidies; this underpins the viability of the clinic beyond Government changes and also supports an accountability of the providers to the patients based on tangible service delivery
- there is strong, direct GP involvement in the management and operation of GP Super Clinics – at the local level;
- GP Super Clinics engage the team based approach to care – with the GP leading the patient management in this team;
- GP Super Clinics continue to provide the full range of high quality care services, including home and residential aged care visits, and longer more complex consultations;
- GP Super Clinics recruit/retain doctors with recognised qualifications and are committed to the training of the future GP workforce

It is also important to note that, while the branding of this policy initiative is GP Super Clinics, it is surprising just how little reference is made in the consultation draft to the key role played by GPs in coordinating a patient's care. If these are to be GP Super Clinics then the central role of GPs as leaders in diagnosing and managing the care of patients must be made much more explicit in all parts of the consultation draft.

With these matters in mind, the AMA offers the following specific comments on the consultation draft:

What is a GP Super Clinic?

We must remember that virtual and actual GP Super Clinics already exist in the community with many General Practices having on-site or in close proximity allied health professionals, pathology and radiology services, and access specialist care. Many General Practices utilise practice nurses and manage patients to clinical care as leaders of an integrated multi disciplinary team.

Enhancing information technology for information transfer and efficiency is developing and support for this is welcomed.

General Practitioners manage acute clinical conditions, practise preventative medicine, and manage chronic conditions. These are all integral to good medical practice and are the ongoing work of GPs, regardless of Government initiatives.

To help define the role of GP Super Clinics and provide better guidance to tendering organisations, the AMA believes that a number of additional points should be made under this heading as follows:

- GP Super Clinics will continue to provide the full range of high quality care services, including home and residential aged care visits, and longer more complex consultations ie true comprehensive care;
- GP Super Clinics will support GPs leading the patient management team;
- GP Super Clinics will provide patients with access to the usual GPs of the patient's choice, which is fundamental to the continuity of patient care;
- GP Super Clinics will play their part in the future development of the medical workforce. They will provide medical students, prevocational doctors, and GP registrars with a high quality clinical training environment including appropriate training facilities and infrastructure.

Program Objectives

The AMA is generally supportive of the objectives outlined, although we believe a number of other issues need to be considered and some changes need to be incorporated. The AMA believes the Government should focus its initial efforts on the establishment of GP Super Clinics in rural/outer metropolitan areas where there are known shortages of medical practitioners and where the provision of a good infrastructure base may be instrumental in attracting practitioners where other strategies have failed.

There is no mention in the program objectives of the impact of GP Super Clinics on existing general practice infrastructure, which has proven itself to be accessible and affordable. There is a clear risk that the positioning of a Super Clinic may have significant detrimental impact on existing GP services and, therefore, limit patient care.

It is the strong view of the AMA that the introduction of a GP Super Clinic must contribute to and enhance local general practice and health care infrastructure. This should be explicitly recognised in the program objectives.

The AMA is very keen to ensure that local GPs who have been loyally serving their communities are not left unable to continue. An objective of the program should be aimed at maximising the opportunities for existing practices to be, or be part of, a GP Super Clinic – allowing them to take advantage of economies of scale.

The AMA contends that the last sentence in the first dot point on page 3 should be deleted and replaced with “*GP-led clinical management of team-based care will underpin models of clinical governance supported by appropriate protocols. Under the supervision of a GP, there will be a strong focus on supporting patient self management*”.

Dot point one on page 4 provides for local community input into the governance arrangements. The AMA supports this. We also submit that a further objective is warranted. While there is some discussion around governance arrangements on page 6, it should be an explicit program objective to have strong clinician involvement in the management of a GP Super Clinic. This will require the direct involvement of GPs at the local level.

In relation to the second dot point on page 4, the AMA believes that the emphasis on bulk billing is ill considered. GP Super Clinics will need to attract and retain a sustainable workforce and need to invest in expensive capital equipment if they are to meet the Government's policy objectives.

Bulk billing will not provide the long-term revenue stream to support this investment and other revenues streams are not guaranteed. There is little doubt that any GP Super Clinic proposal promising to bulk bill all patients will rely on a combination of the following:

- high patient throughput,
- the appointment of area of need doctors at lower rates of remuneration than their Australian trained counterparts, and
- vertical integration of services.

The first two points would be contrary to the Government's stated policy emphasis. In relation to the latter, this may have a significant and unfair impact on existing local practices.

Because GP Super Clinics that offer bulk billing can also provide access to referred services, will effectively be cross subsidising these activities. The AMA believes that this could result in unfair competition – particularly in light of the fact that significant Government funding would have helped establish the infrastructure to do this. It may also distort service provision through cherry picking, leaving the more difficult, less remunerative, work to other practices or referring to Specialists, thus increasing costs.

Bulk billing is the model adopted by some corporate medical practices and the requirement will inherently favour current corporate providers.

Billing practices must support a sustainable business model. It is worthwhile noting that general practice has a strong history of looking after disadvantaged patients without being compelled to bulk bill. As is well known, 78.8 per cent of GP services are presently bulk billed. With this in mind, the AMA would suggest the following alternative wording:

“GP Super Clinics will provide accessible and affordable care for their patients. GPs will retain their autonomy over billing, although GP Super Clinics will be encouraged to have in place policies that assist disadvantaged people.”

Dot point four on page 4 should also be modified. GP Super Clinics must have IT systems that allow them to communicate with local hospitals, residential aged care facilities and, ultimately, pharmacies. General Practice has already made inroads in Information Technology with electronic patient records, transfer of pathology and radiology results, specialist patient information, and networks with public and private hospitals. There is a lot of positive gain to be achieved by enhancing this communication and streamlining it for even more efficient patient care.

Dot point six on page 4 discusses the small recurrent funding streams available through the GP Super Clinics initiative. The AMA understands that it is the Government's intention to ensure that GP Super Clinics are not provided with an unfair advantage. However, along with other aspects of the GP Super Clinic proposal, this funding stream clearly has the potential to create an uneven playing field.

The location of the Super Clinic, with significant Departmental funding, will create an uneven market and jeopardise the viability of any general practice that is serving the same catchment area as a GP Super Clinic. It would be appropriate to consider investing in existing practices to achieve the patient goals required. It would also be cheaper.

With respect to dot point seven on page 4, we acknowledge the recognition of clinical teachers and this should go further. There should be explicit recognition of the need to offer working conditions that are competitive and professionally satisfying and that will attract doctors with relevant College qualifications.

The importance of the recruitment and retention of a high quality workforce cannot be overstated. There are significant health benefits from patients having a long term regular GP. Displacing local GP practices with GP Super Clinics that rely on an itinerant workforce would be the worst possible outcome.

The AMA is very supportive of dot point eight on page 4 and believes this should be further expanded to acknowledge the opportunity for medical students to train in GP Super Clinics.

Service Delivery Model

While the AMA recognises that the service delivery model should be tailored to local needs, there are a number of core principles that should be recognised:

- the coordination of a patient's care should be overseen by a GP,
- patients should have access to a regular GP and have their choice of GP,
- patient referral processes should follow clinical and ethical guidelines, and
- GP Super Clinics should not be allowed to cherry pick services. They must provide a full range of high quality GP services, including home and residential aged care visits, and longer more complex consultations.

The AMA also believes that support should be available for local practices in their efforts to provide improved services. Co-location of health services alone will not lead to better health care outcomes. Better coordination of services can.

The GP Super Clinics model should be able to contemplate arrangements where local health providers who are not co-located can still work together to improve their service delivery. Funding could be used, for example, to allow practices to upgrade their infrastructure and introduce IT systems that allow better coordination of patient care. There should be no need to be physically co-located with the GP Super Clinic to enjoy the benefits of better IT services available in the Super Clinic and local practices should also be able to refer to allied health services available in the Super Clinic.

Funding Arrangements

Who is eligible to apply?

The AMA welcomes the recognition of the role of existing GP practices and the statement that the Commonwealth does not want to provide an unfair advantage to GP Super Clinics. In reality, with the current draft proposal this policy objective will be difficult to achieve.

To address this and to ensure strong and direct local clinical input into the development of a GP Super Clinic, it is recommended that a party(s) tendering for GP Super Clinics must include local medical practices.

With respect to proposals from State/Territory health departments, these need to be treated with considerable caution. The risk of unfair competition is even more elevated because State/Territory monies can be added to the funding pie. There is also the potential for breaches of section 19(2)a of the Health Insurance Act. These tenders should only be considered if they can demonstrate that no other viable solution is available.

The AMA is also concerned at the *potential conflict of interest* for Divisions of General Practice. A Division could lodge a submission that effectively sees them involved in the establishment a GP Super Clinic operating in competition with the membership of the Division. In addition, page 9 of the consultation draft envisages that the local Divisions of General Practice will have a role in signing off on a GP Super Clinic proposal. This would clearly be a conflict of interest.

Where a Division wishes to apply for funding, it should be required to call a meeting of local Division members and (subject to adequate notice and an appropriate quorum) more than 75 per cent of GP members present should vote in favour of the proposal. If the Australian General Practice Network, a separate body to local individual Divisions, wishes to lodge an application, the same process should apply. State Governments should follow a similar procedure where they intend to substantially fund or be involved in a GP Super Clinic.

No mention is made in the consultation draft of funding for smaller projects. The ALP policy documents in relation to GP Super Clinics make the following statement:

Significantly smaller amounts will be considered for projects that meet some of the identified health needs of communities – such as practice upgrades to provide training facilities, estimated by the National Rural Faculty of the Royal Australian College of General Practitioners, to cost around \$50,000 in most cases.

Unless the Department intends initiating a separate process to allocate these monies, the draft consultation should be updated to recognise that this money is available.

What is the process for funding?

The process for funding is also very important. Government tenders are invariably complex and often impose conditions that small businesses simply cannot comply with. If the GP Super Clinics tender process follows the same approach, small to medium size local practices will not participate. This would leave the process largely open to larger organisations such as major corporate medical practice operators.

The Department must ensure that the tender process and requirements recognise that smaller practices may only have limited resources. Accordingly the tender process and requirements should not be so onerous that only larger organisations have a realistic prospect of success

What will a funding submission need?

A number of specific dot points outlining what a funding submission will require are detailed on page 4. The AMA has provided comprehensive feedback on the consultation draft and rather than simply repeat what is elsewhere in this submission, we would only highlight that the list will need some revision based on these comments.

Having the support of the local community, including local doctors, will be one of the keys to the success of a GP Super Clinic. There must also be an objective assessment of how a GP Super Clinic meets the needs of the community.

The AMA believes the process of demonstrating local support, as currently described, lacks the degree of rigour required. It also leaves the process open to conflicts of interest. Few pharmacists, for example, would object to having a GP Super Clinic located nearby. It would be good for their business. Expressions of local support should only be considered as relevant when they are based on the best interests of patients and free of any conflicts of interest.

A more rigorous process should be adopted. Before a local Division of General Practice can give its support to a proposal, it should be required to call a formal meeting of members – and achieve greater than 75% support from the GP members present. The governance structure of many Divisions has changed significantly over recent years and GP input into the conduct of some Divisions has been greatly curtailed. A letter of support from a Division may not reflect the views of local GPs.

In addition, it is suggested that the relevant State AMA should have some role in assessing any GP Super Clinic proposal. The AMA sits on a number of committees, such as the Prevocational General Practice Training Program National Advisory Committee, which have been formed by the Commonwealth to consider health-funding proposals. The AMA has demonstrated its ability to make a positive contribution and can bring expertise from all specialty areas – allowing a full and proper assessment to be carried out.

There is a need for a specific Code of Conduct applying to GP Super Clinics.

It is also the AMA's position that GP Super Clinics should be required to sign up to a **Code of Conduct**, similar to the *AMA Code of Conduct for Corporations Involved in the Provision of Management and Administrative Services in Medical Centres in Australia*. The development of corporate medical practice has caused significant debate. How important is patient care compared to returns to shareholders?

To put the above question beyond doubt the AMA believes that a Code emphasising the importance of quality medical care should be developed. This would be developed jointly by the Commonwealth and the AMA. This Code should be committed to creating working and clinical environments for medical practitioners that facilitate, among other things, the maintenance of relevant ethical standards and professional excellence in the delivery of primary health care services to the people of Australia

There would be mechanisms to require the GP Super Clinic to sign up to the Code along with mechanisms to enforce its provisions. The Commonwealth is well placed to do this to ensure the required commitment to ethical practices.

Monitoring, evaluation, and the way forward

The AMA is keen to work with the Department and the Government to ensure that GP Super Clinics meet the proposed service objectives. We recognise that the proposal was a key part of the Government's election platform and that community expectations have been raised. This is a new concept for Government in health care delivery that requires a full evaluation of its impact on local services, patient care, and clinical outcomes before any expansion. It is

also important, remembering the profession's commitment to service in the best interests of patients, not to preclude consideration of other ideas and concepts as the implementation process moves forward.

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Canberra
3 March 2008