Submission to the GP Taskforce on the Issues and Challenges for General Practice and Primary Health Care: A Discussion Paper
About ACTCOSS

ACTCOSS acknowledges that Canberra has been built on the traditional lands of the Ngunnawal people. We pay our respects to their elders and recognise the displacement and disadvantage traditional owners have suffered since European settlement. ACTCOSS celebrates the Ngunnawal’s living culture and valuable contribution to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage and low-income citizens of the Territory.

ACTCOSS is a member of the nationwide COSS network, made up of each of the state and territory Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS’ objectives are representation of people living with disadvantage, the promotion of equitable social policy, and the development of a professional, cohesive and effective community sector.

The membership of the Council includes the majority of community based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

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Recommendations

1. Develop funding models to encourage different health professionals to work together in multidisciplinary teams.
2. Explore ways to expand the roles of existing primary health care professionals.
3. Develop further primary health care services that do not involve an up-front cost for consumers to access.
4. Ensure transportation is considered in future primary health care planning.
5. Develop alternative transport options for consumers to access existing primary health care services.
6. Provide additional accessible buses to and from the hospital campuses.
7. Develop alternative access points to health care for people experiencing disadvantage. Such services will need to be accessible, affordable and provide timely provision of healthcare.
8. Explore how health professionals can better link with and provide services as part of community sector service provision.
9. Ensure that any new primary health care services or changes to services are communicated with community sector organisations.
10. Develop primary health care services that are available outside of business hours.
11. Provide incentives for existing primary health care providers to be available outside of business hours.
12. Extend the public dental health program to include the provision of dental care with no up-front costs for people experiencing disadvantage.
Introduction

ACTCOSS welcomes the opportunity to provide a submission to the ACT GP Taskforce on their Discussion Paper, *Issues and Challenges for General Practice (GP) and Primary Health Care (PHC)*. ACTCOSS believes that changes need to be made to the way that PHC is delivered in the ACT to ensure that people experiencing disadvantage are able to access health care in a timely and affordable manner. Currently the shortage of GPs and bulk billing GPs in the ACT makes access to PHC difficult. The challenges are greater for people experiencing disadvantage who do not have the up-front fees available to access GPs.

Currently GPs are the primary access points to PHC in the ACT. Within this submission ACTCOSS raises the challenges faced by people experiencing disadvantage and provides information of alternative ways to deliver PHC in the ACT. To address these areas of discussion ACTCOSS has provided comment regarding *Chapter 1: Our World and Challenges* and *Chapter 5: Access and Vulnerable Groups*.

ACTCOSS believes equity should be at the forefront of PHC planning in the ACT to ensure people experiencing the most disadvantage have access to the same health care as the rest of the community. Also of importance is the need for a well networked health department and health system to ensure that health planning occurs in a structured and coordinated way. This is of the utmost importance in health care planning due to the interrelated nature of the health system. Furthermore this networking should also involve areas that are traditionally classified as lying outside of the health portfolio and take into consideration the social determinants of health.

Globally the World Health Organisation has identified PHC as a priority. At a national level significant reform is being discussed that will change the way that PHC is delivered. Locally it has been acknowledged that changes are required to PHC to accommodate the lack of GPs in the region. The opportunity to make changes to the current delivery of PHC should not be overlooked and genuine consideration is required of the needs of the ACT community when accessing health services. ACTCOSS encourages the ACT Government to use the current consultative process as an opportunity to gain a valuable insight into the challenges facing PHC and possibilities for reform.

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National Health and Hospital Reform Commission (NHHRC) Final Report

The Final Report by the NHHRC was released in July 2009. The NHHRC Report provides recommendations for significant reform in the way that health care is funded, administered and delivered. 123 recommendations were made by the NHHRC and included strategies that will have a great impact on the way PHC is delivered in the ACT, including:

- The Commonwealth Government assuming responsibility for all primary health care policy and funding.
- The widespread establishment of Comprehensive Primary Health Care Centres and Services.
- The option of enrolling with a single primary health care service for young families, Aboriginal and Torres Strait Islander people, and people with chronic and complex conditions.
- The establishment of ‘Denticare,’ a program that will allow access to preventive and restorative dental care, and dentures, regardless of people’s ability to pay.

As no decisions have been made to WHICH recommendations may be implemented by Governments in Australia, ACTCOSS has prepared this submission based upon the current health system in the ACT. We acknowledge that the recommendations implemented by the Commonwealth Government may result in significant health reform. ACTCOSS encourages the GP Taskforce to consider the potential changes to health care in the ACT prior to making any decisions for long term PHC reform.

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Chapter 1 – Our World and Challenges

To address the Discussion Points in Chapter 1 ACTCOSS has focussed on the need for PHC reform to address the changing health environment. It states within the Discussion Paper that approximately 74 extra full-time GPs are required to address the shortage of GPs in the ACT.\(^5\) It must be questioned whether in an environment of health workforce shortages, it is realistic to expect that the ACT can attract such a large number of GPs. As healthcare delivery is closely associated throughout the country and indeed the world, the social consequences of ‘poaching’ GPs from other jurisdictions, that may need them just as much as the ACT, must also be considered, particularly in terms of overseas recruitment.

ACTCOSS encourages the GP Taskforce to explore alternative ways to deliver PHC services, beyond the provision of care by GPs. ACTCOSS has raised the need to develop innovative health care models in the 2009-10 Budget Submission; Prioritising People: A Person Centred Approach to Today’s Challenges, stating that:

A further challenge (in health) will be the ongoing health workforce shortages which will see ACT Health needing to adopt strategies that enhance our system, beyond our dependence upon hospitals and General Practitioners (GPs). Some of this work has begun, with ACT Health exploring the option of introducing Nurse Practitioner-led Walk-in Centres (WiCs). However more work is required if we are to ensure that services are timely and affordable.\(^6\)

The National Health and Hospital Reform Commission (NHHRC) discussed the need for PHC reform within A Healthier Future for all Australians: Interim Report.\(^7\) Within their consultations held with frontline health professionals throughout Australia, a range of common themes emerged regarding reforming PHC including:

- Shared care arrangements and service integration to improve continuity of care and support for people and families with complex needs;
- Workforce redesign and enhancement or substitution;
- Greater flexibility to focus on regional priorities with resourcing for holistic needs of local communities; and
- Access via one-stop shops in primary health care.\(^8\)

With reform occurring in primary health care nationally and locally it is important that alternative ways to deliver health care are explored to ensure that consumers are able to see primary health care professionals in a timely manner.

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\(^6\) ACTCOSS, Prioritising People: A Person-centred approach to today’s challenges, Submission to the ACT Budget 2009-10, February 2009, p.39
\(^7\) NHHRC, A Healthier Future for all Australians: Interim Report, 2008, p.83
\(^8\) Ibid
Multidisciplinary Care

The ACT Primary Health Care Strategy 2006-09 describes integrated multidisciplinary care as a principle of primary health care, involving:

Ensuring the clinical care and broader support needs of people are met. Health professionals and health services work together in an integrated, team-based approach.

Multidisciplinary care presents a range of benefits to the ACT community, including:

- A variety of health professionals to assist consumers as the first point of access;
- Health professionals working together resulting in a greater range of care options for consumers; and
- For people with multiple conditions, having access to a networked group of health professionals will result in greater continuity of care.

The way that multidisciplinary care can be delivered varies and does not necessarily mean co-location at the one premise. The Health One program in NSW encourages collaborative practice by teams of health professionals through bringing them together in a range of practices including co-locating services, having one site act as a central service amongst a team and virtually integrated services. A range of models can be implemented to encourage multidisciplinary care. It is important to note that while ACTCOSS supports funding to encourage multidisciplinary care, this must not result in all health care professionals working out of the one or two main campuses, as this will result in accessibility issues for consumers.

Case Study - New South Wales: Health One

In 2007 the NSW Government committed $40 million for the planning and implementation of HealthOne services throughout NSW.\(^9\) HealthOne is a program that brings together health professionals including GPs and community health workers in a ‘one stop shop’. It will form part of the NSW Government’s commitment to greater integration and coordination in PHC, with a focus upon prevention and alleviating stress on hospitals.

HealthOne services are developed in a number of ways to accommodate the local circumstances and populations to which they are provided. Three structures have been developed for Health One services:

- Co-located services, with community health and GPs being located together;
- Hub and spoke model, with one site acting as a central site supporting and coordinating other services; and

Virtually integrated services, with various services working as a virtual team rather than face-to-face.\textsuperscript{10}

There are currently 15 HealthOne sites in various stages of planning and development throughout NSW. One of these sites located at the Mt Druitt Community Health Centre was opened in June 2008 and has adopted the 'hub and spoke' structure.\textsuperscript{11} A purpose built hub was built onto the Community Health Centre bringing together GPs, community health staff and other services staff to deliver integrated care. Two GP liaison nurses working within the hub identify consumers that require care coordination and link them with the necessary health professionals.

An evaluation framework has been developed and evaluations will be carried out at each of the sites as the project progresses.\textsuperscript{12}

Case Study – ACT: Athea Wellness Centre

In March 2009 Directions ACT opened a health centre for people with alcohol and other drugs issues and their families. People are eligible to access the clinic if they:

- Are a person with an alcohol or other drug issue or immediate family; and
- Do not have a GP.

The Centre is based upon holistic health principles and involves a range of services to consumers. The Centre has 2 clinic nurses and a bulk billing GP and also works in partnership with other agencies to provide a holistic service. Other clinics that work with Athea Wellness Centre include naturopaths, herbalists, The Canberra Hospital Liver Clinic, ACT Hepatitis Resource Centre, ACT Mental Health and Junction Youth Service. All services involved are free or incur a small cost.\textsuperscript{13}

Case Study – Victoria: Primary Care Partnerships

Primary Care Partnerships (PCP) were established in 2000 and funded by the Victorian Department of Human Services. Approximately $3.2 million is allocated to PCPs each year and additional funding is provided to health promotion, service coordination, disease management and communications infrastructure. Through the PCPs, funding is provided for each partnership as well as the maintenance of a central fund to support policy and infrastructure development. Each PCP designates a lead agency to receive and allocate funding.\textsuperscript{14}

\begin{itemize}
  \item Virtually integrated services, with various services working as a virtual team rather than face-to-face.\textsuperscript{10}

\end{itemize}

\textsuperscript{10} Ibid
\textsuperscript{13} Directions ACT, \textit{Athea Wellness Centre: Services and Clinic Information}, 2009 http://directionsact.com/pdf/brochures/althea_services_clinic_info.pdf
There are currently 31 PCPs in Victoria, with over 800 service providers, most including two to three local government areas. The focus of the PCPs has changed as the program has developed. Initially funding was allocated to partnership development and planning. However after the first two years focus has shifted to two key initiatives; service coordination and integrated health promotion. PCPs have encouraged system and practice changes including:

- Introducing common screening and referral tools;
- Establishing processes and IT infrastructure for information sharing between providers;
- Supporting a state-wide service directory; and
- Implementing a framework for planning and evaluating health promotion programs.

**Recommendation**

- Develop funding models to encourage different health professionals to work together in multidisciplinary teams.

**Expanding the Role of Existing Health Professionals**

Various health professional bodies have been advocating for an increasing role in the provision of PHC to consumers. While GPs have been traditionally seen as the gatekeepers to health, there are many other health professionals that are able to play the triage role within primary health care.

It is important that we better use the health professionals that we have already working within the ACT. Proposals have been made from various peak bodies regarding possible ways that various primary health professional roles can be expanded. These proposals need to be considered from the perspective of the entire PHC network.

**Case Study: Practice Nurses**

A 2009 study undertaken by the Australian Primary Health Care Research Institute (APHCRI) indicated that policy reforms such as innovative funding and indemnity insurance would allow more nurses to work in general practice.16

Practice Nurses engage in a range of tasks including performing electrocardiograms, dressings and triage. Other tasks that are not as common include monitoring blood pressure and diabetes and health promotion.17

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A further study by the Centre for Primary Health Care and Equity based at the University of NSW examined how the role of non-GP staff could be enhanced to improve chronic health disease care.\(^{18}\) The study focused upon the increasing role of practice nurses. The study found that where the role of non-GP staff was increased, the proportion of consumers whose care was planned for increased and consumers assessed their quality of care to be better. Both studies demonstrate the capacity for Practice Nurses to increase their roles as part of a primary health care team.

**Case Study: Pharmacists**

At the recent ACT Legislative Assembly Inquiry into access to primary health care, the ACT Branch of the Pharmacy Guild of Australia provided a submission that put forward the option of increasing the role of pharmacists in the provision of primary health care. The submission proposed that the 61 pharmacists throughout the ACT play an increasing role in the provision of primary health care, through:

- Providing a triage service to consumers, which is already occurring in some form throughout community pharmacy;
- Treating of minor ailments that do not require in depth consultation or prescription medication; and
- Providing medication continuance to dispense repeats to consumers with chronic health conditions, when the consumer has received the medication from the pharmacy previously.\(^{19}\)

These recommendations demonstrate a willingness by pharmacists to be more involved in the delivery of PHC and provide a further option for the delivery of timely health care and advice.

**Recommendation**

- Explore ways to expand the roles of existing primary health care professionals.

**Developing New Primary Health Care Roles**

Many jurisdictions throughout Australia have explored options for developing new PHC roles to assist with accommodating the GP workforce shortages. In the ACT the Government has announced they will be opening Nurse Practitioner led Walk-in-Centres creating a new role for Nurse Practitioners in the provision of healthcare. Victoria has been implementing a project for almost a decade, which increases the role that

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Nurse Practitioners are playing in PHC. In Queensland Physician Assistants have been employed from the USA to be part of a pilot project determining the role they could play in the Queensland Health system.

Developing new PHC roles to complement existing healthcare professionals may be an appropriate response to addressing the health workforce shortage. It is important that these programs are examined to determine their potential for success in the ACT.

**Case Study - Victoria: Nurse Practitioner Project**

In 1998 the Victorian Government established a Ministerial Taskforce to explore the changing role of nurse practitioners in health care. In 2000 the Victorian Nurse Practitioner Project (VNPP) began with the aims of developing nurse practitioner policy and legislation and funding health services to support nurse practitioners. Supports include the development of models of care and provision of training and clinical preparation for nurses to become nurse practitioners.

The project is now in its fourth phase having funded a range of services to support nurse practitioners in areas such as wound management, general practice, emergency, rural PHC, neonatal health, women’s health and palliative care.

Victoria currently has 44 practicing and endorsed Nurse Practitioners working in a range of areas, with 22 working in emergency.

**Case Study - QLD: Physician Assistant Pilot Program**

In August 2008 the Queensland (QLD) Government launched the *Physician Assistant Pilot Program*, to determine how physician assistants enhance the delivery of health care in QLD. Ten physician assistants were recruited from the USA to be involved in the 12 month pilot, with five pilot sites developed throughout QLD. Each pilot site specialised in a different type of health care, with the sites covering primary care, emergency, aged care, chronic diseases and cardiology. The majority of the sites are hospital based, with one site being a multi-purpose health service in Cooktown.

Physician assistants are licensed healthcare workers that are able to practice medicine under supervision of a physician. Physician assistants can conduct physical exams, diagnose and treat illness, order and

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23 Ibid

interpret tests, counsel on preventative health care, assist in surgery and prescribe medication.\textsuperscript{25} Currently physician assistants are being used in the USA, Canada, England and Scotland.\textsuperscript{26} In the USA it was estimated that 73,893 physician assistants were practising at the end of 2008.\textsuperscript{27}

The QLD Pilot will be the first of its kind in Australia. In 2009 the University of Queensland will be offering the \textit{Graduate Certificate in Physician Assistant Studies} and \textit{Master of Physician Assistant Studies}.\textsuperscript{28}

\textbf{Case Study – ACT: Allied Health Assistants}

In 2004 a Discussion Paper was released by ACT Health to explore the possibility of developing allied health assistants in the ACT.\textsuperscript{29} Following consultations the Canberra Institute of Technology delivered a Certificate IV in Allied Health Assistance to appropriately train people to work in the role. Originally students could take up the training in the disciplines of Occupational Therapy (OT), Physiotherapy and Speech Pathology. In 2007 the program expanded to include podiatry and nutrition and in 2008 and 2009 the program was expanded to offer students the opportunity to take up combined skill sets in:

- OT and physiotherapy;
- OT and speech pathology; or
- Nutrition and Dietetics and Speech Pathology.

Once students finish their qualifications they are placed in a work environment that allows them to practice their skills. Currently an evaluation is occurring of the project and will provide an insight into the impact allied health professionals have had on consumers, services, assistants and health professionals.

\textsuperscript{25} American Academy of Physician Assistants, \textit{About Physician Assistants}, Accessed \url{http://www.aapa.org/about-pas}
\textsuperscript{27} American Academy of Physician Assistants, \textit{Projected Number of People in Clinical Practice as PAs as of December 31, 2008}, Accessed \url{http://www.aapa.org/images/stories/iu2008numclinpract.pdf}
\textsuperscript{28} University of Queensland, \textit{Courses and Programs}, Accessed \url{http://www.uq.edu.au/study/program.html?acad_prog=5472}
Chapter 5 – Access and Vulnerable Groups

ACTCOSS’ response to Chapter 5 focuses upon the additional barriers faced by people experiencing disadvantage when accessing PHC. It also provides suggestions for how services can be improved to better accommodate the needs and circumstances of people experiencing disadvantage.

Socio-economic status, that is material resources, occupation, working conditions and social status, impact upon health.\(^{30}\) Within Australia people that are socially and economically disadvantaged experience a range of inequities in health outcomes including:\(^{31}\)

- Being more likely to smoke, exercise less, be overweight or obese and have fewer or no daily serves of fruit;
- Report higher levels of diabetes, diseases of the circulatory system, arthritis, mental health problems, respiratory disease;
- Being more likely to visit doctors and hospitals; and
- Being less likely to use preventative health services including dental health care.

The determinants that result in these inequities can be prevented. To achieve this policy makers need to place equity at the forefront of health planning, funding allocation and service delivery. PHC planning must also incorporate aspects traditionally outside of the health portfolio such as transport, education and welfare.

**The Cost of Health Care in the ACT**

The greatest access barrier for people experiencing disadvantage in the ACT is cost. In 2007-08 the ACT had the lowest rate of non-referred attendances that were bulk billed at 52.8% compared to 79.2% nationally.\(^{32}\) The higher cost of health practitioners in the ACT is reflected through the health expenditure of Canberrans, with households in Canberra contributing 44% of their health expenditure on health practitioner fees, higher than any other capital city.\(^{33}\) This creates great stress for consumers who in 2003-04 spent 5.1% of household expenditure on health.\(^{34}\)

When developing future health services, we must ensure equitable access is considered in the planning phases. A consumer’s ability to access health services must be considered in a whole of system way when services are developed, as the availability of services directly impacts upon the utilisation of others.

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\(^{31}\) Productivity Commission, Table 11A.21 *Non-referred attendances that were bulk billed*

\(^{32}\) Ibid


\(^{34}\) Ibid
When the Wanniassa Medical Centre closed in 2008, the Health Care Consumers Association (HCCA) made suggestions to the ACT Legislative Assembly Inquiry regarding strategies they could implement to accommodate the shortage of primary health practitioners in Wanniassa, including:

The ACT Government has the power to establish public community health centres with salaried medical practitioners or provide facilities and support for a private or contracted medical practitioners. On the other hand the Government could assist private practitioners to establish practices by way of subsidies, incentive payments, guaranteed level of income.\(^{35}\)

These strategies can also be applied to other areas of the ACT that have limited access points to health care.

**Recommendation**

Develop further primary health care services that do not involve an up-front cost for consumers to access.

**Limited Transport Options**

Transport is an important determinant in access to PHC, particularly for people that do not have their own transportation. On several occasions when ACTCOSS has consulted with the sector the fragmentation and irregularity of public and community transport has been raised as a significant issue for people experiencing disadvantage. Consumers that do not have their own transportation rely on ACTION Buses, community transport and the Regional Community Services Buses. These services are not adequate to accommodate current need within the community.

Suggestions have been made for possible improvements to transportation to primary healthcare including:

- Providing additional accessible buses on all ACTION Bus routes;
- Increasing community transport options;
- Expanding the Regional Community Services Buses allowing them to be accessible for more hours in the day;
- Locating new health developments near regional bus interchanges, or on regular accessible bus routes;
- Planning for transport when developing services;
- Having health services develop their own transportation methods for consumers; and
- Developing a shuttle running to and from the Woden Bus Terminal and Belconnen Bus Terminal to the hospitals and community health centres.

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**Recommendations**

- Ensure transportation is considered in future primary health care planning.
- Develop alternative transport options for consumers to access existing primary health care services.
- Provide additional accessible buses to and from the hospital campuses.

**Limited Access Points to Primary Health Care**

Consumers currently depend upon GPs and the two public hospitals to access primary health care in the ACT. This is despite the range of primary health care professionals that exist within the ACT. When addressing the issues raised in Chapter 1 of the *GP Taskforce Discussion Paper*, it was suggested that the role of various health professionals can be expanded or new roles developed to provide additional access points to health care for consumers. The development of walk-in community health centres with multidisciplinary teams can also assist with providing further opportunities for consumers to access health services.

Consumers need an affordable way to access health care. This does not need to be through a GP, but needs to be through a primary health care professional that can provide assistance or referral options for the consumer.

**Recommendation**

- Develop alternative access points to health care for people experiencing disadvantage. Such services will need to be accessible, affordable and provide timely provision of healthcare.

**Limited Health Professionals in Community Settings**

Community sector organisations assist people experiencing disadvantage every day. These organisations provide a range of services and have contact with a range of people that may not otherwise access services. This makes community sector organisations an ideal avenue for reaching people experiencing disadvantage. Some health programs are run out of the community sector including the Athena Wellness Clinic at Directions ACT and the Companion House Medical Service.

ACTCOSS encourages the ACT Government to explore how health professionals can work with community organisations to assist groups of people within our community that are experiencing disadvantage.

Further to this it is important that decisions made regarding the provision of health services be communicated with the community sector. This will ensure that the community sector is informed and able to pass on this information to people experiencing disadvantage.
Recommendations

- Explore how health professionals can better link with and provide services as part of community sector service provision.
- Ensure that any new primary health care services or changes to services are communicated with community sector organisations.

Limited After Hours Options

Currently throughout the ACT there are limited options for consumers needing to access PHC after hours. These options are to:

- Access one of the limited private medical practices that are open for extended hours;
- Access the emergency departments at Calvary Hospital or TCH; or
- Access Canberra After Hours Locum Medical Services (CALMS).

Each of these options presents barriers, one such barrier is cost, particularly when accessing a private medical practice or CALMS.

Recommendation

- Develop primary health care services that are available outside of business hours.
- Provide incentives for existing primary health care providers to be available outside of business hours.

Lack of Affordable Dental Options

Within Australia people that are socially and economically disadvantaged are less likely to access preventative dental health care. Dental health is closely associated with socioeconomic status. People with lower incomes and lower levels of education are more likely to have poorer oral health and greater tooth loss. This is partially due to the fact that people with lower incomes are less likely to have the capacity to purchase private health insurance and are therefore reliant upon public dental health care or are required to pay for services in the private sector.

In 2007-08 the ACT had the lowest rate of public dentists in the country (2.1 per 100,000 compared to 7.3 per 100,000 nationally). While waiting times for accessing public dental services have decreased, it is still difficult for people accessing dental care for prevention or early intervention purposes to gain the care they require. The provision of affordable dental health care varies between jurisdictions.

The ACT Government provides subsidized dental health care through the public dental health program at the City, Belconnen, Phillip and Tuggeranong health clinics. However these services are limited and many services require a co-payment or have long waiting times.

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38 Ibid, Table 11A.14 Availability of public dentists
Recommendation

- Extend the public dental health program to include the provision of dental care with no up-front costs for people experiencing disadvantage.
Conclusion

ACTCOSS encourages the ACT Government to use the consultation process carried out by the GP Taskforce as an opportunity to recommend health policy direction that is innovative, focuses upon equity and takes into consideration the existing national and jurisdictional policy environment.

The response to the health care challenges we are seeing in the ACT, will be varied and require the exploration of models that may not have been considered previously. ACTCOSS commends the ACT Government for developing a nurse led WiC in the ACT and sees this as the first step in exploring alternative models of care.

However ACTCOSS does have several concerns regarding the way that PHC is currently delivered, particularly for people experiencing disadvantage. ACTCOSS continues to raise concerns for people that are experiencing disadvantage, unable to see healthcare professionals due to the barriers to access, such as costs and transport.

ACTCOSS encourages the GP Taskforce to recommend reform that places equity at the forefront and considers the challenges faced by the people in our community that are experiencing disadvantage.