

Melbourne's primary care system in danger, GPs and nurses warn

Practitioners call for urgent government investment to maintain care standards

Melbourne's GPs and their staff are under incredible strain after two years of pandemic response, with the situation expected to worsen over coming months.

That's the news coming from experts who advise North Western Melbourne Primary Health Network (NWMPHN) on how the region's general practice sector is faring.

The experts, comprising doctors, nurses and practice managers working in the city's northern and western suburbs – the areas hardest hit by successive waves of coronavirus infections – warn that urgent structural changes to the primary care system are needed.

"We are facing the prospect of a burnt out, demoralised workforce with many gaps not being filled and a primary care system that's not coping – a disaster waiting to happen," said Dr Raymond Wen, from the East Brunswick Medical Centre.

Dr Wen is Chair of NWMPHN's General Practice Expert Advisory Group. It meets regularly to provide feedback on optimising health care for the 1.9 million people living in the region's 13 local government areas (LGAs).


At its most recent meeting, all group members reported a system in crisis, with staff shortages, poor communication from Australian and Victorian health departments, and chronic underfunding leaving doctors, nurses, practice managers and reception staff struggling to keep clinic doors open.

The group expressed frustration that often they learned of important regulatory changes to service delivery and patient eligibility from press conferences, through the media or via patients calling clinic receptionists. NWMPHN has been lobbying state and federal health departments to provide briefings to the general practice sector before publicly announcing new developments.

Dr Wen said the situation is set to further deteriorate.

"I think the long-term impacts of COVID will reach well beyond the physical impacts of COVID-19 itself," he said.

"The pandemic has already had a significant impact on the mental health of the general population, which will continue putting added pressure on primary care for a long time. Furthermore, there is a lot of deferred care that needs catching up on, with the consequences of delayed diagnoses adding to the workload of new diagnoses presenting through primary care.



“Then there's the further impact of much of the primary care workforce being burnt out over the past two years while dealing with lockdowns and structural changes such as the sudden pivot to telehealth.”

Advisory group member Dr Simon Benson of Sunshine City Medical Centre said there was ample evidence that investment in the sector was a sound economic strategy.

“Every dollar spent in primary care saves many dollars elsewhere in the health care system and provides better outcomes for patients,” he said.

“This efficacy has been demonstrated over and over, but government funding still doesn't match that value.”

Another NWMPHN advisor, Natalie Simpson-Stewart, is a practice nurse at Summit Medical Centre in Brunswick. She said Victorians are “really only beginning to see what ‘living with COVID’ actually looks like.”

“Past years of Medicare rebate freezes and workforce challenges that predate the pandemic have turned into this perfect storm where we have a diminished workforce trying to cope with rapidly increasing demands,” she said.

“Our colleagues in the public hospital sector were working under Code Brown conditions, but the reality is the care that they were unable to provide didn't go away. It fell back on us in primary care to manage.

“Throughout the last two years, the consistent refrain has been ‘if you have questions, concerns, or need medical help, see your GP’. But the reality is every corner of health care is stretched, and the capacity to increase service delivery is not there. Primary care is sandwiched between a hospital sector in crisis, and community care providers whose services have been either withdrawn or fragmented over the past two years.”

Dr Jeannie Knapp of the Church Street Medical Centre in Richmond is an advisor to NWMPHN's Primary Health Care Improvement team. She said she believes the GP sector was already “chronically underfunded” before the pandemic – and that the situation has only grown worse.

“The Medicare rebate has never kept pace with inflation and now represents a tiny proportion of the actual cost of providing the service compared to when it was first introduced,” she said.

“On top of that, surveys show that around 30 per cent of GP time is spent doing clinically important activities that are not billable and are therefore done for free. Much of the additional COVID-19-related work – such as vaccinations and managing COVID-positive patients – has not seen an increase in funding that matches the increase in workload.”

Advisory group member Karen Hoffmann, business manager at North Coburg Medical Centre, said her practice was at breaking point. “Staff numbers and revenue have both dropped to unsustainable levels,” she said.

“I don't have enough GPs and there are none available to recruit,” she said. “We've had to end our after-hours service already and direct patients to the nearest hospital emergency department. I am

looking at ending bulk billing because it's simply not providing enough revenue to keep the doors open."

Janelle Devereux, NWMPHN Executive Director, Health Systems Integration, said there have been some positive and welcome developments in state and federal government responses to the pandemic, often in response to concerns raised by Primary Health Networks. She noted changes to Medicare telehealth and the funding of general practice respiratory clinics (GPRCs) as examples.

However, she acknowledged that the feedback from the general practice expert advisors matched many of NWMPHN's own reflections on the sector. She called for urgent action to improve overall funding, and to better integrate state and federal support.

"The current challenges facing the health system, in particular the primary care system, provides a unique opportunity for long overdue systemic change and investment in general practice," she said.

"We have already proven that it can be done. The pandemic introduced new telehealth items practically overnight, a change that GPs had long been calling for, and the new GPRCs are already taking some of the strain off high street practices."

"It is now time to start thinking about the other investments and initiatives urgently needed to support primary care to be able to continue to play a key role in the current COVID-19 response, and to ensure viability and sustainability in a sector that is essential in the recovery phase of this disaster."

"Investment in general practice needs to be reorientated to support value-based comprehensive and preventative care."

She added that the current challenges facing primary health care further demonstrates the need for action aligned with the principles outlined in the Australian Government's draft *Primary Health Care 10 Year Plan*.

NWMPHN is keen to hear the experiences and opinions of all primary care health workers in its catchment area, and invites contributions on primarycare@nwmpnhn.org.au

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We acknowledge the peoples of the Kulin nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their Elders past and present.



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