

# Inquiry into the equitable access to diagnosis and treatment for individuals with rare and less common cancers, including neuroendocrine cancer

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Melbourne Hearing –1 February 2024

Question on Notice from Senator Janet Rice

## The Royal Australian College of General Practitioners

1. Things that would be valuable and worthwhile doing in terms of supporting people having access to better care.

### Response:

The Royal Australian College of General Practitioners (RACGP) thanks the Senate Standing Committees on Community Affairs for the opportunity to present at the public hearing.

### Increased investment in general practice

General practice is essentially to providing health care for those with complex and chronic conditions is critical. However, care is becoming less affordable. High out-of-pocket costs for patients are masked by a deceptively high bulk-billing rate, creating an illusion of a highly equitable healthcare system.<sup>4</sup>

Amongst growing pressure on public hospitals and emergency departments, general practice remains the most assessable, efficient and cost-effective part of the healthcare system but needs more support. **For every \$1 spent within the primary care system, \$1.60 worth of healthcare system benefits was observed.**<sup>1</sup>

Australia is facing a looming shortage of GPs, with the shortfall expected to approach 11,000 by 2031. This is a result of fewer junior doctors choosing general practice as a speciality (13.1% down from 13.8% in 2021) and the fact that almost three in 10 GPs plan to retire within the next five years. It is essential Australia takes comprehensive steps to boost the prestige and viability of general practice to attract and retain the next generation of GPs. Without this workforce, the entire primary healthcare system is in jeopardy.

More specifically, increased general practice funding for the following items would best support people (including people with rare cancers) to have greater access to better health care:

- Increased funding for longer general practice consultations

Longer general practice consultations are essential to addressing and reducing our burden of chronic disease and dealing with complex health conditions.

Longer patient consultations are often needed for individualised management of conditions and co-morbidities, preventive activities, and care coordination with non-GP specialist teams. Better support through Medicare for longer general practice consultations will ensure patients of all backgrounds can benefit. The MBS patient rebate for attending general practice per minute is currently less for long consults, driving a system of 15-minute consults.

- Shared Care model

RACGP advocates for the care of people with complex conditions to be shared between specialist teams and the more accessible and affordable GP care.<sup>2</sup> When patients are referred for specialist care there can sometimes be a disconnect with their GP. The Shared Care Model aims to ensure that the management of co-morbidities and preventive activities remain prioritised. The Shared Care Model also allows patients to benefit from interim review between scheduled specialist visits.

Shared care already happens in some settings but is not yet normalised in the management of serious or complex conditions. In the Shared Care model, visit schedules, roles and responsibilities are negotiated between specialist teams, GPs and the patient to optimise healthcare provision. Regular contact with GPs helps to support wholistic care including management of other chronic conditions, routine prevention, psychosocial support and support of a patient's family and carers. This Shared Care model must be underpinned by excellent communication tools including secure messaging and accessible clinical information.

Availability of other health professionals for those in disadvantaged communities is often very limited. Similarly, access to non-GP specialist medical care is severely limited, impeded either by the cost or availability for private consultations, or the long wait times in the public health system.<sup>5,6</sup>

- Multidiscipline Care within General Practice Clinics

Increased funding support for GP Clinics to employ and house allied health professionals, non-dispensing pharmacists, practice nurses, social workers, Aboriginal health workers and others will ensure access for vulnerable people to coordinated suite of services, avoiding duplication and fragmentation of care and preventing exploitation by commercially motivated providers of low-value alternative therapies.

Cancer patients should also have affordable access to an increased amount of allied health services as organised through the GP Management Plan (GPMP). These patients require extra allied health services as they often have other comorbidities that may impact on their health outcomes.<sup>4</sup>

- GPs should be funded for patient care coordination

As highlighted in our rare cancer submission, GPs need to be supported and appropriately funded to undertake the necessary patient care coordination. This important work of care coordination and patient advocacy is currently unfunded. Care coordination and advocacy are particular needs for patients who currently struggle to take these roles themselves, for example CALD populations, those with low health literacy, lower SEC, and those with severe mental illness etc. For example, when GPs receive test results from pathology providers, time is required to review reports, to compare and update screening records. For rare cancers, this coordination work requires further research, analysis and liaison with other health professionals involved in the patient's care.

The RACGP advocates for investment in the MBS and the introduction of blended payment models to better support longer complex consultations and collaborative shared care models.<sup>3,4</sup>

- Social Prescribing

Social Prescribing is where a doctor or nurse connects a person to local affordable community groups or activities. Examples include activities that alleviate loneliness, provide opportunities for physical activity, build skills, enhance access to nature. There is a strong evidence-base to support social prescribing and for cancer the evidence supporting physical activity is particularly compelling. Models of social prescribing usually involve a 'community connector/link worker' able to facilitate access to the community groups. RACGP advocates for and has been active in building social prescribing in Australia. For vulnerable populations that struggle to access services, a well-supported social prescribing system would be a game changer. For further information, please refer to the RACGP's [Social Prescribing Roundtable Report](#).

- Racism, discrimination and stigma directly impacts a patient's health

Negative experiences stemming from racism, discrimination and stigma within the healthcare system directly leads to patients avoiding important health care appointments<sup>7-9</sup>, and less likely to participate in health prevention and screening programs. Specific populations likely to be impacted by negative experiences within the Australian health care system need to be supported. Examples include; culturally appropriate care for Aboriginal and Torres Strait Islander people, access to interpreter services, access to Medicare for people seeking asylum, Strategies to effectively address discrimination and access barriers LGBTIQ community.

It is important to work with specific populations to continue to ensure they have access to the care they need. The particular circumstances of all these groups must be taken into account, and solutions should be considerate of specific community needs.

For further information, please refer to our position statements and submissions:

[2022 RACGP curriculum and syllabus for Australian general practice](#)

[RACGP Standards for general practices – Criterion C2.1 – Respectful and culturally appropriate care](#)

[RACGP position statement – Racism in the Healthcare System](#)

[RACGP position statement – Shared Care Model between GP and non-GP specialists for complex chronic conditions](#)

[RACGP position statement – Care and support for people with disability](#)

[RACGP position statement – Healthcare for refugees and asylum seekers](#)

[RACGP submission – The Australian Cancer Care Plan 2023-2033](#)

[RACGP report – Social prescribing roundtable](#)

Access to better health care will require resolving multiple, complex and systemic issues within the Australian health care system. Importantly, health inequity directly impacts the subsequent health of the Australian people, including those who have been diagnosed with and receive treatment for rare cancers. Many of the issues that cause health inequity are complex, intersectional, and will require long-term commitment and investment.

Thank you again for the opportunity to provide a submission and appear the *Equitable access to diagnosis and treatment for individuals with rare and less common cancers, including neuroendocrine cancer*. For any enquiries regarding this submission, please contact Stephan Groombridge, National Manager, Practice Manager, Standards & Quality Care on 03 8699 0544 or [stephan.groombridge@racgp.org.au](mailto:stephan.groombridge@racgp.org.au).

## References

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