

Riverlink Family Practice
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Committee Secretary
Senate Standing Committees on Community Affairs
PO BOX 6100
Parliament House
Canberra ACT 2600

Inquiry into the provision of GP and related primary health services to outer metropolitan, rural and regional Australians

Riverlink Family Practice welcomes the opportunity to make a submission regarding the above inquiry with particular reference to terms:

- (b) current state and former Government reforms to outer metropolitan, rural and regional GP services and their impact on GPs, including policies such as:
 - i. Distribution Priority Area and the Modified Monash Model (MMM) geographical classification system**
- (c) the impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural and regional Australia.*

About the Riverlink Family Practice

The practice is owned and run by two general practitioners: Dr Fredrick Kalu and Dr Nina Unuth. The practice has undergone significant growth since opening in 2016. Currently the practice has over 20,000 patients, which equates to one GP to 10,000 patients. These patients include a high proportion of vulnerable residents, including Aboriginal and Torres Strait Islander people, seniors, young children, pregnant women and many patients with chronic conditions and co-morbidities.

This is a busy, fully bulk-billing practice, located within the largest shopping centre in the Ipswich region. Ipswich is the fastest growing local government area in Queensland¹ and amongst the fastest growing in Australia. The population is anticipated to more than double within the next two decades, reaching a population of 520,000 by 2041². While Ipswich is the sixth largest LGA in Queensland, by 2041 it is projected to be the fourth largest, ahead of Logan and Sunshine Coast.

Impact of the non-DPA classification

The Darling Downs West Moreton Primary Health Network's (DDWMPHN) "Health Needs Assessment 2019-2021" notes shortages in workforce across the region stemming from difficulties in retention and recruitment of staff, especially in rural areas, and an ageing health

¹ Queensland Government Statistician's Office; "Population Growth, regional Queensland, 2019-20; based on ABS data from 30 March 2021; www.qgso.qld.gov.au/issues/3106/population-growth-regional-qld-2019-20.pdf; accessed 22/09/2021

² Ipswich City Council; "Statistics and Facts"; www.ipswich.qld.gov.au/about_council/its-your-council/statistics_facts; accessed 22/09/21

workforce.³

Riverlink Family Practice has been unsuccessful in its recruitment efforts over the past three years. To date, the practice has endeavoured to recruit through the Royal Australian College of GPs (RACGP), senior recruitment consultants and various medical recruitment companies throughout Australia. These recruitment firms have confirmed (in writing) the practice is offering generous salary packages, well above the market rate, along with extras such as relocation expenses that other GP clinics are not offering. It is the strong belief of this practice that the classification as non-DPA has significantly hindered recruitment efforts.

Impact of COVID-19

The issue has been further exacerbated by COVID-19 and the resulting challenges. The practice was eager to participate in efforts to roll-out the COVID-19 vaccine. The vaccination clinic was popular but had to be closed. This was not an easy decision. However, the practice did not have the GP or nursing capacity to service the additional vaccination patient requirements along with the regular clinic patients.

As of 6 September 2021, the COVID vaccine rate in the Ipswich Local Government Area was much lower than the State average – with 47% of the Ipswich population receiving one dose and 30.1% having both doses⁴. The state average on this date was 53.3% one dose and 34.8% two doses⁵. There are many reasons for the low vaccination rates, but they have not been aided by the region's inability to attract GPs.

A region of significant health needs

The DDWMPHN has identified this region has having significant health issues. The "Health Needs Assessment 2019-2021" states:

The most recent data has propelled this priority's status to very high with the PHN region having the second highest PHN ranked child and infant mortality rate. High levels of poverty throughout the region, with 1 in 4 children living in single parent families, and a rank of the 3rd highest proportion of low-income welfare-dependent families, place our children at high risk for poor health outcomes. In particular, many of our Aboriginal and Torres Strait Islander children live in communities identified as having a number of markers for socio-economic disadvantage.

Mixed with the risks to our children is the 2nd highest fertility rate for the nation and a teenage birth rate up to four times larger than the Queensland rate in particular communities. Although our children are more physically active than many other regions, a high percentage remain overweight or obese.⁶

In addition, the assessment reports disturbing data associated with risk behaviours and premature death rates related to chronic conditions. This is further compounded by a higher rate of Aboriginal and Torres Strait Islander people in the region. In addition, 15% of the region are aged 65 years of age and over.

³ DDWMPHN, "Health needs assessment 2019-2021", p2;
www.ddwmpnhn.com.au/uploads/images/190722-Health-Needs-Assessment_Website_Final.pdf;
accessed 23/09/2021

⁴ Australian Health Department; "COVID-19 vaccination – Local Government Area – 06/09/2021;
www.health.gov.au/sites/default/files/documents/2021/09/covid-19-vaccination-local-government-area-lga-6-september-2021-covid-19-vaccination-local-government-area-lga.pdf; accessed 23/09/2021

⁵ Australian Health Department; "COVID-19 vaccination – COVID-19 vaccine rollout update 06/09/2021;
www.health.gov.au/sites/default/files/documents/2021/09/covid-19-vaccine-rollout-update-6-september-2021.pdf; accessed 23/09/2021

⁶ DDWMPHN, "Health needs assessment 2019-2021", p2;
www.ddwmpnhn.com.au/uploads/images/190722-Health-Needs-Assessment_Website_Final.pdf;
accessed 23/09/2021

Chronic diseases are the leading causes of ill health, disability and death in Australia with this region experiencing:

- higher relative rates of mortality from diabetes
- high premature death rate in people aged 18 to 74 years
- the 5th highest deaths from suicide and self-inflicted injuries rate out of all PHNs
- a rate of self-harm hospitalisations more than 30% above the National rate, the highest rate in the inner suburbs of Ipswich
- these premature death rates align with areas of socio-economic disadvantage.⁷

The impact on health outcomes

The Riverlink Family Practice is now turning new and existing patients away on a daily basis as a result of the GP shortages. These patients are referred to the Ipswich Hospital Emergency Department as other clinics in proximate closeness likewise are at capacity. This is then placing additional pressure on the public hospital system.

With more GPs, the practice could provide bulk billing services to the region of Ipswich seven days a week, after hours care, have greater management of our chronic disease and mental health and re-participate in the COVID-19 vaccination rollout. In addition, it would enable our GPs to visit elderly, frail and end-of-life patients. In turn this would reduce stress on the Ipswich General Hospital. The hospital service is over-stretched, largely due to inadequate services, major population growth and the ongoing pandemic.

As the Principals and owners of the Riverlink Family Practice, we ask the Senate to reconsider the way in which the Distribution Priority Area and Modified Monash Model are classified, with reference to the region of Ipswich. Our patients and community seek firm action and a commitment from Government to find a solution to these issues and fix the service shortfall in our area.

Yours Sincerely

DR FREDRICK KALU
Principal/Owner

DR NINA UNUTH
Principal/Owner

⁷ Ibid, p19