

14 October 2021  
Committee Secretary  
Senate Community Affairs References Committee  
Department of the Senate  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600  
Via email to: [community.affairs.sen@aph.gov.au](mailto:community.affairs.sen@aph.gov.au)

## **ALGA Submission to the Senate Community Affairs References Committee Inquiry: Provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians**

ALGA welcomes the opportunity to make a submission to the Senate Inquiry into the *Provision of General Practitioner and Related Primary Health Services to Outer Metropolitan, Rural, and Regional Australians*.

The Australian Local Government Association (ALGA) is the voice of Local Government in Australia, representing 537 councils across the nation.

In structure, ALGA is a federation of State and Territory Local Government Associations. Comments made in this submission should be read in conjunction with any separate comments received from State and Territory Associations as well as individual councils.

### **The role of local government**

Of the three tiers of government, councils work closest to people's daily lives. Local governments see what is needed and what works on the ground. They understand the importance of healthy communities.

Local government has unique insights on the health needs of its communities and has worked hard to ensure there are enough GPs to meet peoples' needs, regardless of where they live; recently local governments have assisted other levels of government to lift vaccination rates among people in remote and regional areas.

Councils are generally not involved in the delivery of primary health services and are not funded to do so; however, the role and scope of local governments in primary health care does vary across the state/territory jurisdictions. Additionally, many councils work in partnership with the Commonwealth and state/territory governments and other organisations to secure better primary health outcomes for their communities.

Recognising that medical staff shortages have major economic and social impacts on local communities, councils are also actively engaged in attracting and retaining the services of GPs in their local government areas.

Ensuring that rural and regional communities get adequate standards of primary healthcare is a multifaceted and complex problem.

Local governments have been providing supplementary support to attract and retain GPs for many years. Some have done so at their own instigation; others have worked with local businesses, medical practices and local or district health services.

### **Health Challenges in Outer Metropolitan, Rural and Regional Australia**

There has never been a more important time to bolster the number of GPs practising in outer metropolitan, rural and regional Australia. Many doctors working in these areas are approaching retirement age; some are working well beyond the age 65 because they know how difficult it is to find doctors, newly graduated or otherwise, who prepared to move to the regions and take over their existing practices. COVID is increasing these challenges.

Although the vaccine roll-out is back on track, vaccination rates among Indigenous Australians in remote areas remain low. This is concerning given that many First Nations people have underlying health conditions.

In 2020, Australian Governments and peak bodies signed a new national agreement to achieve equality for Aboriginal and Torres Strait Islander people in health and life expectancy within a generation. The inadequate numbers of GPs and medical staff working in rural and remote areas means the health inequities identified in the Closing the Gap Agreement will take longer to overcome.

Local governments are key partners in implementing the Closing the Gap agreement, and their knowledge and expertise could be leveraged further to overcome inequities in health outcomes between Indigenous and non-Indigenous Australians.

Another of the impacts of Covid-19 has been a significant influx of people into the regions seeking more affordable housing and a better quality of life. If these new residents cannot access adequate GP services and good-quality hospital or specialist medical care, the regional renaissance now underway could potentially stall.

Whole-of-community responses are especially crucial to enabling and sustaining healthy numbers of GPs in out-of-the-way places – a fact sometimes overlooked by health administrators. In a recent position statement addressing doctor shortages in rural areas, the Australian Medical Association paper noted the importance of community support frameworks.

*“Administrators should recognise and embrace the complex relationship between the local health service that they are responsible for, with all other health providers and **leaders within their community** [emphasis added].”*

Stronger coordination across governments would help advance efforts to plug gaps in the regional general practice workforce. With its knowledge of local health needs, its focus on the need for equity of health outcomes, and its commitment to intergovernmental collaboration, local government is ready to work to ensure meaningful progress on correcting the unequal distribution of the general practice workforce between urban and rural areas.

### **Examples of GP recruitment and retention initiatives undertaken by local government**

- **Tailored support for newly recruited health workers and their families in northern NSW**  
Three north-western NSW councils will shortly take part in a research project to address their long-standing health workforce shortages. The Glen Innes Severn Council, the Gwydir and Narrabri Shire Councils will work with a research team to establish, fund, and manage a health workforce recruiter and connector (HWRC) position in each of the three LGAs.

The HWRC will provide tailored support to newly recruited health workers and their family members with settling in, making connections, and thriving-in-place (including employment support for partners). The HWRC model was originally developed in Marathon, a small Canadian town of about 3300 residents in Ontario province.

A consortium comprising the Town of Marathon Council and local health and business stakeholders created the position to address a chronic shortage of GPs in the town. The consortium has continued to fund, govern, and manage the position in the 10 years since then.

The two-year project to transplant the idea to Australia has been dubbed “Attract, Connect, Stay”, and is being run under the auspices of Services for Australian Rural and Remote Allied Health (SARRAH) which represents rural and remote allied health professionals.

- **Northern Eyre Peninsula’s (SA) campaign to build a local health workforce**

To tackle the shortage of medical professionals and services in small towns across South Australia’s Upper Eyre Peninsula, local councils formed an alliance with medical professionals and health networks. The Northern Eyre Peninsula Health Alliance (NEPHA) was established in 2019 to promote collaboration within the region, which includes Cowell, Cleve, Kimba, Wudinna, Elliston, Streaky Bay and surrounding areas.

With support from the Kimba District Council, the District Council of Cleve, and Wudinna District Council, the NEPHA prepared a district health and GP workforce strategy.

This defined the region's health needs, forecast which health services and professionals would be needed where, and promoted the area through recruitment and training networks so appropriate professionals could be hired.

The alliance’s work in attracting and retain health professionals, especially doctors, now extends across six Eyre Peninsula council areas.

## **Examples of local government Covid-19 vaccination activities**

The current Covid-19 vaccination program is a significant public policy challenge with high rates across most age groups necessary to protect against the Delta strain and the emergence of other new strains. Sustained economic recovery will not be possible unless the vaccination roll-out is efficient and effective.

Council facilities, networks and capacity represent untapped potential in terms of lifting vaccine uptakes. Many councils have been running immunisation services for decades, and have personnel trained to give jabs.

Local government has unrivalled knowledge and connections with its communities, helping to get the word out about the vaccine, using trusted local leaders to answer residents’ questions, and helping dispel any myths or misinformation about vaccines.

With their local community links (and by working with Aboriginal Controlled Community Health Services), councils can be particularly helpful in lifting vaccination rate among indigenous Australians, many of whom have underlying health issues.

Councils can also reach out to itinerant, rough sleepers and those who are at risk of homelessness in their areas to ensure they are registered with local GPs and able to access a vaccination appointment.

Councils are helping – and are willing to do more – through a coordinated approach with the federal government, states, and territories.

- **Wyndham City Council (Vic)** opened a mass vaccination clinic in June at its Encore entertainment centre in Hoppers Crossing, in partnership with 40 local GP clinics. The council said the initiative was intended to “fill the gap left by the lack of a state-run mass vaccination hubs in the region”.  
In August, the council (in association with Western Health) began hosting a sit-down and drive-through vaccination site at Eagle Stadium in Werribee capable of delivering jabs to up to 1000 people a day in all age brackets over 18.
- **Longreach Regional Council (Qld)** working with Queensland’s Central West Health and Hospital Service organised a four-day mass vaccination even in the local town hall in April. More than 1050 locals out of 3000 were immunised, including those over the age of 18 who wanted the vaccine. Longreach residents received their second jabs in June.
- **Newcastle City Council (NSW)** has partnered with Aspen Medical to establish a disability vaccination hub at a council library. The hub is open to NDIS participants aged 12 or over, those with a significant disability/underlying medical condition aged 12 or over, or residents living in a group home with two or more people. Disability support workers are also eligible to get vaccinated at the hub.
- **Inverell Shire Council (NSW)** is delivering vaccination information leaflets its residents in response to the shires’ vaccination rates lagging those of other LGAs. The council has also launched a pop-up vaccination clinic at the Inverell Showground, with full details available on the council’s website.

## Summary

Access to GPs is a high priority for all Australians as they seen as gateways to accessing a multitude of other services and specialists within the health system, including early intervention and preventative procedures. Poor access may result in poorer health outcomes and increased pressure being placed on health systems through preventable illness and emergencies.

Despite considerable work over the past decade to overcome the maldistribution of GPs, people in regional and rural communities across Australia continue to have trouble and delays when trying to see a doctor. ALGA acknowledges the continuing hard work and financial commitment that state and federal governments and other agencies have applied to the problem of regional and rural doctor shortages.

However, further initiatives are needed if people living in these areas are to have fair and equitable access to healthcare services. These will have a greater likelihood of success if invested with input, advice, and counsel from local government.

ALGA is strong supporter of joint efforts to strengthen the rural medical workforce and expand rural health services, including the *Stronger Rural Health Strategy* package released in 2018-19.

ALGA has been in discussion with organisations like the National Rural Health Alliance (NHRA) regarding opportunities for shared advocacy and developing partnerships to deliver better health and community wellbeing outcomes for rural communities.

One of the most promising of these is the NHRA's Rural Area Community Controlled Health Organisations (RACCHOs) – a place-based model of healthcare designed to get more health professionals on the ground in rural areas.

ALGA's long involvement in efforts to improve social and economic outcomes for Indigenous Australians is reflected in its Closing the Gap Implementation Plan.

This Plan will enable local government to support and help to steer the development of policies and programs that address priority Indigenous issues like health and wellbeing.

#### **ALGA Recommendations**

- ALGA reiterates its Budget and Federal Election initiative to increase preventative health funding at local level, through a Local Government Place-Based Preventative Health and Activity Program of \$100 million over four years. This will increase local government's capacity and resources to improve preventative health outcomes at local level and to develop stronger partnerships with other levels of government and private sector partners.
- ALGA is calling for full representation on the National Cabinet, Australia's premier intergovernmental forum. This will provide a local, place-based community perspective to intergovernmental deliberations and enable national challenges like Covid vaccinations to be dealt with quickly and more effectively.

For further information on this submission please contact Monica Telesny, Senior Policy Officer, on 02 61229433, or [monica.telesny@alga.asn.au](mailto:monica.telesny@alga.asn.au).

Yours sincerely



Matt Pinnegar

Chief Executive Officer