LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND DISABILITY

(Reference: Closure of the Wanniassa health centre)

Members:

MS K MacDONALD (The Chair)
MS M PORTER (The Deputy Chair)
MRS J BURKE

TRANSCRIPT OF EVIDENCE

CANBERRA

THURSDAY, 14 AUGUST 2008

Secretary to the committee:
Ms G Concannon (Ph: 6205 0129)

By authority of the Legislative Assembly for the Australian Capital Territory

Submissions, answers to questions on notice and other documents relevant to this inquiry that have been authorised for publication by the committee may be obtained from the committee office of the Legislative Assembly (Ph: 6205 0127).

WITNESSES

The committee met at 9.32 am.

LOWEN, MR PHIL, Chief Executive Officer, ACT Division of General Practice
SHARMA, DR RASHMI, Chair, ACT Division of General Practice

THE CHAIR: Welcome, everybody, to the inquiry into the closure of the Wanniassa medical centre. I will read the privilege card because there will be a number of you here who have not heard it before.

The committee has authorised the recording, broadcasting and rebroadcasting of these proceedings in accordance with the rules contained in the resolution agreed by the Assembly on 7 March 2002 concerning the broadcasting of Assembly and committee proceedings. Before the committee commences taking evidence, let me place on record that all witnesses are protected by parliamentary privilege with respect to submissions made to the committee in evidence given before it.

Parliamentary privilege means special rights and immunities attach to parliament, its members and others, necessary to the discharge of functions of the Assembly without obstruction and without fear of prosecution.

While the committee prefers to hear all evidence in public, if the committee accedes to such a request, the committee will take evidence in camera and record that evidence. Should the committee take evidence in this manner, I remind the committee and those present that it is within the power of the committee at a later date to publish or present all or part of that evidence to the Assembly. I should add that any decision regarding publication of in camera evidence or confidential submissions will not be taken by the committee without prior reference to the person whose evidence the committee may consider publishing.

Could you acknowledge that you understand the implications of that card?

Mr Lowen: Yes.

Dr Sharma: Yes.

THE CHAIR: There are a number of people in the gallery. I know that this is an issue about which there has been a lot of concern and angst amongst the community. That is why we have decided to conduct this inquiry. But because it has been done in such a short amount of time, we have only recently, in the last 24 hours, received submissions for the inquiry. The committee will undertake to get those up on the website as soon as we possibly can, but we need to authorise those submissions for publication. If you are interested, hopefully they should be up by lunchtime.

I welcome Mr Lowen and Dr Sharma, from the ACT Division of General Practice. Do you have any comment to make on the capacity in which you appear?

Dr Sharma: I am the current president of the Division of General Practice, and a GP.

THE CHAIR: Would you like to make an opening statement?

Mr Lowen: Yes. Thank you for the opportunity to present. We will be making a written submission as well, probably within the next 48 hours, if that is acceptable.

THE CHAIR: Yes, that is fine.

Mr Lowen: We propose to address the four main terms of reference for the committee's inquiry. We will take it in turns to talk. I will be presenting more from the perspective of policy and overall trends within the ACT GP community. Dr Sharma is a practising GP from the Tuggeranong Valley, so she will give a much more pertinent reference, based in the reality of day-to-day operations in that region.

As an opening position, we would like to say that it is very regrettable that this closure has occurred with such short notice and disruption to patients. That is something that may need to be addressed in some sort of code or standing arrangements for future closures. But we do recognise that there is a market shortage and there are competing priorities across the whole of the ACT in the utilisation of the medical workforce.

Certainly, the division recognises that there is a role for larger, one-stop clinics and that they have had an impact in helping the ACT government to reduce pressure on emergency waiting lists and outpatient departments. Unfortunately, there has been no net benefit in moving those doctors from one location in town to another. If anything, it is contra to the overall intention of various commonwealth incentives that we have seen doctors be relocated from the outer metropolitan area to the inner metropolitan area. The commonwealth government currently offers incentives of up to $40,000 to get doctors to move in the opposite direction.

The main issue is that we just see this as being another case of the workforce being reshuffled, an increasingly stressed general practice and the need for more doctors. I thought I would address the issue of doctor shortage, because I have seen a press release by Primary Health Care suggesting that Canberra is oversupplied with doctors. We would like to put our position on doctor workforce. There are over 600 medical practitioners in the non-specialist category in the territory, but Medicare data indicates that only 412 of those are making Medicare claims. Straightaway, we are seeing that about a third of that medical workforce are not involved in primary healthcare delivery to patients. There are about 330 doctors in private general practice, so the rest of the Medicare-claiming doctors are working in public health clinics, sexual health clinics, the Department of Defence and community health services. So there is a very diverse range of employment out there.

What is very interesting in the ACT is that, of those 412 people claiming under Medicare, only 226 full-time equivalents exist. So Medicare take the approach of measuring how many sessions a doctor performs. The expectation is that an average full-time employed doctor does 10 3½-hour sessions a week. They know what the average claiming rate of occasions of services is, so they divide the total claiming base of the ACT by those volumes, to come up with what is the actual full-time equivalent workforce committed in primary health care. Currently, it is 226 full-time equivalents. So from our 600 doctors, we are down to 226 full-time-weighted equivalent workers delivering services to patients in the community at the primary healthcare level.

How does that compare nationally? The ACT has 66.8 full-time-weighted equivalents per 100,000. Nationally, it is 86.1 full-time-weighted per 100,000. New South Wales has 94.1 full-time equivalents per 100,000. Our calculations suggest that we have a shortfall of 60 GPs. Most of the medical workforce under 45 are working one or more sessions in other parts of the community, bearing the teaching load at the ANU Medical School, working in other clinics, working in after-hours services, and delivering services into nursing homes. So there is a very diverse range of employment.

Dr Sharma: Moving on to your second point, about the impact on residents in the Tuggeranong Valley, and by way of giving a bit of my background, I have been a GP in the Tuggeranong Valley for the last 10 years. In that time, I have seen many practices close, and unfortunately more close than open. We had a couple in Lanyon go, we had Chisholm close and then reopen on a very part-time basis. Richardson has closed. I should probably mention that I was at Calwell and we had to relocate to Isabella Plains to expand our practice. That meant Calwell was left without doctors because we relocated. I know that one of the doctors at Erindale is currently exploiting unique measures to try and get GPs, like going on YouTube. I think that shows how desperate we are to try and get GPs to the area.

In terms of the impact on patients of the practice, some of them will probably be able to go to Phillip if they have transport. The issue we have to remember is that a lot of patients in that area are quite elderly and might not be driving and might not be able to afford taxis. They are going to have to use public transport, and unfortunately in Canberra you tend to find that the buses go from big centres to big centres and can take up to two hours maybe to go on a four to five-kilometre journey. So that is going to be an issue.

There is certainly the possibility that some of those patients will be able to find care at other practices, but for the last three days of this week, my practice, which is a large practice, has had no appointments by 9 o'clock in the morning. So, really, we are stretched. We can't keep absorbing all these patients in the area unless we improve the workforce numbers.

Another concern we have at a local level is that the Wanniassa medical centre was quite instrumental in looking after aged-care patients at Goodwin Village. A concern from local GPs is that that care will continue.

It is important also to remember that, when I first came to Canberra, Tuggeranong was considered "nappy valley", so we had a lot of children and quick, acute medicine, whereas now that designation has gone to Gungahlin and we are getting a lot of complex, chronic disease, which is much harder to manage and takes longer. Again, that will be a burden for the existing GPs in the area.

Importantly, though—and this is something that we need to do—I do not think we have very good data about the workforce issues in different regional areas of Canberra. We have 66 across the region, but more work probably needs to be done, and we are certainly looking at doing this as a division, to see whether or not Tuggeranong is actually worse than Gungahlin and is actually worse than Woden. I do not think we

have good figures regarding that at the moment.

Moving on to the next point, about the nature of the ACT government's relationship with privately-owned general practice in the ACT, as you know, general practice is a private business. Whether it be run by corporates, solo GPs or group practices, we are basically a business, selling our services and our skills. I suppose we are in a unique position of having some government intervention in terms of Medicare rebates, so it is a slightly different set-up. At the moment, the profession would still strongly believe that that is how the model should remain and that government should not start to be owning general practices. That is not to say that it will not change, but I think that would certainly be the current viewpoint within the profession.

In terms of the ACT government's role, which I assume we would be saying is the relationship that we have with ACT Health, I think there are a few positive measures that are currently in place. The current minister is very aware that we have a workforce shortage. Getting back to all the issues that have arisen, one of the issues is that, if we had more GPs, a lot of these problems would not arise. So it is a question of improving our workforce.

I would like to point out the relationship that the government is having with private practitioners, in that they are trying to help to recruit more GPs to the region, which would obviously help us as private practitioners. For that, we have been given $280,000 over four years to employ someone whose sole job is to try and improve the marketing of Canberra as a place to work and live, and also to try and help GPs to work through the enormous red tape of trying, for example, to recruit an overseas trained doctor, because that is just an impossible task at the moment. A lot of GPs in town just give up; it is just too hard.

THE CHAIR: $280,000 over how long?

Dr Sharma: Four years.

THE CHAIR: And that is to the Division of General Practice?

Dr Sharma: There is a partnership with ACT Health and the division. It has enabled us to employ someone on a half-time basis. Her sole job is to address the workforce.

Mr Lowen: That does not include the significant investment by ACT Health in marketing materials. We are creating a website that will concentrate doctors' recruitment to one point, but then there is going to be bulk advertising undertaken, both locally and internationally, by the ACT.

THE CHAIR: When did that start?

Dr Sharma: That started probably about four or five months ago, so it has been in place for a couple of months—and we are already having some good results. We held a forum on 1 July where we had about 40 GPs and their practice managers come along to try and identify some of the issues: why is it so hard to recruit GPs; what can we do to help? That was certainly a very valuable exercise. In that regard, we are going in the right direction.

ACT Health also are quite diligent in liaising with the general practice community. You are probably aware that they employ several advisers who are general practitioners. They also liaise with the Division of General Practice. We send advisers to their committees. They have also been instrumental in supporting the after-hours locum medical service for GPs, so as to be able to provide our patients with 24-hour care, which is very important. We are working so hard during the day that if we then had to do our own after-hours care there would be enormous burnout and I think it would compromise patient care as well.

They have also been supporting the ANU Medical School. The hope is that in the future our own graduates will stay in the region, which is an issue that came up quite recently but was, hopefully, resolved. Those graduates can stay in the region and come back and work in the areas. I can give a good story: one of the doctors who works in my practice and went to Calwell high went to Calwell medical centre as a child and then came back and worked at our practice. That was nice. He is not there any more, unfortunately, but we had him for a year and that was a nice story of how we can keep things local. People do tend to want to come and work where their roots are. That was a nice example.

In terms of the medical school, we also have to recognise that the PGPPP is to roll out in about two weeks. For those of you who are not aware of what that is, it means that interns from the Canberra Hospital will now be able to come out to general practice for 10 weeks as a hospital term, as a hospital rotation, and experience general practice as a doctor. We are hoping that measures like that are going to increase the exposure of interns to general practice—to realise if it is a career that they would like to follow.

Another thing is that we need to make sure that ACT Health does not fall off the radar. We need to look at lobbying to increase the number of GP training places in the ACT. My understanding at the moment is that there are only about five to six places per year. It is low considering that we have a 60-GP shortage.

Also, we need to encourage GPs to teach ANU medical students. At the moment we are in a situation where there are not enough GPs who are prepared to take on medical students, so a lot of those guys going through the ANU are potentially not going to get any general practice exposure.

Those are the things that I think the government should be looking at supporting.

Mr Lowen: Another piece of work that is underway is a sessional workforce study. What is very interesting in the ACT is that there is a much higher proportion of female GPs than in the rest of the country and their full-time workforce participation rates are very low. That is not to say that they are not doing other medical work, but we need to understand the motivations for lower levels of participation in direct primary health care.

In terms of our ask of the ACT, in addition to the items that Dr Sharma has indicated, we are very keen that the ACT help identify specific areas of need and look to support them—but in sustainable ways. We do not think that the ACT needs to market-intervene by being a direct provider of services where it could otherwise assist, but of

course government does have a role, where there is market failure or acute areas of need, to look at short-term amelioration and some longer-term solutions. We are certainly keen to work in collaboration and partnership with government. We would be hopeful that big corporates would also participate in that process so that they are part of the solution.

It is very important that we do not introduce solutions in a knee-jerk way that might result in further disruption to the workforce; otherwise it is just robbing Peter to pay Paul. We have to be careful, too, in that there is a trend towards using more nursing support and administrative support to help doctors with their administrative burden and undertake some of the care that was traditionally undertaken by GPs. But there is also a nursing workforce shortage so I understand that government will also need to look at how primary health care sits against the other competing priorities for the medical workforce as a whole in the ACT.

There are certainly significant opportunities around reduction in paperwork. We suggest that a lot of that is to do with the commonwealth. We would be more than happy to have the state help lobby on behalf of general practice to see some rationalisation of many of the processes that drive GPs crazy. We were at a dinner last night where most of the jokes that were being cracked were around the red tape and the absurdity of some of the processes. That is reflective of the frustration. We want to treat clients but I hear some GPs say, "I don't want to take too many more clients on in one day because that gives me a higher administrative burden to deal with at night."

Dr Sharma: If I could add to that, going back to the ACT government and the division, we are working closely with them on our local administrative red tape—for example, GP access to ACT health services, which at the moment can take an awfully long time of your consulting time: to try and get someone into QEII, for example. At a local level, we have addressed this with the local government, saying, "If you want us to see patients, make it easier for us." They are better engaging with us for that.

MS PORTER: Could I just ask a question here. Is that progressing? Do you think that you are being heard?

Dr Sharma: I think we are being heard. As I think was mentioned the other day, there are a lot of little issues that become a mountain for us at the other end. If someone just tidied up a tiny part of the fax machine at the Canberra Hospital, it might save us 10 minutes. They are not insurmountable issues. They are issues where, if we can deal with them at a local level, it would mean that I could see perhaps two extra patients a day or something like that.

Mr Lowen: We are looking forward to working with ACT Health on the interface between hospital clinics and general practice—and then in turn seeing how that links through to specialist care. There are a lot of frustrations there. There are lots of gaps in information. There is a lot of opportunity for electronic health measures to enhance the whole process. Basically what we are seeing across the whole sector is a move towards team-based care as a result of having to respond to the burden of chronic disease. This suggests to many: "Let's have larger clinics." But you do not have to have larger clinics as a solution; you can have virtualised clinics. We have already had that historical model of the local shopping centre that has the pharmacy, and the

pathology collection, maybe a radiology service and a few allied health people pop up in that area. Those kinds of models could be supported and sustained by interconnectivity of information flows. There may even be a need to put some practice incentives in from time to time to keep that market sustainable as we go through a big transition. Having one-stop-shop superclinics is one model, but not the only model, of care. We do not want to break the fabric of diversity that will allow us to meet that burden of chronic disease.

THE CHAIR: Thank you very much for that. We do look forward to your submission to us. The sooner you can get it in to us the better. As you are aware, we have to get this report to the Assembly.

MS PORTER: Not to add more burden on you.

THE CHAIR: Not to add more burden on you, but the sooner we get your submission the sooner we can start drafting the report. I want to ask you another question. Wanniassa medical centre was purchased by Symbion. The doctors agreed to sell to Symbion and then Symbion would look after the running of the practice so that the doctors would be enabled to get on and do what they considered to be their core business, being a doctor. Then Symbion was taken over by Primary Health Care. Because the doctors had signed up to a five-year agreement, I understand that they are not obliged to do anything other than the hours that they had already agreed to with Symbion in going into the new practice at Phillip. Do you come across this as an issue in terms of doctors wanting to get out of contracts if they have been taken over by another organisation? Does that come up as an issue for the Division of General Practice?

Dr Sharma: I think this is the first time it has happened. This is the first corporate takeover that has happened—Primary Health Care taking over Symbion as a corporate takeover. There certainly has been a lot in the medical press about it and a lot of speculation about how everything is going to work. My understanding—obviously the people who have signed those contracts would have a better understanding—is that, if you want to get out of a contract, you have to repay the up-front payment that you received. So either buying or taking over your practice, there is a one-off payment. That is the issue. There is a financial penalty to get out of that contract, which is where I think the problem arises for these doctors.

Mr Lowen: And there is quite a diversity in the contracts, too. They are not all the same contract. We are aware of another Symbion practice that has been bought out elsewhere in Canberra where the doctors have got quite good parachute clauses and escape clauses in their contracts. It is partly in the nature of negotiation and your expectations of what you are going to be doing for those next five years. It does raise that issue, though, of the viability of solo practices. Unlike a pharmacy that has a lot of goodwill because it is licensed to a particular area, and significant value, with most smaller general practices the value lies in the work of the doctor. Symbion and the other big players were quite happy to take the doctors and lock them in for a period of time to bring the patients across. Quite often they were doctors that were looking towards retirement who could not otherwise have got much value out of the sale of their practice.

MRS BURKE: Thank you for appearing this morning. As I said, I am very pleased that I was able to get this through—that we had the opportunity to meet and talk with you and other people today. On the back of what you have just said, what does the ACT Division of General Practice actually know and understand about the activities of Primary Health Care regarding the takeover of GP services in the ACT and what is your relationship with such organisations?

Dr Sharma: The first thing is that the doctors who work in Primary Health Care centres are our members. Last night, for example, there were probably about 10 of them at one of our education events. Certainly we still consider them our members. We are able to deliver some of our divisional projects within their medical centres, but we have not had a formal relationship with Primary Health Care per se. It is something that we are looking to try to initiate, but we can only try. I am not saying that we have tried and failed yet; we have not really tried. This has been an impetus for us to say that probably now we need to go in and see whether or not there is anything that we can offer or we can understand better from them. Basically it is a corporation; it is a financial business. I would be saying that that is pretty much where they are probably coming from.

MRS BURKE: Finally, you referred to GPs taking on students. Is it your understanding that Primary Health Care do not abide by that practice—that they refuse to take students?

Dr Sharma: Currently they do take students at their Ginninderra centre. I think that, though, was very much at the insistence of the actual GPs who moved to work there.

MRS BURKE: So it is not their normal practice? They are reluctant to do it?

Dr Sharma: My understanding is that it is not their normal practice, but I know that the GPs at Ginninderra said, "No; we would like to have medical students." That negotiation was had, and they did. They have managed to have them.

MS PORTER: I want to go back to what one of you said about them taking over other Symbion practices in the ACT. Where were they located, and do you know—probably you don't because you do not have a crystal ball—if they are intending to take over other practices? I have heard there is a possibility of another one in my electorate of Ginninderra that is going to be closed and relocated. This may be one of those rumours that go around when something like this happens. If there are other practices that have been closed, which ones are they, and are there any in the pipeline that you know of?

Mr Lowen: I don't think we know what their closure intentions are or what their intentions are to move between practices. Clearly, when Symbion was bought out by Primary Health Care, it was a national purchase, and a large overall majority of the practices would have transferred, excepting where the ACCC may have said there was a conflict and they would have had to dispose of some. Here, I think all those practices have been taken over. The question is: what are their individual futures? Certainly, we are aware of one at Kippax.

Dr Sharma: There is a Symbion practice at Kippax. I am not quite sure what has

happened to that one. My understanding—again, you really need to get your information from Primary—is that it might be to do with geographical location. For example, if they took over a practice that was within so many kilometres of an existing Primary, that might be why they said, "You need to move."

The other thing is that, as a medical practitioner, probably two or three times a year, I will get a letter from Primary—a very nice, glossy brochure, asking me to sign up with them. So they certainly are directly marketing all GPs to try and move across to them. They are not necessarily targeting struggling practices; they are just doing blanket recruitment.

MS PORTER: I want to go back to the statement you made about nurses. I was not quite sure whether you were saying that doctors are trying to employ some nurses to assist them.

Mr Lowen: There are significant commonwealth incentives. We have a funded commonwealth program for nurses in general practice, which actually encourages the uptake of nurses within general practice, to take on some of the burden. Things like immunisation work can be done quite readily by nurses under the supervision of GPs. Veterans' Affairs is also moving more towards the model of encouraging nurses into the GP space as supports. So we are moving towards more of a team-based approach. There has been quite a rapid uptake of nurses in general practice in the ACT, along with other divisions. Of course, we need to look at the ethical issues: are we also stealing from other parts of that workforce? We need to be targeting mainly nurses who are not practising and trying to get them back into the workforce, into these less physical positions, perhaps. I also get a lot of applicants for nursing jobs, even within the division, from nurses who are practising in hospital-based care who want to get out of the heavy workload there. As an ex-hospital CEO, how do I feel about that?

THE CHAIR: Thank you very much for appearing today. I do appreciate the time you have taken. It has been a very valuable contribution. I am sorry that we could not give you more time, in terms of both getting a submission in and time to appear today. We will try to get the *Hansard* transcript out to people faster than we normally would. You can check it for accuracy. We will let you know about the report. It will be coming out on 26 August.

TALL, MR ROGER, Pharmacist

THE CHAIR: Good morning, Mr Tall. Were you here before when I read the card?

Mr Tall: I was, yes.

THE CHAIR: I will save time by not reading it again. Did you understand the implications?

Mr Tall: I did, yes.

THE CHAIR: Do you have any comment to make on the capacity in which you appear today?

Mr Tall: I am a pharmacist at Wanniassa. I also have an interest in the Wanniassa medical centre.

THE CHAIR: Thank you for the very extensive submission that you have put in to the committee at fairly short notice. It has been very valuable for the committee's inquiry. Would you like to make an opening statement?

Mr Tall: I will not make a lengthy statement. Everything I want to say is in the submission. I guess I am approaching it from the commercial point of view and what it means to the shopping centre, the medical practice and my customers at Wanniassa. I can go through it point by point with you, but I would prefer that you ask me questions, to clarify anything in the submission which may not be clear to you. I can add one bit of information which came through late last night. My solicitor has had an email from Primary's solicitor and they will not be relinquishing the lease. So they are there for another four years—potentially an empty medical centre. I think that is fairly significant.

THE CHAIR: Yes, it is. Thank you for adding that piece of information, although I am sure it is not a welcome piece of information to you or to the people living around Wanniassa who would like to have a local medical centre available to them.

Mr Tall: If you wish, I can go through it. I have a very brief summary here.

MRS BURKE: Just on that point, I am very shocked and disappointed to hear that. If that is their practice, that is going to hamstring—

Mr Tall: It seems to be the general trend. They do sit on leases.

MRS BURKE: In your submission, under "corporate medicine" you talk about this issue. Obviously you sought to negotiate the relinquishing of that lease. That has not worked. How suitable are the premises and this clinic that you are involved with for a GP clinic compared with other premises in the area?

Mr Tall: It is ideal for the purposes of running a group practice. As we all know, single-doctor practices are on the decline. Obviously, these group practices suit all

parties. As you are probably aware, the centre itself is only 12 months old. It is brand new. It is in very good condition. I had a lot of input into the building of the centre. It is a very nice centre. It has gardens, courtyards and all modern facilities. It is ideal for a group practice.

MRS BURKE: I declare an interest: I am a patient of that clinic. But the reason I asked that was: are there any other premises like that in the area that you know of that are standing vacant at the moment that could be utilised, or are we now in a position where we can't use this particular building?

Mr Tall: I am not aware of any other premises that are vacant, no.

MRS BURKE: In your submission you talk about bulk billing. I had a very brief chat with the health minister, who said she thought it was a real plus that Primary Health Care were offering bulk billing. You have an alternative view.

Mr Tall: I do. With respect to the relocation process, one of the advantages touted by Primary Health Care was that it would increase the rate of bulk billing. It will not, because as I understand it the contracts that the doctors currently have permit them to charge the AMA recommended fee—in other words, no bulk billing. It will not change one jot.

MS PORTER: I have a question about what you are experiencing in the pharmacy. Are you experiencing people coming in and asking for advice or assistance in lieu of attending their GP that they would normally have attended?

Mr Tall: Now that the GPs have gone?

MS PORTER: Asking your staff and yourself for advice.

Mr Tall: It is constant. The last two weeks have been extraordinary.

MS PORTER: So they are seeking medical advice?

Mr Tall: Seeking medical advice, yes. They always have, of course, but it is more to do with the anger and the outrage that their doctors have been poached from their area into another area. There are a lot of very angry people out there. It is very sad.

MS PORTER: They are coming in to express their dissatisfaction rather than—

Mr Tall: All day since this was announced.

MS PORTER: Rather than seeking medical advice because they can't actually get to the other location?

Mr Tall: I am not there on a day-to-day basis, so I can't answer that question truthfully, but I imagine that is probably happening.

MRS BURKE: I have read comments that the minister made in the paper about it being a business decision. Have the ACT government or the health minister ever

contacted you or any other people in regard to this matter prior to or straight after the announcement? I know that she made some efforts but it was somewhat later. To your knowledge, did the health minister speak to anybody at the time? Could we have done more? I guess that is what I am asking. The minister says we could not.

Mr Tall: I have had no direct contact with Ms Gallagher's office. No-one has made any attempt to contact me about it, as an owner of the building. There has been very little contact. Quite frankly, I am disappointed.

THE CHAIR: Have you been in contact with her office?

Mr Tall: Yes. The pharmacist at Wanniassa rang Ms Gallagher's office.

MRS BURKE: When was that?

Mr Tall: That was the day after the announcement.

THE CHAIR: So you have been in contact with the minister's office?

Mr Tall: As the owner of the building, no-one has been in contact with me, no.

MS PORTER: I notice from your submission that the closure was extremely sudden?

Mr Tall: Very.

MS PORTER: And there was very little notice given to yourself?

Mr Tall: None at all.

MS PORTER: You got no notice?

Mr Tall: No-one has contacted me from Primary Health Care to tell me what is going on. Obviously, I have been able to glean what is going on from what is happening in the papers and so on. To my knowledge, Primary Health Care came down to see the doctors on the Wednesday afternoon. They were told they would be relocating the following Friday—not much more than a week. And that was it.

THE CHAIR: I know that you have now sold two-thirds of the pharmacy to a young pharmacist, and you and your partner, Gary Cairns, still own a third of it but you are not involved in the day-to-day operations. Obviously, you have an ongoing interest in the area; you have been around in the area for a long time. You would know a number of the people who come and go. Can you speculate on the impact of the closure of the centre on the pharmacy business?

Mr Tall: It will have a major impact on the pharmacy, obviously. There will be fewer prescriptions coming through the door. It is not just that, though; it is all the other businesses in Wanniassa. The supermarket yesterday reported that their numbers are down considerably. I have not spoken to any other traders but I can only assume that that will also happen to them. We are talking about 1,500 to 2,000 people a week coming to the medical centre. It obviously has quite a major impact on the shopping

centre.

MRS BURKE: You mentioned the relocation in your submission. Primary Health Care would suggest that it is a very positive move for patients. You do allude to access and parking. You also say you made personal visits, as indeed I have on a couple of occasions, as a prospective patient. It is obviously going to be an issue for the ACT government, and I suppose it is a hard thing to answer. Do you want to expand on that?

Mr Tall: If you have been to Colbee Court, you will understand that there are a lot of traders there, and the parking there is always fairly tight. To put another 1,500 to 2,000 people a week in that area is obviously going to cause problems. That is the first point. Secondly, it is going to be very hard for the elderly and disabled to get to this place. The nearest bus stop is probably 200 metres away. The bus service is such that there is only one service which goes up Townshend Street—Colbee Court feeds off Townshend Street. That is an hourly service, as I understand it. So it will probably be at least a three-hour journey for someone catching a bus.

In terms of parking, there is a small car park next door to the medical centre. You are obliged to provide that when you open a medical centre. The current rules are that you must provide four parking spots per practitioner. I would suggest that that is totally inadequate at the moment. There are 45 car parks in that centre. If Primary plans to have 17 GPs on-site, it is obviously incorrect. That does not include the other practitioners in the medical centre—dentists, radiologists and whatever. I would suggest that the car park there is woefully inadequate. The other problem is that, because it is free parking, you do have public servants or other workers generally from Woden coming over and parking in there all day. I have visited the medical centre several times in the last week or so, and it is rare to find spare spaces in that car park. It is going to be really tight in terms of people getting access to the centre. It is very difficult compared to, say, Wanniassa.

MRS BURKE: Through you, chair—

THE CHAIR: You are asking a question?

MRS BURKE: Yes. Your submission is really comprehensive. What do you see as being able to now happen and what should happen, and at what level do you think the ACT government should now seriously get involved? We have heard from the ACT Division of General Practice what they think governments should not be in the business of doing. What are your views in terms of what perhaps could be done?

Mr Tall: I think there should be some protection of doctors and patients in the sense that we need to understand that these medical facilities are there for a very good reason and that is for medical services. If they are suddenly relocated to somewhere far less convenient, where is the benefit? I allude several times in my submission to corporate profits. I really do not think that medicine should be subject to corporate profits. It is incumbent on governments to make sure that those services are provided where they are needed and not be subject to commercial imperatives.

THE CHAIR: You have referred in your submission to about 1,500-plus patients and

today you have talked about 1,500 to 2,000 patients. Where do you get those figures from? How do you know that those are the figures that were attending Wanniassa?

Mr Tall: I speak to the doctors.

THE CHAIR: So it is anecdotal advice from the doctors?

Mr Tall: Yes.

MS PORTER: You have just mentioned that you believe that it is incumbent on governments to provide some kind of protection for the doctors and for the people who utilise the doctors' services. What level of government do you anticipate would be able to provide that level of protection?

Mr Tall: I guess where I am coming from is that we now face the prospect of this medical centre being closed for four years. We know there is a need there. I know I can find doctors to put back in that centre, but my hands are tied; I cannot do it. Primary Health Care is prepared to pay the lease out at a cost of several hundred thousands of dollars to put the doctors that it could not find previously into the medical centre in Phillip. It seems to me that it should not be permitted to leave a medical facility empty when there is a demonstrated need for it. It just does not seem right to me.

MS PORTER: Yes, but my question is at what level of government would you see that protection being provided and how would you see it fitting under competition policy and trade practices and all of the legislation that we have at the moment? What level of government would you see providing those protections?

Mr Tall: I guess there are several issues there. We do have elements of restrictive trade, I suppose, in that because someone will sit on a lease it will prevent other practitioners coming in. I think that could be construed as being fairly reprehensible. In terms of legislation, it should not be permitted. If the lease purpose says "medical practice" and a block has been sold and developed on that basis, why is it that that block will be left empty for the period of the lease—in this case four years? Surely that defeats the whole purpose of having lease purposes.

THE CHAIR: You have talked about the idea of possibly being able to get doctors into there. How would you imagine that you would actually go about getting doctors into the remaining site?

Mr Tall: There are a lot of doctors who do not like the primary healthcare model; they prefer private practice. They would not go into the existing centre under the current regime. I have had inquiries from interstate from doctors who are aware of what has happened. They are aware that the practices which were in Wanniassa were practices of long standing, 20 or 30 years most of them, the sort of practices with enormous respect for those doctors. They realise, from a commercial aspect I suppose, that they could start new practices there fairly quickly and very successfully. Unfortunately, that then impacts on the practices of the doctors who have been relocated, but that is what has happened. I have no doubt I could find doctors to go in there tomorrow.

THE CHAIR: In spite of the fact that you have heard—

Mr Tall: Into Wanniassa.

THE CHAIR: Into Wanniassa.

Mr Tall: But they will not go in there on the basis that Primary Health Care own the head lease and would require them to sign contracts.

MRS BURKE: Isn't that a case of restricted trading under the Trade Practices Act? I do not know the act enough but maybe—

Mr Tall: I am not an expert on trade practices.

MRS BURKE: It just seems very restrictive. On that, would you be very concerned that we are possibly going to see in the ACT—given what Ms Porter said about rumours of a takeover from Primary Health Care to Symbion, up in that end of town—corporatisation of health services and a real centralisation of health services? If big is going to come in and take over and wave this money around, would that be, from your feel of talking to GPs—

Mr Tall: My personal view is that I do not think corporate medicine should be dictating where medical centres go, nor the level of care which is provided. I think it is wrong.

MRS BURKE: But who is going to stop that? If governments say they cannot do anything, their hands are tied, how are we going to stop that—any ideas?

Mr Tall: For a start, by making it impossible for people to sit on leases and stop other practitioners from going in.

MRS BURKE: Indeed.

Mr Tall: I guess I am only talking from the Wanniassa experience, but it is wrong.

MRS BURKE: It seems a crying shame. At a point of law you have got no comeback whatsoever?

Mr Tall: I have no comeback whatsoever, it seems.

MRS BURKE: That is shocking.

THE CHAIR: So you have made those inquiries?

Mr Tall: Yes, I have spoken to my solicitor about it; he has got expert advice on it. There are circumstances where, if in this case, a trader does not open premises they can be in violation of the lease, but I think that would be a very difficult course to follow here. It could be that Primary Health Care, to fulfil the obligations of their lease, might put, say, a physiotherapist in there or somebody else, some other

healthcare professional, and in those terms they would be fulfilling the obligations of the lease.

THE CHAIR: And if they do not do that, will you actually consider looking at—

Mr Tall: I am reviewing that option, yes.

THE CHAIR: I would not want to pre-empt what you might do, obviously.

Mr Tall: I do not have any details on it but I think that if you look at Primary Health Care's record they do have a fairly lengthy history of defending such actions fairly vigorously and that becomes a very expensive process, as we all know.

MRS BURKE: That has been the experience in Sydney I have heard also. A lot of this is rumour but it is good to be able to get it out. Is that your understanding?

Mr Tall: Yes. Again, some of the phone calls I have had over the past week have been from owners in Sydney and doctors in Sydney who have told me some of the stories—and they are quite extraordinary—of what goes on.

MRS BURKE: I was just going to talk about the workforce issues. I know that there were many people employed as administrative staff at Wanniassa. What has happened to those?

Mr Tall: I am aware that some staff have resigned. Exactly how many I do not know—I am not privy to that—but obviously there will be changes there. One can only assume that Primary Health Care is trying to reduce its costs by having a smaller number of staff looking after a larger number of doctors. That is the nature of corporate profitability. I can only speculate that there will be job losses there.

MRS BURKE: Was there anything else you wanted to add?

Mr Tall: No, I think my submission covered most things that I wanted to say and I am happy to answer any questions.

MS PORTER: I want to go back to my question. We have talked about what you think might change. You have mentioned things that perhaps the ACT government could look at with regard to lease purpose and obviously that is something that the ACT government can look at. But I still think that some of the stuff that you are talking about, some of the issues that you are talking about, sit with another level of government. I am just trying to ask you at what level of government that would be. Is that your impression—that some of these other issues that you have mentioned are federal government matters?

Mr Tall: I think some issues are federal, certainly, and that is the supply of doctors and the bigger issue of supplying health care. I think in terms of more local ACT legislation, if a building or a block is released on the basis that it is going to be a health facility, it should be retained as a health facility.

MS PORTER: The lease purpose, yes.

THE CHAIR: Which is in a different ministerial portfolio.

MS PORTER: A different ministerial responsibility, yes. It is under planning, Minister Barr.

Mr Tall: Yes. Just returning to the parking issue, when we built Wanniassa medical centre clearly the block was not big enough to have the car parks there. We applied, under the provisions of the parking code, to make use of other car park areas. In this case, the Wanniassa centre, obviously, had a very large car park. I had to go through a lot of expense and did surveys and many things like that in order to make that possible. It just seems to me that the parking issue at Colbee Court is going to be greatly exacerbated by these seven extra GPs being put in there and that is one area where the existing legislation is quite specific as to what its requirements are, but it seems to me they are being flouted here. There seems to be no action on it. And it is one area where you can control this sort of thing.

MS PORTER: So that is, again, the responsibility of another minister, but certainly that can be raised with that minister.

Mr Tall: Yes.

MRS BURKE: Mr Tall, do you think that the ACT government would have seen this coming, given that I think you mentioned in your submission that it was in 2006 that Primary Health Care built the two medical centres? Do you think they would have or could have or should have seen this coming—this sort of situation arising?

Mr Tall: What situation?

MRS BURKE: The situation that we are in today where Primary Health Care now seem to be coming in and subsuming practices.

Mr Tall: I do not know; it is difficult for me to speculate on that, but I would imagine that when they built their two centres in Canberra they thought they could attract enough doctors to staff those. That clearly has not happened so what they have done, by taking over Symbion—and I am sure that was not the reason they took over Symbion—they have now been able to acquire all these doctors under contract and then relocate them. Really, it is a failing on the part of Primary Health Care not to be able to attract the doctors that has led to the situation of the Wanniassa doctors being relocated. We have just heard that we have a great shortage of GPs in Canberra. Dr Bateman would argue otherwise, but the end result is that we have lost our doctors at Wanniassa and they have been poached and put elsewhere.

MRS BURKE: And worse still they have been pushed geographically north.

Mr Tall: Yes. Let's face it, we are fairly spoiled in Canberra, I suppose, and distances are not that great, but I would point out that the parking issues there are considerable.

MRS BURKE: But that is why we choose to live in Canberra, of course.

Mr Tall: Exactly so.

THE CHAIR: Can I thank you very much for your submission and your time this morning; we do appreciate it. As I said earlier, we will get the transcript to you as soon as we can. The report will go to the Assembly on 26 August.

NICOLL, MR ROGER, Chair, West Belconnen Health Cooperative

THE CHAIR: I do not think you were here when I read this card out.

Mr Nicoll: No.

THE CHAIR: Have you read it in advance?

Mr Nicoll: Yes, I have.

THE CHAIR: Do you understand the implications of the card?

Mr Nicoll: Yes, I do.

THE CHAIR: Thank you for taking the time to make the submission to the committee. We have your information sheet as well. The committee has not had a chance to read your submission. Would you like to start by giving an overview or a statement addressing your submission?

Mr Nicoll: Thank you. Part of the reason that I think we have been invited is that, over the past four years, the West Belconnen Health Cooperative has been working to develop a new model of delivering health and wellbeing services, including GP services, to the west Belconnen community. We have a cooperative model for doing that. But I would like to address the committee in terms of our experience in Belconnen with the impacts of Primary Health Care moving in there. That would have some relevance to the Wanniassa situation.

Generally, the closure of the Wanniassa medical clinic is only the latest in what we consider is a somewhat disturbing trend of corporatisation. We have seen that in Belconnen. Since that has happened, there has been a significant transfer of GPs from the more outlying and disadvantaged areas into centralised areas. It has certainly disadvantaged people in the outlying areas and it has not really changed the overall GP numbers in the ACT, which, from our research, we believe are about 75 short of what we need, and about 22 short in Belconnen.

Some of the other global impacts of the corporates moving in are as follows. We have mentioned the distribution problem, with GPs contracting into central areas or the town centres. Many of our residents in the outer suburbs—I am talking about the west Belconnen and Charnwood area—are not accessing GPs when they need to. That has been through personal communications through pharmacies and just the number of people who are fronting up at the emergency departments at Calvary. That is a continuing trend in west Belconnen and we believe that it will be a trend in Tuggeranong too if this sort of thing continues. Bulk-billing rates in the Fraser electorate have improved since the corporates have moved in. That is a positive, but we are still the lowest in Australia in terms of the Canberra and Fraser federal electorates.

The livelihood of local pharmacies and businesses in shopping centres, where these GPs have moved out, is threatened. That is a thing that we have heard consistently.

The corporates tend to have these in-house pharmacies and other things which they refer patients to. That is impacting local, particularly the outer, shopping centres, and related pharmacies and that sort of thing.

Specifically, in Belconnen some of the things that have happened since the moving in of Primary Health Care are these: the Hall practice closed; the GPs and the administrative staff were brought in. That has had quite an impact on Hall. GPs from Higgins and some of the other practices were also brought into Belconnen. More recently, they have, we believe, taken four doctors out of the Kippax practice. I think that was taken over by Primary Health Care; it was Symbion before that. That has happened in very recent times.

As far as the service provided out of Primary Health Care is concerned, a lot of patients have said that they have difficulty getting there because it is not close to bus stops and it is right up the hill in a light industrial area, which I think is the same with the Phillip one where Wanniassa patients would go—a similar sort of location. People have complained about the bus service. They offered a complimentary bus service originally, and people have said that either that was too inconvenient or they just could not get it at all. I believe that that service was removed, but I do not know completely.

THE CHAIR: Inconvenient?

Mr Nicoll: Inconvenient in that you could go at certain times of the day but if it did not—

THE CHAIR: But then you had to stay there for that amount of time until then because it operated only for a certain amount of time.

Mr Nicoll: Yes. The other issue was the long waiting times that people were reporting—two, three, sometimes up to six hours to see a doctor at the corporate centre. Many people were going away and coming back. It does not suit people who are not very mobile and that sort of thing.

MRS BURKE: What was the offer of that transport? Currently at Wanniassa they are being offered two days a week and six hours a day.

Mr Nicoll: I do not have the specific details.

MRS BURKE: I keep seeing different reports. What were you offered? What was the practice in Belconnen offered in terms of this complimentary transport?

Mr Nicoll: I do not have the details of that, but it would be worth looking into. Patients also said that they tended to have five or six-minute consultations and GPs were able to look at just one thing: it was not a holistic view of health. It was very much in-and-out, treatment-focused rather than preventative-type care. As well as that, patients said that it was very hard to get the GP of their choice. If they came in from that family practice at Hall, if they wanted to see their doctor they had to wait in the queue until that doctor came up. That is where you get some of those very long waits. You could not make an appointment to see the GP of your choice.

Moving on to your third point in the terms of reference, "the nature of the ACT Government's relationship with privately owned general practice", I believe—and I think many others do as well—that the ACT government does have a legitimate role in regulating the presence of corporates in the ACT. I say that to protect the quality of health care and GP services, and the availability, the accessibility and the equality of access so that people in disadvantaged or outlying areas have equal access to services. I think that the ACT government has a role because of the impact on the ACT of corporates moving in, in an increasing way, and the inequities that is causing—also to protect our local shopping centres, pharmacies and regional areas from what I would call monopolistic, predatory or anticompetitive practices.

One of the things I did not mention was that the corporates, we believe, restrict doctors, once they sign them up, to the area that they can operate in. They are locked in for a period of time. They also cannot practice, I think, within a 10-kilometre radius if they do leave. So they are making anticompetitive or restrictive things binding on the doctors who take part.

I also believe that the ACT has a role to play in acting in favour of disadvantaged and underserviced communities. I do not know specifically how you would do that—whether it would be through legislation or regulation—but I believe that there is a role there for the ACT government.

In terms of the last point in the terms of reference, "possible options for the future delivery of GP services in the ACT", that is where we believe that the sort of model we have been working up in the community for the past four years at west Belconnen—it is a cooperative model—is quite a new and exciting model for the delivery of not just GP services but preventative, wellbeing, social and community type services in a one-stop holistic way. The model is similar to something that has been done in the western suburbs of Victoria. That is the Westgate Health Cooperative, which we believe is the only one of its kind in Australia. They have been working successfully for the past 20 years.

Just very quickly, let me say this. We have a feasibility study which I have provided—the executive summary of—to the committee. I also have four copies here. If you could keep that as commercial in confidence, that would be okay. Is that okay?

THE CHAIR: That is okay. That is fine.

Mr Nicoll: I have given you the executive summary from that. Just very quickly, let me talk about it. It is a partnership model between community, business and government sectors, in the ideal scenario. It harnesses the resources of all those sectors to meet growing needs that we have in health care. Obviously, with an ageing population that is going to continue. Very importantly, the model has low recurrent costs to government. We have been working on partnerships over the last four years of community development. It is a self-sustaining model or cooperative, which means, as I said, that there is low recurrent cost to government.

It is particularly relevant in disadvantaged and underserviced communities because you can attract doctors to a one-stop shop in an area where they would not be that

likely to go. If they can choose a well-off area, doctors are likely to say, "I'll go there rather than somewhere where people might not pay their accounts." The services are where they are needed in the community. As far as the GP side of things goes, it is a quality family care, holistic and preventative approach rather than just a treatment approach.

We are talking about engaging the community through the cooperative-type model: people get involved in their own health because they are part of a cooperative so they are more likely to take a role in their own health, and at an earlier stage. That is part of the preventative model. It will have appointments, adequate consultation times and bulk-billed medical services, and work conditions and the sort of environment that is attracting GPs who are currently not in the workforce. That is people who are deciding that they do not want to work as GPs because they do not like the lifestyle at the moment, people who want to work part time and people who are nearing retirement age. These are the people who are showing particular interest in this model.

We believe that this model will add GPs to the ACT rather than take them away. It is complementary with other local businesses and nearest GPs. There is coordinated management administered through the cooperative and there is a strong governance structure that includes that community board and the cooperative board.

I should mention just one other thing with that. The sorts of services I was talking about are health promotion, early intervention, nurse practitioner, GP services, family support, mental health, child and maternal health, Indigenous support, recovery, pathology and physiotherapy—not necessarily all of those things but we have people who already want to deliver some of those things involved with the west Belconnen model.

Out of all that, I want to put forward two recommendations to the committee.

On the west Belconnen situation, we have two-thirds of the funding committed through government and business sources. We are negotiating with both levels of government and also the business community about the remainder.

The first recommendation I want to put to the committee is that the standing committee should move to safeguard the quality, distribution and equality of access to GPs and medical and allied services, and protect local businesses against any competitive or predatory practice by developing rules or legislation for the regulation of corporates.

The second recommendation is to do with the cooperative model: that the standing committee move to support and adopt the cooperative model as a solution for the Charnwood area and, if feasible, the Wanniassa and south Tuggeranong area, in both cases possibly with the support of or co-location with the walk-in centres that have been budgeted for. That was just an idea as a potential co-location that would fit in with the model. And intervention with Primary Health Care over the Wanniassa site if needed for the lease-type arrangement.

THE CHAIR: I would like to say that, with those recommendations, you are asking the standing committee to do something. The standing committee is not empowered to do those things.

Mr Nicoll: To make recommendations.

THE CHAIR: We make recommendations to the government, and the government of the day is the one that looks into implementing such decisions. But we will certainly take those.

Mr Nicoll: That is why the first one says "move" to do that—recommend to do it.

THE CHAIR: Thank you for that submission. I just wanted to make sure that you were clear about how much power this committee has in regard to that. Thank you for that submission. Do members have questions?

MRS BURKE: Thank you, Mr Nicoll, for the time you have taken to put the case succinctly here. Given that you are proposing a different model—I think we should be looking at a range of models and options—I appreciate that. I would like to go to point 3 where you say that the ACT government does have a role to play in regulating the presence of corporates. The government's comments have been that this is a business decision, which is true. You say that the government has a legitimate role to play in regulating the presence of corporates in the ACT. Do you think that level of engagement has been sufficient to this date? Do you think we could have done more as a jurisdiction? What are your thoughts on that?

Mr Nicoll: I do not want to comment on whether we could have done more, but I think we need to do more, because it is having such an impact on ACT residents. That is the main point.

THE CHAIR: You said that this model operated in one place?

Mr Nicoll: The Westgate Health Cooperative, in the western suburbs of Melbourne.

THE CHAIR: And it has not been tested elsewhere in Australia?

Mr Nicoll: No. Some of the Aboriginal health centres are a very similar sort of model but they tend to be more reliant on government funding. Winnunga is a slightly similar model but it is more government funded.

THE CHAIR: How long has the Westgate model been operating?

Mr Nicoll: They started 22 years ago and they have been developing that. They have got two practice sites now, with about 10 doctors involved, plus a whole lot of other allied services that are co-located. There is a website that I refer to there that provides a whole lot of information on Westgate.

MS PORTER: One of the benefits that has been suggested by Primary Health Care is the fact that there are other services on site. You are saying that at Westgate there are a number of other services available on site.

Mr Nicoll: Yes.

MS PORTER: There are physiotherapists?

Mr Nicoll: Yes, there are. You would have to look at Westgate to see exactly what is there, but they have dental, physiotherapy and those sorts of things. Ours is a little less like that. Westgate is a little bit more commercially oriented than what we are proposing at Charnwood, which is more community service and socially oriented, as well as some of the allied health. With Primary Health Care, co-located services are very much money oriented. They are making their money from referring patients to the pharmacy and other things. It is much more dollar focused compared to our model, which is community and socially focused.

MS PORTER: In the Westgate model is the pharmacy located within the practice?

Mr Nicoll: I don't think so.

MS PORTER: You would have to go back to the website.

Mr Nicoll: I have not looked recently to see exactly what they have there at the moment.

MS PORTER: Would you be looking to locate a pharmacy within the—

Mr Nicoll: No.

MS PORTER: Where would the pharmacy services be provided from, and how easy would that be?

Mr Nicoll: We have a pharmacy at Charnwood at the moment, in the vicinity of the centre that we are looking at.

MS PORTER: In terms of frail and elderly people—

Mr Nicoll: It is walking distance.

MS PORTER: Is it an easy walking distance for people who may have some difficulty in walking short distances?

Mr Nicoll: It is a fairly easy walking distance, but we would probably have an arrangement where we could get scripts run up to the centre as well. There is a volunteering side to the whole cooperative, so we would be able to have people go and get scripts if needed.

MS PORTER: I have a strong interest in volunteering, as everybody knows. Could you explain what that part involves?

Mr Nicoll: Because it is through a health cooperative, anyone from the community can join and be part of it, but you do not have to be part of it to access the services.

Through that cooperative, we want to have people involved in volunteering, both at the centre, for things like social events or publications that are put out, and with the actual liaison with people who come in to the centre and who want to find out more about, say, smoking—people who will help at the interface of finding information about health. Under the cooperative structure there are a whole lot of volunteering possibilities that you would not have with a commercial organisation.

MS PORTER: You are not suggesting that volunteers would be giving out medical advice?

Mr Nicoll: No, absolutely not.

MR PRATT: The heart of this issue of the closure of the Wanniassa medical centre is profits before people. Frankly, Primary Health Care need to be condemned for their attitude on this. You mentioned before that you believe government has a role to play in regulating the presence of corporations. Are you aware of legislation in other states, where other states do legislate to regulate the presence and to protect the presence of GP centres?

Mr Nicoll: I am not aware of that. That is why I made that comment before that you guys would need to work out what sort of—

MR PRATT: But you are not aware of anything yourself—

Mr Nicoll: No.

MR PRATT: or any hints where you think there may be GP operations in other states where government regulations do protect their existence?

Mr Nicoll: It is not something that I have looked into.

MR PRATT: Going back to this very interesting model of yours, the west Belconnen operation, are you aware of any interest at this point in the south, where other organisations are looking to perhaps develop a similar operation, either in the Wanniassa area or in the Lanyon Valley area?

Mr Nicoll: I am aware that long-term needs have been expressed by people in those communities. Obviously, through the Wanniassa thing, there is a lot of interest in getting GPs back into that building there. But I am not aware of specific interest in our model. People around the place have been following it closely. Nobody has approached me from the Tuggeranong community.

MR PRATT: I want to go back and flesh out the answers you gave to earlier questions, as well as your earlier statement. You feel fairly confident that it is quite viable that organisations that are willing to step forward and pursue the same pathway that you have could get up in Wanniassa or one of the other southern Tuggeranong areas?

Mr Nicoll: Absolutely. The model has been tested for financial viability by a professional practice management consultant, so on that side of it we are sure that it is

a viable operation. Some of the organisations who would like to partner on the north side could also partner on the south side, quite easily. We have not raised that with them, but it is feasible that they could, or their counterparts on the south side could—similar types of organisations.

MR PRATT: Basically, you think there is the capacity there and the interest?

Mr Nicoll: I believe so, from what I have heard.

THE CHAIR: Thank you, Mr Nicoll, for appearing today and also for making the submission. We do appreciate it. We will be attempting to get the transcript of today's proceedings back to you very quickly. You can check it for accuracy. We will be tabling the report in the Assembly on 26 August.

Mr Nicoll: Thank you.

McGOWAN, MR RUSSELL, President, Health Care Consumers Association of the ACT
GREVILLE, MR TONY, Policy Officer, Health Care Consumers Association of the ACT

THE CHAIR: Thank you very much for appearing today. You were both present when I read the yellow card?

Mr McGowan: Yes.

Mr Greville: Yes.

THE CHAIR: Do you understand the implications of the privilege statement?

Mr McGowan: I understand them.

Mr Greville: Yes.

THE CHAIR: Thank you for your submission. Would you like to make an opening statement?

Mr McGowan: Thank you. This closure is a challenge to the fundamentals of health care in Australia. As Tom Faunce put it last year in his book *Who owns our health?*, this is about putting profit before people by corporate healthcare providers, and we abhor that.

The Canberra plan that was released earlier this week has made a number of commitments to the ACT community, including ensuring better outcomes for healthcare consumers, particularly those most vulnerable. This would include redevelopment of community health centres to offer services such as wellness clinics, walk-in centres, imaging and pathology. Clearly, this is not being done yet in the ACT in a widespread way, and this closure of the Wanniassa site, as lamentable as it is, maybe offers some opportunities to go forward in that area.

Primarily, there is scope for multi-service or polyclinics in these locations where GPs have moved out or have been forced to move out by corporate employers. It is most important that we look at different models of care rather than just general practices with allied health or team support. There are such things as walk-in clinics led by nurse practitioners which offer a different style of primary healthcare support. We think there is certainly scope for this, and ACT Health has started to plan to get involved in this area, and we fully support that.

In addition, we think the ACT government should be pressuring the commonwealth and Medicare to provide appropriate financial support for the operation of a range of models of primary health care, as well as just the GP-led clinics. There is already some history in relation to the opening of after-hours clinics here in Canberra. They are not necessarily operating in the optimal way, so that there is commonwealth and state government support for the operation of a primary healthcare GP-led service other than emergency departments, through locum serviced after-hours clinics.

There is also an opportunity in a site like Wanniassa to enhance primary care team development in the more traditional model by training GPs in concert with other allied health professionals. We would like to see the ACT take some initiative in this area rather than just lamenting that it can't do anything. Whether it can use the Wanniassa site or not will depend on how far it is prepared to push these sorts of things in the courts, in terms of buying out leases and converting the site to some other primary healthcare use.

We might point out that pursuing higher bulk-billing rates within the ACT, which is something the minister has pointed out that the corporates have enabled us to achieve, is not the answer to all primary healthcare needs. There do need to be salaried health professionals, both government and others—and I will go on in a moment to support the cooperative model that Mr Nicoll outlined earlier—and also support for other non-GP private practitioners who can provide primary healthcare services.

The community cooperative model is an alternative approach which has been well established in other areas, more so than just the Westgate model, but it is similar to the one that has been proposed for west Belconnen. I do not have chapter and verse on those models, but certainly Aboriginal community controlled health services are another model, and there are learnings to be gained from them. Essentially, they are all based on the same principle of salaried medical practitioners who are not driven by the fee-for-service model for primary health care. That is one of the things that we need to get away from, in anything that we put in, to compensate for the closure of Wanniassa.

We think that the horse has probably bolted at Wanniassa. We have had impassioned submissions from consumers in that area, saying they just want to restore the way things were. We can't see, under the current circumstances, how that is possible, but we do think it is possible for government to do some things that can remediate at least some of the consequences of those actions.

We do point out that, if all else fails in keeping Wanniassa open, government does need to move to make sure that patients can transfer their records to a practice of their choice. Many will choose not to use the bulk-billing clinic at Phillip as their primary healthcare service in future and will look for other places. There have been constant problems in ensuring that their medical records are available to other primary healthcare practitioners of their choice. So we think there is a role for government in that as well.

That concludes my introductory remarks. I am happy to answer questions on our submission or on anything I have said.

THE CHAIR: Thank you very much for that. At the end you talked about access to medical records. I think that is a major issue. From what I read, there is an allegation that there has been some issue with patients trying to get access to records from Primary Health Care. Are you aware of this at all?

Mr McGowan: We have not had individual submissions but we are aware in general that it is difficult for people to get their records released. Although they have a right at law to access the records, there are often hefty payments charged in order for them to

get them, even though there are supposedly limits on those as well. It depends on the way in which you frame your request as to exactly what is released and whether it is just test results or full records. We think patients need to be assured that their full records will be made available to the GP of their choice if they choose to change provider.

THE CHAIR: Do you provide advice to healthcare consumers on ways to go about asking for their records in order to maximise getting the records?

Mr McGowan: We can do that. There are provisions set out in the Privacy Act that we can point people to.

THE CHAIR: You don't have a list of questions to be asked in a letter or anything like that?

Mr McGowan: No, but if we were approached by individual consumers, we would help them in that systemic way or by pointing them to the appropriate avenues for lodging complaints where their reasonable requests were not being met.

THE CHAIR: Do you think there would be a benefit in ACT Health putting out such a document that actually sets out a patient's rights in terms of accessing their records through their GP?

Mr McGowan: I think there is some information available already. Yes, we think that could be enhanced and it would be useful for there to be people servicing that need within the community, and acting as an advocate on behalf of somebody who was having difficulty getting access to records. There is not anybody charged with that responsibility at the moment or who is able to employ people to do that for your regular healthcare consumer, although there are in some other areas of health care. For example, the aged and people with mental health problems can often get some individual support like that.

THE CHAIR: Do you get much contact from people saying they are having trouble getting their records?

Mr McGowan: No. It is not a major issue for us at the moment, but the more closures of practices that occur like this, the more we anticipate.

MS PORTER: Were you aware that this situation was going to arise? Did you have any forewarning?

Mr McGowan: Not at all. It is unfortunate that these sorts of decisions can be made in boardrooms in Sydney without consultation with the community. There should have been consultation, talking about the financial pressures that were dictating it and then talking about ways in which needs could be remediated, which involves not only the consumer community but also the practitioners themselves, because my understanding is that they are as shocked by this closure of the centre as the consumer community is. Consultation with all of those people to look at doing things in a way that suited the community as well as the company would have been a much better way to go. There is no requirement for the company to do that, and I think that is the

shortcoming in our system that I referred to, about who owns our health. Clearly, it is those that are holding the purse strings, the corporates, that are the problem.

MRS BURKE: Do you think that the level of engagement by the ACT government has been sufficient? We have talked about this; you do say that you understand its limited powers over private companies, but you strongly advocate that the ACT government has the responsibility to meet the needs of health consumers in the ACT. Do you think the ACT government is achieving or has achieved that? Do you think they have stood a bit too far back, knowing that the corporatisation was going on in our city?

Mr McGowan: I think that not just the ACT government but the commonwealth government has abdicated its responsibility in this regard. There are a number of possible solutions, and I do not know exactly what the right one is, but having geographical provider numbers, for example, for a practice having to operate in a particular locality, is one solution. We do not necessarily support that as the best solution, but perhaps at the local level it could be tied in to the licensing of premises. We do not require all GP surgeries to be licensed in the ACT at present, as far as I know, but that is perhaps something we could look at, and then look at withdrawing licences from services which were not in the public interest.

MRS BURKE: Do you think we need to have a higher level of engagement as a legislature and that we need to be far more on the ball than we have been?

Mr McGowan: Certainly. Our health is our business; it is not some private company's business. Where decisions are made about health, they should be made in connection with providing the best possible outcome for us as consumers. That clearly is not the case at the moment.

MRS BURKE: Who should drive that?

Mr McGowan: The National Hospital and Health Reform Commission is one avenue. I think the ACT government should be making clear the failings in the current system and should be able to intervene in instances like this where the corporates are choosing to move their resources around in a manner that is not in the public interest.

MRS BURKE: That would have been something that the government could have done?

Mr McGowan: It is something that the government can now do.

MS PORTER: You believe that the government could look to working with the commonwealth government and asking the commonwealth government to review some of the legislation at the commonwealth level, to see whether or not there are possibilities for some new models to be looked at and some ways of protecting people who are looking for medical care.

Mr McGowan: That is quite right. It should be proactive. It has got the rhetoric right in the Canberra plan and in the access health plan, towards providing more preventative health, more integrated primary health care, along the lines of the model

that Mr Nicoll outlined. But that need not be done just in a cooperative model; it can also be done in government-provided direct services. Government already provides a range of allied health services. It does not employ GPs as such to provide direct services. It has done in the past, I understand. We are not necessarily suggesting that that is the solution. But the notion that there should be some salaried doctors around to provide services is not new to Australia. It just does not occur very much here. It takes some of the pressure off GPs who do not want to be spending their time running businesses but do want to be providing health care.

This is not having a go at the doctors; they are the meat in the sandwich. We would like to see pressure taken off the GPs and we would like to see more GPs return to their craft because we do think a lot of them are being squeezed out by the unconscionable hours that are required in order to run a private general practice in a single practitioner clinic or in small family practices. That is why they look for salaried positions, and they look for the corporates that take over the running of their business. However, there are other ways in which the running of the business can be made easier and allow them to get on with their practice.

Perhaps what government could be doing is looking at ways of buying back the contracts of some of the practitioners in the current case, because they were in fact duped by their corporate employers in that they expected to be practising in one location and have now been told they have to practise elsewhere. They may well have legally valid clauses in their contracts which are not morally valid. Maybe a way around it would be to ask government to intervene to buy them some freedom so that they could go back to practising more in the way they wanted to. So that is something that we would urge government to look at—whether it is prepared to buy into that as a capital investment, freeing up some doctors to go back to the form of practice that they currently provide, rather than going into the bulk-billing clinic.

MRS BURKE: Going back to your point about relationships between state, territory and federal governments, I am not sure whether you are aware that today in the *Canberra Times* there is an article stating that "Canberra will not receive immediate relief from the commonwealth to tackle its GP shortage". That is according to federal health minister Nicola Roxon. What are your comments on that?

Mr McGowan: Clearly, the ACT has a major shortage of GPs per head of population. There are different ways of approaching that. One of the main points of that was to say they were not going to fund a superclinic, as I read it. A superclinic is only one model for approaching these things. I think the ACT can promote itself as an attractive place for GPs to come and practise and that we will get a flowthrough from the medical school at the ANU if we set the conditions up correctly.

There is a generational difference in expectations of doctors now. Increasingly, the younger doctors, the gen X and gen Y, do not want to saddle themselves with the capital investment in a practice, which is in fact an investment in their future, in their superannuation, if you like, which they feel will not be able to be realised; they will not easily be able to sell the practice at the end. They would rather work for a salary. There are many GPs who are choosing to work for a salary so that they are not saddled with those extra responsibilities and so that they have more freedom for family purposes, for travel, for career changes, for going overseas and for serving

with Medecins Sans Frontieres or whatever. There is a whole range of younger doctors who want those freedoms. We need to be setting up models that enable them to practise in that way.

MRS BURKE: Haven't we seen this sort of corporatisation coming for quite some time? Do you believe now that we are trying to rapidly play catch-up, particularly the government? That has been my main concern in all of this. We have been left behind in some ways and we have not been proactive. We are now trying to be reactive.

Mr McGowan: I agree with you. We need to be proactive. The point was that the original corporatisation challenge seemed to plateau; therefore we got a bit complacent. Just recently, with this current takeover by Primary Health Care of Symbion, it has become much more significant here in the ACT. Perhaps we did not anticipate that when we might have. Regardless, we now need to try and make sure that we are proactive in the future.

MS PORTER: An issue that was raised before by one of the other witnesses was with regard to the transport and parking issues. Have you had people coming to you to discuss the practicalities?

Mr McGowan: We understand there have been some half-hearted promises by Primary Health Care to run bus services, to get people from suburban locations in to Phillip, because there is not an adequate public transport service there.

MS PORTER: We have got some documentation about those services.

Mr McGowan: We would be very sceptical of that being fulfilled in the longer term.

MS PORTER: This is the bus service that they may provide?

Mr McGowan: Yes.

THE CHAIR: Although they are claiming a car as opposed to a bus service.

Mr McGowan: All the same, we would rather see community services enabled to help people get to things. There are some moves by the current government to do that sort of thing. I believe they have made mini buses available to a number of community health services.

MS PORTER: Regional community services; that is right.

Mr McGowan: Including this as part of their function is one thing, but it is still not a satisfactory location for a health clinic for the most vulnerable, for single parents and the aged—

MRS BURKE: And people with a disability.

Mr McGowan: and for people with a disability; it is not a good location. If Primary Health Care had decided to move its Phillip operations to Wanniassa, we would be far less critical. It is a much better location for a community-based healthcare service.

THE CHAIR: Mr Pratt, you have a comment?

MR PRATT: I understand that there has been evidence given here this morning that Primary Health Care are not going to relinquish the lease of the building—are not going to free that up. Do you think there is room here for legislation that might better protect the leasing arrangements when buildings and blocks of land are made available?

Mr McGowan: Quite so. I think there should be conditions on leases that are granted for specific purposes—that, if they are not going to be used for those purposes, including if the building is just going to be vacant, they need to revert to the government.

THE CHAIR: All of those things, though, are things that would need to be tested in the courts.

Mr McGowan: Indeed, and governments should be prepared to put some money into this as a way of investing. The Wanniassa clinic has only recently been refurbished, as I understand.

MR PRATT: Correct.

Mr McGowan: It would seem to be far better to spend some money to make that available for the range of services we were talking about. Even if it is not exactly the same doctors practising in exactly the same way, we could still enhance primary healthcare provision to the community as a whole if we did free that up to be used as a health service.

THE CHAIR: It is, though, a privately owned building.

Mr McGowan: Yes, so a payment will need to be made to the owners of the building. We believe the ACT government is one body that could consider paying that and then subleasing to a range of other private health providers, provided the current provider was made to relinquish the lease.

MR PRATT: So basically you believe that, when a group comes to government and seeks land, and they get a leasing arrangement for that particular purpose, in this case medical, that lease should be protected and be allowed to be passed on for the same purpose should the corporation walk out.

Mr McGowan: Yes, and there should be some sort of dog-in-the-manger clause to prevent them blocking other service providers from using them.

MR PRATT: Would you see this as one of the priorities of this Assembly and one the government, hopefully, should address in relation to this.

Mr McGowan: Probably the next one.

MR PRATT: Thank you.

THE CHAIR: Thank you very much for your appearance today. Mr Greville and Mr McGowan, as you would have heard before, we will be getting the transcript back to you as soon as we can. Could you check that for accuracy and get it back to us if there are any things that need to be corrected in the transcript. As you know, we will be reporting to the Assembly on 26 August. For the information of those in the gallery, we are now having a break until 12 o'clock, when the Minister for Health will be appearing.

Meeting adjourned from 11.18 am to 12.06 pm.

GALLAGHER, MS KATY, Minister for Health
O'DONOUGHUE, MR ROSS, Executive Director, Policy Division, ACT Health

THE CHAIR: Welcome, minister, and officials. Thank you very much for making time to appear today. I do not need to read the privilege card to any of you—you have all heard it well enough—but could you just state for the record that you understand the implications of the privilege statement.

Ms Gallagher: Yes, I understand the privilege statement.

Mr O'Donoughue: Yes.

THE CHAIR: Minister, would you like to start by making an opening statement?

Ms Gallagher: Thank you, Madam Chair; yes, I will. I take the opportunity to appear before you today. Last week, I think, when the idea around having an inquiry into this was raised, from the beginning I lent my support. I think it is useful that the Assembly has a look at these matters. I think more broadly the issue of GPs and GP shortages in the ACT is something that is very worthy of the Assembly's attention and something that I have been working on very hard for the last two years.

The issues which led to this inquiry around the decision of Primary Health Care to close one of their practices and relocate doctors to Phillip are very disappointing. I think it has affected that community in a very significant way and we have seen that from the level of community outrage at this decision. From the point in time that I became aware of this, I have done a number of things to look at what the ACT government can do—if we can do anything—and do it.

In response to becoming aware of this, I have written to the federal minister for health, Nicola Roxon, asking her to declare the whole of the ACT as a district of workforce shortage—at the moment there are pockets of the ACT which are not covered by that—and again to ask her to increase the number of ACT GP training positions—I think the number of GP training positions each year is around eight, which is not sufficient to deal with the numbers of GPs that will soon retire—to extend the outer metropolitan provisions to the whole of the ACT and also to consider establishing a GP superclinic in the ACT. I guess that is No. 4 and probably No. 4 on my priority list, because Queanbeyan has been offered a GP superclinic and a superclinic is no use to us if we cannot attract GPs to work in it. It pays for a building but staffing it is another issue.

I have also written to Dr Bateman again to express the ACT government's concern over his decision and the impact that it would have, particularly on residents of the Tuggeranong Valley and patients of the practice. I sought that he provide in writing that patients would have access to their GPs in Phillip and access to booked appointments. He had made a public statement to this effect but I understand I have received a response from him today that has reconfirmed that, and I think one from his son. I also sought his plans and intentions around the use of the Wanniassa clinic where, as we have heard this morning, Primary Health Care holds the lease until 2012. I was hopeful that he would relinquish his lease and allow other GPs who may be interested in using that facility to do so.

I have also been in contact with a number of GPs who have contacted my office, both from interstate and locally, who are very keen to establish a GP practice in Wanniassa. I have been surprised at the number of GPs that have contacted my office and I think there is some opportunity there. I have had ongoing discussions with a number of them over the past couple of weeks. I have taken advice from ACTPLA and the LDA over options for land in the area which may be able to be used for a medical facility.

I have also taken legal advice on the options available to the ACT government to respond to Primary Health Care's decision and I have to say that the advice I have received is that there is very little that the ACT government can do. There has been no breach of the crown lease and, whilst I have not seen the exact detail of the commercial lease, I understand in that lease there is not a requirement to operate a medical facility; there is a requirement to establish one but not to have one continue to operate. That is a matter within the commercial lease. There is no constitutional or legal authority to mandate the working locations of private GPs in this case and the regulation of general practice is an area under commonwealth responsibility, but I understand also that they have no legal power or any legal response to this particular situation.

That is just a brief outline of the things that I have done, the advice I have taken, the meetings I have had, in order to look at whatever else the ACT government can do. I think the issue now comes to making some land available in the Wanniassa area for the establishment of a new clinic. Some of the people I have spoken to, the GPs that I have spoken to, have had a look at that land. We now need to see how we can move that process through quickly if there is interest in that as an alternative, but in terms of any ACT government specific capacity to respond to the issue, which is leaving a medical facility with a lease in place unoccupied over the next four years, there is no legal alternative available to the ACT government to stop that.

MS PORTER: I want to take you back to one of your initial statements, which was around GP shortages and work that you have been doing. You said you have been working hard with regard to that issue and we heard earlier from some other witnesses about some of that work. Can you enlarge upon that and let us know what that work entails and how far down the track you have got with that?

Ms Gallagher: Certainly. Some of this work predates me as the Minister for Health. The ACT government was successful in 2003 in getting the Australian government to recognise certain areas of the ACT as areas of workforce shortage and to have the outer metropolitan GP incentive scheme applied to parts of the ACT. That includes Belconnen, Gungahlin, Hall, Weston Creek, Stromlo and Tuggeranong. That was primarily to assist ACT doctors to recruit overseas trained doctors and doctors from metropolitan areas to come and work in the ACT.

We also formed the GP workforce working group to address the workforce shortage and emergency department pressures and this resulted in a service which I am sure many of us have used, the ACT government's CALMS—the after-hours locum service which is established in the clinics in the Canberra Hospital, Calvary Hospital and the Tuggeranong health centre. CALMS represents 85 to 90 per cent of the ACT general practices, including Primary Health Care.

We have got the medical school, of course. We have got 80 medical students graduating there every year and this year, for the first time in our history, we have seen more doctors wanting to work here than were given places to work here. After successful lobbying, again by me, and negotiations by ACT Health, we have been able to come to an arrangement with New South Wales which keeps those doctors here, which we are very pleased about. We have to work out what we do for next year but we have managed to resolve that issue for this year.

We have funded the GP marketing and support officer within the Division of General Practice. Again, that was an idea where the division came to me and said that they felt a position located in their office to do this kind of work, to take some of the workload out of individual general practices—to do work themselves—may result in more GPs being able to come here and practices being able to accommodate them if they did a lot of the paperwork. That program is now underway.

We have also announced our ideas around a nurse-led walk-in centre. Our desire is to have the first one open in Tuggeranong. That is because we know there is a need out there and we know there is a need for after-hours free primary health care and that is something that we can respond to. Of course, we have to work with the doctors' organisations and organisations such as the Health Care Consumers Association. I guess more broadly across the health spectrum I would like support for those centres before we get them up and operational because if I do not have the support I do not think they will be as successful as they could be, so we are having those discussions now.

Those are some of them. We have got the redevelopment of our community health centres as part of our budget this year. That is to look at what services we can offer in those community health centres. The work we have done has found they are very well located around our city. We have announced one that is to be built in Gungahlin and there may be some opportunities to look at what is offered at those community health centres in terms of access to increased services out of the hospital environment but services that the ACT government can provide.

MS PORTER: I would like to go back to the issue of nurses. We heard this morning that nurses can be a way of assisting doctors in their practices by doing some of the tasks, such as immunisation, under supervision and that does relieve GPs of some of that pressure, but it was pointed out that we have a nurse shortage, that they perceived there was a nurse shortage and they were concerned that nurses might be taken out of acute care or attracted from acute care to go and work there. What would be the situation as far as you are concerned with regard to the nurses that you see working in the areas that you have just described?

Ms Gallagher: Workforce remains a big constraint across health services across the world and it is no different across Australia and it is no different in the ACT, but there is also a significant push by nurses themselves to increase their scope of practice, particularly those that want to move out of an acute area into another field of nursing. We lose nurses because of that, because of some of the limitations on choices for their nursing practice.

I have no doubt that the idea of a nurse-led walk-in centre will be extremely attractive to a lot of our senior nurses who, for one reason or another, have worked in a hospital for many years but have been unable, through the limitations on what that environment provides, to do anything different or to increase their area of responsibility. We have seen the success of nurse practitioners in the ACT. We have a few of them working now in ACT Health and I think we have one in a private aged-care facility. We have seen the very clear, tangible benefits that they provide in those areas of work and the fact that they are desirable occupations, so we have to accept that nurses are going to be a key to solving some of our doctor shortages. They are going to have to be. Also, it really is a complete reworking of the health workforce. This is digressing away from the matter at hand, but allied health, allied health assistance, assistants in nursing, nurse practitioners and advanced care nurses are part of the whole puzzle that we are going to have to implement if we are to meet our community's health needs with the workforce that we have available.

MRS BURKE: Welcome, minister, and thank you for appearing before us today. I want to start at the beginning in terms of the committee's consideration of the circumstances surrounding the closure of the Wanniassa medical centre, the circumstances of that closure and your involvement. On Friday, 1 May in the *Canberra Times* you told the *Canberra Times* that your hands are tied and you cannot control the movement of general practitioners. It was not until the Friday that you responded when in fact on the Wednesday staff and patients learned of that move. When was the last time that you talked to Primary Health Care before the closure of the clinic?

Ms Gallagher: I had a meeting with Dr Bateman probably about a year ago.

MRS BURKE: And nothing before that?

Ms Gallagher: What do you mean "before"?

MRS BURKE: Nothing since then.

Ms Gallagher: No.

MRS BURKE: So it is 12 months and you did not deem it necessary to talk to probably a major provider of ACT GP services. You did not deem it necessary to talk to him?

Ms Gallagher: No. There was no reason for me to talk to Dr Bateman.

MRS BURKE: I thought GP services was a really big issue in the territory. Isn't that something—

Ms Gallagher: It is and so I meet with the Division of General Practice, I meet with the AMA and I meet with a number of local GPs. In fact, I meet with anyone who wants to meet with me.

MRS BURKE: Wouldn't you have thought you would have been driving that, though, as minister, given the critical shortages of GPs and knowing the way the organisation

were trying to address these concerns for the ACT? Don't you think as health minister you could have been more proactive in that and should have been?

Ms Gallagher: In having a meeting with Dr Bateman about what?

MRS BURKE: His provision of services, or Primary Health Care's provision of services, for GPs in the territory—as a big provider.

Ms Gallagher: Provision of services for GPs? He is an employer of general practitioners and he runs two services here. I do not see him as a key stakeholder, if that is what you are asking. I negotiate and discuss and have regular meetings with key stakeholders which I would point to straightaway being the Division of General Practice and the AMA as representatives of general practitioners and doctors in the ACT.

MRS BURKE: Had you talked to him, do you think there would have been something you could have done to at least get into negotiations? Do you think you left it a little bit late to do anything?

Ms Gallagher: I understand your political desire to rest blame with me for the decision of Primary Health Care. I understand it; there is a campaign on and you are in a position where you can point the finger, but I can sit here and honestly say to you that whether or not I discussed anything with Dr Bateman would have had not one iota of impact on his decision around this, and I can say that very confidently.

MRS BURKE: But you did not even try, though, from what you have said yourself.

THE CHAIR: Mrs Burke, allow the minister to answer the question.

Ms Gallagher: The question you raise is hypothetical and I am trying to answer a hypothetical question. I can assure you the decision he has taken would not have been influenced by me. In fact, I was not aware of it—and I know you will point the finger and blame me for this as well, but you will have to understand there were probably some good reasons why Primary Health Care would not have picked up the phone and said to me, "By the way, we're thinking about closing our Wanniassa practice."

MRS BURKE: But you could have rung him, though, as I have said, couldn't you, and kept in contact?

Ms Gallagher: So I could have rung Dr Bateman and said, "Dr Bateman, are you thinking of closing any practices around here?"

MRS BURKE: You could have had negotiations and talked, but anyway.

Ms Gallagher: Jacqui, blame me for it. I am quite happy and I am big enough to sit here and take that blame. But what I am telling you is that, as health minister, there are several things that I am able to do about this and I have done every single one of them. I know that does not make you happy but it does not change the reality of the world in which we operate and in which health and the health system operate here.

MRS BURKE: It is not about making me happy, by the way, and it is not—

THE CHAIR: Mrs Burke—

MRS BURKE: Hang on. I need to correct something the minister has said. This exceeds any political motivations that you might think I have.

THE CHAIR: Mrs Burke! You understand the way that committee hearings operate.

MRS BURKE: I needed to correct that, chair.

THE CHAIR: If you are not prepared to abide by the standing orders and run your questions through the chair, I suggest that you do not participate.

MRS BURKE: I thought that might happen.

THE CHAIR: If you have a question to ask, ask it and allow the minister to answer the question without interruption.

MRS BURKE: I had a line of questions, thank you.

THE CHAIR: You know that those are the rules.

MRS BURKE: May I have a supplementary then, thank you, through you, chair?

THE CHAIR: Yes, you may.

MRS BURKE: Minister, today in the *Canberra Times*—I know and note that after the event you did write to Nicola Roxon, but she is now saying to you that we will not receive as a jurisdiction any immediate relief. What does that actually mean?

Ms Gallagher: I am yet to receive Nicola's formal response to my letter, but I have to say that I have written to successive health ministers on this issue, probably every two months since I became minister. It says what it says. It says that the ACT government will not be getting any immediate relief. The immediate relief that we were seeking through my points were around the extension of the workforce incentives and the establishment of a GP superclinic and extra GP training places. My guess is that I am not going to get that tomorrow. I am going on with the question that was obviously asked of her yesterday at the Press Club, but I have not received her response to my letter.

MS PORTER: You have gone through a whole list of things that you are doing. With regard to the building, you said that was owned by another organisation, not by Primary Health Care, or that it was leased to Primary Health Care.

Ms Gallagher: That is my understanding.

MS PORTER: Had you contacted the owner of the building?

Ms Gallagher: My office contacted the owner of the building and had a discussion

with him—sought a copy of the lease, in fact, so that we could chase up advice around the content of the lease and whether there was any breach of the crown lease which we could pursue. As I said, I have also taken legal advice from the ACT Government Solicitor.

THE CHAIR: I did not hear, because I had somebody speaking in my ear. You said that your office contacted the owner of the building?

Ms Gallagher: My senior adviser, Brendan Ryan, contacted Mr Tall, spoke with him around the issue of Primary Health Care's decision and sought a copy of the lease, which at that time was not available.

MRS BURKE: Moving on to the budget for 2008-09, I note that it includes $18 million for a Gungahlin health centre. Am I right in thinking that this covers only the capital cost for construction? Who will fund the operating costs? And, from that, what will the government contribute and how many full-time equivalent GPs will the centre hold?

Ms Gallagher: Mrs Burke, I am almost embarrassed for you. The Gungahlin health centre is like the Tuggeranong health centre, the Civic health centre and the Phillip health centre. Yes, you are right; it involves capital money, because that is part of the capital appropriation in the budget. The operating costs will be met by the ACT government—as we do for every other community health centre in Canberra. For the person who wants to be the next health minister for the ACT to not understand how our community health centres work is, as I said, quite embarrassing. There will be no GPs located in that centre, as there are no GPs located in our other community health centres, because Kate Carnell, I think, took the decision to not have salaried GPs working out of our community health centres any more. That decision was taken by a previous Liberal government.

THE CHAIR: Ms Porter, do you have any further questions? I know you have to go.

MS PORTER: No. I do apologise, minister; I am going out to Bimberi with one of my other committees, the education committee, which I am chair of.

THE CHAIR: Mr Pratt?

MR PRATT: Given the increasing trend of corporatised health and clearly some trends for profits before people being shown by some of these corporations—and this is an Australia-wide problem, of course, an Australia-wide trend—will you table legislation to protect leasing and operational arrangements for new GP clinics and those sorts of operations where people come looking for strategically placed land?

Ms Gallagher: I think we have all learned some lessons from the decision of Primary Health Care. Some of those matters go to the content of commercial leases and what needs to be in commercial leases to protect the interests of building owners and those who sign off on leases. My response would be that it would already by covered by our planning legislation. We can certainly look at whether there are things that we need to put into crown leases when those are issued, but in the crown lease there was a whole range of things that were available here, available under that block. For example,

there is a block of land in Wanniassa that the government is happy to make available for a healthcare centre. It is already designated as community facility land, and one of those purposes is a medical facility. So we have already set those specifications.

The issue of whether that can be further legislated for GPs probably goes to a whole range of businesses. It is not a matter where you could table legislation just to protect GPs from being able to be moved. I am not even sure if we can do that legally. It is not an area that the ACT government can regulate. The content of the leases is probably the key issue here—the fact that, in the commercial lease, there is not a requirement, as I understand it, to ensure that that building is occupied and operational.

MR PRATT: So the lease fundamentally allows the owner of that particular block to do whatever they like with that.

Ms Gallagher: The person who holds the lease, not the owner.

MR PRATT: From this point onwards.

Ms Gallagher: Yes.

MR PRATT: So they could open up a video shop.

Ms Gallagher: No. That is in the crown lease. The crown lease is quite specific. I have the list somewhere. It is around a medical facility. It is not commercial. It is to use the premises only for the purpose of medical, dental, paramedical and professional offices. That is the content of the crown lease, which is something that ACTPLA and the ACT government has control over. And it says that no less than 50 per cent of the floor area of the building is to be used for medical, dental or paramedical use. That is already in the crown lease.

MR PRATT: And that allows the protection of that lease to continue those sorts of operations. Clearly you have said that the lease for this particular subject block of land had a requirement to establish a medical centre but not to operate it.

Ms Gallagher: That is right.

MR PRATT: Are you saying that there are facilities now in legislation that do allow ongoing leases to be protected for those purposes?

Ms Gallagher: What I am saying is that we can look at whether there need to be additions to crown leases to protect the community. But the issue that has been highlighted here is the detail in the commercial lease. I have not seen the commercial lease, so I am operating on advice that I have been given. I do not want to speculate too much in case there is further action around that.

MR PRATT: But you would investigate the commercial lease if you got the opportunity to.

THE CHAIR: Mr Pratt—

Ms Gallagher: I have sought the commercial lease and I have taken some advice from ACTPLA based on that.

THE CHAIR: Mr Pratt, can you run your questions through me, please?

MR PRATT: I am sorry, chair. Can I ask another one, please?

THE CHAIR: You have had quite a go and I think—

MR PRATT: Could I ask one more?

Ms Gallagher: I do not mind staying for a little bit longer if the committee—

THE CHAIR: I was going to ask how long you can stay for; I cannot stay past 1 o'clock.

MR PRATT: And that is certainly taken into consideration. Would you consider, would you even think about, investigating legislation to look at all the other health facility leases we have around the territory to provide better protections? I know retrograde action is not always possible.

Ms Gallagher: Retrospective action, yes.

MR PRATT: I am sorry, retrospective—which may be retrograde, of course.

Ms Gallagher: Yes.

MR PRATT: Would you consider looking at those existing arrangements?

Ms Gallagher: I think this goes to an area outside my responsibility. I think it goes to probably the Attorney-General and the Minister for Planning.

MR PRATT: I know it is planning, but as the health minister you would still have an input.

Ms Gallagher: It is planning but it is also around what influence the ACT government can play in commercial leases, where it is one business and another business interacting. It is not the government and a business interacting and that is, I think, the issue that needs to be highlighted. The government does not have the lease here; it is a commercial agreement entered into by parties which has now resulted in this situation and, as a government, we are trying to look at what we can do to respond to that. And the advice that has been given to me is that there is very little we can do legally other than to see how else we can ensure that a medical practice operates in Wanniassa. The big thing we can bring to the table is land. I have worked hard over the last week and a half with ACTPLA—actually, it is the environment area of TAMS that has a block of land that is available should there be the right people wanting to purchase that land and set up a medical practice. It is there and it is pretty ready to go.

MR PRATT: Would you be talking to the planning minister about what can be done to—

Ms Gallagher: I have talked extensively to the planning minister.

MR PRATT: protect the leases of those properties which are now designated as health facilities around the place?

Ms Gallagher: What I am saying to you, Mr Pratt, is that those are commercial arrangements entered into by private parties and they are not something that the government can influence. Private party 1 and private party 2 meet, talk and enter into an agreement. The government cannot and should not be a party, and would not be a party, to those negotiations. What I am trying to say to you is—

THE CHAIR: In fact, there would be complaints if the government tried to interfere.

Ms Gallagher: You are asking the government to influence in small business decisions.

MR PRATT: No. In fact, my question is really about the initial arrangements—

Ms Gallagher: The initial arrangements I have gone to.

MR PRATT: in the provision of land that allow ongoing leasing and commercial arrangements to protect their medical operations against that original requirement. Isn't that what we are asking for?

Ms Gallagher: That is right. Your question then is less about the commercial lease and is around the crown lease.

MR PRATT: Fair enough.

Ms Gallagher: The crown lease specifies what the land can be used for and that has been met. I have certainly talked with the Minister for Planning and his office over the last week and a half to see whether there is anything else we can do in the crown lease sense to protect people, but it goes more broadly than just general practice, I have to say, and more broadly than health.

MR PRATT: And it involves community centres as well.

Ms Gallagher: It involves anyone who has got a crown lease with a commercial lease that sits above it.

MR PRATT: All right. Thank you, minister.

MRS BURKE: Minister, the second point in our items that we wanted to discuss is the impact on residents of the Tuggeranong Valley. We heard this morning from healthcare consumers a range of concerns and I will just point some of them out to you: reduced access to health consumers, including parking difficulties and bus services. One here that I may or may not agree with—I am not sure—is reduced access to their doctor of choice. I do not think that is particularly true because at the beginning I declared an interest—I am a patient, and I think I can still see my doctor, so I do not agree with that. But they also say there is a perception of profit becoming before patient care, lengthened travel time, flow-on effects on other businesses in the community. You may want to answer both of these together: is it your assertion that

you could do nothing to stop this from happening? That is the first point, and what now is your level of engagement with Primary Health Care Australia given what has happened and given that there were also rumours about them moving into the north of Canberra too, in terms of the Symbion practice there?

Ms Gallagher: Yes, I understand at Kippax. I think I have answered your first question: what can the government do and is there anything legally that—

MRS BURKE: So you could not have done anything in the beginning. That is what you are saying: you could not have done anything?

Ms Gallagher: No, I couldn't—

MRS BURKE: And my second point was: what is your level of engagement now?

Ms Gallagher: With Primary Health Care?

MRS BURKE: Yes.

Ms Gallagher: I have written to them, as you know, and I have just received a letter back from them, I think this morning, which I have not had the time to read, but from all appearances to me it looks like I have been given the pro forma that everyone else has been given.

MRS BURKE: It is probably the same as mine.

Ms Gallagher: As I said, I expected nothing less from Dr Bateman. I will now follow up with Primary Health Care the content of this letter. I wrote to them, they have written back and that usually instigates the next steps forward.

MRS BURKE: Health Care Consumers, and others, also I think indicated this morning that there was a renewed concern, or a concern now, about corporatisation of medical services in Canberra and how far this will actually go, given that there was some indication that maybe this might even be happening in Belconnen shortly with the practice up there.

Ms Gallagher: Primary Health Care's success has been by expanding their business. It is part of their model and I imagine their acquisition of Symbion is further to expand their model of care. I would like to put on the record that I think Primary Health Care are a valuable player in the ACT primary health industry or area. I point directly to the fact that our bulk-billing rates have improved by nearly 10 per cent over the last three years and that directly correlates. The single biggest difference has been the Ginninderra medical practice and the Phillip medical practice opening up. They are the big changes in the primary healthcare landscape and those changes have improved people's access to bulk-billing services and out-of-hours services. I understand that this model of care has concerns from a point of community-based localised general practice, but I think the flipside has to be acknowledged too, that they have come in and provided a service that was not being provided in Canberra, or had not been provided in Canberra for some time.

MRS BURKE: It is interesting you say that because other commentators are saying that really bulk-billing is not the issue and indeed to be able to access a service from

GPs people are prepared to pay for that service, so I do not know. We had this discussion before today. What would your comments be on commentators saying that it is not a big issue, really, and that we should not be focusing on that so much?

Ms Gallagher: I think for people who have a good income and are able to pay full costs, with the Medicare rebate I think you are right. I think they like a GP that knows them, that has a history with them, and I know that for myself. I have the best GP in Canberra—I have no doubt about that—and she is a godsend. She singlehandedly saves me every week almost, with my two little ones, but it costs money and antibiotics cost money and if you go three times a week it costs money. I can afford that on my salary but to say that it is not about bulk-billing is fair in the point that it is not about bulk-billing for everyone, but we know, in times of rising petrol prices, interest rates, food and groceries, that this is a key issue for our community.

The national average for bulk-billing rates is 77 per cent of consultations. In the ACT, with a 10 per cent improvement, we have got to 51 per cent. So it is a massive issue and we know from CALMS that people are prepared to wait in our emergency departments whilst down the corner, less than a minute away, there are appointments with the after-ours locum service in the hospital, in the same building, and people are prepared to wait. Why? The only reason you can extrapolate from that is that they cannot afford it and they cannot afford it two times a week and they cannot afford it eight times during winter.

Whilst I, as health minister, feel the community's concerns and I am looking to do everything I can to respond in Wanniassa, I have to acknowledge that Primary Health Care are providing a service to thousands of Canberrans every year that was not available in the past. From a health point of view, it is so important because what it says to us is that those are the people that may not have been going to the doctor in the past—not that they were paying for it and they could not afford it but they were not even going there. Ginninderra and Phillip offer that opportunity for people. To be honest with you, they are packed out. As anyone who has been there knows, there is a wait, and why is there a wait? Because people are prepared to wait for bulk-billing services.

THE CHAIR: I think that is an important point, minister, and it is unfortunate that Dr Bateman decided not to accept our invitation to appear today to put on the record the good things that Primary Health Care are able to do. Certainly, it is not the choice that I would make. It is not the sort of place I would go to in order to get GP services, but there are a number of people out there who are looking for bulk-billing and have not been able to find it in the ACT in the last number of years, because bulk-billing rates have been declining.

MRS BURKE: Just going back to the impact on residents of moving to the new premises in Phillip, I, and I know others in the community, have done a bit of a reconnaissance on how we would go about it when we first go to visit the doctor. The parking issue down there is absolutely appalling—and I know it is outside your purview per se—and also transport issues in getting there, for people who cannot drive, people with a disability, women with children. There is a bus service of one an hour, apparently, here. What do you propose to do about those types of issues?

Ms Gallagher: Again, I have taken advice on those, when they were first raised with

my office by Mr Tall. The advice from ACTPLA is that the lessee—I think you have heard this before—shall provide and maintain an approved drained and sealed car parking area on the land to a standard acceptable to the authority in accordance with plans and specifications previously submitted to and approved in writing by the authority. The approved site plan indicates 43 parking spaces on site. For any extension to the existing medical centre, the car parking generated will be assessed against the parking of vehicular access general code and the lessee will be required to provide additional car parking spaces to the satisfaction of the authority, if the existing car parking numbers do not meet the requirement. It should be noted, however, that there are car parking spaces within Colbee Court on unleased territory land and if the lessee is unable to provide all car parking generated by the proposed development on the site they are required to demonstrate that there is capacity off-site to meet the demand. No further development applications for the Phillip medical centre have been lodged.

MRS BURKE: You will be keeping a watching brief on that?

Ms Gallagher: Absolutely, yes.

MRS BURKE: And, secondly, what about the transport—

Ms Gallagher: And ACTPLA have also been. I should say also that in a letter that a person from Wanniassa who I have been corresponding with has been kind enough to send to me—and I am sure you have all seen it—Primary Health Care have arranged for a courtesy car service for patients with mobility and similar problems to transport patients from their home to Phillip between the hours of nine and three on Mondays, Wednesdays and Fridays. That, I think, has come directly from patients making those representations to Primary Health Care.

MRS BURKE: I think Health Care Consumers say it only amounts to short-term tokenism, because I think it fell over in the north.

Ms Gallagher: Perhaps.

MRS BURKE: I do not want to knock it. If they are going to provide that, that is good. What about the bus side of things?

Ms Gallagher: I had my office do a complete rundown and check on the buses available but I do not have it with me. I can get back to the committee on what that is, because I think there are a couple of alternatives.

THE CHAIR: We might finish it there because I have another meeting in 10 minutes. Can I thank you for your appearance today, minister. We will be getting the transcript back to you as soon as we can.

Ms Gallagher: Thank you.

The committee adjourned at 12.47 pm.