

PALMERSTON HEALTH PRECINCT REDEVELOPMENT

BANSCOTT PTY LTD MAY 2008

Background

Palmerston Super Clinic

On 26 August 2007 during the lead up to the Federal Election, Labor announced the investment of \$220M for the establishment of GP Super Clinics in local communities to ensure more access to doctors, nurses, specialists and allied health professionals all in one centre. The commitment was to provide infrastructure funding to establish a greater range of convenient and high quality services in local communities and particularly in regional and rural areas where Medicare is not fully utilised due to workforce shortages.

On 1 September 2007 Palmerston was named as one of the first recipients of the Super Clinic with a commitment of up to \$10M for the “creation of a GP Super Clinic.....to provide better health services to Top End families”. The commitment states that once completed the Super Clinic is expected to include:

- 24 hour a day GP service;
- Chronic disease and complex care management services;
- Outpatient services provided on an outreach basis from the Royal Darwin Hospital;
- A greater range of allied health services than are currently available; and
- Dental services.

The commitment reiterates that providing a 24 hour GP service is responding to community needs as well as “taking pressure off public hospitals in the Top End”.

Free Health and Dental Care for Defence Families

On 12 November 2007 Labor announced an investment of \$33.1M to extend free basic medical and dental care to spouses and children of Australian Defence Force personnel. The first two of twelve locations were also announced, including Robertson Barracks Darwin to cover around 3,650 families at all seven defence facilities in the Darwin region. The announcement allows for the services to be provided either on the Robertson Barracks base or through commercial tendering on new facilities close to the base to allow patients regular access to GP and dental services without the need to travel extensively to access such services.

Danila Dilba Aboriginal Medical Service

Several years ago the Northern Territory Government allocated to Danila Dilba access to lot 8631 on a perpetual lease arrangement to build in the Palmerston region. This block is separated from the existing Health Precinct by lot 8408

(currently zoned for community purposes). Danila Dilba's board has committed to a consolidated operation in Palmerston partly in recognition of available land but also in response to the growing demand for appropriate services for Aboriginal people in the region.

In late 2007 Danila Dilba has had to invest in significant repairs and maintenance to Knuckey Street simply to make it through the 2007/08 wet season, with subsequent interruption of services to accommodate the building requirements. There is no doubt that substantial refurbishment will be required to Knuckey Street if they are to spend another wet season on the premises.

24 Hour GP Service for Palmerston

The announcement of the Super Clinic for Palmerston is obviously much broader than an after hours GP service, following initial consultations in Darwin it became clear that no effective discussion on the scope and concept of a Super Clinic to serve the Greater Palmerston area is possible until the issues around a "24 hour GP service" for the region are resolved.

There is an overwhelming demand for a "24 hour GP service" and a significant degree of pressure from many community leaders to establish such a service as a matter of priority "without more discussion". Unfortunately there is little agreement about the key features of a "24 hour GP service". Decisions are needed on the hours and nature of the service, charging policy and process and timing for introduction (more detail on each issue is provided below).

While in the long run there is the need to determine how the after hours service will be integrated into the Super Clinic, the community and political pressure are such that issues around the "24 hour GP service" need to be addressed as a matter of urgency well in advance of seeking agreement on the details of the Super Clinic. In addition for the reasons stated above, the short-term future of Danila Dilba needs to be determined.

This interim report sets out those issues that need to be resolved in the short term, prior to the Australian and Northern Territory Governments making decisions about the longer-term establishment of the Super Clinic in Palmerston (including how the Defence Families initiative fits with the Super Clinic development).

Recommendation 1: That the Australian and Northern Territory Governments agree that there is urgent need to resolve the issue around the "24 hour GP service" in the Palmerston area as a matter of priority.

Recommendation 2: That the Australian and Northern Territory Governments agree that the decisions around the Super Clinic be deferred until there is clear resolution about the "24 hour GP service" and public announcements made about the operation of this service.

24 Hour, 7 Day a Week General Practice Service

Hours and Nature of Operation

A number of people have assumed that a GP would be physically present 24 hours a day, seven days a week (24/7). For many reasons this is not a practical option. With the current shortage of GPs it makes little sense to have a GP in attendance between 10pm and 8am when very few people need treatment. The history of the GP clinic at the Precinct and current figures from Royal Darwin Hospital (see Table 1 and 2 below) show that very few people need treatment between these hours, with only an average of 7 to 8 presentations from the combined Litchfield and Palmerston regions presenting to the ED at the hospital between 10pm and 8am during 2007.

Table 1: Palmerston ED Presentations: January – December 2007

Palmerston: ED Presentations by Day and Time of day – weekly average							
	Monday	Tuesday	Wed	Thurs	Friday	Sat	Sun
0800-1700	11	11	10	10	11	10	12
1700 - 2200	7	7	6	6	6	8	7
2200- 0800	6	6	6	5	6	6	5

Table 2: Combined Litchfield & Palmerston ED Presentations: 2007

Combined Palmerston & Litchfield: ED Presentations by Day and Time of day – weekly average							
	Monday	Tuesday	Wed	Thurs	Friday	Sat	Sun
0800-1700	15	15	14	14	15	14	16
1700 - 2200	10	10	9	9	9	11	10
2200- 0800	8	8	8	7	8	8	7

It is important to realise that teaching hospitals in major capital cities do not provide access to a full range of services 24/7. What they provide is triage and support until those able to provide the necessary treatment are available. It is proposed that greater use be made of Health Direct to provide triage and arrange transport to Royal Darwin Hospital (RDH) if necessary. This arrangement will need to be advertised carefully and discussed with the National Health Call Centre managing company. It will also need to be carefully monitored and the nature of the treatment requiring referral to RDH regularly assessed so that when the numbers of patients increase the option of employing nurse practitioners in the ED at RDH is considered. (Current numbers of patients by triage category are in Table 3 below).

Table 3 – ED Presentations and Triage Categories

2007 Palmerston: ED Presentations and Triage Categories					
	1	2	3	4	5
	64	667	3143	5594	240
2007 Litchfield Selected Area: ED Presentations and Triage Categories					
	31	253	1170	1908	86

Recommendation 3: That Health Direct be advertised and used as the triage vehicle between the hours of 10pm and 8am and have the capacity to arrange transportation

of patients from Palmerston to RDH when necessary and without charge to the patient.

The next question is whether the service is to be provided during “normal” business hours (that is 8am to 6pm during weekdays). This is more difficult because of the potential impact on the existing GP practices servicing Greater Palmerston. If the service is to operate during “normal” business hours it is likely to draw patients from existing practices, although the extent of this happening is dependent on the charging policy adopted (see below for further discussion).

If the full potential of the Super Clinic to integrate services and provide patient centred care is to be realised in the longer term, it will require the support, co-operation and involvement of the existing GP practices in the area. During the 2007 Federal Government election campaign spokespersons for the Labor Party stressed that the design of each Super Clinic was to be driven by local doctors and health professionals and many inferred that GP Divisions and local GPs were the preferred applicants for funding.

Recommendation 4: That the short term imperative and hence the short-term focus should be on the after hours GP service, operating 6pm to 10pm weekdays and 8am to 10pm weekends. In the longer term the Super Clinic will need to include a GP service that operates both in business hours and after hours.

Charging Policy

There appears to be a strong community wish for any GP clinic to be free, as is the case if residents choose to attend the Emergency Department at Royal Darwin Hospital. A number of parliamentarians on both sides of politics (local and Federal) have “promised” a free or bulk billed service. It has also been claimed that the Prime Minister promised that the GP service provided at the Super Clinic would be bulk billed but it has not been possible to source such a statement.

If an after hours model (ie 6pm to 10pm weekdays and 8am to 10pm weekends) were to operate as a free service it would provide an incentive for patients to seek services during these hours rather than paying for a service from other GPs during business hours.

If the service was to operate in normal business hours as well as after hours and did not charge it would draw patients from both Palmerston and Darwin with it eventually needing to increase its GP staff to meet the growing demand.

A significant precedent would be set for both the NT and Australian Governments in subsidising or providing a free GP service to all patients. There are many other places in the Northern Territory and across the rest of Australia with greater economic and social disadvantage than Palmerston. This is particularly true after the Federal Government has implemented its Election Commitment in relation to Defence Force families in the Palmerston region.

It is recommended that whatever the decision on hours of operation and who might provide the service that bulk billing be a pre-requisite for health care card holders only. Emergency patients triaged by Health Direct and referred to the service as a matter of urgency would also not be charged.

Recommendation 5: That the GP service is only required to bulk bill health care card holders and those triaged by Health Direct as being in need of urgent care.

Existing and Potential Providers at Palmerston

The Top End Division of General Practice (TEDGP) and the GP Practice Principals and Practice Managers believe strongly that:

- The Super Clinic is a market intervention that potentially puts whoever owns or operates it at an unfair market advantage relative to other providers in Palmerston and Darwin.
- Palmerston does not need any more facilities – rooms are already vacant in existing practices.
- More GPs are needed to staff existing GP practices. The Super Clinic would be in a position to outbid existing practices for medical staff because of what they see as a \$10m subsidy adversely affecting the viability of the current practices.
- Competition for patients, especially if the clinic bulk bills, will adversely affect their existing practices and the demand on the super clinic will become unmanageable.
- The Federal Government without consultation promised the Super Clinic.

As part of the consultation the TEDGP stated:

“It is of the utmost importance that the local, Territory and Federal Governments grasp the fact that if a new general practice is established in Palmerston in a manner that adversely affects the viability of existing practices, this will effectively countermand the objective that the Government is trying to achieve by the Superclinic. Moreover, if the Division and General Practices across Darwin and Palmerston are not properly engaged and involved in the development it will potentially further alienate general practice and work against achieving the improved integration of general practice with the broader primary health care sector that we are all striving to achieve.”

A number of developers/investors have shown various degrees of interest in providing an integrated care centre and 24 hour GP service in Palmerston. [REDACTED]

[REDACTED] *Commercial-in-confidence* This proposal is dependent upon the Northern Territory Government making available the land currently located next to the Health Precinct and zoned for ongoing Northern Territory Government usage (lot 8408). While there is some attraction to this option, the proposal as it stands will require:

- The Australian Government to issue another pharmacy licence in the area;
- The Northern Territory Government to give up and rezone existing land on lot 8408; and

- International Medical Graduates to be licensed to practice in Australia. It also has the potential to alienate existing GP practices in the region who may see the model as being a risk to their current practices.

One issue that the [REDACTED] *Commercial-in-confidence* proposal does highlight is that irrespective of the model adopted there will need to be an influx of General Practitioners into the Palmerston region to provide the new service, or there is a real risk that existing services will suffer due to staff being poached by the new service. Given the Australia wide shortage of General Practitioners, serious consideration will need to be given to the use of International Medical Graduates. This will require the Northern Territory Medical Board to streamline existing arrangements to accept overseas trained graduates in a timely manner, which in turn may require additional resources.

Recommendation 6: That the Northern Territory Government commence discussions immediately about what additional resources are required to ensure timely consideration by the Medical Board of applications from International Medical Graduates to practice as GPs in the Palmerston region.

The Interim Arrangements

The preferred process would be to fully describe the services of the Super Clinic and including the GP service, call for expressions of interest to operate, own/operate or build/own/operate the facility. However the lead times to do this would mean that the after hours GP service would have no chance of being in operation until late 2008 or early 2009.

Without the pressure of competition the existing GP practices may not develop a proposal for the operation of the after-hours service. Therefore the suggestion is that the NT and Australian Governments formulate a request for tender for a provider of the GP medical service to be located in the Super Clinic once established but in the interim to provide an after hours service in the existing precinct building.

Recommendation 7: That the Australian and Northern Territory Governments establish a tender process for the provision of GP services in the Super Clinic with the initial focus being on the provision of after hours GP services in the existing Palmerston Health Precinct buildings.

Options for funding and operating the “24 hour GP service”

In reality there are only a limited range of options available for the operation of the GP service:

- A salaried practice – Given current GP shortages this would in reality need to be staffed by junior doctors from RDH. This has been discussed previously and rejected due to issues of safety, clinical support and medical supervision.
- A private commercial operator, such as the [REDACTED] *Commercial-in-confidence* proposal mentioned above.

- One of the existing GP practices in the area – with the need for a transparent tendering arrangement and noting the comments of the TEDGP above.
- A co-operative of existing practices – including Danila Dilba (with or without the involvement of the Division).

To give the Super Clinic the best start and provide long term success, a co-operative of existing providers to provide the GP medical service for the Super Clinic is the best option. To achieve this considerable work will be required to ensure that adequate consultation occurs, all providers have equal access to information to make a valid decision about their involvement, procurement guidelines are met and a workable governance and practice model is implemented.

Recommendation 8: That the Australian and Northern Territory Governments agree to the option of a co-operative of existing GP practices, with active involvement of the TEDGP as the preferred model for the operation of the “24 hour GP service” and that this model should be reflected in the evaluation criteria for the tender process for the establishment of the GP service for the Super Clinic.

Danila Dilba

The second area for immediate focus is around the housing of the Primary Care Service for Danila Dilba and the need to move the service out of Knuckey Street. While it will not be feasible to consolidate all of Danila Dilba in Palmerston in the short term, it is possible to consider moving those services currently in the Knuckey Street site onto the Palmerston Health Precinct as an interim arrangement pending the construction of a purpose built facility. This could occur using either space in the current Community Nursing area or in the area currently flagged for specialist outreach from Royal Darwin Hospital but in reality underutilised.

Moving Danila Dilba to the Precinct as an interim arrangement has several advantages. It will allow them the opportunity to:

- Consider whether they wish to part of the GP co-operative arrangement (initially for the after hours service);
- Have some experience working on site with the Department of Health and Community Services’ staff so that a more informed decision can be taken about their long term engagement with the Super Clinic; and
- Clarify and finalise the issue of the block of land to be used for the building of a new facility at Palmerston and whether the arrangement for the use of the land will be on a freehold or perpetual lease basis.

Recommendation 9: That the Australian and Northern Territory Governments agree that as an interim arrangement Danila Dilba’ be offered the opportunity to relocate their Primary Health Care Service currently located in Knuckey Street to the Palmerston Health Precinct.

Summary of Proposal

This interim report by Banskott is proposing that the Australian and Northern Territory Governments agree that:

- There is a need to resolve the “24 hour GP service” in the Palmerston region as a priority;
- Decisions around the Super Clinic be deferred pending resolving the after hours GP issue and the relationship between the Super Clinic and Defence Force Families election commitments;
- The initial focus for the GP service be after hours between 6pm and 10pm;
- Between 10pm and 8am Health Direct be used to triage and subsequently direct patients to the most appropriate care;
- In the longer term the GP service in the Super Clinic would also operate during business hours;
- The GP service be required to bulk bill only health care card holders and those referred for urgent medical care by Health Direct;
- The preferred model for the service is a co-operative between existing GP providers, assisted by the Top End Division of General Practice;
- A tender process be initiated for provision of GP services in the Super Clinic with the initial focus being on the after hours service;
- Danila Dilba is offered the opportunity to move their Primary Health Care Service from Knuckey Street as an interim arrangement; and
- Discussions commence with the Medical Board around additional resources required to allow timely consideration of applications for International Medical Graduates to practice as GPs in the Palmerston region.