



Blueprint objective 3. A health workforce that exists to serve and meet population health needs.

Case example Securing the future of Primary Health Care in small towns in Western NSW

What is the community need or problem being addressed? Eleven small towns are expected to have no practicing GP within the next 2-3 years, and 41 towns within the next 10 years in Western NSW. This leaves around one quarter of the population in the Western NSW Primary Health Network (WNSW PHN) with inadequate primary care. Current funding models, workforce recruitment and retention strategies and approaches to the problem are not working.

What is the approach being implemented? The Western Health Alliance, which operates the WNSW Primary Health Network, wants to trial a new funding and operating model in four towns aligned with an action plan for each town. This approach requires commitment from the Commonwealth and State, a more flexible approach to funding (including pooled funding) with new models for primary care delivered based around team care, extending the scope of practice for nurses and use of telehealth. The NSW Rural Doctors Network (RDN) 'Easy Entry, Gracious Exit' model will be adopted as the in-principle preferred approach. The model would then be rolled out across other at-risk towns.

What have been the key enablers to the success of this approach? The Western Health Alliance has been building a coalition of support to focus on high priority communities at risk. Engagement and support from local communities, general practice, rural health peak organisations, local MPs, Aboriginal Community Controlled Health Organisations, the two Local Health Districts and Government have been activated through an awareness raising campaign.

What have been some of the challenges to the success of this approach? The number of GPs practicing in the WNSW PHN region is already less than both the state and national averages. Recruitment and retention challenges in small towns are compounded by an increased number of retiring GPs. Historical fee-for-service models of general practice within small communities are no longer financially viable. Newly trained doctors are also reluctant to own and manage general practices and do not want to work after-hours.

What is needed to scale-up the successes? New funding structures for general practice in small towns that is place-based pooled funding, aligned to each community's need (rather than 100% fee-for-service). Funding sustainability is critical to ensure strong and effective services can be maintained. Further consultation with RDN and health workforce is also needed to examine evidence of successful attraction and retention programs for GPs and other health professionals in similar rural and remote communities.

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