

Integrated Rural Health Centre Concept

There is a considerable body of evidence that shows that students from rural areas are more likely to return to rural areas to practice both in medicine and other health sciences. There is also evidence to indicate that the early exposure to rural medicine and health sciences during training also increases the likelihood of students returning at the completion of their studies. Along with the value of this exposure is also the need to develop appropriate team environments for the clinical management of country residents. There are numerous reasons for this, but workforce issues play a significant role; however, the need for the input and management by well qualified allied health professionals is vital in today's health environment.

The Federal Government's emphasis on integration of primary health care, plus the growing acknowledgement of the value of practice nurses (which has been recognised in rural areas for decades), and the significant increase in medical student placements, and thus the need for clinical attachments, warrant a review of how all these can be integrated. The current NSW State Government's emphasis also on integration of health services, as seen through the Integrated Primary Health Care Program, the development of general practices in association with emergency departments, and the development of multipurpose services (in collaboration with the Federal Government) again emphasise the need for a review of how health services, especially in rural areas, are delivered. The Federal Government's GP Super Clinic model at 31 sites around Australia continues the emphasis upon the integration of primary care services, the need for preventative care, and the appropriate management of the burgeoning of chronic disease management within the community.

The development of the new rural medical school at the University of New England with the first intake of 60 new students in 2008, along with the extra 20 medicals students at the University of Newcastle, in addition to the new medical school at Wollongong that had its first intake in 2007, opens up the opportunity for the development of a new concept of rural general practice and training arrangements.

The concept envisaged for a town the size of Gunnedah would be to incorporate all the above features in one facility.

The facility would incorporate at least three distinct service provisions which, however, are all integrally linked:

1. General Practice – typical general practice would be developed on a “walk-in/walk-out basis,” and would allow for full-time or part-time associates or employed doctors. The practice would also be a vocationally accredited teaching practice for basic, advanced and ‘subsequent time’ GP registrars. The practice would also accept medical students who are doing a rural term or have an interest in rural medicine, and this would also include John Flynn scholarship holders. The facility would be large enough to accommodate medical students doing either four-week attachments or those that may be attached for many months. Some of

the vocationally registered doctors would have part-time teaching responsibilities. Such a practice would also give the opportunity for GP registrars to take on teaching roles as well. This facility would be very well placed to allow for the rotation of pre-vocational residents to do general practice terms. This program is yet to be implemented fully in NSW, but works well in all other states and will eventually be implemented in NSW.

The patient medical records (electronic and hard copy) would be owned by the facility and thus would allow for continuity of care if and when the health practitioner leaves the community.

Such a general practice would give exposure for the future rural doctors to:

General practice in a small rural town

Procedural general practice

VMO responsibility at a District Hospital

True 24-hour care

Working with an accredited practice nurse

Development of practice management and financial skills (if desired)

Work in a team with visiting medical specialists (MSOAP), allied health professionals (MAHS and ATAPS Program) and community health nurses and allied health staff.

Future alternate practitioners such as Physician Assistants and Nurse practitioners could also be incorporated both in service provision and training within the complex and into outreach clinics in the catchment area.

2. Allied Health – Within the facility would be an area dedicated to allied health services, provided either by Area Health Service Community Health and/or private services (such as podiatry, dietetics, physiotherapy, diabetic educators, psychologists, etc). Other services, including mental health, could also be considered.

The incorporation of these services within the general practice setting would allow for a truly integrated team care approach to the management of those patients that need it (i.e. the ‘multi-disciplinary team’ concept).

The specific needs of the Aboriginal community (which makes up 10% of the population) would be catered for, and the “Healthy for Life” Program, currently being funded would easily be incorporated into this facility.

3. Education – Within the facility there would be provision for dedicated teaching areas for medical students, registrar and allied health students. The facility would be linked to the appropriate universities (including clinical schools), GP training consortia and rural training units. Such an education unit would need appropriate videoconferencing, teleconferencing, IT set-up, library and skills lab.

The proximity of Gunnedah to Tamworth would allow for the use of the clinical school’s facilities, but would also significantly benefit allied health training and thus rural placement of allied health professionals.

The future for rural health is to incorporate health services within one facility that is community-owned and “not for profit”, and that will involve a multidisciplinary health team. Without such an approach, we will see a continuing decline in the health of our rural residents, due to decreasing numbers of health providers and fragmentation of health provision. Such a concept could be developed across a number of larger towns in regional NSW that currently have procedural District Hospitals.

To progress this concept in Gunnedah, the Gunnedah Medical Forum was developed (2005) with stakeholders from the Gunnedah GPs, Barwon Division of General Practice, Gunnedah Shire Council, Gunnedah Health Service, Hunter New England Area Health Service, BHP Billiton, NSW Rural Doctors Network, University Department of Rural Health (University of Newcastle), Joint Medical School (combined medical schools of University of Newcastle and New England University) and the New England Area Training Service (NEATS, the regional training consortia). A scoping study was undertaken and two community forums held (2007).

A not-for-profit company with nine directors has been formed (2008) and business plans, both for the not-for-profit company and the Gunnedah Medical Forum, have been completed. This will see the management of the centre handed over from the Gunnedah Medical Forum to the non-for-profit company. This company will be a community-owned and run entity with none of the stakeholders (including health professionals) having any financial benefit from the company. In fact, the inaugural board of nine members has only one local GP and one local allied health professional on it.

The fifth draft of engineering plans has been presented to the Gunnedah Medical Forum. The plans incorporate an education wing dedicated entirely to teaching for GP registrars, medical students, practice nurses and allied health students, as well as providing a facility for ongoing continuing professional development (CPD) and journal club activities for local and division GPs. This wing will be an outreach module of the UDRH Tamworth facility incorporating a simulator room (“skills lab”) for trainees, ambulance officers and GPs.

The Gunnedah Medical Forum is currently looking for funding in excess of \$5 million. Initially funding was to be sought in part through the Federal governments Regional Partnerships program, however unfortunately this program has been discontinued after the presentation of the Labor governments first Budget in 2008. Other funds were sought through the University of Newcastle however the funds were finally given to a project in Tamworth. Currently we are seeking funds through the Higher Education Endowment Fund but there are only three grants available nationally per year over the next 3 years. Thus there is an urgency to seek commitment both, to the concept and financially, by the community, local stakeholders, business and health training organisations such as the University of Newcastle, University of New England and Regional Training Consortia (NEATS) and other private benefactors. There has been a 100% commitment by the local medical practitioners who are also donating all their instruments, equipment, furniture, computers and medical records (both hard copy and electronic) to the facility.

Recently a further public forum was held (June, 2008) with one of the largest public attendances seen in Gunnedah. This meeting gave overwhelming and possibly unanimous support to progressing the concept.

This project has been three years in its conception, and currently has complete commitment by the relevant stakeholders. The project is in an advanced planning stage, but requires a commitment of funds to become a reality.

The future of health provision for the residents of Gunnedah and its surrounding villages and hamlets depends upon an adequate health workforce which includes appropriately qualified rural GPs, allied health professionals (private and public), nurses (practice and community health nurses) and visiting health professionals (medical specialists and allied health). To achieve this, we must have appropriate infrastructure, training facilities and the ability to expose future health professionals to rural practice, and especially practice in Gunnedah.

There are many options being looked at by both levels of government, including Multipurpose Services, Health One facilities and Super Clinics, etc. After more than three years, we believe that the Gunnedah Rural Health Centre concept provides a truly integrated, comprehensive and state of the art facility for our residents.

Though funding for 31 GP Super Clinics around Australia has or is being allocated to preselected sites, we believe that this Gunnedah facility would provide a “proof of concept” for a Rural GP Super Clinic. To progress this facility as a matter of urgency, we would ask for consideration for funding either through new funds or funds not taken up by other GP Super Clinic sites.

This health facility concept, with its ability to incorporate health provision on one site and the possibility of eventually having outreach clinics in many of our smaller villages (such as Curlewis, Mullaley, Premer, Tambar Springs, etc.) would make an ideal pilot project for many other larger rural towns across Australia.

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