The Streaky Bay and District Medical Clinic Inc.
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29th September 2021

Dear Committee Secretary,

Re: Submission to the provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians.

Thank you for the opportunity to provide a submission, I am writing on behalf of the Streaky Bay and District Medical Clinic Inc. (SBDC) which was established in 2018 to take ownership of the only medical clinic in the 6,232 km2 council with a population of 2,204 after the retiring doctor could not find a replacement GP to buy the clinic. The SBMC provides GP services to the local 34 bed hospital (including aged care). The clinic should be a 2 GP clinic to enable on-call to be shared.

I'll keep this basic as those of us living in rural and remote communities don't hold much faith in elected members bringing about the change necessary to address the issues we face daily.

a. the current state of outer metropolitan, rural, and regional GPs and related services; The Streaky Bay and District Medical Clinic was relying on fly in fly out locums for the first 2 years of taking ownership of the clinic, this was funded by rate payers via the local council. A permanent GP was recruited (via the hard work committee members not by any expensive recruitment agency or government organisation tasked with recruiting) in August 2020 with locum's now providing necessary 50% support to the GP. We are managing to breakeven but have no capacity invest in community health objectives at this time. Community donations have realised any small objectives.
   There are 2,204 residents and 303 businesses in the district who rely on there being a GP available at either the clinic or the hospital and thousands of visitors and tourists who expect there to be a GP available 24/7. The reality is there has not been a GP available on occasions. This is something our city cousins and majority of elected members have no concept of as they have never experienced it as they are in a privileged situation.

b. current state and former Government reforms to outer metropolitan, rural and regional GP services and their impact on GPs, including policies such as:
   i. the stronger Rural Health Strategy, Whatever this is it is not working.

ii. Distribution Priority Area and the Modified Monash Model (MMM) geographical classification system, The SBMC classification is MM7 very remote for what it's worth. It seems to have made little difference.

iii. GP training reforms, In 4 years we are yet to see results let alone being aware of them.

iv. Medicare rebate freeze; The Medicare rebate freeze is the biggest disservice to the health system, particularly rural and remote health service providers elected members have ever made. SBMC cannot operate viably by bulk billing and must charge a gap. Locums are taking full advantage of the rural and remote government hospitals and their hand in the public purse. Private and community clinics are held to ransom as there is no assistance.

c. the impact of the COVID-19 pandemic on doctor shortages in outer metropolitan, rural, and regional Australia; Due to locum GP's not being able to travel interstate the SBMC has experienced a week of no GP at the clinic therefor having to close and a few weekends of no on-call coverage for the hospital. Medical emergencies have either had to present to Ceduna hospital 110 km's away (or driven by the voluntary ambulance service) or be flown out by the RFDS. Prospective permanent GP's have also been unable and unwilling to travel interstate to check out the town and clinic.

d. any other related matters impacting outer metropolitan, rural, and regional access to quality health services. The major impediment to attracting permanent GP's is the lack of other services particularly child care. While the federal Government is spruiking their funding of child care it makes little difference is rural and remote areas where there are no providers. Due to the lack of economies of scale any aspiring providers face steep regulatory burden and costs. Reducing red tape is a delusion which has actually never occurred despite the rhetoric.
A holistic approach of services for rural and remote locations must be given equitable resourcing and attention to enable the lack of GP and health services to be addressed. However while South Australia has such a debacle occurring health wise in Adelaide, and has been for many years by successive governments, the situation in rural and remote areas is not likely to get any attention.
Communities like ours would welcome decisive action and tangible outcomes, please surprise us.

Sincerely

Jonas Woolford
Chair