# Western Sydney Health Alliance
# Health Workforce Statement

## Introduction

The Western Parkland City is one of the fastest growing areas of Australia and requires 'beyond business as usual' approaches. The Parkland City's growth rate is significantly higher than the rest of Greater Sydney. Over the last decade, the population growth in Parkland City represented 20 per cent of NSW's population growth over the period (1). Looking forward to 2036, the growth rate will be approximately 1.26 per cent per year (1). Having the adequate, culturally appropriate health workforce to support the demands of the growing population is therefore crucial and one of the key priorities of the Western Sydney Health Alliance (WSHA).

## Purpose

The key purpose of the Health Workforce Statement set forth by the WSHA is to call for further coordinated action to address the emerging health workforce situation in the Western Parkland City.

While a range of workforce support is available for primary care, a call for further action is required. This statement provides an overview of the primary care health workforce in the Western Parkland City and provides ample information on the current health picture. The document also looks to identify issues surrounding the health workforce and to articulate opportunities moving forward and enable advocacy within the members of the Western Sydney City Deal.

## Population Overview

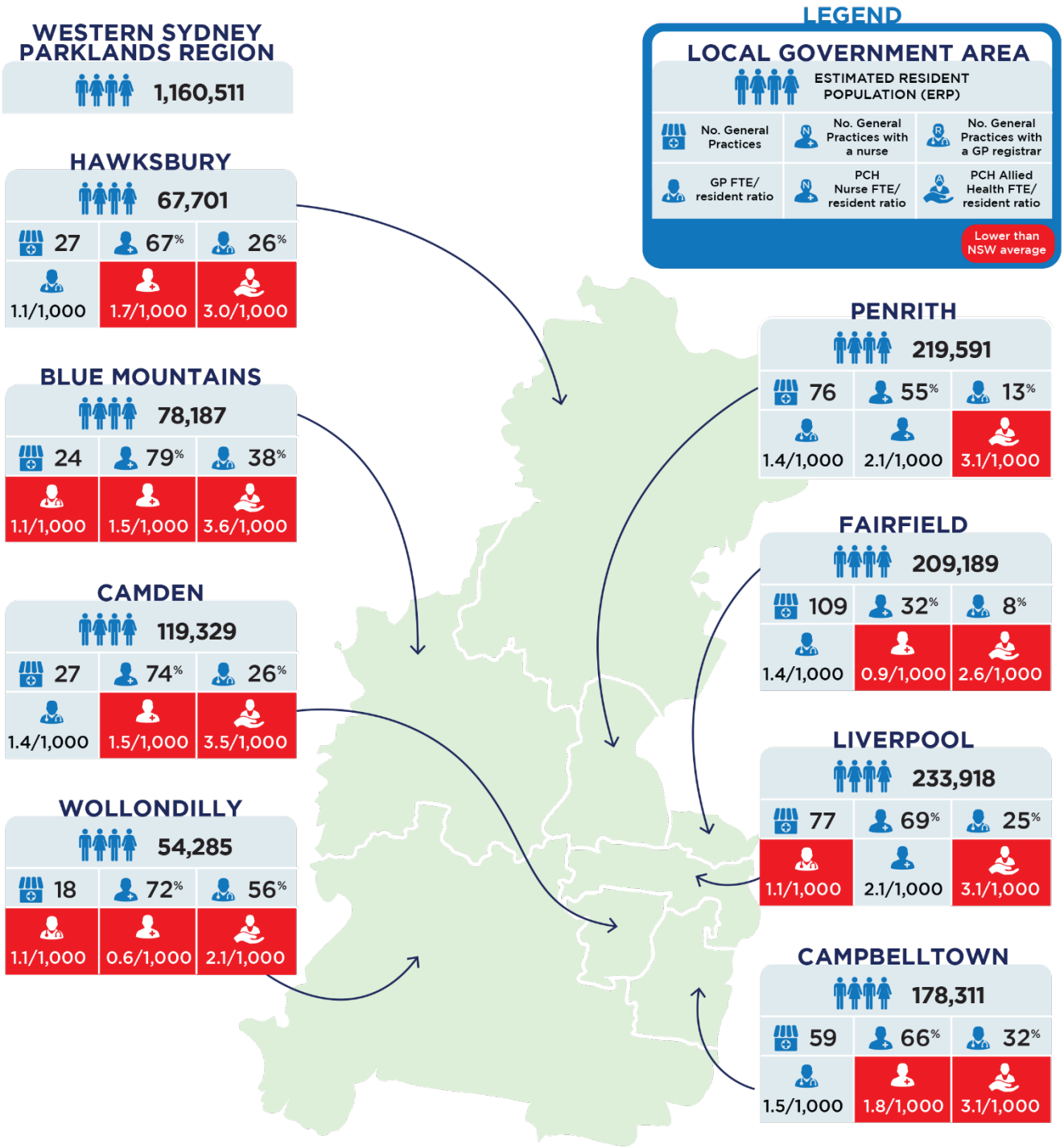
The Western Parkland City encompasses the 8 Local Government Areas (LGAs) of Blue Mountains, Camden, Campbelltown, Fairfield, Hawkesbury, Liverpool, Penrith and Wollondilly. The demographic profile, social and cultural makeup of the population varies greatly across LGAs.

- The current estimated resident population of the Western Parkland City is 1,160,511 (2). Population growth over last decade represents 20% of growth in NSW. The region is forecasted to see enormous population growth in the next two decades, with Camden, Wollondilly and Liverpool LGAs experiencing the highest growth of 83%, 74%, 51% respectively (3) (4) (5).
- There are pockets of high levels of social-economic disadvantage within the Western Parkland City, with Campbelltown (948), Liverpool (917), and Fairfield (814) LGAs ranked in the lowest quartile in NSW (Fairfield LGA is ranked last). (6).
- Western Parkland City is comprised of incredibly culturally diverse areas, with high prevalence of residents speaking a non-English language at home in Fairfield (79.4%), Liverpool (63.5%) and Campbelltown (40.2%) LGAs compared to the rest of NSW (29.5%) (7) (8) (9).
- Blue Mountains, Campbelltown, Hawkesbury, Penrith and Wollondilly LGAs have 3 or more (of the top 5) long-term health conditions above the NSW prevalence (Table 1) (10) (9) (11) (12) (13).

Table 1. Prevalence of top five chronic conditions in NSW in comparison to LGAs within the Western Parkland City.

| TOP 5 CHRONIC CONDITIONS IN NSW (%) | NSW Average | Blue Mtns | Camden | Campbelltown | Fairfield | Hawkesbury | Liverpool | Penrith | Wollondilly |
|---|---|---|---|---|---|---|---|---|---|
| Arthritis | 8.4 | 8.4 | 6.6 | 8.6 | 7.1 | 9.1 | 6.1 | 7.9 | 9.4 |
| Mental health | 8.0 | 8.0 | 7.2 | 7.7 | 4.9 | 9.3 | 5.2 | 8.9 | 8.2 |
| Asthma | 7.8 | 7.8 | 7.8 | 8.5 | 5.1 | 8.5 | 6.3 | 9.1 | 8.7 |
| Diabetes | 4.8 | 4.0 | 4.1 | 6.7 | 6.8 | 4.8 | 5.6 | 5.5 | 4.4 |
| Heart disdease | 3.9 | 3.9 | 2.9 | 3.7 | 3.6 | 4.0 | 3.0 | 3.6 | 3.9 |

# Western Parkland City Primary Care Workforce Overview




1

[1] Data sourced from South Western Sydney PHN Databases, Nepean Blue Mountains PHN Databases, Australian Bureau of Statistics, Commonwealth Department of Health and Aged Care HeaDS UPP Tool, SWSPHN, extracted 11/01/2023.

## Health Workforce Challenges

Workforce shortages in peri-urban areas including much of the Western Parkland City are often overlooked in contrast to rural areas. As shown in Figure 1, the distribution of general practices, Primary and Community Health (PCH) nurses and allied health vary greatly across the 8 LGAs, with a number of LGAs experiencing clinician to resident ratios below the NSW average. Several factors impacting the health workforce of the Western Parkland City are outlined below.

### Below NSW clinician to resident ratios

Liverpool and Wollondilly LGAs currently are experiencing GP FTE to resident ratios below the NSW average. Furthermore, the Primary and Community Health (PCH) nurse FTE to resident ratio falls below the state average in 6 of the 8 LGAs, and the PCH allied health professional FTE to resident ratio falls below the state average in all 8 LGAs (Figure 1). This is of great concern as the Western Parkland City has and will continue to experience great population growth in the next decade as the Western Sydney Aerotropolis continues to develop. It is imperative there is a suitably placed primary care workforce to meet the demands of the growing population in the region. Particularly in areas of high growth such as Camden LGA which will experience 83% population growth in the next two decades (2041) (3).

### Ageing workforce

The health workforce in the Western Parkland City is gradually ageing. In the Blue Mountains, Fairfield, Liverpool and Penrith LGAs, more than 20% of GP FTEs are over 65 years old. Fairfield has a GP median age of 60 years old, and 33% of GPs over 65 years old (greater than any other age group) (14) (15). This is of grave concern as a high proportion of general practices in Fairfield are solo, non-accredited practices which do not have the resources to support increased demand. Furthermore, Fairfield LGA has also experienced a decline of GP FTEs over the past 5 years (14). This presents challenges in succession planning when these older GPs retire with insufficient GPs to replace them, and risks creating a major service gap for the community.

### Difficulty recruiting and retaining General Practitioners

Across the Western Parkland City general practices are experiencing difficulty recruiting and retaining GPs with many practices seeking International Medical Graduates (IMG) to assist with patient demand (16). Through various consultations, reasons contributing to this include long commutes to work, poorer and stressful working conditions, lack of resources and career paths compared to urban areas and even larger rural areas (16) (17). All LGAs except Campbelltown have part or all the LGA classified as a Distribution Priority Area (DPA), which identifies locations with a shortage of medical practitioners (18). The current GP catchment and Modified Monash Model (MMM) classification system does not fully meet the needs of outer metro MMM1 areas that are experiencing rapid population growth and have a high demand for GP services. Most GP training programs are based in MMM 2 to 7 areas and therefore MMM 1 areas are not eligible to recruit permanent resident or citizen non-VR doctors (18).

### Uneven distribution of general practitioner trainees

General practices need to apply to be accredited as a training practice to take in GP registrars. GP registrars can not only contribute significantly to patient management, but some registrars also choose to stay long-term in the practice after completing their training, which provides continuity in patient care and general practice operations. There are stark contrasts in the number of general practices which have registrars across the Western Parkland City, with the highest being Wollondilly LGA (56%) compared to Fairfield LGA (8%) (Figure 1). Even when practices are accredited to provide training to registrars, they are not guaranteed placement of registrars.

### General practice wellbeing under pressure

General practices across the board are finding it increasingly difficult to stay financially viable due to the Medicare freeze and the lack of appropriate indexing of the patient rebate (19). In traditionally high bulk-billing areas across the Western Parkland City, many practices are reporting a transition from bulk-billing to mixed-billing to keep their doors open. From ground data collected through the Primary Health Networks, 20 practices across the Western Parkland City have closed since September 2022 and another handful are reportedly at risk of closing. Reasons reported include experiencing burnout, inability to recruit GPs to keep up with patient demand, and difficulty maintaining financial viability. Acknowledging the 2023-2024 Federal Budget has included significant measures to address out-of-pocket costs for patients and to grow multidisciplinary care teams via the Workforce Incentive Program (WIP), there is still much to do to address existing challenges.

Through recent consultations across the Western Parkland City, many of the issues highlighted above were echoed by the community. A significant portion of community members voiced concerns regarding prolonged wait times for appointments, which contributed to hurdles in accessing timely care. A prevailing challenge also emerged in relation to the availability of bulk-billing practices. The gradual move to mixed-billing may influence some patients to either reduce the frequency of visits to their regular GPs or prompted them to explore bulk-billing practices they're not familiar with, where the personalised care they've grown accustomed to may be compromised. Furthermore, individuals grappling with complex medical conditions have highlighted the financial constraints that impede their ability to manage their health effectively and engage in regular GP visits.

### Implications

The challenges outlined above impact the wellbeing of the primary care workforce, and if left unresolved could in turn impact the quality of care provided to patients and be associated with poorer patient outcomes (20). Potential implications include:

- Poorer working conditions due to lack of staff exacerbating burnout and fatigue experienced due to excessive workloads.
- Poor staff retention exacerbating the workforce shortage.
- Increased pressure on hospital systems due to patients being unable to access readily available and affordable primary care services.
- Increased fragmentation of patient care, which further contributes to poor outcomes and health inequities (21)

When comparing data on the percentage of patients leaving the Emergency Department (ED) within four hours, both in the South Western Sydney LHD and Nepean Blue Mountains LHD, place below the NSW average, and show an overall downward trend over the past decade, suggesting more patients are waiting longer in ED (22). While direct correlations between hospital waiting times and primary care workforce shortages cannot be made here, it highlights the urgency to assess the health workforce situation in the Western Parkland City.

## Data limitations

The data provided in this statement assists in providing an overview of the health workforce status in the Western Parkland City. However, a number of limitations are acknowledged, including:

- Limited data on the Aboriginal and Torres Strait Islander health workforce across the health continuum.
- It is difficult to differentiate between nurses or allied health professionals who work in general practice versus those who work in a community setting as part of a Local Health District, from the Department of Health and Aged Care HeaDSUPP Tool.
- Data for allied health professionals from the HeaDSUPP Tool only includes those who are registered with the Australian Health Practitioner Regulation Agency (AHPRA) and does not include some professionals commonly utilised within the community e.g. dietitians.

- Data on the mental health workforce and locations which provide mental health services is limited and not accessible through the HeaDSUPP Tool.
- Some of the workforce challenges reported are anecdotal through various consultations.

It is recognised that further stakeholder consultation and a more in-depth review of the available data sources is required to provide additional context and allow meaningful use of the data for future workforce planning.

## Current workforce support available

A range of health workforce support is currently offered to general practices and some primary care organisations across the Western Parkland City. These services aim to retain and improve the primary care workforce by building capacity within general practices and are predominantly delivered by the Primary Health Networks (PHNs). Examples of support provided across the Nepean Blue Mountains PHN and the South Western Sydney PHN includes:

- New practice set up support and practice accreditation support.
- Continuing Professional Development (CPD) events for GPs, nurses and practice staff.
- Practice nurse support, including new graduate orientation and training.
- Quality improvement support for Practice Incentives Program Quality Improvement (PIP QI).
- Peer-to-peer support and communities of practice.
- Area of Need (AoN) and DPA letter support, advertising for job vacancies.
- GP registrar orientation.

## Opportunities for Western Parkland City

A **Joint Health Workforce Strategy** should be developed in consultation with the stakeholders of the WSHA to clearly lay out next steps and promote change which reduces strain and creates a healthy primary care workforce cycle. Opportunities that the members of the Western Sydney Health Alliance can explore are outlined below.

### Support and retain the current workforce

- Support the Western Parkland City Liveability Program and invest in incentives to encourage health workers to work and live in peri-urban areas.
- Work with the Royal Australian College of General Practitioners (RACGP), Australian College of Rural and Remote Medicine (ACRRM) to support practices to become quality training practices for GP registrars and support retention after completion of training.
- Deliver CPD events which support clinician wellbeing, positive workplace cultures to manage burnout and decrease staff turnover.
- Better utilise the Workforce Incentive Program to support multidisciplinary teams in general practice to respond to local need (23)

### Adjust resource allocation

- Support and invest in the robust collection of health data to allow quality workforce data to be captured to drive workforce planning and development in the Western Parkland City.
- Support the Australian General Practice Training (AGPT) Workforce Planning and Prioritisation (WPP) activity currently being conducted by the Department through PHNs, to inform the geographic distribution and placement of GP registrars to meet the community's current and future GP workforce needs.
- Work with local universities and peak professional bodies to influence equitable distribution of medical students and nursing students on placement.

### Enhance workforce capacity

- Support models of care which encourage all levels of general practice staff to work to top of scope.

- Upskill staff to increase their scope of work to address evolving public health priorities.
- Provide a variety of efficient incentivised training pathways to assist in relieving the burden of understaffing e.g. clinical placements and grants.
- Further invest in after-hours services to reduce pressure on hospital EDs by increasing the availability of primary care services for urgent care needs.
- Increase commissioning of allied health and nursing services by PHNs to supplement general practice teams in underserved and financially disadvantaged communities (23)
- Improve focus on delivering culturally safe and appropriate care for Aboriginal and Torres Strait Islander communities (24)

### Enhance health services integration

- Encourage co-location of health professionals in areas to encourage coordinated care of health services and partnerships between service providers (23)
- Support local health system integration and person-centred care through collaborations with Local Hospital Networks, local practices, ACCHOs, pharmacies and other partners to facilitate integration of specialist and hospital services with primary care, and primary care with mental health, aged care, community and disability services (23)
- Support and invest in digital health solutions which allow integration of health data across the care continuum, underpinned by robust data governance.

## References

1. **Western Parkland City Authority .** *Western Parkland City Economic Development Roadmap - Phase 1.* s.l. : Western Parkland City Authority, 2022.
2. **.idcommunity Demographic Resources.** Western Parkland Councils Community Profile. [Online] January 2023. https://profile.id.com.au/western-parkland.
3. —. Camden Council Population Forecast. [Online] [Cited: March 13, 2023.] https://forecast.id.com.au/camden.
4. **.idcommunity Demographic Resources .** Wollondilly Shire Council Community Profile . [Online] [Cited: March 13, 2023.] https://profile.id.com.au/wollondilly.
5. **.idcommunity Demographic Resources.** Liverpool City Council Population Forecast. [Online] [Cited: March 22, 2023.] https://forecast.id.com.au/liverpool.
6. —. Penrith City Council Community Profile . [Online] [Cited: April 9, 2023.] https://profile.id.com.au/penrith/seifa-disadvantage.
7. **Australian Bureau of Statistics.** 2021 Census All Persons QuickStats - Fairfield. [Online] [Cited: April 8, 2023.] https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA12850.
8. **Australian Bureau of Statistics .** 2021 Census All Persons QuickStats - Liverpool . [Online] [Cited: April 8, 2023.] https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA14900.
9. **Australian Bureau of Statistics.** 2021 Census All Persons QuickStats - Campbelltown . [Online] [Cited: April 8, 2023.] https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA11500.
10. —. 2021 Census All Persons QuickStats - Blue Mountains. [Online] [Cited: April 8, 2023.] https://abs.gov.au/census/find-census-data/quickstats/2021/LGA10900.
11. —. 2021 Census All Persons QuickStats - Hawkesbury . [Online] [Cited: April 8, 2023.] https://abs.gov.au/census/find-census-data/quickstats/2021/LGA13800.
12. —. 2021 Census All Persons QuickStats - Penrith. [Online] [Cited: April 10, 2023.] https://abs.gov.au/census/find-census-data/quickstats/2021/LGA16350.

13. —. 2021 Census All Persons QuickStats - Wollondilly . [Online] [Cited: April 10, 2023.] https://abs.gov.au/census/find-census-data/quickstats/2021/LGA18400.
14. **Commonweatlh Department of Health HeaDS UPP Tool.** [Online] South Western Sydney PHN . [Cited: January 31, 2023.]
15. **ChilliDB, South Western Sydney Primary Health Network .** [Online] [Cited: February 10, 2023.]
16. **South Western Sydney Primary Health Network.** *Primary Health Networks Needs Assessment 2022-2025.*
17. **Nepean Blue Mountains Primary Health Network .** *Nepean Blue Mountains Primary Health Network Needs Assessment - 2022.*
18. **Australian Government Department of Health and Aged Care .** Health Workforce Locator . [Online] [Cited: February 10, 2023.] https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app.
19. **Royal Australian College of General Practitioners.** *General Practice - Health of the Nation .* 2022.
20. **Jun J, Ojemeni MM, Kalamani R, Tong J, Crecelius M.** *Relationship between nurse burnout, patient and organizational outcomes: Systematic review.* 2021.
21. **(AMA), Australian Medical Association.** Delivering Better Care for Patients: The AMA 10-Year Framework for Primary Care Reform. *AMA.* [Online] July 31, 2020. https://www.ama.com.au/articles/delivering-better-care-patients-ama-10-year-framework-primary-care-reform.
22. **Bureau of Health Information.** Emergency Department - Percentage of patients leaving ED within four hours . [Online] [Cited: April 20, 2023.] https://www.bhi.nsw.gov.au/data-portal.
23. **Australian Government, Department of Health and Aged Care.** Strengthening Medicare Taskforce Report. [Online] https://www.health.gov.au/resources/publications/strengthening-medicare-taskforce-report?language=en.
24. **Department of Health and Aged Care.** National Medical Workforce Strategy 2021–2031. [Online] 2022. https://www.health.gov.au/our-work/national-medical-workforce-strategy-2021-2031.