

Disability Care and Support
Productivity Commission
GPO Box 1428
Canberra City ACT 2601

Dear Sir / Madam

Re: Inquiry into Disability Care and Support

I am writing in response to the Productivity Commission Circular dated 14 April 2010 seeking submissions in respect to the above enquiry.

I am the Chair of CSGPN. By way of background CSGPN is part of a network of Divisions of General Practice throughout Australia which provide support and resources for general practitioners. Specifically, CSGPN has in excess of 650 GP members in approximately 360 practices servicing an area of 93.4 sq km with a population of 500,000.

The Local Government Areas that incorporate CSGPN are: Ashfield, Burwood, Canada Bay, Canterbury, Leichhardt, Marrickville, Strathfield and Sydney

- **Scheme for long term disability care and support**

I wish to address a part of the larger picture of care and support for this sector, namely the promotion and maintenance of good physical healthcare for people living with disability:

- Determination of the people in need of support that could be delivered within General Practice: all people need this (note that the language in the document speaks of "most in need"). General Practice currently *does* have the capacity to provide services for all patients in the community, although the timeliness may vary according to the numbers of GPs per patient in poorly served areas
- Costs, benefits feasibility and funding: in the area I am looking at, namely General Practice, Medicare currently provides entry level service support. Health assessments and GP management planning provides a degree of support for extended time to maintain health in this community. However more funding to train GPs in the use of existing health assessments and management tools would increase the numbers of patients cared for, with achievement of increased standards of care. Involvement by practice nurses would further enhance the opportunities to establish and maintain good health standards for this community
- Impact on the workforce: increasing the usability of existing Medicare items to fund better GP access will not impact on workforce. Increased involvement of practice nurses would, but there is already increased involvement of nurses within General Practice. This directional enlargement will require suitable training, and can be developed to support the use of existing Medicare item numbers, or develop new ones designed to foster nurse activity in this area, as a means of expanding GP services.



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- Introduction of the planned scheme and governance: the General Practice aspect of such a scheme would be introduced and governed through Primary Health Care Organisations and rolled out by them to GPs and nurses
- Safeguards: should remain as they currently exist

Yours sincerely

Dr Linda Mann
Chair