

GP LINK Lunches | The Hon Angus Taylor MP

Dr Kenneth McCroary, Chair of Sydney South West GP Link, hosts a series of meetings with clinical/political/regional individuals or organisations to discuss issues and solutions for GPs working in South Western Sydney.



Angus Taylor



Dr Ken McCroary

Ken McCroary - It has been an incredibly busy time lately particularly with issues such as payroll tax and costs of living crisis with increasing health gap expenditures and ultimately the prices of general practice and the viability struggles for both manning the profession and also keeping the doors to practices open in these ever more challenging times. GP Link continues to advocate regularly to our local and regional politicians both local government, state and federally. We continue to discuss our unique local requirements in outer metropolitan South Western Sydney but also the wider picture of the ongoing crisis in general practice.

Today I have got the opportunity to speak with the Federal Member for Hume, which includes parts of South Western Sydney, The Hon Angus Taylor. Angus was elected to the federal parliament in September 2013 as the Member for Hume. Following the 2019 federal election he was appointed Minister for Energy and Emissions Reduction.

Prior to entering parliament Angus was a director at Port Jackson Partners where he was a Strategy and Business Advisor on the resources, agriculture, energy and infrastructure sectors. Before this he was a partner at Global Consulting Firm McKinsey and Co. Angus has a Bachelor of Economics (first class honours and university medal) (Bachelor of Laws Honours) from the University of Sydney. He has a Master of Philosophy and Economics from the University of Oxford where he studied as a Rhodes Scholar and wrote a competition policy thesis.

Building on his economics background, Angus was initially appointed to parliamentary committees on employment, trade investment and public accounts. He was also chair of the Joint Standing committee on treaties. In February 2016 he was appointed Assistant Minister to the Prime Minister with special responsibility for cities and digital transformation. He was appointed Minister for Law Enforcement and Cyber Security in December 2017. In August 2018 Angus was promoted to federal cabinet as Minister for Energy. On 8 October 2021, Angus was sworn in as Minister for Industry, Energy and Emissions reduction. After the 2022 federal election he was appointed Shadow Treasurer for the opposition.

Angus grew up in southern NSW on a sheep and cattle property at Nimmitabel. He currently lives near Goulburn with his wife Louise and their four children Hamish, Olivia, Adelaide and Richard aged 15-22. To stay fit, Angus trains for and regularly competes in triathlons and running events. He represented Australia for his age group at the Triathlon World Championship in 2009. He also participates annually in Pollie Pedal a cycling event to support national charity Soldier On.

It has definitely been a busy time both for you and the party adjusting to life now in opposition and recently the state election in NSW, and now you will be preparing for your inaugural response as Shadow Treasurer for Treasurer Chalmers' Budget coming up on 9 May.

I would like to thank you for your commitment to GP issues in South West Sydney and thanks so much for joining us today.

So, Angus our chat previously I am really, really excited to hear how deeply you are interested in general practice and primary care and health in the country but now as Shadow Treasurer, you have a greater understanding of cost of living pressures in particular healthcare expenses and GP gaps what is your take on that?

Angus Taylor - Well look my starting point is you know the health system is going to have to evolve over the coming years to change in demand there is no question about that, we are getting older, the nature of ailments we go to the doctors for is changing. You know chronic disease and the nature of those chronic diseases is changing dramatically, diabetes, heart disease and so on, you know are a big feature and our system needs to evolve with it and if we look at our system right now I think it is very clear we are under-utilising primary care.

We can make better use of an incredibly skilled workforce out there. A workforce we need to strengthen and that can actually help it to be not just a more effective system for patients which of course is the objective, primary objective, but also to be a more affordable system because keeping people out of our hospital system is absolutely essential. Not just for their healthcare and their lives because if they are out of hospital that is a better thing, but also for the affordability for the system. So, you know there is some real opportunities here, it is easy for people to say right now that primary healthcare is the problem.

I actually think a better way to think about it is primary healthcare is the solution and we have to work out how to do that. Now all over the world this is a dawning realisation, I think people are realising we are all facing in western countries in particular a similar set of problems and we have to find solutions that are going to work without blowing the budget, I am the shadow treasurer after all. But also, that gets our GPs our Pharmacists, our Practice Nurses, Specialists and other carers Allied Health all aligned behind the patients problems and solutions in a way that is actually going to deliver a better outcome for them in a very affordable way. And I think it can be done but I think it is going to be a long hard journey it is one that governments have got to be committed to and I am certainly committed to it.

Ken McCroary - **Yes, you mentioned people are realising, but in reality, it is like climate we have known about it for a long time and we are getting to the point of no return essentially. Now you have been working on this thought yourself for over a decade we were talking earlier so it is not really a dawning realisation now it is an inevitability, isn't it?**

Angus Taylor - No, I think you are right that is a fair point. I think people in the healthcare system have understood this for a long time and I think people in country areas which is where I am from of course have understood it better than anyone because we have had that kind of team based care in place for generations, that's how healthcare works and has traditionally worked in country areas the reason being there was no alternative we had to.

We had less access to hospitals, there were fewer health carers and so we had to make that healthcare system work in a really efficient effective way and you know country doctors were the conductors of the orchestra and still play an incredibly important role and for that reason they were hugely important in country communities so anyone who grew up in one of those sorts of country areas understands this instinctively and has seen how our system is not delivering that kind of healthcare outcome that I think is possible.

So you are dead right and the real challenge is that we need everyone in the system to see and to put aside vested interests and there are lots of those inevitably in any industry there is nothing wrong with that, it's just a reality and to get absolutely focused on patient outcomes and an affordable healthcare system we can all be proud of that and we know is going to deliver to us and our loved ones over the course of our lives and the more we focus on that, the easier it will be to get to the solutions that we need to.

Ken McCroary - Yes that country model you said it had to work but it has been shown to be the most successful model anyway where that cottage or expanded cottage with allied health and pharmacists and nurses all working together we know that it is more effective and it is actually more cost effective in terms of decreasing expenditure but long term increases health, it increases longevity it decreases hospitalisation and increases quality of life so it is actually a pretty interesting model.

Angus Taylor - It is absolutely, now sadly we are losing that in country areas now because we are not getting the doctors we need, and it has got harder to get healthcare practitioners into country areas, so we are losing that. But anyone my age, 56, will understand what that model looks like when it is working well, and you know the thing is, you can't replicate that model in city areas in the same way. Why did it work in country areas. One, because we had an incredibly committed group of professionals who just thought this way and they were part of the communities and they wanted to be respected as part of the community but that meant they had to be completely patient focused, so it was an incredibly effective model. And two, everyone knew each other so when you would go to the doctor and then off to the pharmacist they kind of all know what is going on and so the shared data system is the way we describe it in modern terminology was there because the community did it and how we replicate that in the modern environment with modern technology and modern medical solutions that is our challenge, and in suburban and urban areas as well as re-finding it in rural and regional areas. That is our challenge today. I am incredibly committed to it because I think we have to because of our aging population anyway but actually there is an opportunity to just get better health outcomes and have a system where healthcare workers find it a much more satisfying place to work. I think actually most healthcare workers want to work in this environment, it is just that the current model doesn't always intend them to do that and that is the challenge is how do we take that on and deliver better outcomes.

Ken McCroary - Yes, that was a really great point about the community I took them in as an example of continuity and integrated care and that's one of the big things we want to see in primary care is integrating, and it's team, it's orchestra members you mentioned as well and that's what we have to encourage don't we.

Angus Taylor - 100% and in a suburban environment where there is tens or hundreds of thousands of people living in that area you can't replicate the personal knowledge a doctor, a GP or a pharmacist, will have in a country town, you can't do it that way but you can use modern technology to replicate those outcomes and the care is there, it is not like those healthcare workers don't care about the outcomes, they deeply care that's why people go into healthcare because they do care.

The information systems need to be there to support that, it's a combination of team-based work supporting commercial and financial models for those practitioners and then a culture of dedicated patient focus, trying to do the best for that patient and in the process making it a more affordable system. That combination of things we have to find our way towards. I have a strong interest in that as shadow treasurer because I think that is a more affordable system too. If we can keep people out of hospital that's the fastest way to save money in the healthcare system but you are also delivering a better patient outcome. This is why I am so strongly committed to finding solutions.

I think Primary Health Networks have a really strong role to play in piloting some of these models and I know they have been doing that and I have certainly been encouraging them in my areas to do that because we don't know all the answers. I think we need to steal unashamedly from successes in other countries but we also need to create successes ourselves in pilots in our own areas and where they work we should be scaling them up and going hard.

Ken McCroary - You did mention you were talking to your local agencies, GP Link we are obviously representing southwest Sydney GPs as well as our main focus, what do you know about GPs in southwest Sydney?

Angus Taylor - The truth is that it has gotten harder to attract enough GPs to this area, we have got higher levels of many chronic diseases like diabetes you will know the data better than me in this area than in some of the more wealthier areas of Sydney and Australia and so the role of the GP is unbelievably important at exactly the time when it is getting harder and harder to get those committed caring GPs we need and so we are seeing a real crisis I think in this.

And the result will be increased hospitalisation and increased costs in the healthcare system with worse health outcomes. That's not good for anyone. I think it is time for all of us to step back and say OK where can we make those really targeted changes that are going to move the dial on this and get to an outcome that I think everyone wants. I do not think there is anyone who is successfully arguing, they might argue at an individual level successfully arguing against moving in that direction, it's just how we get there is a challenge.

Ken McCroary - Broadening ourselves out again back to the overall GP crisis, we are underfunded, we are not attracting the graduates we are supposed to, we cannot even fill the places for training in the program now. We spoke earlier the average age in our region of GPs is now 58, older than you, so it's not sustainable. We are getting practices closing all the time with being non-viable without actually making enough money to survive, and without having the ability to add on gaps like they are at other more wealthier suburbs. Being shadow treasurer, you would have probably a big understanding of the overall crisis as well. What can you tell me about that and your understanding and solutions?

Angus Taylor - We know a lot of what the parts of the solutions are, we want to see more team-based care. We want to see a system that is more focused on preventing and managing chronic disease, we want to see a system where primary care is playing a bigger role and not a smaller role.

We want a system where we avoid hospitalisations more than we are. There are lots of bits of this we know, we understand we want a system where information is shared, obviously respecting patient confidentiality is enormously important, every doctor understands that, and every healthcare worker understands that but under certain circumstances that information needs to be shared if you are going to get a good outcome with client and patient consent.

You have got to have the systems to be able to do that sharing across that team. All of those things we understand what we don't yet understand well enough is how to put that together into a commercial model if you want to call it that or an incentive model that has everyone rowing the boat in the same direction. That's the challenge, it's an economic problem as much as a health problem to be honest. If I was to flag some of the challenges there if we strengthen our primary care system we will avoid a hospitalisation I have no doubt about that, that is a good thing for the patient and a good thing for the budget.

Much of the benefit of that goes to the states but much of the cost of doing that lies with the Federal Government so we have got to find a way of aligning these incentives better to get those outcomes and I think there is a real opportunity there. We are not alone in this, if you look across the world in the UK, the US, the New Zealand they all have got different health systems and there is good and bad things in all of them but they are all facing the same fundamental challenge and I think they all understand, broadly speaking what they need to get to, the real challenge is how to get there from where we are today.

Ken McCroary - Yes, there is now doubt we need this system reform but we also need to look at the workforce the figures tell us within the next decade we are going to be at least 10,000 plus full time equivalent GP deficient in the what our needs are at the moment. I guess Medicare indexation has played a role without keeping tract with inflation the gap now between Medicare and AMA rate is about \$60-00 for a consultation which in southwest Sydney and everywhere else at the moment with the cost of living is really challenging. That's something we really need to look at as well isn't it?

Angus Taylor - The point I would make is this, there is no question that primary care has a bigger role not a smaller role to play in getting the outcomes we need to our health system there is no doubt about that, but the point I would make is if you try to fix that with one change you probably will not get there. You actually have got to pull a number of levers here, one is the incentive model for healthcare works broadly, GPs, Pharmacists, you name it, there is incremental changes happening all the time in that but some of those are sensible some of those you could argue but that incentive model obviously needs to evolve. There is no question about it. It is not working as it currently stands, I think that's clear.

But there is a lot of other things you need to change to, you talked about workforce training, we have got to have a training system that is delivering for healthcare system that needs to put more emphasis on primary care but also needs to put more emphasis on the incredible technologies coming through the pipeline now. Just awesome research we know about managing chronic disease for instance. As Industry Minister I got to see many of the technologies that are emerging, how do we get those into our healthcare system faster and much of that can be driven by primary care. One lever is not the answer, yes it is true we have a problem with incentives, but it's also true if you try to solve the whole problem with that you are not going to get a solution, you will just be putting a band aid on a system that needs a much more fundamental reform. It's a little bit the healthcare system itself, you will only fix it by getting to the root cause and that's of course what primary care does when it looks at healthcare.

Ken McCroary - Solutions, team funding, blended payments, patient voluntary enrolments we talked about that previously, nurse item number for wound care and others.

Angus Taylor - I think they are all parts of the answer. The role of nurses, practice nurses, we know we are seeing pilots around the world where they play a bigger role and support the doctor in a fuller way, now that is happening in many practices now we know that of course but can we do more there sure there is a lot of all of those bits are part of the answer. I am yet to see around the world a model where I can say that's kind of it, we have cracked it, all the pieces of this is now clear I think it will not, I think it will take time to get all the pieces clear but all of those bits are part of the answer.

My view was that the Primary Health Networks are a really important mechanism to start trialling some of these things and driving them, what's critical though when we pilot them and they work is then we scale it up. There is no point piloting some of these things in one PHN and finding it's a success and then no-one does anything about it. I think there is an element of that we have seen in the past but all of those pieces you have described I think are part of the answer no question.

Ken McCroary - We spoke earlier about city practices, and we spoke about the country rural practice model now outer metro we have our own issues as well. I see outer metros different to inner city and rural what is your take on that one?

Angus Taylor - I think you are absolutely right. So how is it different from rural, you go to a small country town everyone knows each other so the information, the data systems they are there, they have been there for a long time that's not going to be true in a big outer suburban South Western Sydney. Of course, it's not going to be true. Many of the patients you will see, one of them you will have seen before one of them you will not know that much about them. Certainly, it's not a team based sharing of relevant data on that patient with their consent in many cases that's different from regional areas and the nature of the problem you are seeing in suburban areas is different from those in the city areas. You have a younger healthier population in the inner-city areas, you have an older less healthier population in many of our suburbs in particularly where you get a lower income levels you are seeing more chronic disease.

Diabetes, heart disease and so on, and you do have different problems and that means there will be different solutions. I think some of the principles will be the same everywhere. I think the core principles will be the same area everywhere, but the emphasis needs to shift and the work that the PHN's do in the outer suburban areas I think is incredibly important because it is increasingly the bulk of our healthcare cost and focus and that's why I think those areas need to be at the forefront of pioneering alternative approaches.

Ken McCroary - You also talked about sourcing workforce for outer metro because it is really difficult to attract people to live in these regions and work in these regions, you mentioned schooling and other issues which again shows the insult which I am really happy about, we don't want to be importing overseas doctors do we that is the current fix.

Angus Taylor - Look we have dealt with this in country areas for a while, my father-in-law, my wife grew up two hours west of Dubbo, in a little town of Tottenham in the middle of nowhere, he is a farmer there, they have recently moved but they have been there for a long time the family is still there.

He spent a disproportionate amount of his time in that town attracting doctors to come and reside there and practice there. They would get a doctor that would stay for two to three years, they would lose them, then they would have to go through the whole thing again. It is incredibly difficult, we are now seeing that kind of challenge extending into our suburban areas different to out west of Dubbo obviously, but the same underlying problem which is how do you attract a highly educated workforce who like every other human being wants to have a good job and good opportunities for their kids and they don't always see that in living in southwestern Sydney.

Now I actually think it is a fantastic place to live and I think there is great opportunities for people to live in areas like Camden where we are right now I think it is awesome. I can see why it's hard, I can also see why it is hard and it is certainly has been hard and we have to do better at this. I think part of it is to celebrate primary care as the linchpin in the healthcare system actually. I think that is something we have not done. I think growing up in Cooma, the doctors were among the most respected people in any country community, enormous respect for them. They were seen as leaders and even though they knew much about you and your family they would keep the confidence and were given huge respect. I think we have lost some of that and I think part of that is actually to celebrate the role they play so wherever they are living they feel as though their work is important and I think we don't respect the work that is done by GPs and others in that primary healthcare sector, and I think that has got to change.

Ken McCroary - We were talking to about funding and gaps and increasing pressures particularly with our local patients and I have seen health now become a discretionary expense over the years and that I think to me is a complete antithesis of a universal health care system where people now put off attending, they put off bringing their kids, they put off looking after their long term health issues because they dead set cannot afford increasing gaps.

Angus Taylor - Yes and of course that's only a discretionary expenditure in the short term because if you choose not to go to a doctor when you have got a problem emerging then in all likelihood you are shoving a much bigger expenditure for yourself and for the system down the track because that health problem remains unresolved or unaddressed. Yes, sadly I think we are seeing now a situation where people are treating it as discretionary and that will give them a very small obviously short-term financial bonus but a much longer-term problem, and that is not something that will show up down the track as a much bigger cost and a much bigger burden for our system.

Ken McCroary - I think that is a great reflection for what the health departments are facing not spending and not changing the system now is going to cause massive increase in spending later as we age and get even sicker.

Angus Taylor - If I step back and say if we have a vision of what a better healthcare system looks like in 10 or 15 years' time it will be a stronger primary care sector and actually less people going to hospital. I mean you are always going to need hospitals but less people going to hospital so you re balance it in that way and I think that is absolutely where we need to get to. The challenge is how, and as I say there are many levers that have got to be pulled to get us to that.

Ken McCroary - And challenge is ahead really so and again being representing your region we are a unique sort of diverse area with our Aboriginal and Torres Strait Islander population or cultural and linguistically diverse population, refugee health, we have low socio economics, so we need unique solutions out here as well compared to other regions so any ideas?

Angus Taylor - Well, I think the principles are probably the same really you know patient first, primary care becomes kind of the conductor of the orchestra you know seeking to keep people out of the hospital to not over utilise the hospital system and really an integrated approach to chronic disease. You know all of those principles will be the same wherever you go but the emphasis will be different because of the nature of the healthcare challenges and burdens in an area like this as you just pointed out and ageing populations to that is true in some of those areas, but so I think that is why the outer suburban areas where the need is most urgent for change and for solutions and it is absolutely true in rural and remote areas to by the way but again different.

What is different there is you don't have access to hospitals in the same way as you will in the suburban area like South Western Sydney. The hospital you have is a magnificent hospital and I am sure it can be better and all of that, but they are pretty incredible facilities we have at Campbelltown and Liverpool we should be very proud of that, and we should be continuing to invest in all of that but the primary care is still a real challenge.

Ken McCroary - You mentioned ageing before, that is another interest. Are you aware that South Western Sydney is becoming and will become by the early 20s-30s the number one concentrated region per capita for the entire country now isn't that amazing?

Angus Taylor - Yes, and dementia is one of those where we are learning so much so fast. The research dollars going into it are enormous and they should be because it is growing so fast and we are learning a lot about treatment but we are also learning about how to prevent it and this is where we need to get those learnings out into the community as much as we possibly can we know that people live health happy lives with exercise and keep active minds we are seeing increasing evidence that can prevent dementia but not completely but it will certainly improve the situation.

But that is the sort of retailing of health solutions that we need to strengthen and I personally believe that living a healthy life is the best way to look after your health and exercise good food all of those things and keeping yourself active and working and active in your community all of those things incredibly helpful but I am not sure how good we are yet at helping people to come to those conclusions and to adopt those solutions.

Ken McCroary - Another issue I have been delving into at the moment is about women in general practice. There is a massive gender gap in there and there is a lot of inequity which I guess reflects the rest of the country as well. What are your thoughts and plans for women in general practice? How do we close that gap? The difference between what they do compared to other gender is massive in the practice some times and the pays could be half.

Angus Taylor - Yes. I mean look I think we want to see more women in healthcare, and we have been seeing it. And I think it would be fair to say the universities now are seeing I am not sure what the mix is you would probably know but it is certainly a big increase in the number of women going into healthcare and that is a good thing. But we have to give them every opportunity to continue to practise as they raise families and that is often a reason why they might stop practising for a while or even permanently. Now that is a choice but on the other hand, we have got to make sure that they have that choice and that women are able to continue to practice and be the professionals that they were trained to be over a long period of time. I know I have a daughter who wants to be a doctor and I am encouraging her strongly, but we do need more of that.

But look more broadly I think it is really important to have doctors who are broadly representative of the community in terms of gender and racial backgrounds and all of those sorts of things and I think if we can make it an attractive place to work which is partly remuneration but it is more than that it is partly recognition then I think we can make it easier to attract the people we need to.

Ken McCroary - Can I pick your brain here and ask for some advice. You have talked about preventative care which is a major passion and major answer for everything, and we are really keen on improving our wellbeing in the practice in the broader GP population keeping healthy, avoiding burnout and mental health distresses, how do you do it? You have a busy job. How do you do it and what would you advise?

Angus Taylor - Oh, look I try not to preach this too often because I do what works for me and that is not necessarily what works for everybody else, but I exercise pretty much everyday for an hour a day or more. I run, I cycle, I swim, and you know I play sport as well, so I have done that for a long time. I realised in my 30s that if I didn't, it affected me both physically and mentally and this is my discipline and my team around me understand that this is what I do.

But I have learnt from that personal experience at least for me that that is preventative care. It helps me to be better physically and mentally and if I don't keep doing that, I see the outcomes actually. Even if I take two or three days off it has an impact on my wellbeing and so that is my solution. It is different for everybody, and I think it is really important that people find their own way to find an answer to that but that is my focus, and the truth is there is no substitute for discipline in these things.

Ken McCroary - Well said and I just hope that like everybody else in our society that all MPs know their lipids their blood pressure their sugar levels the BMI their bone density and everything else and hopefully they all have a primary care physician that they see regularly, and they see continuously to improve outcomes.

Angus Taylor - I could be better on that one. I know all of that data by the way. But actually, it is having a model where you can share that with your GP, and they can be keeping an eye on things and say you have got a problem here. You know the data I get now and many of us get just by smart watch is incredible and I find it incredibly useful for training and running an all of that sort of thing but have we got a model now for sharing that with our GP so I can go in and say I have got a problem with this can you have a look and they can look at this and say actually yes that is a sign there is an issue here. I am not sure of that one yet.

Ken McCroary - It has been really great talking to you today I know you have got to go. Thanks so much I appreciate your understanding. I hope you continue to work towards finding a solution.

Angus Taylor - And please, please help find a solution.

Ken McCroary - Absolutely thank you.

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