

GP LINK Lunches | Another One Bites the Dust

By Dr Kenneth McCroary

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.

This week he has penned an article about the closure of a local Macarthur practice and the wider issues impacting the general practice workforce.



Dr Tom Lieng



Dr John Holt



Dr Ken McCroary

Another week goes by more stress, more meetings, more pressures, and more advocacy and outlaying of support.

Trouble is all this energy is directed towards our local and wider GP community both general practitioners and their primary health teams in this ever worsening disaster which is being referred to as the GP crisis.

This is in addition to the hundreds of patients that myself, our GPs, nurses and the rest of the allied health team at Macarthur General Practice have cared for this and every week.

Heartbreak continues as I have just recently been notified of yet another general practice here in South Western Sydney, deciding that due to the non-viability of their business they will have to close down the medical centre.

Ingleburn GP, despite caring for the community and managing thousands of patients cannot afford to remain open and has closed its doors on the needy population of this region due to the decades long neglect and erosion of the profession.

I have been lucky enough on this sad occasion to spend time with Dr Tom Lieng practice owner and Dr John Holt one of the general practitioners who has been working at Ingleburn GP.

Dr Tom Lieng graduated from NSW University in 1991. He completed his fellowship with general practice in 1996. He has interest in chronic illness, musculoskeletal and sports medicine, work injuries and occupational health. He is an experienced Doctor in South West Sydney who is committed to providing comprehensive and holistic care to his patients. He speaks both English and Vietnamese.

Dr John Holt graduated from the University of Sydney in 2011 with Bachelor of Medicine and Bachelor of Surgery honours. John completed his fellowship in general practice in 2016. John has experience in emergency medicine, respiratory medicine, paediatrics, ear nose and throat surgery, neurosurgery, and orthopaedics. John previously graduated Bachelor of Applied Science (Physiotherapy) in 2003 and worked as a physiotherapist in a variety of settings including private practice, hospital and sports team coverage. His areas of interest are physiotherapy, paediatrics, neurosurgery, and orthopaedics.

John tells me he has been working at this practice caring for the local community out here in South Western Sydney for some time now but unfortunately due to ongoing issues with the GP crisis such as funding and workforce the practice unfortunately had to close down.

The practice for a time was doing work with Workcover and other forms of income in order to try and at least break even due to the inability of Medicare to cover running costs of the practice.

John states that attracting GPs to work in certain geographic locations like South Western Sydney is almost impossible. The population consists of lower socioeconomic people in most need of bulk billing but to continue bulk billing and remain viable is an impossibility. To provide a bulk billing practice there is not funds left to pay rent or staff wages.

In order to practise John has mentioned that the Medicare rebate would need to be worthwhile. He is distressed and disappointed about the medical centre vending machine form of medicine.

The practice has recently tried to implement a small \$20 gap for patients on top of the Medicare rebate but in this area as Dr Holt mentions only a maximum of 2-3 patients a day would be considered private patients if you were to take out pensioners and concession card holders (which is the majority of the population).

He sees the poor remuneration from bulk billing essentially making the quality of medicine that we can provide substandard.

It was distressing to hear John talk about needing 15-20 minutes at least for consultations to be able to treat people properly and this was no longer viable with poor Medicare funding. He states that he needs to sleep at night, to do a good job and to pay a mortgage but he is finding this just impossible in the current climate.

I also spoke to Dr Tom Lieng the practice owner. Tom stated he had recently had to make an incredibly painful decision due to ongoing issues with workforce shortages he no longer has adequate turnover to continue his practice. He can not sell the practice as there is no buyer. A recent meeting with a broker advised him not to employ him as his broker's fees alone would cost him more than the price that would be raised for selling the business. He has just decided to fold the business due to the ongoing non viability of general practice particularly out here in outer metro South Western Sydney.

Tom says the area will lose yet another practice. This one has been operating for 30 years.

He states the operating conditions nowadays are the hardest he has experienced ever. He estimates a 30% revenue loss to the business.

There were two-and-a-half doctors or equivalent working at Ingleburn however the GPs have moved away as the remuneration was not adequate and they have moved to higher paying private practices.

He says he is not able to compete and does not begrudge the young GPs moving to bigger centres offering more for service. He says he has lost three doctors during 2022 as the practice was trying to continue bulk billing. Why would the GP stay when they can move to Double Bay and earn \$90 a consult he told me.

Dr Lieng stated that even a recent attempt to increase the management fee from 25% to 26% was not accepted by the GPs working for him. He just says he can no longer continue absorbing the huge losses. There is no back up if things get worse. Which is so sad to hear Tom then talk about the centre he works at in Lurnea which has been around for 61 years now also teetering with financial viability and Tom is struggling with the concept that he may be responsible or he feels he may be responsible for the death of general practice in that entire area if he closes shop.

Dr Lieng says he can not staff the practice adequately with current bulk billing low rebates.

He quite logically says it is like the patients that live locally are being penalised because they are poor. He is committed to fairness and believes in universal health care and that is why he decided to practice in this significant area of need in outer metropolitan South Western Sydney.

The reality is even introducing a \$20 consult gap, over 90% of the patients are still bulk billed as all are healthcare card or pension holders.

So, the quote that Tom mentioned to me is that he feels like he is “trying to bleed the people that are already bleeding”. He struggles with charging a gap for people already facing cost of living stressors.

Tom laments that the government doesn't recognise in his mind the needs in Western Sydney. There is efforts to assist rural health but less recognition for the significant health deficits and socioeconomic determinants of health in other areas particularly outer metropolitan Sydney.

An alternative of course was to rush through 8-10 patients an hour which Tom calls “burning Medicare” but this is not the way that he and his fellow GPs want to practice.

Again, so disappointingly Dr Lieng comments that to be viable you need to practice poor quality medicine and see people quickly.

Another point was his wife who has been an examiner for general practitioners for many years but due to the ongoing decrease of numbers in GP applicants everyone who applies now gets accepted as there is no one else to fill the role. To which he says why would they choose this career, there is more work, the patients are becoming more complex and more complicated and there is no recognition by government.

Tom tells me that the young guys that have worked for him take off and leave. They have spouses and kids. They need to buy a house and being a full time GP, they just cannot afford this in South Western Sydney.

So it seems that the erosion of the profession continues with the inevitable poor outcomes to patients in our community. Without a highly functioning and adequately funded GP-led primary care system the entire health system falls over. We have evidence from around the planet from the UK from the USA from Europe and locally which is indisputable that general practice is the most cost effective and most efficient form of healthcare in the community. Despite this our state and federal government's continue to ignore the crisis in general practice.

We need urgent increases in Medicare rebates for quality general practice care. We need the system to be reviewed to provide blended payments for GP lead primary care and our teams to develop and enact systems and protocols to assist our local communities. We need a lot more and we need it urgently otherwise our system falls over and Ingleburn GP will not be the last medical practice to bite the dust.