GP LINK Lunches | Dr Mike Freelander

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.


Dr Mike Freelander Dr Ken McCroary

Ken McCroary - Welcome everybody to a further edition of GP Link Lunches. During the past few years, the South West GP Link has enjoyed a supportive relationship with our local federal member for Macarthur Dr Michael Freelander. He has been a vocal advocate for GPs in South Western Sydney from the opposition benches in Canberra. Following the recent federal election he and his party have now crossed the floor in parliament and currently sit on the government benches now led by the Prime Minister Anthony Albanese.

Mike has always been generous with his time which has been much appreciated as has been his advocacy for GP Link and general practitioners in the Macarthur and greater South Western Sydney region. It is with this in mind that I thought it would be a great idea to catch up to discuss his experience with the recent transition into government and again highlight some of the significant issues affecting general practitioners, general practice and primary care and the local community in South Western Sydney and so I am pleased to be joined by Michael today for a GP Link lunch discussion.

Mike has been a paediatrician in Campbelltown for 37 years and has dedicated his life's work to make sure our kids get the best start in life.

Mike trained as a paediatrician at the Royal Alexandria Hospital for Children in Camperdown after completing his residency at the Royal North Shore Hospital. In 1984, Mike and his wife Sharon moved to the Macarthur region where they raised their six children. At this time Mike commenced work at Campbelltown Hospital where he took on the role as Head of Paediatrics from 1986 to 2013.

Mike set up practices in Campbelltown and Camden because he saw that the growing needs of the region were not being met. Despite his workload as a paediatrician Mike still finds time to give back to his profession, teaching the next generation of doctors as a lecturer at Western Sydney University.

His hard work and dedication to the region has earned him the respect of local families and residents. In his near four decades as a paediatrician in the Macarthur region, Mike has seen over 200,000 patients.

Mike has increasingly seen his patients and their families face issues of access: access to healthcare, access to work, access to housing and access to education. It is these issues that drove Mike to run for the Federal seat of Macarthur.

Ken McCroary - Mike congratulations on changing sides and now being in government so I haven't seen you since the election so just bring us up to speed and what has it been like and what has changed?

Mike Freelander - It has been absolutely fascinating in terms of how the parliament is working. As you know I have spent six years in opposition. Opposition is difficult, you want to do things, but you are constrained by not having the power to do it. Although I enjoyed my time in parliament so far and I think we have been able to do some good things being on the Health Committee, being the Co-Chair of the Health Committee, we did some really good things I think in terms of some of our reports have been taken up by the previous government and some that will be taken up by this government.

So that has been interesting but it has been very different and a very different mood being as a member of the government compared to being a member of the opposition, interesting watching how the cross bench is interacting with us and also thankfully there are now more people from a medical background in parliament with Gordon Reid from the Central Coast, Sophie Scamps from the Northern Beaches and also now my good friend Monique Ryan, fellow paediatrician, in fact I say the new and improved paediatrician in parliament, Paediatric Neurologist, who took Josh Frydenberg's seat of Kooyong but who used to work as a Paediatric Neurologist at the Children's Hospital at Westmead who I have known for many years.

She is terrific and I can see why she won her seat, so it's good having more medicos in parliament and Gordon Reid from the seat of Robertson in the Central Coast is a great young indigenous doctor who brings a different perspective and I have been very engaged with him and Sophie Scamps from Mackellar in the Northern Beaches is also a very well trained GP with a Masters of Public Health who sits on the cross benches as one of the Teal candidates she is very good as well so it has been great to have more medical input.

I am now the Chair of the Standing Committee of Health, Aged Care and Support and that is something I am very excited about. We will be able to get some good work done but the expectation of course is now being in government that we as a government will be more engaged with health policy and be able to do some of the things we spoke about before the election.

Clearly there are some major hurdles and as you and I have discussed before, access to primary care, access to GPs for many people is almost impossible both in terms of the cost and geographically we know that there has been an exodus of GPs from rural and regional areas even in outer metropolitan Sydney where you and I work Ken you know that many of the smaller GP practices have closed down and it is very difficult to recruit GPs to come and work in South Western Sydney, particularly in practices who bulk bill so we need to do a lot in that space.

It's not only about just increasing rebates it's about making it easier for people to practice in some of the more difficult areas and I include the outer metropolitan Sydney in that. Our patients, as you know and I know, often have multi-factorial problems, not just health problems, social problems, financial problems, housing problems, so you know we need to provide equity of healthcare across the country and that has proven difficult and it is up to us now as a government to look at solutions, and I would like to hear from you and from your colleagues how you think we can do that. I think it is really important we need to listen, and I think Mark Butler is an excellent Health Minister and he is doing a lot of listening and talking at the moment hearing from different communities how we can make access to primary care a really important priority at this government.

Ken McCroary - It is certainly a major issue with primary care access in amongst access to the rest of the health community as well and yes I am really interested that you are aware of these social determinants of health and all of that sort of stuff in your experience you would know this more than me and how much of a difference that makes particularly out here in the South West and so with the new government has that had an adverse effect on your own work? Are you getting over done now? How are you coping with the changes?

Mike Freelander - It is a lot of work and we have been pretty flat out everyday since the election and understandably more and more people want to meet to talk about health issues in particular. I met with Ian Hickey from the Brain Mind Institute this morning to talk about how we can have a more transparent and a more connected mental health system. He feels many people with a severe mental illness are being missed with getting ongoing adequate care and I agree with him, but again that is going to require some system changes and some financial support. I have met with the medical research foundation Australia to talk about how we can better fund medical research today and I have met with some community representatives today to talk about how we can improve access to GPs in some of our rapidly growing new suburbs like Oran Park and Gregory Hills and Willowdale it is just incredible they just don't have access to healthcare.

Ken McCroary - That is an interesting point to getting feedback from someone like Professor Hickey who is a Psychiatrist and who is pushing to remove GP mental health plans because he feels they are not reviewed as frequently as they should be, but that is determined upon people actually accessing a psychologist and getting that first six before we do a Medicare review and I find that sometimes counter productive that we have got our GP plans being determined by experts that aren't GPs who have agendas to remove our mental health capacity considering primary care general practice do see more mental health than any one else including psychiatrists.

Mike Freelander - You are absolutely right and I did speak to him about GPs feeling unsupported by the mental health teams including psychiatrists and you and I know how difficult it is to get a public patient in to see a psychiatrist, it is almost impossible sometimes and I do think we need to be listening more to people on the ground providing primary care before we make any decisions about further funding mental health and I think this is particularly a problem in outer metropolitan rural and regional areas. It is not a problem in the inner city and that is part of the issue is that many people have made decisions about mental health plans and funding don't live in our world.

Ken McCroary - Yet we use them for schizophrenia and bipolar disorder not worry wellbeing and need that support which is just as valid as well but not as crucially life threatening I guess as a lot of stuff we see day to day and you are 100 per cent right we cannot get access to public psychiatry pretty much at the moment.

Mike Freelander - Very difficult.

Ken McCroary - And then affording a private psych is another major roadblock for our community.

Mike Freelander - Well many of our patients won't do that will they.

Ken McCroary - No, no not a chance.

Mike Freelander - So yes I think that is something we as a government need to be talking to people on the ground, we need to be talking to GPs, talking to families which you and I do all the time. They don't want to be using the hospital as their general practice, they don't want to be sitting in emergency for hours and hours yet sometimes they are forced to do that because they can't get in to see a primary carer.

So you know we do need to look at those issues in a much more systematic way and as I say it is not just about increasing the rebate it is about making it attractive to working in general practice, connecting general practice with the rest of the medical hierarchies, I personally would like to see our teaching hospitals being more involved with our primary practitioners and providing support for them it is almost the ivory tower isn't it? Or the silo that doesn't let anyone in.

Ken McCroary - They do a fair bit of primary service, but it is hospital-driven and it is not liaised with general practice and primary health care nurses and the other people around us as well unfortunately. And you were talking about outer metro and how specific blocks and issues. Last time we spoke I think you were involved with the Senate inquiry into outer metro distribution did you have any outcomes from that?

Mike Freelander - That was the State Upper House inquiry into providing primary care in outer metropolitan and regional areas they will be releasing all of their findings in the next few weeks but they found a number of difficulties I believe, I have been given some information about what their findings will be but the findings around how we can better connect our health services and hospitals, GPs, private physicians, non-medical, allied Health people like Pharmacists, Nurses, Physiotherapists so we can get them working to the maximum of their capacity and efficiently providing the services they feel comfortable with.

I don't share all of the views of the College of GPs or the College of Physicians or the AMA about allowing other practitioners to dispense the new treatments. I know there is a bit of controversy about that at the moment I don't know if you have read much about some of the suggestions about allowing Pharmacists to prescribe anti virals for example for COVID and other things. I think it needs to be selective but I think I don't have a problem with it as long as we select the specific dispensing criteria in terms of what they can and can't treat.

Ken McCroary - So, you have had experience or knowledge about the Northern Queensland trials of urinary tract infections as well.

Mike Freelander - I think urinary tract infections are a particularly bad example. I would not be picking that but I would certainly be saying to people who have been stabilised on long term anti hypertensives. I cant see why the GPs can't take blood pressures and within criteria re-prescribe, this is for people who have already been stabilised on anti-hypertensive.

I think there has been difficulty accessing the anti virals for people who have COVID even if they meet the criteria and I think some of the models from overseas where Pharmacists have been able to dispense the anti virals for COVID I think that is a good example.

Ken McCroary - How much of an issue with access has been supply because of the major costs the Pharmacist incurs to have them available there has been some delay there we haven't seen much of the issues with prescribing I just would prefer it to be easier access at the pharmacy so that don't have that major outlay and they can be reimbursed when the drugs go out of date and I think that would keep the team working without having take away.

Mike Freelander - Yes I definitely think we should be providing those services for the Pharmacists but I have a particular view about Pharmacists distributing antibiotics for anything and urinary tract infection being one thing. I think that was bad example. I think these days when we are seeing a lot of antibiotic resistance, a lot of the E coli we see are resistant to a whole range of broad spectrum antibiotics I think we need to be very careful about increasing the use of antibiotics.

Ken McCroary - Oh yes distributing of antibiotics is a major issue and I think that is another one of the silver linings of COVID and that the thought processes are slowly changing in terms of the commonality of viral respiratory infections and how that is slowly going to make a difference to with a lot of prescribing moving forward to a lot of our colleagues. Have you seen that in paediatrics as well or not really?

Mike Freelander - How do you mean? There has been changes in illness patterns, there has been changes to presentations to paediatricians much more behavioural work than previously much more developmental work. I think you know to an extent we have got ourselves in a bit of a bind with the behavioural side of paediatrics. I think we need to rethink the use of some of the medications that are being used in kids. I think there is time for a review of that sort of process for sure.

Ken McCroary - Again, no getting what we need in terms of behavioural managements in psychological support and other issues to help with behavioural issues in kids that's like primary care it's harder, it's longer, it's more intense it is more cost incurred and it's hard in these sorts of communities isn't it?

Mike Freelander - Well it is and it is often quite time consuming and you know it is like many of the GP practices if you are sorting out a child who has a significant developmental problem it takes a number of hours and the rebate not sufficient to cover that even in paediatrics and in general practice it is 10 times worse.

Ken McCroary - And I think that is a good segue into one of my topics today about the way Medicare isn't designed for that is it? And we are seeing more and more complexity and more and more chronic disease and more co-morbid disease as well throughout the whole spectrum of little ones, middle and older ones and the system isn't really encouraging that to be managed well, is it?

Mike Freelander - It is not and it wasn't designed to do that and that is something that people have forgotten. Medicare and its predecessor Medibank by the Whitlam government was designed to be very transactional type of healthcare and what we are finding now it is no longer fit for purpose many people we see be they paediatric or adults and probably worse than adults tend to have multi factorial disease they have chronic illness often across a number of different organ systems they are often increasingly elderly and as we mentioned the psycho social aspect of health they often have those other issues as well and trying to sort that out in a short GP consultation is completely impossible and as legislators we need to recognise that. I know we talk about we have got no money, but you can't expect a GP to sort out a 80 year old with diabetes, congestive heart failure, Parkinson's disease, incontinence whatever in a short consultation it is not valid to do it in a short consultation or financially viable under present Medicare rebates to do that.

Ken McCroary - Which is a shame because that is bread and butter to general practice, and it is part of the rewards and interest of the profession that we can deal with all those things in one hit being a generalist. But yes, you are right and the excuses that we don't have any money I think its hollow where the rapid through put medicine is encouraged, I would rather see the shift away from that.

Mike Freelander - I think you are right, and it means thinking of different models of care. And I think we can do it and it will cost some money I wouldn't be stupid enough to say it is not, but less than what people think. And we need to be more proactive about preventative type of measures and that takes time.

Ken McCroary - Preventative therapy is cost effective isn't it and at the moment I think we are 5-7 per cent of the whole health budget spent in general practice which is small compared to the benefits and the savings it is going to have in the long run.

Mike Freelander - It is very small, and the health economics are not ever properly assessed as far as I can see so we need to think a bit laterally and Mark Butler has put together this Medicare taskforce to look at ways of improving care for people with chronic illness and you know still try and keep the cost reasonably controlled. I think no matter which way we think about it we are going to have to spend some money on it though.

Ken McCroary - Well we could literally double the expenses on primary care and still only have a 5 per cent increase in total health outlet which is relatively small with the cost benefits we are going to get and the economic benefits we are going to get moving forward for generations to come not just you know putting the chronic complex diseases in one generation has impacts longer term with obesity and diabetes and heart disease.

Mike Freelander - Absolutely, and we need to start those interventions in young people.

Ken McCroary - That is what I tell my staff, we start at the six-week check that is when we start preventing diabetes and everything else, we talk about the exercise and the food and all of that sort of thing but it takes time that is not encouraged. I would like to see some more support for our primary care nurses from the six-week check onwards they do a lot of face-to-face stuff, they do a lot of preventative work but there is no rebates for them in primary care at the moment there is no telephone rebates, there are no face-to-face rebates for them to be doing stuff.

Mike Freelander - Well we certainly need to be looking at how we can fund that and I think having primary care Nurses properly funded working in primary practice you know actually makes the general practices work better and I think it is a way of encouraging people to stay in those practices in rural and regional and outer metropolitan areas so we need to look at how we can do that and I think there are ways of doing it. I think Mark Butler has been quite proactive in talking about some of those things to me and understands how the system works.

Ken McCroary - We had one of my Nurses, an ex-wound CNC, who was going to come your morning tea knocked down with COVID and couldn't make it so how did your wound morning tea go?

Mike Freelander - Um we had to cancel it.

Ken McCroary - Oh no what a shame because that is another major issue chronic wound care is really neglected as well.

Mike Freelander - Yes because too many people had COVID at the time. We will be doing it again at some stage I am just not quite sure when but it is on the agenda.

Ken McCroary - Yes we certainly need some assistance with that. Funding of dressings is another major shortfall the Department of Veteran Affairs seems to be able to support us with that but if you are not DVA the affordability for dressings out here is another major issue with health.

Mike Freelander - Yes, yes I have heard that from another GP practice actually they feel very under funded.

Ken McCroary - We build more theatres to cut off more legs at Campbelltown Hospital but we don't invest anywhere near that amount in prevention do we?

Mike Freelander - No, no we don't and that is another big area of healthy lifestyles and prevention of type 2 diabetes and obesity we should work on.

Ken McCroary - Now with the pandemic one of the things we have seen is the fast input of telehealth which was originally planned anyway. One of my major concerns with that at the moment is the discrepancy between complex and chronic healthcare and longer phone call consultations that have been cancelled by the current health minister. Now you have told me Mr Butler does listen, we are trying to make a lot of noise, my elderly patients or disabled patients my chronically ill with multi complex issues struggle with IT, don't always have access to video consultation, mental health, Aboriginal, Torres Strait Islanders but these guys are unable to access me for long periods on the phone which doesn't seem to be fair, like when trying to deal with palliative care with multiple issues. Sorry 10 minutes are up we don't get rebated for long consults for you anymore!

Mike Freelander - Yes, I think that is a real issue particularly for the most disadvantaged. I know and I have spoken to Mark about this there was concerns about over use of telephone consultations and to be honest with you some organisations did see it as a money making exercise. You know you walk into a chemist and they say we will get you an immediate phone consultation and prescription will be on the table in 10 minutes so.

Ken McCroary - And that is completely inappropriate I agree 100%, but that should be audited, and we should be able to pick up stuff like that. Those business models are not the ones doing the long consults are they? They can't justify 20,30, 40 minute phone calls working in a chemist?

Mike Freelander - Some of them have tried. Yes I think it is something that we haven't really sorted out yet I would say but it is a work in progress.

Ken McCroary - Yes, it is something that is really called for and really not fair for those that need it most. They tend to be the ones that don't have a voice and don't have the ability to make a noise.

Mike Freelander - They don't carry around a laptop or even iPad so.

Ken McCroary - Absolutely, can't afford one don't know how to use them as I said their carers can't assist them it is hard enough trying to get aged care admissions done through the computer let alone trying to get them to do consultations as well so that is something we really, really need support with. Apart from those obvious issues we would also like to see more access and more support.

I might go back to what you mentioned before about pharmacies and cross working together one of the benefits of having a health team in general practice would be to incorporate clinical pharmacists into the practice etc. which would mean with that we would have to have access to supply or dispensing as well. I don't personally want that but if we are allowing pharmacists to be prescribers is there a place for doctors to be dispensers?

Mike Freelander - Oh, you could make that case, I think it is a bit like Vets, isn't it? they dispense all the time yes. I think you could make that case. I don't know how many Drs would want to do that it is something that might well be necessary in the future it depends on you know which Drs would want to take on that role.

Ken McCroary - I would say as part of the team with a community pharmacist or clinical pharmacist in the practice rather than a doctor themselves being the dispenser.

Mike Freelander - Yes, well I certainly can see a case for that.

Ken McCroary - Very good, I think a major issue is getting to be heard and with your understanding of the topics it is sort of reassuring that at least there is someone on that team moving forward.

Mike Freelander - There definitely is and there are others on the team as well. Sorry the other person I didn't of course mention and I should have was Michelle Ananda Raja she is an infectious diseases doctor who led Katie Allen another doctor in the seat of Higgins in Victoria another very Liberal seat Michelle won that and she has been a great addition to Parliament to and I think our medical voice is getting louder with Michelle, myself, Gordon Reid, David Gillespie on the National Party, Meg Ryan, Sophie Scamps there are more medicos and it is a good voice but we have to harness it properly, I would like some really important things done in terms of encouraging people into the primary care pathways, but it means a lot more support and encouragement from politicians.

Ken McCroary - Do you have thoughts on how we can make the profession more attractive, we can't fill our training numbers at the moment we struggle to attract them.

Mike Freelander - I think we need to get the teaching hospitals involved in GP training and not just remotely but definitely by actually giving people reasons to want to go into a general practice, supporting them as much as we can, having practice nurses, having allied health in general practices and above all by getting our teaching hospitals to move out of their ivory towers and start providing support for outreach clinics and engagement with GPs in their practices.

Ken McCroary - Yes I have always found the interaction difficult.

Mike Freelander - Well I hasn't been encouraged and it's wrong because for the patients we see in hospital when they go home they don't get their healthcare from me they get it from their GP and you know whilst they will move closer if there is not an alternative mostly very young children in particular, it is hard to get GPs to see them we don't get proper renumeration for GPs we need to support GPs with more Nurses that are used to child health and child development and get our teaching hospitals as I say more engaged with the general practices.

Ken McCroary - One of the college's visions at the moment is to get access to the post discharge assessment for general practice, so within seven days of leaving hospital someone would have a funded visit with their GP would you support that as a thought and an idea?

Mike Freelander - 100 percent. 100 percent but also maybe say if a GP has a patient of theirs admitted to the hospital encourage them to come into the hospital and see them get involved with the medical team that is looking after them. We have lost that.

Ken McCroary - That would be helpful for post discharge summaries and everything all pre-planning, wouldn't it?

Mike Freelander - And to fund the general practitioners to do that. Not just do that for a social visit but fund them to be part of that hospital interaction.

Ken McCroary - It is what used to happen anyway and still does happen for most of the state just not in the city.

Mike Freelander - It used to happen, that's right.

Ken McCroary - Like locally we still do this at the private hospital we admit patients we go see them, we look after them, we consult and liaise with our specialist colleagues, surgeons, who ever will come down.

Mike Freelander - But there have been these real silos in healthcare, and we have got to move away from that now. I am not saying that these changes are going to happen overnight, but Medicare was invented over 50 years ago. Scott Nandegal in their report health systems to Gough Whitlam's opposition and then government that happened over 50 years ago and you know it has been very, very useful in providing health care to Australians but in many ways it needs to be upgraded and we need to look at different models of care as providing the best type of healthcare.

Ken McCroary - Particularly locally with access we have all been reading about bulk billing rates in the last few weeks you know sometimes down to 60 percent or probably even less and it makes it nearly impossible to afford the care, isn't it?

Mike Freelander - Yes, and you know the people want to be able to access GPs they just don't have the financial means to do it and you know I can't help but think we have been part of the problem the profession and the hospital system we should have some guilt about what has happened because it has developed not in a year or two, I think COVID has made it worse but this has been evolving for a couple of decades really and I think we can reverse the trend but we need to work hard at it and other countries around the world have found similar problems in America there is huge pressure on the primary healthcare systems so people are then turning to the hospital system to provide care and that is not the right way to do things in terms of continuity.

Ken McCroary - Yes, because if we have a vibrant dynamic primary health system that is functional then admissions decrease life expectancy increases, we know that and continuity of care with your primary health physician you live longer and you get less sick and spend less time in the hospital.

Mike Freelander - That's right and use less health resources.

Ken McCroary - Exactly same-same, win for everybody. Yes, it has certainly been encouraging to speak to you again and I really appreciate your time once again today.

Mike Freelander - My pleasure.

Ken McCroary - If we know there is a voice there that will maybe bring these options to the Minister particularly the long phone calls, the increasing rebates the increasing communication between the sector in terms of hospital specialist GP all of us talking and working together for the same outcome.

Mike Freelander - Yes I think that is by far the most important thing we could do.

Ken McCroary - It would be a great legacy to leave changing that wouldn't it?

Mike Freelander - I will try! Alright thanks Ken.

Ken McCroary - Thanks so much for your time and have a great week.

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