

GP LINK Lunches | Bianca Lean

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.



Bianca Lean



Dr Ken McCroary

Ken McCroary – The viability of general practices and the survival of GP lead primary care is to cause considerable angst and concern throughout the entire profession and the wider health landscape. South Western Sydney continues to be significantly affected by the ongoing pressures for general practitioners and their practices including allied health and nursing teams. Our region continues to have challenging socioeconomic determinants and an incredibly diverse and vibrant population which has associated increased prevalence of significant health issues.

The general practitioner workforce is also quite unique in this part of the world with our varied backgrounds and rapidly aging practitioner cohort. We have significant risks with ongoing practice closures with the gaps between Medicare and recommended fees ever widening in a time of cost of living crisis contributing to this looming disaster for the region and wider community.

The South Western Sydney Primary Health Network has been working with GP Link and other stakeholders and has developed a role of Primary Care Workforce Manager in attempt to understand and find solutions for some of the workforce issues in South Western Sydney.

I'm very pleased today to be joined by Bianca Lean who is the Primary Care Workforce Manager for South West Sydney Primary Health Network. Bianca has worked with South Western Sydney Primary Health Network in varying roles since October 2020, including COVID-19 Response Coordinator for the duration of the pandemic. Prior to this she gained primary care experience in general practice as a receptionist and Practice Manager at a number of practices on Gundungurra country in the Southern Highlands.

Ken McCroary: Thanks a lot Bianca for being here today. I was wondering before we started if I can find out a bit about your background journey in to primary care and how you ended up in this space?

Bianca Lean: I initially started as a receptionist at an allied health provider in Bundanoon in Wingecarribee and there was a GP working there at the time and he was building a new practice. When he left I asked if I could go with him as his receptionist and then I became his Practice Manager quite quickly because his wife was pregnant so I just got thrown in as Practice Manager and really enjoyed it.

I always had good engagement with the PHN and a position came up as the Practice Support Officer which I applied for and got and then quickly moved to COVID Response Coordinator which was a very challenging time for all of us and then this position came up in May last year – Primary Care Workforce Manager – which I was successful for. So, I don't actually have a background in health at all, I've just kind of fallen in love with it. Both my mum and my sister are Registered Nurses, so I've always had health in the family but never been interested in the clinical side but found that I'm very passionate about helping the community from this side.

Ken McCroary: Okay so you've worked in a general practice before and you do a lot of work, or you did a lot of work as a support officer visiting general practices and dealing with general practices, what have you learned about and what is your understanding of GPs in South Western Sydney?

Bianca Lean: It definitely varies across the LGAs I think. There's obviously underlying issues they all face but I think working in Wingecarribee there's different issues they're faced with which is where I was working predominantly as well with that practice support position. I think COVID changed a lot of things for a lot of people. There was a lot of pressure and burnout and stress put onto GPs, there was a lot of unknown issues they were facing and I think now we've all come out of that everybody's exhausted and we've got no new people coming through either so there's the challenges within that space as well.

Ken McCroary: You mentioned in your previous roles in the organisation relating to COVID and you just talked about COVID being a bit of a game changer for general practice, have you got time to tell me a bit about what you did in your role and what that was like with the uncertainty and the confusion and the ever changing information and data that we had?

Bianca Lean: It was a really challenging time. We would find out what our day looks like from the media rather than the places we were supposed to get the information from. I think the stresses around that were particularly around vaccination so the pressure put onto GPs to vaccinate while not having the control over being able to order what they needed and there were limited supplies. There was limited supplies of PPE and I think also one of the biggest factors was immobile people in their homes and unable to get access to be vaccinated and a lack of workforce able to assist those people were the key sticking points.

A lot of general practitioners in that time needed a place to vent and a lot of patients did as well and often both of those cohorts came through to the PHN so my staff were dealing with really difficult situations faced by both the general practitioners and the patients who didn't know what was happening and didn't know where to go and just wanted answers and more often than not we weren't able to provide them either. That was a big level of frustration on both sides, I think us not being able to help when we wanted to.

Ken McCroary: So being on the ground during that vaccine roll out how did you feel when you discovered general practitioners, despite delivering the bulk of vaccines, weren't considered essential workforce and weren't prioritised in order to get early vaccines?

Bianca Lean: Yeah it was really hard. It's kind of a political question. I think most of the GPs were frustrated because they were just trying to look after their patients, that vulnerable cohort of patients, and that was the frustration and not being able to provide for those communities was probably the main frustration for everybody.

Ken McCroary: Well done, I think you handled that very well. With the Workforce Manager, this new role, how did it develop and why did it develop? Why is there a need to have a whole section of the organisation dedicated to workforce?

Bianca Lean: It's been on the minds of the PHNs for a very long time. There's been a lot of work happening prior to this role being created but obviously funding has always been an issue so I think the time has come now where we have received funding specifically around workforce, particularly around workforce planning and prioritisation. I think this will be good for South Western Sydney. The issues facing our community are escalating as we speak and that's not taking into consideration even the next five years and expected growth population for our area. We're already seeing an ageing GP population, we're already seeing workforce shortages and we're seeing a lot of practice closures so all of these issues we're facing now are not going to get any better unless we start advocating and working towards solutions, so we've now got some funding to obviously put resources behind those supports.

Ken McCroary: Yeah I'll get to some solutions supports in a minute. You mentioned it's a growth area, can you give us some demographics for South Western Sydney for those who aren't as familiar as you in the region and what it's like.

Bianca Lean: We've got over a million people in South Western Sydney as it is, with a 45% forecasted population growth. You've also got a really high culturally and linguistically diverse population, particularly in Fairfield with 79%, and along with that comes socioeconomic issues. So you've got four out of our seven LGAs with low socioeconomic indexes and I guess those culturally and appropriately skilled workers also need to be considered when looking at the South Western Sydney population.

Ken McCroary: Because we also have a significant amount of Aboriginal and Torres Strait Islander and refugee populations too don't we?

Bianca Lean: Yes, so comparatively across NSW some of our LGAs are higher. So off the top of my head, Campbelltown is higher than the NSW average and obviously Fairfield has got that higher refugee population as well.

Ken McCroary: Yeah. And language being culturally linguistic diverse is a major issue too with health isn't it? The language spoken at home in our region is only English in what, like half the houses of it, isn't it. And that has significant impacts on health literacy yeah?

Bianca Lean: Yes definitely.

Ken McCroary: Okay, now we talked a bit about the area itself, now you look after the GPs in the area, obviously the workforce is your main focus, what does the workforce look like at the moment in terms of general practitioners in South Western Sydney?

Bianca Lean: In South Western Sydney we've got just over 1200 GPs including registrars. The median age is 55, with 60 in Fairfield, and we've got 23% who are 65 and over which is compared to 16% nationally. They're averaging about 35 hours per week and we've also got 425 practice nurses with their median age being 45. The practices in South Western Sydney, at the moment we've got 394 practices, so 66% are accredited and 40% of those are medium sized practices, where 40% of those practices are solo practices which is also a concern when you look at the median age.

Ken McCroary: Excellent. Thanks for that. Now the aged population of doctors in our region, does that compare similar to the rest of the nation or are we sort of outliers there?

Bianca Lean: Those aged 65 and over we've got 23% compared to 16% nationally. I'd have to look into the different age brackets but I think those aged 65 and over is our biggest concern at the moment, particularly looking at practice closure.

Ken McCroary: Yeah and like the residents there is a significant portion of GPs born overseas and trained overseas isn't there? Do you have numbers for that off the top of your head?

Bianca Lean: Out of our 1285, 569 are international medical graduates.

Ken McCroary: And that's not including the registrars is it?

Bianca Lean: That is including registrars but not medical students.

Ken McCroary: And there has been a been a bit of an increase in accredited practices lately. I'm pretty proud about that so you've done a great job there.

Bianca Lean: Yes I think the Medicare grants from the Department of Health and Aged Care has really assisted with that. We've got quite a number of practices who are working towards accreditation now whereas previously they had been unengaged or not interested in the idea so that funding has definitely assisted those practices and I think also the My Medicare program has also kind of pushed those numbers up with that funding, so yeah it's been fantastic to see those two initiatives working quite well to really get those accreditation numbers up.

Ken McCroary: Yeah, we are low though compared to the rest of the country. What about in terms of practices that are still not computerised, have you got any data on that?

Bianca Lean: It's not too bad at the moment. Computerised we're at 90%, and paper based we're at 5.3% and a combination is 3.6%.

Ken McCroary: Okay excellent. One of the issues I've always found with our varied workforces is engagement. Now that you've been in this role for a little while what do you feel about the GP engagement in the area? Are you finding you have a widespread and similar interaction with all the practices or are there certain regions that are harder to deal with or certain groups that are more difficult to engage in learning, development, CPD all that sort of stuff or not?

Bianca Lean: Yep definitely. There's two ways we're dealing with that at the moment. Traditionally the solo GPs are harder to engage with, and I think a lot of GPs have come out with the establishment of this workforce team to have their say about what's happening in the area. So we've got quite a number of surveys we've been doing, alongside work which is asking those questions "What's important to you?", "What can the PHN do for you?", "What training are you interested in?", so we've got a lot of feedback and qualitative data around what's happening on the ground in terms of workforce. So from that perspective we've written a report which goes alongside the work we're doing in workforce planning prioritisation and we've also just completed our CPD strategy for 24 – 26 which will hopefully address the issues of engagement for GPs and really get more people engaged around upskilling. We're hoping to work with some scholarship programs as well for not only GPs but also for practice and support staff.

Ken McCroary: Now we've got a bit of background, what do you think, in your experience now, are the main challenges for general practices, general practitioners, primary care in South Western Sydney?

Bianca Lean: Workforce shortage especially around recruiting and retaining and I think attraction and retention as well of those registrars that are coming through our area so that's definitely one of the biggest challenges. I think the large population growth and that additional primary care professionals and not just general practice, allied health as well and the aging GP workforce. The wellbeing of general practices being under pressure and increasingly difficult to stay financially viable. The lack of appropriate indexing and the higher proportion of traditionally bulk billing practices which are moving towards mixed and private billing that is obviously impacting the community and obviously those practices at risk of and/or are closing due to staff burnout and inability to recruit and retain staff I think would be our main challenges.

Ken McCroary: Yeah we've had quite a few closures in the last 12 months haven't we?

Bianca Lean: Yep so in terms of closures we've documented since we've been documenting December 2022, we've had 26 practices close as of January this year.

Ken McCroary: Any potential closures or challenged practices at the moment?

Bianca Lean: Yes so there's seven closing and eight at risk of closure, so there's 15 on top of that.

Ken McCroary: Okay. You've mentioned financing, you mentioned indexing which is great to hear you're all on top of that, now when I do talk to practices that are closing they do mention the same thing, that remuneration is really difficult when the population you are trying to serve and help and take care of aren't able to afford a fair and reasonable gap that makes your practice viable. Is that the feedback you get as well?

Bianca Lean: Yes definitely and one of the things we are going to be advocating for particularly this year the DPA is up for renewal based on the 2016 ABS data and we're also going to be advocating for the MMM ratings to align with the SIEFA score ratings. So we've got most of our LGAs are an MMM1 which heightens that inability to retain a workforce but we've got some of the lowest SIEFA scores so we'll be advocating to align the SIEFA with the MMM rating.

Ken McCroary: So just to go over that one more time the MMMs and the scores for SC and stuff. What are the acronyms for everybody?

Bianca Lean: The DPA is a Distribution Prioritisation Area and the MMM is the Modified Monash Method. They restrict the way internationally trained GPs can work as well as our registrar placements so our SIEFA scores are a locally indexed ratings so particularly in Fairfield where it's a MMM1 it means they can't get access to those internationally trained GPs or many registrars because they need to go out into different lower or higher rated areas such as rural and regional. What we're saying is just because it's classified as a metro area it doesn't mean the population needs it any less than rural or regional areas so we're saying you need to allow registrar placements and internationally trained GPs to come into those areas and work within those communities.

Ken McCroary: But is importing more overseas GPs an answer? Doesn't that drain as a global citizen?

Bianca Lean: No, no it's definitely not an answer. Obviously when you create one solution you're creating another problem in those countries losing their trained workforce to come and work for ours. Definitely not saying that's the solution but for the ones that are already here or willing to come here pushing them out into areas where they can't live with their families or where they don't have a choice is kind of, especially for our I'm not saying for every one of our LGAs, I'm just saying for those high need LGAs.

Ken McCroary: Yeah, I agree, I agree. **Is the PHN agitating for more equitable funding for practices within less affluent areas compared to the large gaps that are affordable in the most affluent areas in the country where we don't have the issues with refugees, disability, socio-economic challenge etc?**

Bianca Lean: Yes. So the way my team is structured is I've got three streams. So I've got strategy, engagement and development streams so part of that strategy stream is to develop a workforce strategy paper in conjunction with Nepean-Blue Mountains and Western Sydney PHNs to really have a document, evidence, we can take to external stakeholders including universities, government and peak bodies to really advocate and showcase the workforce needs and predictions for greater Western Sydney. We think by doing it as a unifying front it will potentially have more of an impact on those policies and systems that are in place.

Ken McCroary: Thanks. **What about my fellow GPs, they can talk to me about the struggles with financing their practices and inequity in terms of rebates versus what it takes to run a practice and then they see some fairly big health spends like GP centres, the big mental health centres being developed in the region as well, how do we explain that to them?**

Bianca Lean: I think the strengthening Medicare Taskforce and the review that's happening at the moment, there's a lot of movement happening which I currently feel like is going in the right direction. Obviously it's not helping the people right now to stay financially viable and I can understand the move towards mixed billing. Obviously, there was the tripling of the Medicare rebate for those who are more vulnerable so I guess that's a small incentivisation to continue bulk billing that cohort and privately bill the ones who can afford it.

In terms of what we've doing, obviously funding is limited for us as well but we're hoping to do some work in allied health, particularly around multidisciplinary teams and that will be targeted at practices who can't access the workforce incentive payment so the smaller, usually accredited practices who don't have access to allied health professionals in their practice that's one avenue that is on the horizon. So there's small things starting to happen but yeah I don't have a magic wand for an answer for the current climate.

Ken McCroary: Yeah I think you mentioned one thing there too, the triple incentive bulk billing changes to help those that are vulnerable I think it's only those that actually have health care cards or of a certain age, the major cohort for this region is still vulnerable with many comorbid and chronic conditions but just because they don't have access to a health care card don't get access to the bulk billing incentive, there is nothing for them and they're the ones that we are seeing struggling at the moment and not being able to afford to pay gaps but still having significant health issues.

Bianca Lean: Yeah definitely. I guess I don't really have an answer for that at the moment. It's a really hard one because I understand it obviously, I'm not oblivious to it, but I'm also not a policy maker who has no idea but I don't have an answer for how to fix it in the short term. I just think long term there are policies moving forward that will be coming into play but I guess its remaining financially viable until that time. I don't have a magic answer.

Ken McCroary: It's a good segue anyway cause now was the time I wanted to sort of move into now that you've covered all the challenges I'm really interested in hearing your thoughts about solutions?

Bianca Lean: So solutions we're working on with my three pronged team is obviously looking to retain the current workforce and start attracting workforce to the area and incentivise providers to work and live in the region, those students finishing university in our area and also agitating I think the curriculum of nursing as we were talking about education a lot of work needs to be done there. Obviously our nurses don't do placements in general practice it's just in hospitals so hoping to kind of advocate for that. Also around increasing skills and scope of practice for both clinical and support staff so we're working with the University of New England at the moment on scholarships around practice leadership and medical assisting scholarships and that will obviously then increase the workforce capacity through new models of care and the other part of that is the digital health solution.

So a lot of work has been done from our digital health team they're doing a survey at the moment around digital maturity within South Western Sydney and that will also help with the quality of health data to continue care across the area.

Ken McCroary: Now just another thing, the practice nurse initiative, we take nurses from Western Sydney in our practice and so do other practices in the region, so there are spots for nurses in general practice it's just trying to encourage more practice nurses when they graduate. The difference I find is that the spots aren't funded whereas they are funded in the hospital.

Bianca Lean: I think it's also they're not doing the placements I think for general practice and for nursing it's not promoted enough as a, I think for nursing, as a lifestyle choice, rather than you know you don't have to do shiftwork, you don't have to do early mornings, late nights, I think there's also advocacy that we want to be doing around general practice it's not been seen. I think traditionally it's been seen as the lowest of careers instead of actually an opportunity to work across many specialties and but also to have a specialty of your own within general practice whilst also having that ability to sort of maintain that lifestyle, particularly for younger people starting out with families and things.

Ken McCroary: Any other thoughts for solutions for problems in our region?

Bianca Lean: I think registrar supervisor support. So a piece of work we're also going to start this year is about getting into the universities and letting these students know who we are from a very young stage in their career. We're also developing an allied health framework, an engagement strategy, to really kind of get stuck into allied health and be advocating for that multidisciplinary team care. We've also in my team started the urgent care program so really hoping to start to see some alleviation on the emergency department through that program and the CPD development so really trying to create new opportunities for training and am really interested to hear what people want to be upskilled in and though that increasing the capacity and scope of our workforce.

Ken McCroary: You did mention about balance at one stage, what advice can you give to general practitioners out there about work, life and health balance?

Bianca Lean: I think especially for newer registrars coming on board I think its understanding about the business side of general practice which is not often spoken about. I think that's a really important part about being a general practitioner particularly if you're working for yourself or your starting work in a smaller to medium sized practice is understanding your billing and how you can make it financially viable and understanding what lifestyle you would like as you are going into general practice.

Not every doctor I've ever known doesn't work 9 – 5, they are obviously working longer hours than that but I think it's about seeing the benefits of still being able to clock off and go home rather than spending nights in a hospital or not having as good of a balance. I think really having a good business sense will help create that lifestyle balance and expectations around what you want.

Ken McCroary: Okay interesting. Being a GP who is on call 7 days a week for residential aged care facilities and providing after hour service to our patients makes that challenging.

Bianca Lean: Yeah I guess it's really hard. It's not a profession you choose for money, you choose for the love right, it's about community and it's about wanting to be able to understand your community and be there for your community so obviously the remuneration for that is not always matching but at least having an understanding of the business side and understanding that compassion and love and why you're doing what your doing is important to kind of balance out.

Ken McCroary: Excellent. So I'm really pleased to see someone who is so passionate about primary care and general practices in this role and I look forward to working with you as you develop solutions for our region and hopefully some of them get rolled out around the nation as well so congratulations on taking on this role. Thanks a bunch for joining me today I've really enjoyed it and I hope you have as well.

Bianca Lean: Thank you. One of the other solutions now that I think of it is that we're doing a lot of work with various health alliances and health precincts. There's a lot of work to be doing around that which involves advocating to council and encouraging councils obviously with this high growth and new approval of development going through, we're really pushing hard to advocate for health precincts to be build into those plans and be a requirement of those kind of plannings so I think that's one of our biggest pieces that we will be pushing this year and advocating to councils particularly in those high growth areas.

Ken McCroary: Thanks very much. Thanks for your time.

Bianca Lean: Thanks Ken.

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