

## GP LINK Lunches | Michelle Stares, Accurio

**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.**



Michelle Stares

Dr Ken McCroary

**Sydney Southwest GP Link was recently invited to the new George Centre's inaugural doctors mix and mingle at the new George Centre, corner of Hermitage Way and Gregory Hills Drive, Gledswood Hills. This triggered conversations with Caroline Elisa Enzendi at Accurio Healthcare Innovation about this exciting new venture for South Western Sydney and eventual meeting up with Michelle Stares the CEO of Accurio. Michelle has been CEO of Accurio since November 2021 including The George Centre. Previously she had been the general manager and chief executive officer working at St John of God Healthcare. She also has experience working with Healthscope working as a director of nursing or general manager in various roles including managing brownfields expansion, being the general manager of rehab and mental health and being onboard to commission the Norwest Private Hospital clinical services. Spending time at Sydney Southwest Private and The Hills Private Hospital. Michelle is also ex-director of nursing at Nepean Private Hospital. She has a graduate certificate in business from the Australian institute of business and also a certificate in clinical governance. She is a member of the Australian institute of clinical governance and a member of the Australian institute of clinical directors.**

**Michelle has been a nurse and working in the health sector since 1993. She is born and raised in South Western Sydney and I am really grateful for her for giving us some time to learn all about her work and of The George Centre.**

**Ken McCroary - So now 30 years as a nurse in South Western Sydney, that sounds like it's probably been a very interesting ride, do you want to give us some background first?**

**Michelle Stares -** Yes sure so I started off as a new graduate in nursing in the public at Liverpool and enjoyed my time there doing neurosurgery trauma a lot of orthotic work and decided to transition into the private sector an opportunity arose there, and I have been in the private sector ever since. Mainly with Healthscope for 20-odd years I was there moving around various hospitals in their organisation doing various roles which led me to become transition into executive I was a director of nursing for a lot of years and where I am now as a General Manager so all different sides hospitals different case fixes from rehab mental health up to high acuity surgical hospitals and has led me to where I am now being fortunate enough to a part of building a greenfields acute hospital.

**Ken McCroary - Very cool, now my understanding is you are with the Acurio now?**

**Michelle Stares** - That's right.

**Ken McCroary - So what is Acurio, what do you guys do?**

**Michelle Stares** - Acurio is a health organisation that consists of not only hospitals but also has a research arm our owner is an Ophthalmologist and focuses a lot in his career on eyes. He has we have a couple of day surgeries in our portfolio Bella Vista day surgery as well as Sydney day surgery and the eye clinic and this is Acurio's first overnight multiday hospital within its portfolio.

**Ken McCroary - That leads us onto the George Centre, now let's talk about establishment and development and what it is going to be and what it is, tell us all about the George Centre please?**

**Michelle Stares** - The George Centre Acurio I guess it was in their portfolio now in design phase about four, five years ago. They had seen that this area in Sydney southwest was actually lacking in services in the private sector and they had foreseen the enormous growth of South Western Sydney, currently its growth is higher than Sydney's growth and the community is just booming so they had seen an opportunity to put out some private services here that were lacking in the community because currently all of our community has to travel outside of the area to gain services such as private obstetrics' and paediatrics and a lot of surgical services so by Acurio building The George our community can stay local.

It's also offering a lot of jobs to the health sector locally as well people not having to travel doing the M5 or M7 outside of the area to and having long stays in the car away from their families its actually be enables them to be local so the hospital The George will be a 57 bed hospital we have five theatres two endoscopy suites and we have a maternity unit and paediatric unit and a surgical unit we will offer day surgery and overnight procedures and our main focus will be on day surgery and short stay.

**Ken McCroary - Very exciting, but initially is it surgery and paediatrics, is that what I am hearing?**

**Michelle Stares** - Yes it will be maternity surgical and paediatrics, correct.

**Ken McCroary - Wow and that would be mainly because paediatric private hospital that's new out here completely isn't it?**

**Michelle Stares** - Yes that's right so it will be a first for our area and private really. The paediatric private we will have our own standalone paediatric private unit which will be a first for the private sector.

**Ken McCroary - And that's for only paediatric surgery or is it other paediatric day stay procedures or is it short stay medical?**

**Michelle Stares** - Correct It will be short stay day only paediatric surgery so we will do obviously grommets and ENT surgery, but we will have general paediatric surgery as well.

**Ken McCroary - Wow and how big is the paediatric unit?**

**Michelle Stares** - We have got a 16-bed paediatric unit we will have paediatricians on call 24/7 we have our maternity unit which is 26 beds we also have a special care nursery our special car nursery has four cots.

**Ken McCroary** - **That's great and I imagine there is going to be an influx of obstetricians and paediatric surgeons coming with the hospital is that right?**

**Michelle Stares** - Yes we have over 13 obstetricians accredited with us at the moment, and we have seven paediatricians accredited with us at the moment. It's been overwhelming not only from the medical community but also the local community the support has been enormous, and we feel very privileged to be able to be a part of offering this service to the community and also the nursing cohort as well. We have actually been inundated with expressions of interest from administration nursing hotel services all of our different aspects of careers we have been inundated for people actually wanting to come and work with us.

**Ken McCroary** - **That's excellent to hear and not before time obviously there is a great need and having this new hospital is going to be a major benefit for the health of our community. You have said one of the reasons for building it was to stop us having to travel outside the region to obtain care such as private obstetrics and delivery, now the 13 or so obstetricians you have said that have started I think that number is correct are they going to have rooms out here as well we don't still have to go and see them at their other rooms do we?**

**Michelle Stares** - No we have consulting suites here on site and we have obstetricians that are taking up consulting suite rooms here also in ear nose and throat surgeons basically focusing on the paediatric side of things we have some ENT surgeons consulting here and we also have general surgeons that have rooms consulting here as well so again there is quite a lot of the doctors in our community that are coming here to join us.

**Ken McCroary** - **So that should be encouraging an increased local antenatal care program too wouldn't it if they the women don't have to travel out of area?**

**Michelle Stares** - That's right and we will also for all of our women who decide to book in and deliver with The George we will offer antenatal classes alongside with the doctors as well.

**Ken McCroary** - **That's exciting. With pregnancy obviously there is the need for imaging etc do we have onsite or a relationship to imaging as well for scans etc.**

**Michelle Stares** - Yes we do, so we will have radiology here on site so we will offer MRI CT Ultrasound and X Ray onsite.

**Ken McCroary** - **Excellent so no travel at all, now we just need to improve the local infrastructure and get the trains running in the public sector (laughing)**

**Michelle Stares** - Yes that would be wonderful, that's right.

**Ken McCroary** - **Now obviously you have been working as a nurse for some time both clinically and in management now what have you experienced working in this region in South Western Sydney compared to me know you did some work in The Hills I think yes?**

**Michelle Stares** - Yes that right The Hills, Norwest.

**Ken McCroary** - Yes, Norwest as well, so what is your experience been with the patients etc in southwest Sydney can you talk about that?

**Michelle Stares** - For me I am a local I was born and bred in South Western Sydney, all my family are here and obviously our extended family and friends and my experience as personally in the community but also professionally has I think our overwhelmingly relief and satisfaction of having been able to these services here because it has definitely been something we have been lacking. My son is 27 now and when I had him all those years ago I had to travel out of area to gain private maternity services. My sisters in law and my sister, it is the same thing all friends and family we have all had to travel outside. Everybody I talk to say it's about time, that's a very common thing that I actually hear it's about time so I think there has been an extreme amount of relief and we are all thankful that we are finally gaining these services that people in South Western Sydney need and deserve.

**Ken McCroary** - Yes service deficit has certainly been a major issue for the community for years and years.

**Michelle Stares** - Yes

**Ken McCroary** - What other challenges to you think there are looking after the health of people in southwest Sydney?

**Michelle Stares** - I think to tell you the truth we thought the challenges might be as we know there is nursing shortages everywhere so I think we thought we might see some real deficits especially with our core midwives and theatre staff but again as I said I think we are fortunate that because our area is growing we are able to offer a facility where people can work as well as live locally.

I think the other challenges will still be it would be still great to be able to attract a lot of specialty doctors out to our community, and that we are hoping that will happen with paediatric surgery so instead of having to travel to a children's hospital whether it be in Randwick or Westmead we are hoping if we build a facility we should be hoping to attract doctors in that specialty that we can provide a space where they can come and be able to offer a service to the paediatric community out here. I think there is still a bit of a deficit with some of our specialty doctors but hopefully we will see advancement and improvement in that in the future.

**Ken McCroary** - You mentioned the area growing and hence the health professionals in the area are growing as well do you foresee a training direction for The George as well in term of because we have got western Sydney university with obviously the nursing training school and allied health as well not to mention the doctors, do you guys envisage yourselves as participating as a training institute as well?

**Michelle Stares** – Definitely, so we will definitely be taking nursing students and we are also talking in talks with the universities to do some partnerships but also the public because we know midwifery is a midwives are so scarce and there is a need for midwives so to try to offer a clinical opportunities for our midwifery students where we are starting to talk to the public to see how we can partnership with that and offer some of those midwifery students both public and private experience and be able to increase the number of midwifery students that we can take between us but it's definitely a major focus for us in taking students.

**Ken McCroary - That's excellent. You have covered your experience and also explored some of the major challenges that we have in the area and I commend your organisation on building the new hospital The George which I am really, really excited about, now to me this fits in is a part of the future for the region and how do you think you guys will fit in with that future and what do you see being someone who has experienced lived and grown up in the area worked in the area what do you see the future of South West Sydney as?**

**Michelle Stares –** Gosh, it's going to grow and grow, it's more affordable out here than I guess inner city obviously we are all feeling that the prices going up so I think the growth out here will just continue to expand we definitely have a very young population a very family orientated population we have a large amount of younger families and children so I believe what we may see in the future is expansion will definitely need expansion of our services our medical services there is plans and talk that there will be a phase two of our precinct where the possible expansion of our services and offering higher acuity services that with the growth we will have to make sure that we meet demand and I think our services certainly need to grow.

**Ken McCroary - Yes that was actually what I was just about to ask is there a phase two or three, is there a future plan for development what is the pipe dream?**

**Michelle Stares -** So this is how we are actually situated at the moment there is two pieces of land right beside us and there is a phase two and three in the works and one is a research centre a private research centre and also as I mentioned a hospital that will cater for higher acuity and more specialty services such as ICU and longer lengths of stay surgery again the community won't have to travel and we will be able to offer services locally.

**Ken McCroary - That's really cool. Now you sort of touched on some of the need I was just going to think more about the reasoning behind the attraction to build it in this area and I was blown away by the speed I am a try hard cyclist so riding up and down Gregory Hills drive and seeing this paddock turn to concrete and dirt all of a sudden here is a hospital sitting there.**

**Michelle Stares -** Yes it went very quick.

**Ken McCroary – It's just been amazing the construction must have been some sort of effort and I was amazed at how quickly it went up.**

**Michelle Stares -** Yes Buildcorp obviously built the building and I think it's a credit to them even through we had quite a rainy year where a lot of construction in other parts of Sydney was brought to a halt but with I guess with their design and skill they were able to just forge ahead and we didn't have interruptions here that other construction sites had they were definitely on a timeline and fortunately for us met it, it was definitely I think 12 months of dirt and here we are sitting in a building now open.

**Ken McCroary - That was my next question you are getting on top of me (laughing) so opening dates and everything what's exactly happening?**

**Michelle Stares -** Yes so we had our first patient surgical patient 26 June, and we opened our maternity unit 1 August.

**Ken McCroary - Wow that's exciting you guys must be really relieved and looking forward?**

Ah relieved yes, relieved and ready for a holiday I think (laughing). Yes it's good to finally have patients through so yes and hopefully lots of babies August.

**Ken McCroary - Ah very cool. Talking about babies I know you have one son and you have obviously been really busy with your career development and progression how did you guys deal with all of that, the pressures of work and family life and all that sort of stuff>**

Michelle Stares - Yes so I was a single parent for most of my son's life as from 11 months old so I guess I have got very good family support and I have built up lots of resilience I think over the years and been fortunate now that my son is older he is very supportive so yes I think it is always just wanting to strive to do better and be better and also nursing having an absolute passion for nursing and caring I think that drives you as well so yes I have just been very fortunate to have good family.

**Ken McCroary - That's lovely to hear and it's important to all of us to have that support network without a doubt particularly in an industry and in a profession that you know is under pressure essentially all the time and has increase instances of physical and mental morbidity and mortality too unfortunately in saying that wellbeing is a major role for my organisation in GP Link what advice would you give to not just the GPs we are talking to today but the rest of the teams the nurses in primary care the allied health members in primary care network as well, what would you say about personal wellbeing?**

Michelle Stares - Look I think something we could probably all do better, and I know I value is supporting each other and networking as well I think you obviously you know you have to take care of yourself so we can take care of others and take care of our community but I think what really important is that we just all support and be kind to each other because I think there is nothing more important if you are having a bad day or having a bad experience whatever to just sit down and be able to talk to colleagues or people in the know to help you get through that having a great team I think is invaluable.

**Ken McCroary - So you reckon that supporting the team and all of us trying to be kinder to each other?**

Michelle Stares - That's what I mean networking like I think gone should be the days where you are all trying to stamp on each other's heads to get to the top of whatever just be there for each other 100% and I think what you can learn from each other and outside of your team as well is invaluable definitely.

**Ken McCroary - Yes. We have multiple health teams in our region and obviously one of our goals is to have them working closer together.**

Michelle Stares - Yes don't work in silos.

**Ken McCroary - Very good. Do you reckon that is part of the secret to a healthy work life balance?**

Michelle Stares - Yes 100% like I will tell you what I value with this project is and you know in the past public-private it's been very segregated and both worlds are both probably quite unknown to each other I've been really fortunate we have been had a really a positive experience and great experience in working with the public sector the executive team at Campbelltown public they have been fantastic and their communication and the openness the support I have never experienced just being able to pick up the phone or email grab a CEO over there and having those lines of communication open and support and even Liverpool as well.

Liverpool public they have been amazing it's been its helped our situation immensely. Just to support each other and recognise that both sectors have a role and can actually enhance each other and being able to work together that has just made I think the progression of the hospital and the development of this hospital so much easier and more successful.

**Ken McCroary - Yes you would think it would be a no brainer wouldn't you that the different segments and the components of each segment should be all working together for the same outcome isn't it our growing population?**

**Michelle Stares** - Yes exactly and something I found of value when I work down in Melbourne for two years like we for the first time you know had a GP on our medical advisory committee and their contribution to the hospital was so good it was and so that's something I have made sure when we have here and we have developed our MAC I said we need to get a GP in here and on our committee because we need to understand something has been quite disconnected in the past for the private sector I believe is you know integrating post care or pre care and what do our community want or what's their issues or how can we improve you know when our patients do go home or before they come in and so that was one of the things that I made sure we had when we developed our committee here was as I said we have to get a GP on board because they're the ones that are at the coalface that see the patients all the time and hear about their experience once they leave our hospital where it be positive or negative and we need that feedback to be able to improve so yes I'm looking forward to being able to have their presence on our MAC.

**Ken McCroary - Yes that's really pleasing to hear that you do value the input from the general practice component of the team. So you are right though, there is more and more evidence coming through about prehab, you know preparing for our surgical stays etc and primary care is the part of the puzzle that is going to be dealing with that and to integrate that better with the surgical procedures, procedure less it's only going to be win-win for all of us and all of our patients isn't in?**

**Michelle Stares** - I agree and especially in post-care you know like the communication between the hospital and the GPs as well is something we can always improve on I don't think it is something that we have done extremely well in the past the private sector and you know to have feedback from GPs to say look I didn't get enough information on this part you know my patients experience or I didn't get you know their medications all their medications they were put on or stopped in hospital just those simple things that are so important to the patients wellbeing and need and you know and its giving us providing us feedback on what we can do to change and improve.

**Ken McCroary - That's great and yes I envisage everyone working better together for sure. I was going to talk now change tactics a little bit again and talk about the challenges and the rewards of choosing a career in health multiple on both sides, anything comes to mind from your journey about the challenges versus the rewards of health care?**

**Michelle Stares** – Yes, challenges I think challenges are the effect that it can have on your lifestyle is 24/7 for a lot of us you now hospitals certainly being a part of healthcare you know they are not 9-5 so I think a lot of people who work in the health sector sacrifice a lot and I think it can be quite hard to find work life balance with working in health whether it being you know your doctors right down to cleaning staff and you know are a vital part of running a hospital.

It does take a lot out of you and can take a lot of your time away from your family as well so I think I think that's a big challenge and I can't say that's there's a quick solution to that but I think the rewards of being able to help someone in a time of need or offer assistance to someone or be a part of their health journey I think it can be very rewarding and satisfying actually feeling like you are doing good and contributing something positive to someone.

**Ken McCroary - Yes now you obviously morphed into managerial roles and developed as a health leader as well, what would you say to people who are looking at considering those sorts of roles as well what would you tell them?**

**Michelle Stares -** Look I think it can be very satisfying to be able to be in a leadership role or a management role to be able to mentor and train our younger generation coming in to health and it can be quite satisfying and rewarding and also the opportunity to do improve you have this amazing opportunity as a manager to work within your team to improve quality have better outcomes and provide a good positive culture for where you want to work I think as a manager that's a great opportunity to want to achieve.

**Ken McCroary - You did mention the word culture and I guess like a lot of professions being toxic in terms of our gender cultures and other sort of issues over the years as well and being a woman and with a young family and the difficulties there. Do you think we are getting any better?**

**Michelle Stares -** I do. I think we do. I think our younger generation demands to have a better culture in my experience and I think it goes back to what we were talking about before where we should try to care for each other and be nicer to each other and support each other. I think what people want to see and you know, gone are the days where: one, it's acceptable and, two, effective to slam your fists on the desk and you manage out of fear. I think those, well I hope, those days are gone and I think we are, I think I can see, I definitely personally have experienced, and see there is a change.

**Ken McCroary - Yes I think you are right it just happens, I guess all change happens, slowly. Most changes anyway**

**Michelle Stares -** I agree, but I think we are advantaged because health is diverse like we see all walks of life, you know all nationalities, everything I think we people who work in health should and hopefully and tend to be more open, but it is definitely slow though I agree. And if you want to talk about culture you know you do culture to me changes can change to whole dynamics of every organisational situation or from you know your board level setting the culture you now to right down on the ground of wanting to participate and lead a good culture I think culture is everything, it's key.

**Ken McCroary - But it is one of those things of reviews trickle down don't you reckon where if you are not being led by a team with a really.**

**Michelle Stares -** Yep

**Ken McCroary - Positive inclusive equitable type culture of values and those sorts of things it's hard to get that through your whole organisation now isn't it?**



**Michelle Stares** - It starts at the top it does start with you, I guess if depending on the size of your organisation, you are in a larger organisation where you have a board or whatever those board members have to set the culture and it down into your organisation if to me if you don't have a good culture you won't be able to provide a good positive service that has good quality outcomes.

**Ken McCroary** - **Yes well said and yes it sounds like The George is going great with its culture with you leading.**

**Michelle Stares** - Well culture actually well quality and culture are our biggest focuses at the moment, quality obviously because you know you can walk into a lot of hospitals and a hospital is a hospital but quality care is what is going to set us apart I believe and to be able to retain with health and yes we are extremely fortunate to be able to have attracted an enormous amount of health workers from admin to nursing we have got to retain those staff so we have to provide a good culture where people want to come and work and stay.

**Ken McCroary** - **Yes and it's so important to enjoy your workplace.**

**Michelle Stares** - Yep

**Ken McCroary** - **If not its certainly has significant negative impacts on the rest of your world doesn't it?**

**Michelle Stares** - Yes we can be here more than we are home with our families, so you have to really want to like it to do it.

**Ken McCroary** - **Certainly. Now you did mention nurses again so that might just give me another segue now just to pick your brain about some of the I know you're management now and all that but you sound like you still care so you are always going to be a nurse so I think that sticks with you forever doesn't it?**

**Michelle Stares** - It does it certainly does.

**Ken McCroary** - **So I thought I might pick your brain about some of the issues that are around at the moment within primary care and within the wider community as well with nursing and maybe your views on things like how we increase and not so much increase but how do we utilise the scope of practice of nurses better probably mostly from a primary care point of view like those of us who understand the profession value the input and the contribution of our registered nurses absolutely immensely, but a lot of the nurses in private practice care still feel underutilised they don't feel like they are used to their scope of practice that they are capable of do you get that feedback and if that is the case what do you think some of the solutions may be?**

**Michelle Stares** - Well nursing over the years has become a lot like doctors have, we tend get really specialised and we tend to stick to our niche, and what I think is especially with midwifery like as midwives you can go and do midwifery now and come out only a midwife. You know I think we can restrict ourselves a lot like that I think if we can work together, expose our younger nurses because even mental health or primary health I never had any experience I never experienced nursing in the primary health sector, never. I never got that opportunity so I think we really need to look at how we can offer an experience to nurses in all the different facets of the industry not just hospital settings you know there is I think we then to I think nurse and you gravitate to a hospital but there is so many other opportunities out there and I think it is probably selling that to the kids that are thinking about going into university to study it's definitely I think diversifying the role and just seeing where it can take you.

**Ken McCroary - Oh yes it's certainly not a start and stay sort of profession is it, there's so much variety in so many opportunities.**

**Michelle Stares - I don't think people realise that yes.**

**Ken McCroary - Another area is aged care and obviously there is significant issues with aged care with the commission and you mentioned staffing difficulties that you guys were concerned of? I think you guys have overcome that, but aged care hasn't there is still a significant issue with staff and also the big pushback we are seeing from the facility owners about staffing qualified registered nurses 24 hours a day which I think is an absolute necessity for caring.**

**Michelle Stares - Yes it's undervalued. I think it's all about education. I think it's about stop de-skilling or devaluing the role in aged care you know people who work in aged care are amazing in what they do and the care that they provide I think it's undervalued and I think there needs to be a lot more education support in nursing homes as well. I think they lack that support and yes why don't they deserve to have registered nurses in nursing homes to add that extra layer of expertise and support and increase the quality of care that our aging population deserves we are all going to be there one day.**

**Ken McCroary - You are exactly right we need to improve quality and we are not going to get that unless we invest.**

**Michelle Stares - Exactly**

**Ken McCroary - In staff and make those roles attractive and valuable to the community as much as everybody should be.**

**Michelle Stares - Yes I think education is quite lacking like I think we you hear some stories of the staff that work in nursing homes I think bridging that gap with education would help immensely.**

**Ken McCroary - Yes and I think that is on all of us to keep pushing for that. Now another issue is nursing in primary care and funding you talked about value there are item numbers for lots and lots of things in general practice but very little for nursing \$12-00 fee five times a year and that's it.**

**Michelle Stares - Yep**

**Ken McCroary - Now we are struggling with funding in primary care and general practice in general but certainly I think we neglect the argument in favour of burse funding whether it be item numbers for**

**Michelle Stares - Nurse practitioners**

**Ken McCroary - Yes but also improving funding to improve the work that nurses do in the teams that is undervalued hey.**

**Michelle Stares - Oh look obviously I am biased funding overall in health I think and because resources are so scarce in certain we do have to look at other models of care and that might be promoting nursing staff to be able to carry out certain higher duties that we tend not to be allowed to or recognised for.**

I think the whole model of care within health has to be changed and reviewed because if you get it right in primary health then you avoid admissions coming into hospital and clogging up the hospital systems which are already you know extremely busy.

**Ken McCroary - Yes if our sector worked right then we would keep people out of hospitals bottom line.**

**Michelle Stares** - And that's exactly right, that's exactly right, prevention, and I think all you are right all the focus is on hospitals which is rightly so and the resources and the money and everything to hospitals but I think it's starting to slowly change whether not enough like some of the private health insurance companies now are trying to keep you know patients in the community and at home with physio or you know providing their chemo at home and that but I think there could be a lot more a lot more resources and review of prevention and trying to keep people out of hospitals.

**Ken McCroary - Yes, yes we could prevent the underlying factors that triggered the osteo arthritis for physio and triggered the cancers that needed chemo if we could prevent that if we work better in this space couldn't we?**

**Michelle Stares** - That's right, yep.

**Ken McCroary - Absolutely, and hearing that come from someone who's major role is for a hospital is really refreshing so if we have got you on our side as well it's good to hear.**

**Michelle Stares** - Yes I think absolutely. Hospitals are bloody expensive to run and you know whether it be private or public and I think if we can get it a lot of it right where what we can control we can prevent from being an admission then we should. And who would want to come to hospital if you don't have to you could be cared for at home I know what I would be choosing.

**Ken McCroary - Yes that's totally correct, and I think hopefully unfortunately its taking this ageing population and this increasingly comorbid population with what over half of us having one or more chronic health conditions to see the value, but we certainly need to change some of the thinking out there don't we?**

**Michelle Stares** - Yes and working regionally I wanted to go and work regionally because I knew that it was very different experience, and I knew that had very different issues within their health sector versus metropolitan and so I thought that would be a great learning curve for me as well and the GPs oh my gosh, that situation opened up my eyes in Bendigo like it was really interesting to move down there and my partner he had severe allergies and needed to go see a GP and the quickest he could get in to see a GP was six weeks because we were new and all of the GPs down there had their books closed and we couldn't get in to see a GP so hence what happens the community go to the emergency department at the hospital and you know that they are overwhelmed with their admissions and what they can cope with the cycle it's just it really opened my eyes it's a real concern.

**Ken McCroary - Yes, and I tend to lump out of metro with very similar issues to regional and remote obviously not the same degree but the same issues with access and numbers and workforce etc etc. This has expanded into a bigger chat today hasn't it!**

**Michelle Stares** - Yes it has hasn't it but it opened my eyes I just though oh my gosh I don't know no wonder you know we end up with people with multiple chronic or multiple comorbidities because people just sit at home and their health deteriorates or gets worse or whatever because to see a doctor you know it's such an effort its such it's just crazy it's a basic requirement well we see at in our world as its just lacking it's really scary, it's really scary.

**Ken McCroary** - Absolutely, now fixing it is going to be a journey but I'm glad we have leaders like you joining us on that journey. I'm going to finish off now I just want to ask you one last thing about your hospital and my colleagues as GPs and the primary care professionals do you mind if we pop by and have a look?

**Michelle Stares** - Oh I would love you to.

**Ken McCroary** - Excellent.

**Michelle Stares** - Yes so we want to really we are planning on doing a lot of GP education as well so we want to know our doctors are really keen to do some education with the GPs and we are fortunate when you come here we have got we are very fortunate with most private hospitals that we have a great education room upstairs that can hold about 120 people so we are planning to do a lot of GP education here as well so yes I would love for you guys to come and have a look that would be great.

**Ken McCroary** - Fantastic. I'm excited about your education room as well. So if one of my colleagues was interested or their team was interested how would they go about contacting The George or how would they organise a visit?

**Michelle Stares** - Yes contact me or Caroline our business development manager or either one of us and I am more than happy to send you both of our contact details and if anybody wants to come along please do.

**Ken McCroary** - Yes that would be great if you could send me some contact details and I will include it with our story today and hopefully we can improve and breakdown more of those silos between the hospital system and the primary healthcare system.

**Michelle Stares** - Yes because we have got Evelyn Bishoy on our MAC so she is here in Gledswood Hills in one of the larger practices she is our GP and even in our first MAC like some of the questions she was asking and I was asking of her there is a massive gap and there is massive opportunities there so yes we are more than happy to have any of the guys come and have a look around. I will send through those details.

**Ken McCroary** - Wonderful. Well thanks so much again Michelle for spending some time with us today I really appreciate your candour and your comments and yes congratulations with the hospital and great work and best of luck moving forward for improving our community's health.

**Michelle Stares** - No worries thank you.

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