

GP Link Lunches | Greg Warren, Member for Campbelltown

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.



Greg Warren



Dr Ken McCroary

Advocacy work with the RACGP network triggered by the NSW government and salaried psychiatrists workplace issues standoff following on from sustained discussions with the NSW Ministry regarding general practitioner prescribing of stimulants to children and adults to manage attention deficit and attention deficit hyperactivity disorder has led to some reflection about how state health is seeming to play an increasing role with primary care in the community. Issues such as pharmacy prescribing, allied health desires to increase scope of practice and GP training incentives with the ongoing saga of payroll tax has led to a lot more contact with Ministry of Health regarding general practice which is traditionally a federal government policy issue.

With this backdrop I thought it would be a good time to touch base with Greg Warren, the parliamentary member for Campbelltown, who is Parliamentary Secretary to the Deputy Premier and Parliamentary Secretary for Education and Early Learning and also Parliamentary Secretary for Western Sydney.

Greg was born and raised in Dubbo, Central West NSW, until enlisting in the Australian Army. After discharge from the military Greg moved to Campbelltown raising children and studying business with a focus on strategic planning, globalisation and social economics.

Greg joined the Australian Labor Party after his discharge from the military and was elected as the Labor member for Campbelltown in 2015. Prior to entering the NSW Parliament Greg was also Mayor, Deputy Mayor and two term Camden Counsellor. In 2019 he was appointed to the shadow frontbench by NSW Labor leader Jodi McKay where he was appointed Shadow Minister for Local Government, Shadow Minister for Veterans and Shadow Minister for Western Sydney. Following the election in 2023 Greg was re-elected and appointed to his current roles in the NSW Minns Government where he continues to campaign for the people of Campbelltown on the issues of transport, education, health and the environment.

Ken McCroary: Thank you Greg for this opportunity. We first started to plan this meeting to talk about ADHD medications and then we've had psychiatric disputes in the hospital system and we've got new Medicare funding packages released. I know you're not health related but we've been talking offline and you do have quite a good understanding of health needs in our region. For my GP colleagues do you want to repeat what you told me about your goals and aspirations for the kids and the constituents of the region in terms of their health?

Greg Warren: Just going over what I said offline there are many things I'd like to achieve. I have a very broad scope as my representation but there's one thing that I know, when I dig back down to the root issues, it's with young people. If they, and particularly in some of the more socioeconomic challenged areas of our region and indeed in Campbelltown, they get to a point in life where it's a bit like a T-intersection of disengagement and if you could picture these young people at that T-intersection and left it's good, if they turn right it's bad. Commonly not a very strong family unit, they turn right they are engaged like that and that leads to, sadly and tragically, their lives when they do become disengaged, not being engaged by the good things, which means that brings substance abuse, self-medication, alcohol abuse, violence and that flows into mental health from that.

Sadly in many cases incarceration which brings a cycle in itself that continues, a generational cycle. By extension of that, and bringing that back to health, one of the areas I get interested in particularly with, we compete between Blacktown and Campbelltown for the highest population of Aboriginal people in metropolitan Sydney. Diabetes among Aboriginal people is at its highest. Dr Freeland did some great work with his committee and I found it really very interesting but from my own research, and I don't pretend to be an expert, in many cases diabetes stems from life choices, dietary habits, substance by extension you have vision impairment as a consequence, much higher rates of potential cancers and cardiovascular problems, heart disease and things like that. So looking at that now from a health perspective, I'm 50 years old, you go back, if I became disengaged when I was 16 or 15, you know that's almost four decades where I've been disengaged that led me to that. So what's the obvious yet not so simple solution – get them to turn to good, be engaged by good not bad.

Ken McCroary: So going back to you being 50, you were about 17 if I recall when you signed up for the Australian Defence Force weren't you?

Greg Warren: I was. I directly enlisted into the Australian Regiment when I was 17 in the main street of Dubbo. I served in both the Royal Australian Infantry Core and the Royal Australian Core of Transport. I was a marksman, I was a paratrooper. I got injured and I had a choice to leave the army or stay in and go to transport so I transferred to transport and really enjoyed my time and yeah it was a privilege to serve my country for 10 years pretty much in the regular army.

Ken McCroary: So the decision to join the army or make what I consider positive life choices where do you think that comes from or what do you think encouraged you to go to that good rather than that bad direction you were talking about before?

Greg Warren: I always had a lot of pride, I had older cousins who joined the army and I saw what they were doing and I really liked it. I had a family history of veterans and soldiers and this was at a time when the careers van would just travel around every town and you signed up and before you knew it you were gone down to Kapooka and then for me to the Infantry Centre and so on and so on. I'm well advised that I was never one to sit still and do nothing so I think that probably had a lot to do with it as well.

But there was no enduring ambition or passion to get away from Dubbo, Dubbo's a great place, mum and dad still live there. I didn't want to get out of there, I missed home badly because I was gone when I was 17, literally a few days after, so I was enormously home sick, missed mum and dad, my brother and everything but you get over that pretty quick.

Why'd I make that choice? I was brought up in a good family, stable unit. Not a lot of money but a lot of love and a lot of care, a lot of direction from mum and dad and my community and my school. I went to St John's College so I think it's a combination of a number of things. I guess I didn't become disengaged that's the thing. I wasn't disengaged.

Ken McCroary: Thank for sharing that. Before we got onto that you mentioned diabetes and you're right there is a massive prevalence of diabetes in our region. The Ministry through the Local Health District are expecting another 80,000 diabetics in our region by the end of this decade. Working in primary care that's heartbreaking to me because 98 – 99% of those 80,000 are preventable but to prevent them we need a functioning and an efficient and a decent primary care network, our GPs and GP multidisciplinary teams of nurses and physios, dieticians and exercise physiologists etc. How do you think we can change 80,000 diabetes into a couple of hundred type 1 diabetics working from state health.

Greg Warren: That's a very good question, a very difficult one for me to answer. I guess without being a scientist myself I can look at it through the prism of much of those, certain types of diabetes is from lifestyle choice. Education, awareness, let's be honest, we've tried that. I think we've had a very reactionary approach to the issue rather than a proactive approach. Could it be through medications, I'm not so sure. I think any medication is probably reactionary in itself. I mean medication is given to us, I take cholesterol medication, I've been taking it since I was 21 because my dad had a massive triple bypass when he was 47. His cholesterol was 13. I checked mine when I was 21 and it was 10, so I've got this genetic thing again all of the well respected in the room would know more why and how to do with that, but long story short on medication I've got it down to between 3 and 4.

I think it starts when we are children. And I'll tell this story. I was at Blairmount Public School and I met with a lady called Kathy Michelle, she runs the canteen. So at that school they have no junk food. It's all healthy food. It's all fruit, even the popcorn she has there doesn't have butter on it. So I think the start of that education needs to start from a very young age. We can never move past that children are blank books when we have the privilege of nurturing them, we write the pages in those books because those children will be adults and much of the time, by the time they are young adults in many cases, very sadly, the horse has bolted.

So I think it is a cultural and social fabric that we need to change so children are doing it right from the beginning because we were all children once and we all make choices but from a health perspective and choices, why is it that instead of having, I often have a cup of black coffee and an apple for breakfast, that holds me over and I'll have a wholemeal sandwich and salad for lunch and then I don't have dairy, sugar or carbs, that's more because I don't want to get fat but that's a lifestyle choice and I'm fortunate that it's a healthy choice as well. But I think it is very much a change in society and culture and children only know what to do by what we give them and show them. That's one positive way. There are other scientific means, there would be other medical/economic fundamentals where investment could occur but there's people around, particularly in remote and Indigenous communities and Central West and Far Western NSW we really have gone and done the education, have we done it well enough? Have we done it through the correct means? Maybe not but I do know that there has been many efforts in education and training. We still find ourselves in this unfortunate position so whatever we've been doing before I think we need to scrutinise that, see what worked, what didn't and what we need to do differently, improve the things that haven't worked or just get rid of them and replace them with what does work.

Ken McCroary: So Blairmount Public School, cycling from here to Gregory Hills, to that school there are five killer hills, exercise is important, you've mentioned diet if we've tried education and it hasn't worked that means we are doing it wrong, so we need to do it differently.

Engaging GPs with state health for me is an ideal way to work on education. You did talk earlier that you understand that attracting GPs to our region is a conundrum?

Greg Warren: That's one thing, a very good point that you make, it is, my own example, 'Greg you've got high cholesterol, your diet's fine, we need to run more tests'. You need this and so that's what I do, change lifestyle where I can but yeah our primary care and our GPs they are at the forefront who can see, they are not just reacting to things, they can see where you will end up if you don't stop doing this or you need to change this, if you don't change this you will end up like this. So yeah that is a very valid and probably most important point but it comes back down as well, we are bleeding GPs, excuse the pun. We don't have enough.

I told the story I went down to the hospital the other day, we have 128 junior doctors in the health district many of whom are at Campbelltown. I got to meet four of them, all four of them were going on to become specialists – obstetrics, oncology, gynaecology and cardiovascular – so they won't be GPs. They are doing that straight away, they aren't even going to hang around. Why? Presumably yes they would have a very well respected professional passion in those fields no doubt about that but you can't move past the fact of the financial situation with the GPs, they just aren't getting paid enough. The remuneration just isn't there, that's why we're seeing the gap fees and things like that and I've never walked past that and will always acknowledge it. A health system does not rely on the good will alone of our professionals – doctors, nurses, clinicians, physios. Yes, good people, they are in that role and they have those jobs, it's just not an income for them, it's an enduring passion to help people and I think governments over the years have forgotten that because I think when you see a good nature in that profession that is something to be nurtured and cared for. I'm not certain that that has taken place over the generations and we now find ourselves in this position.

Ken McCroary: Yeah thanks for your insight. One of the other issues with working locally is access but equitable access to services, you talked about gap fees, working families, unemployed families, it's a big issue out here. You obviously talk to your fellow parliamentary government members, I know that this money is only a federal domain but state health runs community health as well. Are you guys talking about improving the community health-primary health relationship to have outcomes. Like I wanna burn down the hospitals and I wanna put all the drug companies out of business, not literally, if I get primary care working properly you won't need to take your cholesterol tablets cause I'll have other ways to deal with that and we won't need to keep building new hospitals and spending \$460 million.

Greg Warren: Because you won't be sick.

Ken McCroary: Correct or needing dialysis machines because we won't be getting kidney failure anymore. I'm after solutions of how we can do that with stakeholders that determine outcomes.

Greg Warren: I think to your point and I am very much subscribed to the preventative investment is often more beneficial and cheaper than the reactionary investment that comes by the lack of prevention. You and your colleagues would know far better than I where that investment would be. And like you said if I wasn't being treated by my GP at that time and if I wasn't I'm 50, 51 actually now, I probably would have had a triple bypass or have cardiovascular disease and have multiple other things wrong with me labouring the health system, labouring taking up time of our doctors and nurses, clinicians, requiring medications and everything.

So I guess that's the point your making is that investment in primary health is a preventative investment more so than a reactionary investment. It would take time presumably because there's a cultural cycle that's in place but I agree with you.

I agree with you, we wouldn't need the level of hospitals, we wouldn't need that dialysis machine, we wouldn't need of these different things that are ultimately the damage that would not exist if we had of had preventative measures and subsequent investment in place. Not to say that we don't, we do, but making it adequate is the point you are making and I agree.

Ken McCroary: So with the focus on remuneration and adequate funding some of the states around the country offer their GP trainees block funding to move to their state or take up the role, NSW doesn't do that at the moment. We've seen great success in Tasmania, in Victoria in increased numbers of registrars enrolling to do general practice in that area. Is that something that's on the table for NSW?

Greg Warren: I don't think from my discussions with my colleagues and indeed the Health Minister, Ryan isn't someone who takes anything off the table. Can he do everything? No. Is he honest about that? Yes he is. We do have some very, we've been in government less than two years and we've got some pretty serious budget challenges that we need to address because if we don't get the budget right now there's consequences into the future. We do want to do so much more, we know we need to do so much more but we won't be able to do any of it if we don't get the budget right. I know that Ryan, the Health Minister, knows this and we bleed into other states because of the measures that they have in place. I don't know specifically what he's looking into but I do specifically know that he is very aware of it and knowing Ryan nothing is off the table to ensure that we are investing in the health system in the right way and to make sure that those who care for our patients, they have what they need to provide the patient care that our patients need

Ken McCroary: That's interesting cause as an effective investment in the health sector, if you're having budget constraints, would be to pour your money into primary care because that's going to save you money in the long run, it's not going to create more expense. That would be the most cost effective use of tax funds in NSW is to invest in primary care because you will get big savings in the future and have less infrastructure spend on hospitals

Greg Warren: Less sick people.

Ken McCroary: Exactly.

Greg Warren: I agree. Investing in primary health care and investing in preventative measures is really, really important. We just find ourselves we have to have the money to be able to do it. I can't speak on behalf of all my colleagues but I do know that they are aware of that, I do know that the political will is there to do it but again we find ourselves, we have to be able to pay for it. You're right the benefits do come when you do investments, preventative investments, particularly in health care. Why? Again I'm not a scientist but quite simply if you don't have sick people as a consequence of having preventative measures you don't have to pay to care for them which ultimately is where the largest cost is

Ken McCroary: Not just that. They're working more, creating more revenue and jobs and demand which will increase your income as well so more healthy people means more money coming in to the Office of State Revenue to be used on other things. I know you are in infrastructure and environment as well and there's a lot of deficit there as well, you could be using funds for that that we won't have to be spending on caring for older people, disabled people, chronically unwell people if we are preventing that in the first place.

Greg Warren: That's right. I couldn't agree more.

Ken McCroary: One of our other bug bears is fragmentation of care. We know data all around the world, the States, Europe, UK, if you have a GP and you have the same GP or the same GP practice for 20, 30, 40 years you will live longer, you will spend less on the hospital and you will have a healthy life.

That's repeated all around the planet. Fragmenting care, which is a thing that I think is happening with NSW Health, with pharmacy prescribing and some other trials. Do you have any insights or thoughts about that?

Greg Warren: It's not something that I have a high degree of knowledge on but I think your point, and please correct me if I'm wrong, where having that primary focus of primary care on what patient's needs are provides less complex outcomes for that patient. Like presumably, and again the pharmaceutical piece is federal like much of the things around health, particularly with our GPs, I'm accepting of that, but I just think if I have something wrong with me I go to a doctor, Dr Nguyen at St Andrews who has looked after me and looked after my veterans stuff and everything like that. He is absolutely wonderful and I would never go anywhere else. But in terms of the pharmaceutical piece and the federal legislation and changes I'm really not exactly sure what they've done with that but I do take your point that having that consistent primary focus on primary healthcare of patients is something important because if you fragment it then confusion can set in and the patient may not be getting the care, particularly around medications that they need, that might be the wrong medication because they haven't been through the correct process of seeing your doctor.

Ken McCroary: You've mentioned being seen for your veterans stuff and yeah regular army, paratrooper, rifleman, transport, so hearing, jumping, landing all those things like our other veterans locally that increases health requirements as well. Again I see that group missing out because of our shortage of GPs locally. Do you have any feedback from, I know you are you still in the Veterans Association?

Greg Warren: I'm in the RSL subbranch just to advocate for veterans, I've got a gold card, I'm 100% TPI. I had a number of different injuries. I had some grenade fragmentation in my arm, the side of my shoulder, 13 pieces and half blind in my right eye, 80% deaf in my right ear, probably need a knee or two replaced in the coming years. So yeah it does put a lot more burden on but I am very cognisant of that and I am very fortunate and blessed to be in a position where I'm able to manage my health and exercise and do things. Even my fellow other veterans don't have that. Mental health is a significant impact on many veterans for different reasons, for reasons of their own, it's very hard to get out of bed for some veterans. It's all different, there is no one sock fits all approach for veterans. Everything affects veterans in different ways but I'm fortunate in that yeah I've got a few physical injuries but other than that I'm actually pretty healthy and I feel very fortunate that I find myself in that position because there's so many others that aren't so I put my attention into doing what I can to advocate for them

Ken McCroary: Yeah. I love that. We shouldn't take that for granted because a lot of people on government welfare are on their own as well. Now one of the things we share is like you I've had two children born in Camden Hospital, we were talking earlier about the complication rates for diabetic pregnancies in Campbelltown versus the rest of the country and the rest of the world and how appalling risky it is. That first 2000 days of child health, their first few years before starting school has a major impact on their long term trajectory I guess and I know you are the secretary for education as well can you share some thoughts around the first 2000 days of children's existence in South Western Sydney and in your electorate, in Campbelltown how we can make that better as well?

Greg Warren: I can go off my own experiences. We were very fortunate the boys were born healthy, the staff were amazing, they looked after the boy's mum really well. With our second son, Darcy it was a lot tougher on her than our first son Bailey. Dr Mike Frelander was our paediatrician for both the boys. Bailey was diagnosed at a young age with a left side hemiplegia, he had cerebral palsy, very, very mild, you can hardly notice it now and I credit his mum, she sacrificed a lot to make sure he had the care. I was working a job or two at the time but she's the one that sacrificed all that to look after Bailey and I think that really took a toll on her as well and she put her own career on hold.

Community nurses, Dr Freeland, occupational therapists, physios everything, really we were really looked after, Karitane really looked after us particularly with the boy's mum when she had her challenges and struggles which she dealt with pretty well but you know everyone is only human. I think those challenges still exist today. I think they are more increased because of urban population growth, the expansion of urban population and as you know once upon a time 50 per cent of our doctors were GPs now they're less than 5 per cent. When you combine all that together that puts us in a pretty difficult place and I think a lot of families – new dads and mums are doing it a lot tougher than what we did. We didn't do it tough but we didn't have it exactly easy either particularly for the boy's mum. I think that's fair to say and I think that's probably the case for many women

Ken McCroary: Now your goal is wanting to improve health, education, infrastructure, public transport and the environment. How do you go about doing that?

Greg Warren: Just before you came in I was meeting with some local residents. It really is a case by case, not the same but certainly similar I guess to your work as a GP. You've got a patient that has an issue, you've got to work through it. For me that issue could be an environmental issue around their property in Wedderburn or Kentlyn, it could be a social housing matter, but more broadly particularly when it comes to health is I exercise my politics in the house and in the parliament, through legislation where I can have that advocacy.

I always say to students when they say what do you think is the most important thing you do I say well it's being in my electorate. And they asked me this in parliament and they say 'oh not in here' and I say well it's a nice and impressive looking place but it's just a building. That seat I sit on is the people of Campbelltown's. I sit there with their privilege. I'm the one that's privileged to have their support to sit there which means I need to represent their needs, their dreams and their aspirations. That's why the electorate is so important because if I don't get out amongst our people I'm privileged to serve, cause I work for them, they don't work for me, I work for them and find out what they're thinking and dreaming, what their needs, dreams and aspirations are I won't be well informed or learned enough to come into this place and then exercise the political process to change their lives. Ultimately it should be every public representatives greater ambition to hopefully make the life of those that they represent a bit better tomorrow than what it was today.

Ken McCroary: That's really nice to hear. My wish at the moment, we talked earlier, Campbelltown, Liverpool, Fairfield, Bankstown, Camden, Wollondilly we have a significant shortage in general practitioners. There's one GP to 13,000 people out here, other parts of Sydney its one per 800. Our average age in this region is just under 60, we're not attracting GPs and we're definitely not attracting younger GPs to live/work in the area. We walk with your constituents every day throughout their health issues and challenges and life issues as well know, it's a lot more complicated than just health, its mental and stress and pressures of cost of living having your advocacy on the parliament will be really helpful but with your support in improving the attraction of GPs to come and work here, we're not going to do that without funding. We need that I guess all forms of government support to achieve that.

Greg Warren: It does, it comes down to funding. I certainly don't discount that. Everything comes back to funding cause everything costs. That's the reality of it and the health system, like I said before, is not sustainable and does not function on good will alone. Everything comes to funding. It is a national issue but it's more prominent in our area because we are a growth area. Now how do we attract new doctors into our state? But more so how do we get more doctors into Australia or how do we get our students wanting to study medicine. My son is in his third year of University at Wollongong doing science right now and I think he will probably head down the environmental path because he has a passion and interest in that but it would be an option for him to go down the medicine path potentially as well and he'd be very good.

He is very committed, passionate, intelligent but I think those are all the things. Why aren't we garnishing attracting GPs either from abroad or from our schools? Why don't we have students in Year 12 or Year 11 or Year 10 or Year 9 growing up and thinking 'gee I want to be a doctor one day. I wanna be a GP. I wanna help people everyday' and be that gate watcher so if you don't do this this is what is going to happen? Which goes back to your point, investing in GP and primary care is an investment to prevent ultimately from a financial perspective cost blow outs in the future.

Ken McCroary: I love what you said too when you were referring to the cerebral palsy about the multidisciplinary team. Primary care is a network and we don't just have a shortage of GPs we missing physios, we're missing occupational therapists, we're missing podiatrists, we're missing speech therapists, we're missing all the other components of our team and that's something that we need to take to the house as well that we need to attract those occupations to our region as well because there's a deficit here from the whole team of primary care.

Greg Warren: I said my son Darcy is at UOW, his girlfriend is at Western Sydney University doing occupational therapy and does her practical training in Campbelltown Hospital and Carrington and she tells me exactly the same thing. A lot of it takes investment. That's what it comes down to. It's like those four junior doctors I saw, trainee doctors, not one of them was going to be a GP and that really frightened me.

Ken McCroary: Yep. Alright that's a pretty downer to end on but I might try and get back up a bit. Wellbeing is really important to me and my colleagues, they are working their butts off all day every day, in not a great environment and they have lots of pressures to achieve a lot as you know on the smell of an oily rag to keep the doors open. What's your advice to look after yourself and to stay well in your career and not burn out and things like that? Do you have any secrets or advice?

Greg Warren: Yeah go see your GP. No. Sleep enough. For me sleep is really important and your diet and exercise. And when I say exercise I know you see people running belting around, you don't need to do that I go for walk. Even if it's a 20 minute walk, or a half hour walk or a five minute walk, it gets everything moving. Having a good diet. I don't like eating too much before I go to bed. If you enjoy a glass of wine, that's great, enjoy that but don't be silly either. I think when you get to my age it's a very important time to make, I'm across, or my GP is across, all of what's going on in my body cause now's the time in my life at that final stage that will decide my longevity, how long I'm going to be on earth for. Luckily I started years ago but a lot of people don't think about that.

I think our GPs are very committed, they're very passionate, I reckon they probably get very stressed, that stress may go home, they're only human themselves and managing and regulating that stress would be really important. More fundamentally, keep on advocating particularly with the federal government. Talk to your MPs, talk to your representatives. Listen to what they've got to say because there may be some misunderstandings that they might be corrected on. Much of this interview today was more about me trying to learn more and that's the way I view my career in politics and it's the way I was in the private sector in my corporate career. I saw every meeting, everything to learn something. I think that's very important.

Ken McCroary: Thanks so much. I really appreciate today. I really appreciate your time, I know you're busy. I look forward to hearing about you on the floor of the parliament, talking to Ryan Park and changing things and improving the outlook for NSW GPs. We didn't get a chance to talk much about payroll tax, we'll do that another day. But yeah definitely maybe the funding for the GP registrars needs to be looked at and other ways of improving the health of our community.

Greg Warren: I'm open to taking anything to the table, to the Health Minister or any other colleagues. I always say to my constituents I can't promise you every outcome that you want but I promise that I'll always be honest with you and do the best I can.

Ken McCroary: Can't do much more than that. Thank you very much Greg I really appreciate it.

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