What influence will GP Super Clinics have on PHC in Australia?

Recognising the fragmentation of primary health care (PHC) and its fundamental role in the health care system, the Australian Government has invested in the establishment of integrated primary care centres, known as ‘GP Super Clinics’, which aim to provide integrated and multi-disciplinary primary health care services ‘under one roof’. This is a controversial program, and it is still too early to assess their impact or judge their success. However, it represents a significant development in Australian primary health care. This RESEARCH ROUNDup briefly summarises the GP Super Clinic program and then provides a discussion of the influence that integrated care organisations/systems may have on the Australian primary health care system.

The GP Super Clinic Program

The Australian Government has committed $650 million to establishing a national network of more than 60 GP Super Clinics and upgrading 435 existing health services. GP Super Clinics are defined as "newly constructed or significantly extended facilities which support the delivery of integrated, multi-disciplinary primary care services and the training and education of the future primary care workforce" (p. 6). According to the Australian Government, bringing primary care professionals under one organisational structure is expected to significantly facilitate primary health care integration and care coordination.

Models of integrated primary health care centres

An integrated primary health care centre is not a novel concept, and exists in various forms around the world. There are three main categories of integrated primary health care models:

1. **Extended general practice models.** Essentially these are general practices whose range of providers and services has been developed so they offer multi-disciplinary primary health care. This model remains predominantly individually focussed, but offers a wider and more integrated range of services than a normal general practice. Primary care remains the core service, and GPs usually take the leading role.

2. **Broader primary health care models.** These have a broader health care focus as they usually address the needs of a disadvantaged community or group. They tend to have a stronger focus on the health of a population or community, and more explicit commitment to equity. Examples in Australia include Aboriginal Community Controlled Health Services (<www.naccho.org.au/>) and Victorian Community Health Centres (<www.health.vic.gov.au/pch/>).

3. **Centres with a strong focus on secondary care.** These may include medical specialists or specialist teams and services shifted out of hospitals. The focus is on integration of general practice within secondary care rather than within primary health care. There are currently no examples in Australia.

While extended general practice models are the most common, they are only applicable in countries where GPs are central to primary health care. Examples of extended models in Australia include HealthOne in NSW and GP Plus in SA. These programs are still at an early stage, and little is known about their impact. More established examples include Polyclinics in the UK, and Kaiser Permanente (<www.kaiserpermanente.org/> primary health care teams in the US. For more information on integrated health care, see the related PHC RIS Policy Issue Review.

Physical Structure of primary health care centres

Integrated primary health care centres can be structured in one of two ways.

1. **Co-located**, where all service providers operate from a single centre, or
2. **Hub and spoke**, where a central set of services (or hub) provides support to a number of frontline primary health care centres (spokes).

Structures reflect local circumstances, with co-location being the most common. This may make collaboration between service providers easier and provide more of a ‘one stop shop’, but hub and spoke models may make scarce allied health and specialist resources more widely available.

How are GP Super Clinics expected to influence primary health care in Australia?

Will they meet the needs of the local community?

GP Super Clinics are intended to be providers of mainstream primary health care. Their mode of funding best supports a professional orientation, with a focus on providing health care to individual patients who present at the centre. They are less likely to be community oriented, with a focus on improving health of a defined population; explicitly address equity; tackle health problems in the...
community; focus on social determinants of health; or involve the community in their governance. Unlike the English and some Canadian and US models, GP Super Clinics are not likely to have patient enrolment or patient registration where the centre has an identified set of patients for whom it is responsible for providing primary health care services.\(^3\) They can, therefore, be seen as one step along the road to well coordinated primary health care for a local population.

### Will they provide integrated and/or coordinated care?

GP Super Clinics provide an opportunity to bring providers from different disciplines together in purpose built facilities, and so provide well coordinated care. There is some evidence that multi-disciplinary care teams improve the process of care and patient outcomes, particularly for those with chronic diseases (eg.\(^8,\!^9\)). However co-locating health care providers does not guarantee integration of care.\(^1\)\(^0\) This requires good teamwork, well designed models of care and information and other systems that will support these.\(^1\)\(^1\)

### Will they improve access to primary health care in rural areas?

Ensuring adequate access to primary health care is challenging in rural and remote communities because of their widely dispersed population, small work force, and inadequate public transport. This can make it difficult to deliver the range of services that is required, and ensure appropriate integration, especially with referral services in regional centres and capital cities.\(^1\)\(^2\)

GP Super Clinics can enhance the sharing of resources at a geographic location, allowing providers to capitalise on the range of locally available health care. However, many small communities do not have the population and range of services needed to support a Super Clinic.\(^1\)\(^2\) Thus, some form of ‘spoke’ or visiting service arrangement may be more appropriate in rural and remote areas. Such a model will need to include support for transporting patients to larger regional centres.\(^1\)\(^2\) Attracting workforce can also be a problem in rural areas. It is not clear how Super Clinics plan to address these challenges.

### Will they reduce pressure on emergency departments?

One of the rationales for GP Super Clinics is that by providing better primary care (especially for prevention and chronic disease management) they may reduce the demand for higher cost secondary and emergency department services. They may also be in a position to offer alternatives to emergency department care for non-urgent patients, for example through extended hours clinics, or divert patients from hospital care to more appropriate community support programs.

This is a complex area, influenced by many factors including government policy, patient preferences, the quality of after hours services and by the fact that GPs may well staff hospitals and emergency departments in rural areas. GP Super Clinics may even increase the demand on other services through better case finding.\(^1\)\(^3\)

### Are GP Super Clinic models successful?

GP Super Clinics and their state-based cousins, GP Plus and HealthOne NSW, are still in their formative stages. It is therefore too early to judge their success in improving health care. It is also unclear whether they will prove to be the best way of integrating primary care, or whether other types of networks of services may be more appropriate under some circumstances. The overseas evidence is limited but stronger for broader primary health care rather than extended general practice services. However this reflects the scarcity of evaluations and the difficulty of showing an effect.\(^3\) Powell Davies et al.\(^3\) stress the importance of proceeding cautiously, and evaluating the services and their impact without assuming that Super Clinics are necessary or sufficient for achieving integrated primary health care. The true influence of GP Super Clinics is hard to determine, given their effectiveness is difficult to measure and evaluate.

### Where to from here?

GP Super Clinics represent one step towards providing more integrated primary health care in Australia. Given the limited number of clinics, they will not achieve population level change on their own, but may act as a stimulus to the development of more comprehensive and integrated primary health services elsewhere in the private, non-government and public sectors. To be successful, they will need to remain focused on delivering community oriented health care, ensure they implement frameworks and processes for building integrated teams, remain flexible to meet the needs of rural and remote communities, develop ways to attract and retain service providers, and continue to bulk bid to keep patients’ costs low. Investment in the evaluation of GP Super Clinics is essential.

### References


Acknowledgements Thank you to expert reviewer Associate Professor Gawaine Powell Davies for his comments on the draft of this paper.