

25/06/2024

Parliament of Western Australia

Dear Sir/Madam,

Re: Inquiry into support for health and medical research funding and priorities

My remarks with respect to the Western Australian government's health and medical research funding and priorities reflect a wider discussion on challenges with prioritisation and research resource allocation for general practice and primary care research nationally and in WA.

Significant role of GP/Primary Care within the Healthcare System

Worldwide evidence consistently shows that general practice and care in the community provide the greatest health benefits to a community compared to secondary and tertiary care.¹ Where there is strong primary care, patients receive timely and prompt care at the first point of access to healthcare, hospitals are not overwhelmed, preventative care is instituted, case management and complex issues are addressed, longitudinal care is provided, and patients' quality of life is improved. In Australia, this includes additionally health and wellbeing benefits for Aboriginal and Torres Strait Islander and CALD communities. Without general practice, the health outcomes of the Australian population are poorer, less equitable, and associated with increased health costs.² General practice is indeed the cornerstone of the Australian healthcare system, linking patients to all other health services. Australians see their GP more than any other health professional, with over nine in ten Australians consulting their GP at least once per year, and two million patients seen each week in general practice.^{2,3}

Current prioritising and resourcing of GP/Primary Care Research nationally and in WA

Despite the undeniable importance of general practice and primary care to health outcomes, the current landscape for primary care medical research funding is poor both nationally and in WA. Indeed, investment in general practice research and infrastructure does not reflect the size of general practice in Australia, the population it serves, and the proportion of the associated Medicare spend.² The proportion of National Health and Medical Research Council funding to primary care research has been historically consistently low. Even in 2024, GPs have had a share in only \$7.58 million in the latest round of allocations from the Medical Research Future Fund (MRFF) out of nearly \$230 million handed out to 110 projects across the country.

Some attempts have been made more recently to prioritise and promote primary health care research. For example, the MRFF's Primary Health Care Research

Initiative will provide \$100 million over 10 years from 2024–25 to support an increase in Australia’s evidence base in primary health care through research to improve service delivery and patient outcomes. However, while the funding for GP based studies has increased through such targeted endeavours, decreased national research funding success rates (MRFF success rates in some streams are currently as low as 3.7% of applications) and the traditionally low rates of WA national competitive research success, it would appear unlikely that WA GP researchers will see much of these national funds allocated to WA GP and primary care research. Hence the imperative for more local prioritising of resources to WA GP and primary care research.

Why we need a GP/Primary Care Research strategy in WA and greater allocated GP/Primary Care research funding in WA

A number of factors indicate the need for increased GP and primary care research funding allocation nationally and in WA:

- (1) Evidence suggests that funding allocated to GP/Primary care research has a greater potential for population impact on health, compared with research in other specialties or secondary or tertiary research. ⁴ Approximately 27 000 GPs manage patients in Australia according to latest 2023 statistics who require a strong evidence base on which to base their daily clinical interventions.^{2,5}
- (2) The changing landscape of health including crises in obesity, chronic conditions, mental health, ageing and multimorbidity in the community mean that up to date research is required to address these major challenges in the community.
- (3) Since most healthcare occurs at community level and in general practice while most studies occur in secondary/tertiary care and with significant differences between hospital/clinical trial and GP/Primary care research such as within study populations and interventions, there is a significant need for trials to be conducted within primary care itself.⁶ However, lack of significant infrastructure for GP research in Australia and especially in WA is prohibitive. Without prioritisation of primary care research funding, the specific challenges of primary care research cannot be met, for e.g., those of recruitment (patients and practices), reimbursements for research involvement (GPs and Practices), research staff etc. In WA, a small GP research Network WAGPBRN, a collaboration between the Medical Schools of three WA universities, was established in 2021 with some success at obtaining competitive research grants and the carrying out of a number of primary care research projects. However, the work of this practice-based research network (PBRN) group is limited without proper funding allowing for its growth and expansion. WA has its own unique landscape of urban and rural general practice and specific challenges which only WA researchers can address.

- (4) General practice is integral to research translation. GP research funding including into PBRN's is critically needed for evidence-based translation of research into practice.²
- (5) General Practice has the potential to generate large data for significant research into the state of health of Australians and West Australians. However, there is insufficient funding and infrastructure allocated for this, with even databases such as BEACH and MABEL traditionally able to provide evidence for health policy having been lost to Australian medical research in recent years and not replaced due to funding shortage.²
- (6) Currently General practice and indeed the entire Australian healthcare system is in crisis with a significant shortfall of GPs currently and predicted for the near future and with significant reductions in medical students choosing General Practice. There are suggested links between lack of strong GP Research Departments with GP Workforce issues. Funded GP research builds capacity and attractiveness towards the speciality of General Practice as a rigorous academic discipline for medical students. Its lack in WA is likely to discourage a workforce eager to pursue a career in general practice.

Western Australian government's health and medical research funding and priorities feedback:

Based on the above, the UWA GP Discipline would suggest that research needs in this area are not currently being adequately met by the current Western Australian government's health and medical research funding and priorities and would welcome consultation on this issue and would recommend:

- (1) GP/Primary Care research be prioritised and specific funding be allocated to GP and primary care research to improve infrastructure and resources, in particular to support clinical trials within primary care and in the community. For example, provide specific support for funded WA GP-based Practice Research Network. Specific funding be allocated for the translation of clinical findings that prove to be of benefit to the WA population to practice at the primary care level to ensure speedier provision of evidence-based care to the WA population.
- (2) Ensure that primary care research perspective is included and valued in any research strategy to improve the health of the WA population. We agree that the current Western Australian government's health and medical research funding and priorities are important to the health of the WA population and that a number of the strategic areas intersect significantly with primary care needs such as aboriginal health, consumer health, digital health and preventative health. However, it is unclear how primary care research and researchers have been included within these strategies and how GP and primary care research experience can be called upon in the delivery of these strategies. We would suggest that without significant primary care involvement many of the strategies may not be as fruitful for the end-user.

- (3) A number of specific areas managed predominantly by and priority areas in general practice, identified by GPs themselves, be considered for any future funding since investment in research in these areas are likely to have the greatest impact on the health of the WA population. Some such areas include:
- Multimorbidity, polypharmacy and quality use of medicines
 - Chronic disease management including that of obesity and metabolic syndrome
 - Multidisciplinary and collaborative care
 - Mental health, and mental and physical comorbidity
 - Chronic pain
 - Diseases of ageing and dementia
 - Quality of care and models of primary care funding
 - Use and improved use of GP generated data

Yours sincerely,

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References:

1. Stange KC, Miller WL, Etz RS. The Role of Primary Care in Improving Population Health. *Milbank Q.* 2023 Apr;101(S1):795-840. doi: 10.1111/1468-0009.12638. PMID: 37096603; PMCID: PMC10126984.
2. Manski-Nankervis JE, Sturgiss EA, Liaw ST, Spurling GK, Mazza D. General practice research: an investment to improve the health of all Australians. *Med J Aust.* 2020 May;212(9):398-400.e1. doi: 10.5694/mja2.50589. Epub 2020 Apr 26. PMID: 32335937.
3. Australian Institute of Health and Welfare (AIHW) 2024 'General practice, allied health and other primary care services'.
4. Heal C, Banks J, Divakaran P, Buttner P. Building a bridge from the swamp to the ivory tower: Conducting randomised controlled trials in general practice. *Aust J Gen Pract.* 2018 Mar;47(3):153-157. doi: 10.31128/AFP-09-17-4347. PMID: 29621848.
5. Department of Health and Aged Care. Health Workforce Division Report: Feb 2023 'Number of GPs providing Primary Care Services - Health Workforce method for counting the GP population using MBS data'
6. Mavaddat, N., & Mant, J. (2010). Primary care research and clinical practice: Cardiovascular disease. *Postgraduate Medical Journal*, 86(1022), 696-703. <https://doi.org/10.1136/pgmj.2009.094771>