

Bold but consultative

GP SA Comment on the NHHRC Interim Report

Reform Direction	Comment
2.2 Comprehensive Primary Health Care Centres	<p>General practice has tended to locate where people live and work. The notion of having multiple services conveniently located is practical and has obvious merit and enables a shift in focus from hospital facilities as the icon for health care in local communities. The assumptions inherent within this concept rely on private practitioners agreeing to operate in a manner that requires partnerships and collaboration.</p> <p>The model does, have significant implications for people living in rural areas. If there is no opportunity to establish a comprehensive primary health care centre in a rural area, the investment that would have been allocated to doing so should be applied to alternative strategies to ensure that people in rural areas have similar opportunities to those living in more populated areas. This links to the issue of equity and the need to provide opportunity for the best possible health outcomes, even where the delivery mechanisms might have to be different.</p> <p>Chapter 9 of the document discusses the needs in rural and remote areas and strategies to address those needs. It is assumed that these strategies will incorporate a rural and remote model/alternative to comprehensive primary health care centres.</p>
2.3 Enrolling with a single primary health care service	<p>Enrolment with a 'service' suggests an ongoing recognition of service silos and seems to be at odds with the overall focus of a comprehensive health system. In order to be successful, enrolment must be vested with a provider, or a representative organisation of providers, that provides the gateway to all other services that are required to deliver a comprehensive package of care to an individual. Similar to people choosing and 'enrolling' with an insurance provider, enrolment in the government system would need to ensure that people do not become captured within a service.</p> <p>Reform direction 2.6 discusses Divisions of Primary Health Care as a means to improve service coordination and population health planning priorities. A system of enrolment is vital to enabling this, but also requires sophisticated information links and agreements with service providers to access and manage enrolment data on their behalf.</p> <p>The report seems to focus on enrolment for people with chronic and complex conditions. Limiting enrolment in this way minimises the opportunity to engage people before they become 'chronic and complex'. Further, if enrolment is not universal, it can encourage cost-shifting behaviour among health service providers. All people need 'continuity of care over time', not just those with chronic and complex conditions. It is only by establishing a system of ongoing maintenance of health and wellness for all Australians that the incidence of chronic disease can be reduced.</p>
2.6 Divisions of Primary Health Care	<p>The tasks listed in relation to what Divisions of Primary Health Care could do are what Divisions of General Practice already do. The major challenge to delivering on these tasks is that the current system requires Divisions to conduct these activities in an environment that relies on the good will of service providers and long-standing relationships with GPs and local communities. Even with these capabilities, there is still variable access to the key information necessary for essential planning and</p>

	<p>reporting to be successfully achieved.</p> <p>A re-grouping and re-naming of Divisions will likely have limited impact on what appear to be the identified needs for effective local coordination and population health planning priorities. The system requires appropriate incentives (both financial and non-financial) for health service providers, communities and individuals to operate and behave in a manner that aligns to the desired results. Without creating system incentives, Divisions of Primary Health Care or any other configuration of a coordinating body will face the same challenges and barriers currently experienced by Divisions of General Practice.</p> <p>While the report recommends some of these types of incentives, they must ultimately be linked throughout the system so that 'Divisions of Primary Health Care' can readily access the information and achieve the cooperation from providers necessary to deliver the role described. Plans for these links need to be clearly identified in future reports, which will require significant consultation with service providers to achieve agreement to proposed changes.</p> <p>The expansion or replacement of Divisions to encompass Primary Health Care is obviously in support of the idea of promoting comprehensive primary health care. The development of broadly-focused organisations that include a range of primary health care practitioners has the benefits of enhancing services, maximising the use of available resources and increasing patient choice in how their care is delivered. However, a multi-disciplinary primary care approach needs to ensure that GPs are central to the service delivery model. This is critical to preserving a quality-driven health system that has evidence, efficacy and the capability for appropriate prevention and medical intervention as the foundation for care delivery.</p>
<p>2.9 An electronic health record</p>	<p>The idea of the electronic health record that can be accessed by all health professionals across all settings is ideal. Questions arise as to who manages and supports and enables this to be achieved in the first instance, and consistently maintained and delivered.</p>

Other points of note:

- The creation of a national agency with the sole purpose of focusing on health promotion and prevention activities is at odds with establishing a comprehensive approach to health care. By treating this as a separate aspect of health, it is, by default, preserving a 'sickness' model of care that does not treat wellness and prevention as part of essential health services. For health promotion and prevention strategies to be successful, they must be a standard aspect of all health services. The notion of such an agency also seems to be in conflict with the three 'Options' and the focus on centralising and simplifying the overall approach to health system financing and governance.
- While the broad systems issues created by multiple funding mechanisms have been cited as the rationale for necessary change, the document does not provide a clear change imperative for the large-scale reform being recommended. Further, any of the three options presented need to include at least the high-level transition strategy to be able to determine feasibility. As part of the transition for any of the options, significant barriers restricting effective service delivery that exist in the current configuration need to be removed as a first step toward preparing the sector for major reform.

General Practice SA appreciates the opportunity to provide comment to the Commission's Interim Report and commends the work done by the Commission toward improving the Australian Health system.

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