

## **VICTORIAN PRIMARY AND COMMUNITY HEALTH NETWORK SUBMISSION TO THE 2020 SUMMIT**

Primary health care plays an essential role as access point to the health system. The Victorian experience has been that community health services in particular, are important for disadvantaged and special population groups who may otherwise not access the health system at all, or who would otherwise default to an already overloaded acute system. Research indicates the importance of a robust primary care system, however more research is required to build on the evidence base of primary care services.

Health should be seen as a partnership between government and communities and should be an empowering process for both individuals and communities with increasing emphasis on self management and population health. With the goal of patient centred care, cooperative partnership arrangements should be encouraged between primary care agencies, whether public, private or non-government, as well as between the primary care sector and the acute sector.

A National Primary Care Strategy must endorse the principle of universality of health service delivery and prevent the development of a two tiered health system. A social model of health must be utilised, and ensure that agencies do not address health needs in isolation of the social factors that underpin them.

Governments must focus initiatives on the best outcomes for the individual patient and the population at large – not the economics of who pays. Cost shifting and the perverse incentives involved, undermine a good quality and efficient health system.

The Commonwealth should provide money through the States who are then accountable for the delivery of locally planned and based services. Area based planning should be coordinated by the State to ensure that appropriate services are available and that reasonable expectations around delivery and governance are met.

The focus of Commonwealth activity should be addressing capacity and workforce issues including projections of workforce requirements, workforce design, and addressing shortfalls through the education system. As part of this role, the Commonwealth should also use levers to deliver greater equity of access, and in particular to ensure provision of services such as GP and allied health in socially disadvantaged areas, outer metropolitan and rural areas and for specific groups who have difficulty accessing the system including indigenous populations, substance abusers and CALD communities.

Funding for GPs, whether fee for service or salaried, must include incentives aimed at improving access to services and their quality. This could include incentives for participating in multidisciplinary teams and relocating to areas of high need. Funding needs to be based more on outcomes rather than the current MBS throughput model.

Recent extensions to the MBS are welcomed, however as GPs are the gateway to accessing these new items, this is likely to put even more pressure on GP services. The MBS has also become cumbersome and it's operation inefficient. It is recommended that the MBS be reviewed both to simplify the claimable items and ensure the required processes are efficient and effective.