PRIMARY & COMMUNITY
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Victorian Primary and Community Health Network

Submission to the Australian Government discussion paper: Towards a National Primary Health Care Strategy

The Victorian Primary and Community Health Network congratulates the Australian Government on its commitment to improve Australia's health care system by strengthening the primary health care system. In particular, Network members welcome the Government's commitment to developing a National Primary Health Care Strategy, as it is clear that the lack of a coordinated and comprehensive national approach has prevented primary health care, with its emphasis on prevention, early intervention and coordinated care, from taking its rightful place at the core of Australia's health care system.

Victorian Primary and Community Health Network ('the Network')

The Victorian Primary and Community Health Network recognises the critical importance of a broad-based coordinated approach to achieving better health in communities. The Network provides a platform for member organisations to share information, broaden understanding, and develop joint approaches around primary health issues in Victoria.

The Network includes peak bodies for: community health centres, rural hospitals, general practitioners, local government, district nursing, women's health, and drug and alcohol services. Primary Care Partnerships and the Primary Health Branch of the Department of Human Services participate in monthly meetings and forums. The Network thus promotes and supports communication and coordination across funding and policy-making, planning and coordination and service delivery organisations.

We urge the Australian Government to consider the differences between the jurisdictions, and their impact on service provision and health outcomes. The VPCHN believes that Victorian primary healthcare sector has developed over a long time into a stronger, more robust and effective system than in most other states. While much could improve, changes and new approaches need to build on the existing strengths and successful components, which may not be applicable to other jurisdictions. The current level and quality of care in Victoria should not be reduced by policy/organisational changes introduced nationally.

Features of the Victorian system include:

- A statewide network of Primary Care Partnerships, with core state government funding, bringing together service providers across a geographical area to plan and coordinate activities, particularly around health promotion and chronic disease management.

- Statewide access to community health centres/health services under the governance of boards that engage with local communities to build supportive environments, and provide multidisciplinary care with an emphasis on prevention and early intervention.

- The Primary and Community Health Network to promote communication and cooperation across sectors

Response to Primary Health Care Strategy Discussion Paper

Individual Network organisations will respond to the Discussion Paper from their perspective. This response is confined to over-arching comments from the Network perspective.

Key Elements

The Network supports the 10 key elements proposed, with three proposed amendments:

1. There should be **explicit reference in an additional key element** to a focus on greater equity in health outcomes (including equitable access). The discussion related to this should refer to the need for targeting disadvantaged groups, and the need for specific strategies at all stages of contact with the health system (prevention, early intervention, chronic disease etc.) for these groups.

2. **Chang**e the wording of No 3 to: *More focused on preventive care* ***and early intervention****, including support of health lifestyles* ***and effective linkages with population health strategies at both a local and broader level.***
   This explicitly recognises the impact of social and economic factors on health outcomes, while acknowledging that the health system alone has limited capacity to influence them.

3. **Change** no. 9 to: *High quality education and training arrangements for both new and existing workforce* ***that support new models of care including multidisciplinary teamwork and more community-based care.***

Additional Comments

1. **Broader than GPs**: The paper is very focused on general practitioners, and needs to recognise alternative approaches that already exist; for example, under Key Element 7, GP Superclinics are the only example provided of a coordinated and comprehensive approach. In Victoria a statewide network of community health services already provides a multidisciplinary service system that is 'sustainable, flexible and well-integrated with other non-health services in local communities'. A key feature of community health services is their accessibility across the community, with a particular focus on the 'harder-to-reach' people; for example, those with mental illness, drug abusers or the homeless. Strong community involvement at all levels, including governance, ensures that their services are relevant and user-friendly, and directly accountable to the local community.

2. **Collocation does not necessarily mean coordination or even cooperation.** The Discussion Paper implies that having services located within one structure or close to each other will, of itself, result in better coordination and better health outcomes (several Key elements, numbers 4 and 7 in particular). Victorian experience is that, while physical collocation of a range of health services may be convenient for clients, achieving

a cooperative and coordinated approach is a much more difficult and long-term challenge. Change in behaviour and work practices requires incentives and removal of barriers (carrots and sticks), and active change management. Effective, respectful and cooperative relationships between service providers are currently hindered by 'external' factors, including the failure of funding and accountability requirements to reward better practice. Victoria has many examples of collocation arrangements that have succeeded to varying degrees (including almost total failure) to achieve better outcomes for clients.

3. **Planning and purchasing**: The Network recommends a model of regional organisations for planning/purchasing of primary health services. Such bodies would need to:

   - Be independent of service providers
   - Have defined scope and focus
   - Have clear accountability requirements that drive the required outcomes, not just throughputs/activity
   - Involve consumers.

   Reforms in primary health care will impact other service sectors—acute, mental health, disability, aged care—and cannot be considered in isolation.

4. **Workforce**: Roles and functions across the health workforce need to change for effective primary health care including training for working in multidisciplinary teams and support for training in community settings; currently only hospitals funded for training. The new primary health care organisations would have a training and education role.

5. **Funding and Accountability:** A different funding model (not fee for service) is needed to improve quality of care for complex/chronic disease—comprehensive assessment, treatment planning and coordination are generally not funded; nor is preventive care. Arguably the fee-for-service approach acts as a disincentive to look after the most disadvantaged people in a community, who are likely to take longer, and be unreliable and 'messy' clients. Health services/providers receiving public funding (including GPs) should be required to report on community health outcomes, not rewarded for throughput.

   An important component of accountability is having a range of avenues for actively seeking community involvement in the health service at all levels, including formal governance, complaints/feedback, community forums, satisfaction surveys, open planning and evaluation processes.