Participants from professional and consumer organisations from around Australia heard a range of speakers including Professors Gawain Powell-Davies, Fran Baum and Stephen Duckett. The Summit was opened by the Federal Health Minister, Tanya Plibersek, who gave an summary of key reforms to date and noted the overlap between the government’s and AHCRA’s stated priorities.

Tony McBride, Chair of AHCRA, gave an analysis of reform to-date against both AHCRA’s original mandate for change and against its priority principles for reform. He concluded that there had been a raft of significant and permanent changes, most of which could be classified as reform, not simply more of the same. However less than half of the initiatives claimed by the Government addressed the central issue of fairness and equity and only a similar number sought to increase consumers’ importance or participation. He concluded that there was still a long way to go to achieve the kind of equitable and effective health system AHCRA members were seeking.

Gawain presented a very clear picture of what primary health care was and what the research evidence showed it should be. He reminded us of the very diverse set of services within the sector from GP practices to sexual health services to rehabilitation to Aboriginal health services, and noted that this was often not recognised. He showed us evidence that countries with strong primary health care sectors have lower health costs and healthier populations. Finally he urged us advocate for a range of improvements including much stronger integration of the diverse services, linking better to the private sector, taking accountability more seriously, link funding to models of care, and support for Medicare Locals as vehicles for these improvements.

Stephen Duckett was a member of the National Health and Hospitals Reform Commission that reported to the government in 2009 on health reform proposals. He gave a brief but valuable analysis of the current system and saw access, quality and sustainability as the key domains of improvement required. He urged us to advocate for better quality data, and to support efficiency measures if they put savings back into the funding pool for other initiatives. Lastly he pointed to seven areas that recent reform improvements had not addressed sufficiently: Indigenous health, consumer empowerment, the need to facilitate self-management, mental health, oral health, an integrated safety net, and Early Start.

Fran Baum promoted the value of community health services in Victoria and South Australia, and noted that they offered a proven model of primary health care that should be funded more broadly around Australia. She also advocated powerfully for a stronger focus on social determinants, noting societies like Australia would not be able to afford their health systems within 10 to 20 years. Health costs were rising so fast that relying on just curing the sick was unsustainable. Preventing illness was the only way and addressing the factors that create ill-health a priority. Actions were feasible: South Australia was already implementing a Health in All policies approach to address the causes across all government business.

The Summit emphatically reasserted its vision that the primary health care system should be the core of the Australian health system, and that AHCRA should see this as a key priority in its advocacy focus. Participants ranked high the need to address the social determinants of health as crucial factors in affecting Australian’s health. They also prioritised the need for stronger consumer focus, advocacy and participation in the system and a universal affordable oral health system. Actions to improve equity are core to all these areas.

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