



Australian Health Care Reform Alliance

C/- PO Box 280 Deakin West ACT 2600 ABN 64 051 845 874
www.healthreform.org.au

FINAL COMMUNIQUE

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AHCRA's thirty-seven member organisations from around Australia met to assess the key needs and issues in the Australian health system. Sixty participants were challenged and informed by a range of stimulating speakers from diverse organisations and perspectives. Audio files of the presentations and their slides will be available on the AHCRA website (www.healthreform.org.au).

AHCRA members agreed that the following were the priority issues for AHCRA to address and advocate for in the next year or two.

1. Concern about a shift away from a universal system

AHCRA members are very worried that some of the Government's slowly emerging health positions (including the \$7 co-payment) are indicative of a move away from universal coverage and towards a two-tiered health system. This will significantly and negatively impact upon people living with chronic illness and disability, people on low-incomes, those living in rural areas, Aboriginal people, and also any Australian needing the highly specialised or emergency care only available in public hospitals. We believe there is strong community support for Medicare, the embodiment of this universality.

2. Primary health care as the core of an effective and sustainable health care system

Evidence shows countries with a strong primary health care system are best placed to prevent ill-health, intervene early, manage chronic disease and reduce avoidable hospital admissions. Strengthening primary health care is a cost-effective investment for the whole Australian population and vital for the Indigenous population (whose health status is still shockingly lower than the non-Indigenous population). AHCRA urges the Government to ensure policy and program changes increase the strength of primary health care for all Australians.

3. Primary Health Networks

AHCRA has been highly supportive of Medicare Locals in their first 2-3 years. AHCRA is very disappointed that they are being replaced before they have had a chance to mature, when they were clearly beginning to have a positive impact and represented a very significant investment by Government, providers and members of local communities in their establishment, much of which may well be wasted now. However AHCRA is pleased that primary health organisations in some form will continue as facilitators of a better primary health care system. AHCRA members have the following strong concerns about their potential scope and direction:

- their potential for use as a vehicle for a two-tiered health system, and the conflict issues arising from the potential involvement of private health insurance companies
- bigger catchments will mean lower engagement with providers and communities, especially in rural areas (where catchments are already large)
- potential loss of the crucial population health planning role
- concerns about gaps that have been created by some States' withdrawal from primary health care and prevention when Medicare Locals took on some of these roles
- while welcoming the Community Advisory Committees envisaged, there is still a need for much stronger consumer and community engagement and a consumer-centred approach in primary health care than proposed.

4. Sustainability

AHCRA has concerns that there is some misunderstanding about this issue. Whilst the Minister of Health is correct to say that the costs are rising, these increases are relatively minor when compared with parallel rises in Australia's wealth (e.g. as measured by GDP). AHCRA believes that any such relatively minor spending increases nationally are likely to be acceptable to the population as a whole. There is clear evidence both internationally and locally that, as incomes and wealth increase over time, the two major areas of increased spending by individuals are in health and education.

Critically there are many demonstrable opportunities to address waste and inefficiency in the current system from clinical care and treatment to policy making and governance, rather than using idiosyncratic cuts or new fees. We need a systematic mechanism to address this waste and developing these would be a worthwhile investment. Savings could be used to fund key needs especially including those related to an ageing population.

5. Better use and distribution of health workforce

There is still a significant maldistribution of the health workforce, especially in rural and remote Australia. Although government initiatives have had some effect in recent years, there is still much to do to attract and retain necessary health staff. This includes providing more support to practitioners that move to rural and remote Australia, as well as being more flexible about roles (e.g. enabling nurse practitioners to work to their full potential), providing block funding to facilitate flexible teams, and recognition of the professional roles of paramedics and the need to link them into primary health care systems more effectively.

6. Continue improvement of oral health system

There has been real progress in the last few years in creating and funding a better oral health system for eligible children and low-income adults, and in increasing the numbers of oral health professionals in training. These will have a positive Members expressed concern that funding to the most disadvantaged Australians and those in rural and remote locations had been stalled in the last Budget with significant cuts to promised funding, and no guarantee it would be restored. AHCRA urges the Federal Government to reinstate this planned funding in the next Budget.

Members were also keen to see the National Oral Health Promotion Plan resourced and implemented to produce significant improvements in the nation's oral health.

7. Stronger role for consumers in their own care, in partnership with health professionals (consumer-centred care) and in governance for service planning, designing care and service measurement and evaluation

Members reaffirmed their commitment to partnering with consumers and carers in all parts of the health system, from their own care through to influencing policy and co-designing systems and services. AHCRA members support the national policy framework¹ for Partnering with Consumers and the application of these principles to health reform.

This will require leadership across the total health system, including public health, undergraduate training and professional development, to integrate efforts to improve health literacy and community understanding of health policy and the implications of reform for individuals, families and communities in the future.

¹ Australian Commission for Safety and Quality in Healthcare: Australian National Safety and Quality Goals for Health Care and National Safety and Quality Health Service Standards