

10th Annual Rural Health Conference

'A strategic approach to primary care'

Dr Tony Hobbs, Chair,
External Reference Group for
the Australian Government's
National Primary Health Care Strategy

Cootamundra Primary Health Centre



National Primary Health Care Strategy

The Strategy will look at how to deliver better frontline care to families across Australia, with priorities including:

- Better rewarding prevention
- Promoting evidence-based management of chronic disease
- Supporting patients with chronic disease to manage their condition
- Supporting the role GPs play in the health care team
- Addressing the growing need for access to other health professionals, including practice nurses and allied health professionals like physiotherapists and dieticians
- Encouraging a greater focus on multidisciplinary team-based care

Members of the ERG



Note: Prof. Hal Swerrisen and Dr Vasantha Preetham are not pictured above

The National Primary Health Care Strategy (NPHCS) External Reference Group (ERG)

14 non-representational members appointed to assist the Department of Health and Ageing (DoHA) with development of the Strategy:

Chair

Dr Tony Hobbs

Members

Mr Mitch Messer

Ms Anne Matyear

Ms Judy Liauw

Professor Mark Harris

Professor Claire Jackson

Dr Vasantha Preetham

Dr Rod Pearce

Professor Lyn Littlefield OAM

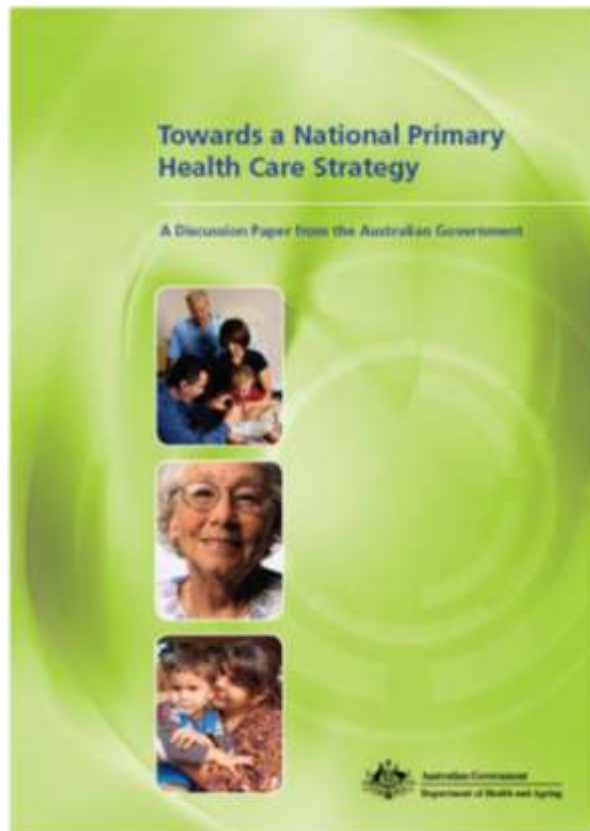
Professor Hal Swerissen

Dr Barbara Vernon

Mr Peter Fazey

Associate Professor Noel Hayman

The NPHCS Discussion Paper



On 30 October 2008, the Minister for Health and Ageing, Nicola Roxon MP released *Towards a National Primary Health Care Strategy: A Discussion Paper from the Australian Government*

Public submissions in response to the Discussion Paper closed on 27 February 2009

Elements of an enhanced primary health care system

Quality of care and health outcomes for consumers

1. Accessible, clinically and culturally appropriate, timely and affordable
2. Patient centred and supportive of health literacy, self-management and individual preference
3. More focussed on preventive care, including support of healthy lifestyles
4. Well integrated, coordinated and providing continuity of care - particularly for those with multiple, ongoing and complex conditions

Elements of an enhanced primary health care system

Health care service delivery arrangements

5. Safe, high-quality care which is continually improving through relevant research and innovation
6. Better management of health information, underpinned by efficient and effective use of eHealth
7. Flexibility to best respond to local community needs and circumstances through a sustainable and efficient operational model

Elements of an enhanced primary health care system

Health workforce capacity

8. Working environments and conditions which attract, support and retain workforce
9. High-quality education and training arrangements for both new and existing workforce

Fiscal sustainability

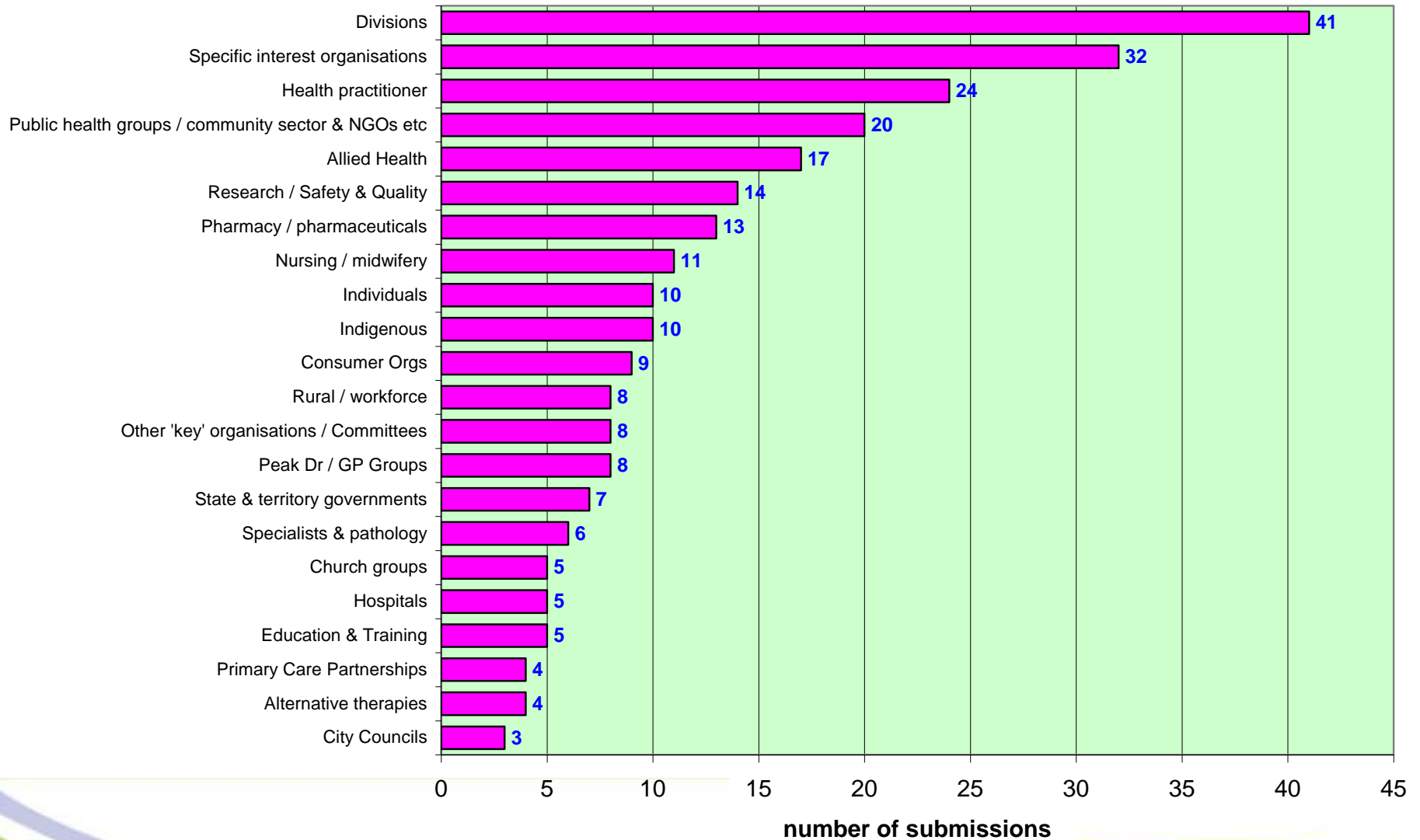
10. Fiscally sustainable, efficient and cost-effective

Submissions

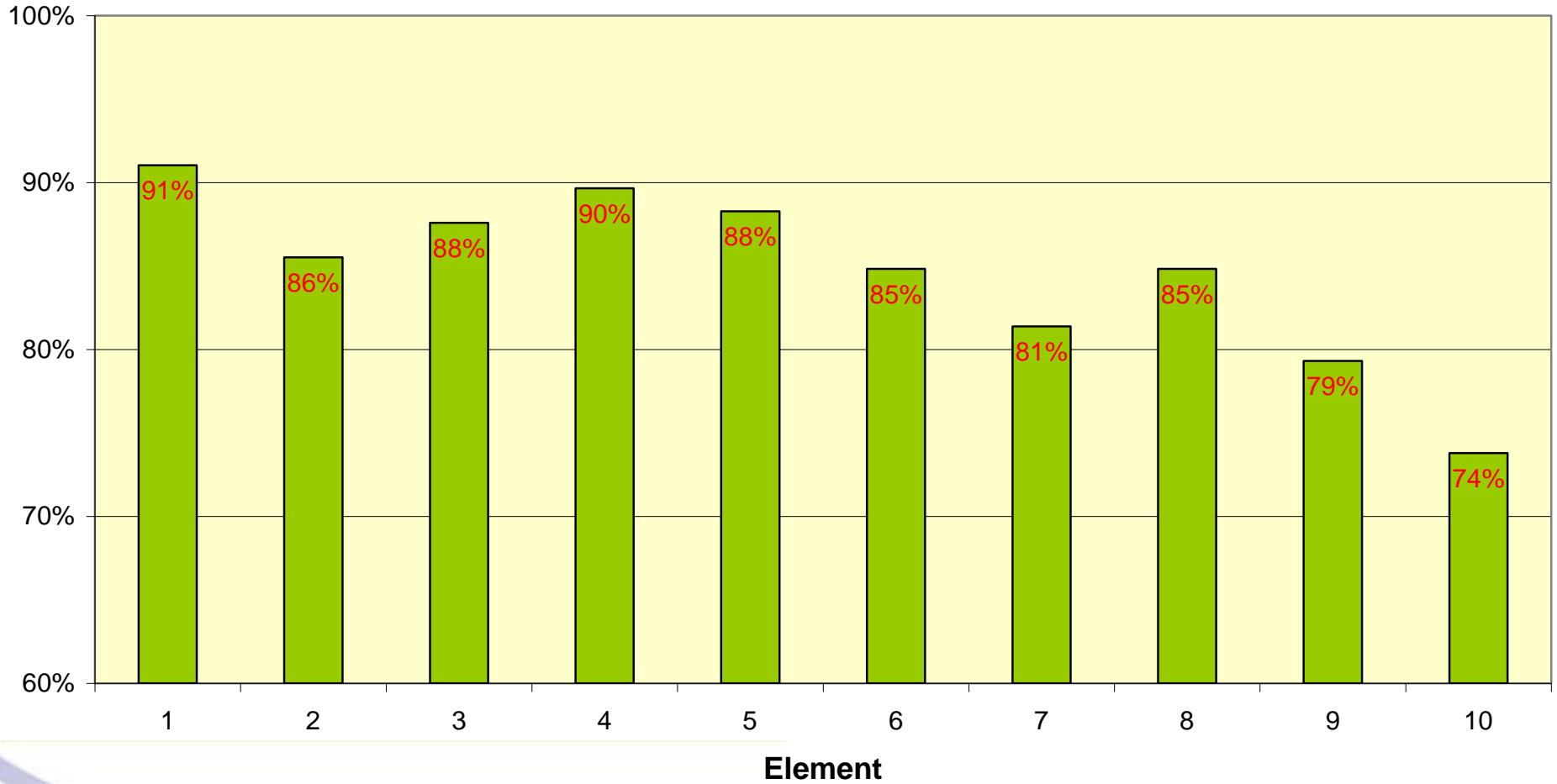
- Submission period closed 27 February 2009
- Over 260 submissions have been received
- Submissions have been published on the DoHA website at:
www.health.gov.au/primaryhealthstrategy



Who made submissions?



**Elements discussed by NPHCS submissions
(of those which explicitly address elements) (n=145)**



Key submission themes relating to rural and remote Australia

- Improved recruitment
- Incentives
- Greater support for OTDs
- Innovative multi-disciplinary models
- Rural education and training
- Regional planning and funding
- eHealth and infrastructure



Overseas trained doctors (OTDs) workforce

‘(OTDs) do not receive any induction to the Australian health care system and are given little community support. They often work in challenging environments where access to professional support and up-skilling is very limited. Providing these doctors with more support will enhance their contribution to patient care and will also encourage many of them to seek a permanent place in the Australian general practice workforce.’

- Australian Medical Association

Rural Education and Training

'The future education of the primary health care workforce should actively facilitate the development of functional primary health care teams. A starting point would be to increase inter-professional health care education and clinical placements. This is currently extremely difficult to achieve due to poor vertical integration of undergraduate-postgraduate training as well as almost no horizontal integration of medical, nursing and allied health training.'

- Australian Primary Health Care Research Institute

Regional planning and funding

'The objectives and benefits of a regional approach include the capacity for community engagement, for providing a basis for better coordination and integration of services, for working towards equity in resource allocation and for performance accountabilities.'

- National Rural Health Alliance

eHealth

‘Access to electronic health records particularly across health provider organisation boundaries must be established. This is particularly relevant in rural and remote areas where distance, time and rapid access to information can cause unnecessary delays and complexities to the safe, effective and efficient delivery of health care services.’

- Services for Australian Rural and Remote Allied Health

Budget 2009-10

Rural Health Workforce Strategy

- A new attraction and retention program for rural doctors:
 - New relocation grants
 - Retention payments geared to remoteness
 - More than 2,400 rural doctors will become eligible for the first time for retention grants
- More than 3,600 OTDs with practicing restrictions - will be able to discharge their obligations sooner if they work in rural and remote communities.
- HECS Reimbursement Scheme - adjusted to give more credit for the remoteness of the location.
- A National Rural Locum Program - 400 locum placements for doctors working in difficult locations to enable rural GPs to take a holiday or undertake further education and training.
- Procedural training for 150 urban GPs in exchange for undertaking rural locum placements

Budget 2009-10

Rural Health Workforce Strategy

- The package is underpinned by a new remoteness classification system
 - Rural, Remote, Metropolitan Areas (RRMA) geographic classification system replaced by Australian Standard Geographic Classification – Remoteness Areas (RA) system
 - New system developed by the Australian Bureau of Statistics
 - Phased in from July 2009
- Eligibility for rural workforce and service delivery programs targeted to ASGC-RA 2- 5 (Inner regional to very remote)

Budget 2009-10

Health and Hospitals Fund

Rural health care services will be improved through infrastructure investment.

- 23 projects to assist local councils and Divisions of General Practice - to establish, refurbish or equip community based health facilities

Budget 2009-10

Health and Hospitals Fund

- New or redeveloped hospital and healthcare facilities (\$1.5 billion)
 - A new hospital in Townsville
 - Redevelop Nepean Hospital
 - Redevelop Alice Springs Emergency Department
 - NT medical school
 - \$10 regional cancer research centres - \$560 million

Next steps

- The ERG and the DoHA are currently reviewing submissions
- A draft Strategy will be available for the Minister's consideration by mid-2009.



Thank you

For further information:

Website:

www.health.gov.au/primaryhealthstrategy

Email enquiries:

NPHCS@health.gov.au