

What impact will the change of federal government have on Australian general practice?

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The new government is working hard to keep its promises, but it is too early to tell what long-term impact its new programs will have on health care delivered through general practice

On 24 November 2007, the people of Australia elected a new Labor government. In the lead-up to the election, the Labor Party made many health care commitments. Here, I summarise and comment on the new government's strategies and policies that can be expected to have an impact on general practice. What was promised, what has happened since the election, and what are we still waiting for?

National Primary Health Care Strategy

On 17 November 2007, the then Shadow Health Minister, Nicola Roxon, advised that a Rudd Labor government would develop a National Primary Health Care Strategy.

Primary care — like GPs [general practitioners] and allied health professionals — is crucial to keeping people healthy and out of hospital. The best way to equip our health system to deal with the challenges of the future is to boost primary care services.¹

A promise of long-term planning was made through the development of a “long term strategy for delivering this care into the future”. Elements of the strategy would include:

- Examining providing incentives for GPs to practise quality preventative health care, including through longer consultations and evidence-based management of chronic disease;
- An increased focus on multi-disciplinary care from primary care teams;
- A review of the Medicare Schedule in an effort to alleviate the crippling red tape burden on GPs;
- \$220 million investment in GP Super Clinics, which will be driven by local health professionals, and build upon the great work they are already doing in local communities; [and]
- Reforming the Rural Medical Infrastructure Fund to ensure funding gets to the communities that need it.

The federal 2008–09 Budget papers state that a reference group of stakeholders and experts will be convened to develop the National Primary Health Care Strategy.²

Comment: While such a strategy is welcome, it needs a much wider scope. There is an urgent need to reduce the pressures on the nation's general practice workforce and increase the number of GP registrars in training, while at the same time increasing the capacity of Australian general practice to train an increasing number of medical students, registrars and practice nurses. Further, the government has made few announcements to date about future roles for Australia's network of Divisions of General Practice. The need for a more coherent approach to policy and service delivery was a major focus in the discussions of the health stream at the Australia 2020 Summit, held on 19–20 April 2008, which declared an ambition to have “one health system” with “single governance, management and funding” by 2020.³

GP Super Clinics

On 26 August 2007, the Labor Party released a policy entitled *New directions for Australia's health — delivering GP Super Clinics to local communities*.⁴ This promised to:

provide infrastructure funding to establish a greater range of convenient and quality services in local communities — particularly in rural and regional areas and where Medicare has not been utilised to its fullest because of workforce shortages.

Implementation of the GP Super Clinics Program is underway — GP Super Clinics have been announced for 31 localities across Australia,⁵ and “different processes” are being used to select the organisation that will “construct/refurbish and operate” each clinic.

Comment: Any initiative to provide new centres of excellence in primary care service delivery and multidisciplinary health professional education and training in areas of need should be welcomed, but this funding only supports 31 such centres. An independent evaluation could be beneficial to determine whether the proposed GP Super Clinics are being planned for the 31 localities of greatest primary care need in Australia, to ensure the plans have the support of the local community and local GPs, and to ensure that there is no unnecessary duplication of existing services. Every primary care clinic in Australia needs the capacity to work within a framework that is relevant, timely and sustainable.⁶

Preventive health strategy

On 21 February 2007, the then Shadow Health Minister called “for consideration of a national preventative health taskforce... to evaluate and make recommendations to Government on the basis of the safety, effectiveness and cost-effectiveness of prevention programs”.⁷ A focus on preventive health continued throughout Labor's election campaign, including a commitment to an additional \$15 million over 3 years for the National Tobacco Strategy.⁸

On 9 April 2008, the government announced the establishment of the National Preventative Health Taskforce, chaired by a Fellow of the Royal Australian College of General Practitioners.

The taskforce, made up of health experts from around Australia, will develop strategies to tackle the health challenges caused by tobacco, alcohol and obesity, and develop a National Preventative Health Strategy by June 2009. The Government also announced that it would take immediate action to ensure preventive health measures become a key part of health funding agreements between the Commonwealth and state and territory governments.⁹

Prevention also received strong support from the members of the health stream at the Australia 2020 Summit.³

Comment: It remains unclear how the taskforce and the national strategy will involve general practice, in its long established role as

a major site for providing preventive health care¹⁰ and health promotion advice.¹¹ Given its seemingly strong commitment to prevention, it was surprising that the government announced reduced funding of general practice immunisation incentives in the federal 2008–09 Budget.²

National Health and Hospitals Reform Commission

On 23 August 2007, the Labor Party made a promise to “establish a \$2 billion National Health Reform Plan over four years to improve Australia’s health system and ensure better health services for patients in hospitals”.¹² The plan would include:

\$2 billion in investments to deliver improved health outcomes for patients in Australia’s health care and hospital system [and a] commitment that a Rudd Labor Government [would] seek to take financial control of Australia’s 750 public hospitals if State and Territory Governments have not begun implementing an agreed National Health Reform Plan by mid-2009. [Further,] within the first 100 days of the election, a Rudd Labor Government — through COAG [Council of Australian Governments] — [would] establish a National Health and Hospitals Reform Commission to develop Federal Labor’s National Health Reform Plan.¹²

On 28 February 2008, federal Cabinet approved the establishment of the National Health and Hospitals Reform Commission.¹³ The Commission released its initial report, *Beyond the blame game: accountability and performance benchmarks for the next Australian Health Care Agreements*, on 8 May 2008, outlining 12 health care challenges and a series of proposed performance benchmarks.¹⁴

Comment: General practice perspectives are well represented on the National Health and Hospitals Reform Commission. With Labor in government not only nationally but also in each state and territory, there is an unparalleled opportunity to redress barriers and cost-shifting in our health care system that impact on health care delivery, access and equity. From a primary care perspective, the initial set of proposed benchmarks appear limited, but the Commission is welcoming comment and is engaging in an extensive process of consultation with the community and stakeholders.

Aboriginal and Torres Strait Islander health

On 13 February 2008, the Prime Minister, Kevin Rudd, apologised to the Stolen Generations. In his speech to federal parliament, he said:

Let us resolve to... provide proper primary and preventive health care for [Indigenous] children, to begin the task of rolling back the obscenity that we find today in infant mortality rates in remote Indigenous communities — up to four times higher than in other communities.¹⁵

This followed the commitment he made on 26 November 2007 to offering such an apology early in the new government’s term.¹⁶

Since the election, the Prime Minister has set a goal to halve the gap in infant mortality rates between Indigenous and non-Indigenous children within a decade, and to close the 17-year gap in life expectancy between Indigenous and non-Indigenous Australians within a generation,¹⁷ as well as making a commitment to provide an annual progress statement on closing the life-expectancy gap.¹⁸

As part of an earlier commitment “to improving Indigenous health, including through [a] \$260 million Indigenous early childhood package”,¹⁹ an announcement was made on 23 April

2008 that the government would provide more health services for Indigenous families through funding to expand child and maternal health services and to boost primary health care service delivery in areas where health services are lacking.²⁰ An announcement was made in the federal 2008–09 Budget of some funding increases for Indigenous health.²

Comment: Real action is now needed in Indigenous health, but what that action will be and what roles general practice will take are yet to be developed. As one solution, the health stream at the Australia 2020 Summit called for the establishment of a Health Equalities Commission for all Australians, with a focus on Indigenous health and other disadvantaged communities.³

Health care in rural Australia

On 12 September 2007, the Labor Party made a commitment to reform the Rural Medical Infrastructure Fund, to improve health infrastructure in rural communities.²¹ A further list of promises followed on 17 November 2007, including that “GP Super Clinics will be established in areas where there is under-utilisation of Medicare funded services, which will particularly include rural areas” and that the “National Health and Hospitals Reform Commission will be asked to explicitly identify a long-term plan for improving rural health services”.¹⁹ A promised audit of Australia’s rural and regional health workforce was released on 30 April 2008.²²

Comment: Equity of access to health care services and equity of health care outcomes should be available to all people in Australia, regardless of where they live. Each of the reforms announced by the new government needs to have a specific focus on its impact on people living in rural and remote Australia.

Dental health

On 18 September 2007, the Labor Party made a promise to fund up to one million additional dental consultations for Australians needing dental treatment, by establishing a \$290 million Commonwealth Dental Health Program.²³ The Rudd government’s *First 100 days* report advised that negotiations had commenced with state and territory governments on the plan’s implementation.¹⁷

In a further development, the government announced on 2 March 2008 that it would “invest up to \$360 million over three years in a Teen Dental Plan to make it more affordable for families to keep their kid’s teeth in good health”, and that this plan, assisting a million young Australians, would become operational on 1 July 2008.²⁴

Comment: General practice organisations have long advocated for improvements in access to dental health services, especially for people on low incomes.

Healthy Kids Check

On 10 April 2007, the Labor Party made a commitment to develop a Healthy Kids Check, which would include an assessment of each child’s basic health such as teeth, hearing, balance and sight.²⁵ This check would “ensure all children starting school receive a health and early skills assessment so they get off to the best start in life”.

Comment: In the federal 2008–09 Budget, it was announced that new Medicare items would be developed to allow a “GP or a practice nurse [to assess] health indicators such as height, weight,

Summary of the Rudd government's health promises and actions to date

Date	Promise	Action taken
21 Feb 2007	National Preventative Health Strategy	Taskforce established 9 Apr 2008
30 Mar 2007	Ratify the Kyoto Protocol	Protocol ratified 3 Dec 2007
10 Apr 2007	Healthy Kids Check	Announced in Budget 13 May 2008
23 Aug 2007	National Health Reform Plan	Commission established 28 Feb 2008
26 Aug 2007	GP Super Clinics	Under development
18 Sep 2007	Commonwealth Dental Health Program	Under development
17 Nov 2007	National Primary Health Care Strategy	Under development
26 Nov 2007	Apology to the Stolen Generations	Apology made 13 Feb 2008

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Competing interests

I have served as chair or member of a number of Australian Government committees, councils and boards. I was a member of the health stream at the Australia 2020 Summit. I am Past President of the Royal Australian College of General Practitioners and a current member of the executive of the Australian Health Care Reform Alliance.

eyesight and hearing”, and that this item would be claimable at the same time as the immunisation for 4-year-old children.²

Climate change

On 30 May 2007, Kevin Rudd, then Leader of the Opposition, outlined Labor's Framework for Climate Change. “We must immediately ratify the Kyoto Protocol to show we are serious and want to help forge a global solution”, he said.²⁶ True to this commitment, the first official act of the new government was the ratification of the Kyoto Protocol on 3 December 2007.¹⁷

Comment: Global warming remains a concern for many Australian GPs, who have an important role in preparing for and responding to climate change-related threats to human health.²⁷ In the words of one GP, responding to a conference presentation about health care reforms and innovations in general practice: “The rest of this is all very interesting, but if we don't do something about climate change, it may all be irrelevant”.

General practice is at the core of many of the health initiatives of the new government, and GPs need to be engaged in these developments, both as individuals having the opportunity to comment on each program, and through the viewpoints and advocacy of representative organisations.

One of the national health initiatives currently under development that was not promised by the Labor Party is the new National E-Health Strategy, which is being developed through the Department of Human Services in Victoria on behalf of the Australian federal, state and territory health departments. E-health will be a crucial component of many of the government's new health care initiatives.

The new Australian Government is working hard to keep its pre-election health promises (see summary in the Box), and many of the programs announced have the potential to improve aspects of primary care. However, it is a shame that the National Primary Health Care Strategy is being developed after several of the initiatives that should be its core components have already been announced. General practice is accustomed to having to respond to piecemeal strategies from government, but it would be better if these programs were integrated in a way that supports the whole system in the delivery of high-quality primary care. Perhaps this is the intent of the new government, but it is too early to determine the likely long-term impact of these programs on the health care delivered to the people of Australia through general practice.

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