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HCCA response to the DOHA Medicare Locals paper.

Background

Health Care Consumers' Association (HCCA) of the ACT was formed over 30 years ago to provide a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

Introduction

The Health Care Consumers' Association of the ACT (HCCA) welcomes the opportunity to respond to the Discussion Paper on Medicare Locals. We were very disappointed with the extremely tight timeframe. This has not enabled us to take the consultative approach with our members and networks that we usually take in preparing submissions. We did convene a round table with non-government organisations delivering primary health care with consumer and community organisations in June 2010 and have used this in preparing our response. We strongly encourage the Government to provide more reasonable timeframes if consumer organisations are to consult with our members and networks to prepare considered and inclusive submissions.

In June 2010, HCCA hosted a roundtable of consumer and community organisations and a number of non-government organisations that provide primary health care. There was consensus reached on the following principles that we felt must underpin Medicare Locals:

- A holistic understanding and recognition of the multiple social determinants of health
- Equity in health care
- Community participation and control over planning and provision of health services
- Focus on health promotion and disease prevention
- Balance between health promotion, preventive care and illness treatment
- Health services should reflect local needs and be based upon evidence and research
- An understanding of health as including wellbeing, not just the absence of disease; to provide primary health care services which should be locally based, affordable and acceptable, well integrated and offer a multi-disciplinary range of care from health promotion to rehabilitation
- Continuity of care for people through all levels of the health care system
- Corporate and Clinical Governance of the Medicare Locals is of significant interest to consumers

For a long time services have been driven by Medicare item numbers and medical professionals rather than clinical and health outcomes for individual consumers and the broader community. We have to ensure that the needs and interests of the community are driving the primary health care agenda. One way we can ensure this happens is by having strong community engagement in Medicare Locals.

Corporate structures must include community representatives to ensure that the interests of the community are safeguarded against the potential for conflicts of interest. We are supportive of a model of corporate governance that is community controlled, recognises and builds on the diversity within the community.

Our organisation is one of a number of consumer organisations with a strong interest in the development, monitoring and reporting of performance and continuous quality improvement within the health system. We are of the view that consumers and consumer organisations are critical to bringing about the cultural change that is clearly needed in our health system. It is our experience of the health system that adds value to policy development, service planning and review.

We must emphasize that Medicare Locals are a Primary Health Care Organisation, not a Primary Medical Care Organisation. This emphasis on health as opposed to medical care will also define the member base. We consider that a range of stakeholders needs to have a strong voice in the governance of Medicare Locals. Membership to include:

- Consumers and Carers
- People working in Sexual health services and Alcohol and Other Drugs
- People working in services for Aboriginal and Torres Straight Islanders and Women's services
- Academics and the research community

- Mental health sector and consumers
- Clinicians, including nurses, Allied Health and GPs
- Pharmacists
- Divisions of GP

Primary health not medical care

The term primary health care also needs to be defined; it is certainly more than medical and allied health care. There was agreement that the ACT PHCO should be modelled on best practice standards; it cannot be presumed that the division's current governance and operating model will be suitable for the ACT PHCO.

The following definition endorsed by the Australian Health Ministers' Council in 1988, and widely used since then, takes as its starting point the WHO 1978 Alma-Ata declaration:

"Primary health care seeks to extend the first level of the health system from sick care to the development of health. It seeks to protect and promote the health of defined communities and to address individual problems and populates health at an early stage. Primary health care services involve continuity of care, health promotion and education, integration of prevention with sick care, a concern for population as well as individual health, community involvement and the use of appropriate technology."

There must be a strong connection to the Local Hospital Network. Consumers experience significant difficulty in the transition between the acute setting and community based care. We do not want the new arrangements to increase the barriers for consumers in accessing quality and safe health care appropriate to our needs. We are very keen to see specific detail developed regarding clinical review, clinical audit, performance reporting and morbidity and mortality review.

Please do not hesitate to contact HCCA if you wish to clarify any aspect of this submission.



Darlene Cox
Executive Director

15 November 2010