



Australian General Practice Network response to the National Preventative Health Strategy Australia: *the Healthiest Country by 2020*

The Australian General Practice Network (AGPN) welcomes the Government's Preventative Health Strategy (the Strategy) developed by the Preventative Health Taskforce (the Taskforce) and the commitment it demonstrates to implementing a comprehensive, multifaceted-approach to health promotion and illness prevention in Australia.

AGPN's own blueprint for primary health care, *Care That Puts People First: The Australian General Practice Network's Primary Health Care Position Statement*, sets out our support for a primary health care-led system that is reoriented towards health promotion and illness prevention¹. We welcome the fact that there is alignment between our vision for health and the directions charted by the Taskforce.

AGPN applauds the Strategy for not only addressing specific lifestyle behaviours and risk factors that contribute to ill health but also for providing a more essential foundation for preventative health action. This recognises that a systems-based approach is required to improving prevention capacity including investment in infrastructure, financial incentives for providers and changes to the way service delivery is organised. This foundation must be leveraged to address Australia's major health promotion and primary prevention priorities, including an emphasis on health during early childhood and healthy ageing.

AGPN supports the Strategy's view that achieving effective preventative health care goals requires a substantial refocusing of the whole health care system, particularly the primary health care system, toward prevention. As the Taskforce has acknowledged, prevention-oriented primary health care is best enabled through overall health system reform, including enhancements to general practice through which a significant proportion of preventative health care can be delivered. Implementation of the National Preventative Health Strategy must therefore occur alongside broader health system reforms.

AGPN supports the general direction of the Taskforce's recommendations in regard to the three focal risk factors/behaviours of obesity, tobacco and alcohol and welcomes the comprehensive, multi-pronged approach proposed in the strategy to addressing these. AGPN also supports the strategy's recognition of the potential role played by general practice in these approaches. However, the Divisions of General Practice Network itself also plays a substantial role in illness prevention through working with general practice and by working

¹ See www.agpn.com.au/_data/assets/pdf_file/0020/16274/20090402_pos_AGPN-PHC-Position-Statement-2009-FINAL---Graphic-Designed.pdf.

directly with their communities on health promotion activities. AGPN suggests that the current and potential Network role in prevention be further emphasised as an implementation vehicle for strategy implementation.

In addition to general support for the overall Strategy and Taskforce report, AGPN provides the following responses to the key areas in the strategy:

A prevention-oriented primary healthcare system as the foundation of an effective preventative health strategy

AGPN supports the Taskforce's recommended strategy of including preventative health in all elements of the health care system, especially primary health care.

AGPN supports the Taskforce's view that primary health care, and general practice in particular, is the ideal setting in which to provide opportunities to detect and address lifestyle risk factors at an individual level. This can be achieved through routine risk factor assessments and behaviour change/lifestyle modification support programs. To be effective, these support programs must be relevant and responsive to the needs of the local population. As the Strategy acknowledges, to address health inequities in the population, such programs must also be targeted to the health needs of disadvantaged populations.

The Taskforce has acknowledged that as a minimum requirement, the primary health care system should be able to systematically identify people at risk, assess readiness for change to less risky behaviours and deliver and/or refer to appropriate interventions. AGPN believes that achieving this will require:

- a skilled multi-disciplinary workforce with the general practice team at the centre. This demands a commitment to ongoing education, across the career spectrum, in prevention for general practitioners, practice nurses and the extended primary health care team.
- appropriate tools and resources to support evidence-based brief interventions and appropriate referral pathways
- information and data management systems that support practices to 'know' their practice population, to monitor change in population risk factors over time and to implement and monitor improvement measures.

Overall, however, AGPN considers that effectively re-orienting the primary health care sector towards prevention will be best enabled if complemented by system reform that supports:

- patient access to coordinated multidisciplinary team-based care, with a GP as the clinical lead, and which enables a person's preventative health care needs to be addressed by the most appropriate health professional in the team. This requires infrastructure funding to support capital works and effective eHealth solutions. Funding for these two major infrastructure components can assist physical collocation and/or virtual, IT-enabled link-ups of multidisciplinary teams. The universal development and use of individual electronic health records is also imperative to allow consistent information to be shared between all health providers
- voluntary patient registration with general practices. This approach encourages a single primary health care service to assume responsibility for a patient's care, facilitates proactive and systematic approaches to preventative health care (through for example

the use of recall and reminder systems for particular patient cohorts) and enable practices to better plan to meet the preventative health needs of their patients

- funding systems that enable and incentivise practices to deliver proactive preventative health care best suited to the needs of their local practice communities. A sustainable, flexible, prevention-oriented system is best enabled through a blended payment system that complements fee-for-service payments with capitation payments and pay-for-performance. Capitation payments would provide practices with the flexibility to deliver care solutions for preventative health. Pay-for-performance should include rewarding improved prevention outcomes for a practice population
- greater integration and coordination of available resources to most efficiently meet the needs of local communities. This is best achieved through a regionalised approach to primary health care funding where regional Primary Health Care Organisations (PHCOs) have responsibility for population health planning and comprehensive primary health care service provision. Such PHCOs have also been recommended in the recent National Health and Hospitals Reform Commission report.

AGPN acknowledges that many of these critical enablers have been recognised by the Taskforce. AGPN strongly emphasises their centrality and necessity to enabling a sustainable, quality primary health care system that supports proactive, preventative care.

Prevention infrastructure to realise a comprehensive strategy

AGPN supports the Strategy's intent to build and sustain the necessary infrastructure to enable ongoing prevention activity across a range of priority areas, and welcomes the Government's commitment to establishing a National Prevention Agency. AGPN understands that this will be an independent agency tasked with translating policy intent into evidence-based strategies, implementing national programs and facilitating national partnerships. The establishment of this agency demonstrates long-term commitment to a national prevention approach, while its independent status underlines a commitment to working across sectors and in partnership with public, private and not-for-profit entities.

A key focus of the agency should be advising on systems for embedding and sustaining a comprehensive approach to prevention to extend beyond the Strategy's three specified health behaviours/risk factors. AGPN supports the recommended focus of the agency on developing relevant workforces, population monitoring and surveillance systems, a preventive health research strategy, and models to fund prevention action into the future.

To support the capacity of the National Prevention Agency to work effectively across sectors, AGPN believes its board of governance must include directors with expertise in a range of critical sectors, including primary health care.

The benefits of building the national prevention infrastructure and a prevention-oriented primary health care sector must be harnessed so that a broader range of health determinants can be addressed. AGPN recommends that the NPA gives priority consideration to early childhood development, and to promotion and prevention activity in mental health. There is a substantial body of evidence indicating that the early years of a child's life are critical to future development and that mental health and wellbeing can be promoted through appropriate early intervention strategies.

Key focal lifestyle risks/behaviours: obesity, tobacco and alcohol

AGPN generally supports the Taskforce's recommendations around the three focal risk factors/behaviours of obesity, tobacco and alcohol and the recognition that the multiple social determinants of these lifestyle risks/behaviours require a multi-sectoral approach. AGPN acknowledges and supports the Government's commitment to address these three critical health factors through:

- a best-practice approach to health promotion through the staged implementation of comprehensive, multi-pronged strategies
- building an evidence-base to further inform best-practice approaches
- embedding a continual quality improvement approach to prevention based on ongoing cycles of 'do, measure, report' supported by evaluation against comprehensive performance indicators
- addressing inequity in the distribution of risk factors through measures targeted to vulnerable populations, including Indigenous Australian communities and low SES neighbourhoods.

AGPN supports the suggested strategies to address obesity and alcohol use, to strengthen, up-skill and assist the primary healthcare workforce to support people in making healthy choices. AGPN supports, in principle, the Taskforce's recommended approaches to achieve this, but believes that this will also require:

- measures to address workforce shortages across all disciplines that comprise the primary health care team, not only allied health. This should include the core general practice team of general practitioners and practice nurses (GPs and PNs) who are - and should continue to be - the cornerstone of an individual's primary health care delivery
- education in preventative health, including generic approaches to assessing readiness to change, for all primary health care professionals. This should be enabled through funding to develop, trial and evaluate continuing professional development programs on prevention for core primary health care professionals
- the system-level changes outlined previously.

The Network's role in realising a prevention strategy

AGPN notes the roles specified in the Strategy for AGPN and its member organisations (the Network) particularly in relation to addressing harmful alcohol use. These roles include working with the Commonwealth Government to develop a network of referral services, and brokering existing primary care services to provide specific supports. AGPN agrees that the Network is well placed to perform these roles to add benefit to approaches already used within the Network to address obesity and tobacco use.

AGPN considers, however, that the Network has the capacity to make a far greater contribution to implementing preventative health care than is currently acknowledged in the Strategy and recommends that the Network's role is further emphasised in the Strategy. General practice networks (GPNs, referred to in the Strategy as divisions of general practice) already play a significant role in prevention including through:

- fund holding to contract or otherwise deliver allied health services and lifestyle modification programs
- supporting practices to engage in prevention through tools such as recall and reminder systems and data extraction and analysis
- creating referral pathways for prevention
- implementing local, state and national prevention programs.

It would be a backward step to overlook the role that GPNs and the Network do and can play in supporting prevention activity. Furthermore, there are significant advantages and efficiencies in capitalising on the Network's unique infrastructure to deliver on a solid preventative health agenda. These include the ability of the Network and local GPNs to:

- monitor practice-level and regional population health and measure the effectiveness of health promotion programs and campaigns through timely extraction of data from practice systems
- facilitate partnerships and links across relevant players at local, regional, state and national levels.

The Network also has the capacity to play a key role in supporting the practice-level and system-wide reforms required to most effectively enable a prevention-oriented primary health care system. This includes through the evolution of Divisions into regional Primary Health Care Organisations that translate broad national prevention goals into local responses supported by well-targeted and integrated service delivery.