

23 January 2012

2407/12

Department of Health and Ageing
Medicare Locals Development Section
MDP 1051, GPO Box 9848
CANBERRA CITY ACT 2601

Email: pcprojectsCoord@health.gov.au

Dear Sir/Madam

Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund

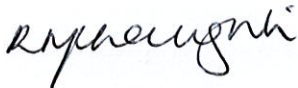
Royal College of Nursing, *Australia* (RCNA) welcomes the opportunity to participate in the consultation process for the development of the Regionally Tailored Primary Health Care Initiatives through Medicare Locals.

RCNA is the peak professional organisation for nurses in Australia. RCNA represents nurses across all areas of practice throughout Australia. RCNA has members in all states and territories of Australia, and internationally. A not-for-profit organisation, RCNA provides a voice for nursing by advocating on health issues that affect nurses and the community. With representation on government committees and health advisory bodies, RCNA is recognised as a key centre of influence in the health policy arena in Australia. When health policy decisions are made, RCNA presents a professional nursing perspective, independent of political allegiance.

RCNA appreciates inclusion in this process and remains committed to contributing to primary health care reform in Australia.

Please do not hesitate to contact me for further information or discussion on this matter.

Yours sincerely



Kathleen McLaughlin FRCNA
Deputy CEO
Director, Operations

Attachment

Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund

Introduction

Royal College of Nursing, Australia (RCNA) welcomes the opportunity to provide feedback on the discussion paper for the development of the Regionally Tailored Primary Health Care Initiatives through Medicare Locals.

Nurses are often the predominant health profession involved in the delivery of community and primary health care services. Nurses have a presence in nearly all areas of primary health care, including: maternal health; child and family health; schools; youth settings; chronic illness; mental health; Indigenous health; correction health and community aged care. Furthermore, nurses also have active roles in a range of community development activities that have stemmed from acute hospital and community settings.

RCNA has actively promoted the need for comprehensive integration of community and primary health care services to promote continuity of care and responsiveness within the health system.

The following RCNA response submits feedback from a professional nursing perspective drawing specific attention to the concerns held by nurses working within the domain of community and primary health care.

Lifespan needs

RCNA is of the view that consolidating existing funds into 18 areas of focus is a positive step; however, the new funding programs identified are very 'top down' and describe a set of health initiatives that, although important, do not capture the lifespan needs of many communities. None are aimed at the health of children and young people, which according to many health planners is the most significant investment for any health system. Many revolve around general practice, which is limiting in terms of empowering community members to identify needs without any financial incentives. Objective 3 identifies the need to improve service delivery for disadvantaged and under-served population groups, and in many regions, this includes children and families. Without specific initiatives aimed at creating and supporting specialised community services for these groups there is a risk of perpetuating the notion that GP services can cover the breadth of child development needs.

Health Promotion

RCNA believes that the focus on GP services also reflects a misunderstanding in all of the health reform documentation, including this discussion paper, that primary health care is primary care. The principles of Primary Health Care were clearly entrenched in the proposal to establish a National Health Promotion and Prevention Agency. Although the first objective of the current discussion document focuses on integrated and coordinated services, health promotion is not mentioned. It is

important to keep the health promotion agenda high on the list of health reform priorities, particularly in embedding prevention and early intervention for a healthy start to life, and in the creation of youth friendly community-based services to promote adolescent mental health. In a primary health care context, these cannot be excluded from the mission of Medicare Locals or the regionally tailored funding opportunities.

Intersectoral planning

RCNA notes that the regionally tailored fund priorities are appropriately described in section 3.2. as having a community focus. However, if these priorities are to be responsive to 'patients' and 'consumers', [with an unknown distinction between these terms], it would seem more appropriate to have a mechanism whereby some funds are quarantined for locally defined needs. Although it may seem that this is the intention of the strategic objectives (Attachment A), there is some ambiguity. For example, Objective 2: 'Provide support to clinicians and service providers to improve patient care' lists a number of expectations that focus on engagement and practice support for primary health care providers. There is only a cursory mention of 'other appropriate organisations' (Objective 3), when in fact, there has been a steady erosion of intersectoral planning, which is a feature of primary health care. Intersectoral planning should include the important role played by local councils in funding numerous supports for health promotion as well as the significant links between health and education services for children.

To fulfil the commitment to building partnerships and establishing relationships with consumers and the broader community, Medicare Locals will need to engage with the breadth of well-established nursing and midwifery primary health care services already embedded in communities and supported through a range of funding models outside of General Practice.

Sustaining existing community services

RCNA acknowledges and welcomes a strong focus on health in ageing in the document. RCNA's main concern with the proposed changes is that Medicare Locals will be vested with the power to establish community priorities, and this agenda will mirror the historical priorities of the Divisions of General Practice. The inclusion of general practice nurses is admirable, but we have to balance the need for the development and funding of new services with sustaining existing community specialist services that have proven effectiveness, such as child and family health nurses. It is important that nursing's contribution is not overlooked in the health reforms and that there is some oversight of the decisions of state governments when they focus on new priorities at the expense of existing services. Leadership in these initiatives will be crucial.

Contact details

Kathleen McLaughlin FRCNA
Deputy CEO
Director, Operations
Royal College of Nursing, Australia
P 02 6283 3427
kathleen.mclaughlin@rcna.org.au