VIEWPOINT

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General practice and the NHHRC report

The long awaited National Health and Hospitals Reform Commission (NHHRC) report[1] has the potential to be the tonic needed to reinvigorate Australia's general practice community.[2] Strengthening and integrating primary health care is one of four themes in the report. In Australia, general practice provides medical care's contribution to primary health care. The worldwide claims of primary health care to deliver improved health outcomes when compared to other models of care[3] are based on the evidence of primary medical care's effectiveness.[4] In Australia, that medical care is provided by general practice. It is unclear if the authors of this report understand this, although they argue for the need for 'strengthened primary health care services...[which] builds on the vital role of general practice'.[1]

It will be the profession's task to ensure the detailed, vital role of general practice is appreciated. Efforts undertaken by the profession's leaders such as the formation of United General Practice Australia (UGPA)[5] should ensure clear messages are delivered to the Australian Government.

It seems likely that the government's 6 month discussion period following the release of the NHHRC report will lead into a pre-election period where health policy will be a major debating point. The profession needs to ready itself for this.

Points to be made include:

- Relational continuity of care and a doctor who specialises in the person they care for, not just that person's disease(s), is central to producing the improved health outcomes of primary care.[4] Specialising in the person is the general practitioner's specialty. Any reform must enhance this vital relationship
- Most patients in Australia already have a health care home. It is their local general practice.[6] We need to build on this, not create alternatives
- The vast majority of patients, especially those with chronic health care problems, are very happy with the care they receive from their GP[7]
- General practice teams should be the designated team approach to primary care delivery[8]
- Expanding general practices to become primary health care centres would offer a cost effective way of achieving integration of health care service provision.[9] Infrastructure funding could use the principles of the National Rural and Remote Infrastructure Program.[10] An expanded built environment is needed not just to house an expanded team to deliver integrated, multidisciplinary care but also to train the future health care workforce. A call by UGPA in April did not lead to infrastructure funding as part of the Australian Federal Government's stimulus package,[11] but this policy should still be pursued
- We need to increase the general practice workforce. From 2000–2005, the full time equivalent workforce of GPs dropped by 9%.[12] To compound matters, medical students are not choosing general practice as a career in high enough numbers.[13] This is not just an Australian problem.[14] The most effective way to reverse this trend is to follow Norway's lead by valuing general practice as highly as other medical disciplines.[15] The Australian Government has started to increase vocational training places,[16] but more are needed as student numbers increase.[17] The profession's voice must remain united to improve the pay and status of general practice while extolling the attractions of general practice to future registrars
- The National Health Promotion and Prevention Agency (NHPPA) is only a good idea if it ensures the already strong record of general practice is enhanced.[18] General practice can deliver effective person centred preventive health care, considering about 88% of the Australian population visits a GP at least once a year.[19] This will complement the public health approach of the NHPPA
- As Stange and Ferrer note, 'The primary care paradox is the observation that primary care physicians provide poorer quality care of specific diseases than do specialists; yet primary care is associated with higher value health care at the level of the whole person, and better health, greater equity, lower costs, and better quality care at the level of populations. This

paradox shows that current disease specific scientific evidence is inadequate for conceptualising, measuring, and paying for health care performance'.[20] Australia's primary care research effort needs reform as we look to understanding this paradox and improving performance.[21]

Conflict of interest: none declared.

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