



RACGP

Royal Australian College of General Practitioners

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RACGP submission to the Australian Department of Health

National Preventive Health Strategy Consultation Paper

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1. About the RACGP

The Royal Australian College of General Practitioners (RACGP) is Australia's largest general practice organisation, representing over 41,000 members working in, or towards, a career in general practice. Each year, general practitioners (GPs) provide more than 160 million general practice services to more than 24 million Australians, with almost nine in ten people consulting a GP.

2. Introduction

Australia's health system was developed at a time when the treatment of acute medical conditions was the main focus of care. A renewed focus on preventive care and general health promotion will help manage the increasingly complex needs of the community. Care also needs to be shifted out of the hospital setting, closer to where patients need it in the community.

Preventive healthcare is a key component of general practice in Australia.¹ GPs are uniquely placed to provide effective and low-cost preventive health services.

Australians visit their general practitioner (GP) more than any other health professional.² Eighty percent of Australians have a usual GP and 90% have a usual general practice.³ This provides many opportunities for the provision of comprehensive and coordinated preventive care, which will keep patients out of hospitals and relieve pressure on other parts of the health system⁴, while helping them stay active in the community and economy.

GPs have an in-depth understanding of the whole patient – they work within communities, deal with all aspects of physical and mental health, provide care through all stages of life and consider patients within their social, cultural and environmental contexts. The holistic, patient-centred and relationship-based approach of general practice can help ensure the effectiveness of preventive activities. GPs provide regular, trusted and tailored health advice direct to patients. This has been shown to improve targeting of services⁵ and increase patient awareness, understanding and confidence regarding their health and wellbeing.

The RACGP [Guidelines for preventive activities in general practice](#) (Red Book) is internationally recognised and utilised and has provided guidance on evidence-based preventive activities in primary care for 25 years. The RACGP publishes a suite of guidelines supporting the Red Book - [Putting prevention into practice: Guidelines for the implementation of prevention in the general practice setting](#) (Green Book), [Smoking, nutrition, alcohol and physical activity](#) (SNAP): A population health guide to behavioural risk factors in general practice and [Supporting smoking cessation: A guide for health professionals](#). The Red Book's companion publication, [National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people, 3rd edition](#), is intended for all health professionals delivering primary healthcare to Aboriginal and Torres Strait Islander peoples.

The RACGP advocates for a shift in goals and investments, to better harness and support general practice to deliver sustainable, equitable, high-value healthcare, benefiting patients, providers and funders, as outlined in the RACGP's [Vision for general practice and a sustainable healthcare system](#).

The RACGP welcomes the opportunity to provide comments on the consultation paper for the National Preventative Health Strategy (the Strategy).

3. Vision and Aims of the Strategy

Referring to: Are the vision and aims appropriate for the next 10 years? Why or why not?

The vision and aims outlined in the consultation paper provide a useful representation for focusing on prevention activities, which target risk factors and specific diseases such as infectious disease, injuries and chronic conditions. Whilst it is acknowledged that other aspects of the Strategy address broader determinants of health and wellbeing and the environments where people live, the RACGP recommends these concepts be clearly articulated in the vision and aims.

The vision fails to recognise the diversity of Australians and the issue of inequity. A national approach to prevention should also focus on reducing disparities and inequities through addressing structural disadvantage that affects quality of life and health outcomes. Furthermore, the reference to 'personal circumstances' in aim three needs to be removed. Framing inequality as a personal choice risks blaming individuals and fails to acknowledge that many of the determinants that lead to inequality are outside of the individual's control.⁶ The Strategy needs to address:

- income inequity through taxation
- employment and the quality of working environments
- access to education
- adequate housing and transport

In the context of Aboriginal and Torres Strait Islander health, good health and wellbeing can be associated with cultural integrity, connection to country, community empowerment and self-determination. An approach that recognises the unique place of Aboriginal and Torres Strait Islander peoples would consider issues such as the loss of Indigenous languages, over-incarceration and environmental degradation.

3.1 Recommendations

- Stronger consideration should be given to social determinants of health.
- The RACGP recommends adding an additional aim to the Strategy, 'Australians live in communities and environments that support good health'. This addition will lead to a subsequent focus on the environmental impact on health to be considered for all government decisions.
- Include reference to planning pregnancy in Aim 1 - '*Australians have the best start in life*'. This will ensure support for pre-conception care consisting of interventions that aim to identify and modify biomedical, behavioural and social risks to a woman's health or pregnancy outcome through prevention and management. A healthy start in life is not limited to avoidance of infectious diseases and injury. [The first thousand days paper](#) acknowledges the broad health impacts of nutrition, social and lifestyle factors on individuals from conception to two years of age.

4. Goals of the Strategy

Referring to: Are these the right goals to achieve the vision and aims of the Strategy? Why or why not? Is anything missing?

The outlined goals are relevant but general, and as such will be difficult to assess. The goals do not adequately address the issues of social determinants of health and inequality. A stronger commitment to inter-sectoral collaboration is required.

4.1 Recommendations

- Goal 1 is changed to: 'All sectors, including across governments at all levels, will work together and engage communities across Australia to reduce measures of social inequity and address complex challenges to enhance health and wellbeing'.
- Goal 2 be strengthened to include an additional statement: 'Our health sector will have the capacity and funding and be expected to prioritise prevention'.
- Goal 5 be strengthened to: 'Promotion of, and community support for measurable determinants of health, to assist individuals make the best possible decisions about their health'. Embedding knowledge, empowering consumers and ensuring prevention as central to the health system will enable individuals and communities to make the best possible decisions about their lifestyles and health.
- Goal 6 be re-worded: 'Health research and inbuilt evaluation will be used to ensure prevention efforts remain evidence-based and effective in achieving improved health outcomes'. This ensures utilisation of any gained insights from emerging issues and research to achieve improved health outcomes.

- The Strategy include actions to support and facilitate environments that promote health and healthy living.

4.2 Climate change

Prevention efforts should adapt to address emerging issues, especially in rural and remote areas and in recognition of climate change. Environments in Australia should ideally support health and healthy living. The total environment, including climate change and other negative environmental impacts need to be considered in the broadest sense as these impact on people's health. Indigenous Ecological Knowledge, which has sustained Australia's environment for thousands of years, should be recognised and utilised. This includes the physical environment, both natural and built, rural and urban in addition to economic, social and cultural environments. The RACGP is a signatory to a [statement to the Minister of Health](#) to recognise climate change in the National Preventive Health Strategy.

4.2.1 Recommendations

- Acknowledgement of the impact of climate change on health and the need for mitigation and management strategies must be explicitly addressed

5. The Framework for Action: Achieving the Vision and Aims

5.1 Mobilising a Prevention System

Referring to: Are these the right actions to mobilise a prevention system?

Mobilising a prevention system is critical. The actions described in the framework fit within a well-established conventional approach to prevention. A failing in the implementation of the previous strategy was maintaining continuity and consistency among programs, with programs in a wide range of sectors including state departments, Commonwealth departments (where prevention coordination programs were defunded) and non-government organisations. Information on which systems work well is lacking.

The RACGP supports the Enablers but suggests re-prioritising the enablers to ensure clear progression as follows:

- Leadership and governance
- Preparedness
- Partnerships
- Information and literacy skills
- Health system action
- Research and evaluation
- Monitoring and surveillance

Adding an additional enabler, 'Innovation and creativity' should be included to recognise the increasing need for new and innovative preventive health solutions.

5.1.1 Recommendations

- The Strategy should document how mobilising the prevention system is going to occur and how it will be funded.
- Adding an additional enabler, 'Innovation and creativity'.

5.1.2 Leadership and governance

Commitments to inter-sectoral and whole-of-government collaboration is critical. Further consideration of the relevant sectors and actors that can contribute and/or are responsible for health protection is needed, with a clear understanding of roles and responsibilities in the delivery of preventive activities.

From a primary healthcare perspective, the RACGP advocates for a shift in goals and investments, as outlined in the RACGP's [Vision for general practice and a sustainable healthcare system](#).

The RACGP supports a long-term sustainable funding mechanism, however given the failure of the previous prevention strategy where prevention programs were defunded, a structured governance approach is required to determine the priorities for action. There should be an emphasis in the Strategy on the ongoing implementation of any programs.

5.1.3 Preparedness

As discussed under item four, the Strategy must demonstrate an awareness of the current environmental crises that require urgent action to ensure the wellbeing of environments and their populations. The key enabler of 'healthy environments' is not explicitly articulated in the discussion paper and must be addressed in the face of the emerging impacts of climate change, such as natural disasters and potentially pandemics. There is a place for Indigenous peoples' knowledge of Country, ecological and disaster management in this context.

5.1.4 Partnerships

The RACGP recommends social prescribing be embedded within the Strategy. Social prescribing can address key risk factors for poor health, including social isolation, unstable housing, multi-morbidity and mental health problems, which are often associated with low engagement in preventive activities and low levels of self-management for medical conditions.⁷ The joint RACGP and Consumer Health Forum [Social prescribing report](#) outlines how social prescribing can be incorporated into the Australian healthcare system.

It is important to have a Strategy that coordinates partnerships between stakeholders and prioritisation of areas for action. Partnerships should recognise the broad-based social and environmental determinants of health, so health system action includes services that contribute to health such as housing, transport, and environment. Community engagement is also a critical enabler and is linked to information and literacy skills.

5.1.4.1 Recommendation

- Social prescribing be embedded within the Strategy

5.1.5 Information and literacy skills

Social determinants are often a barrier for individuals to access health services.⁸ Poverty, culture, language, sexual orientation, disability or any other forms of discrimination limit opportunity of engagement and can cause long-term harm to an individual's health.⁹ The framing of information sharing and literacy skills should not only focus on the individual, but more importantly, identify structural barriers to accessing information and relevant skills to address the greater issues that affect many Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse people. The RACGP supports the ongoing consideration for health literacy throughout the Strategy.

5.1.6 Research and evaluation and Monitoring and surveillance

The current description of 'monitoring and surveillance' has a narrowly framed scope. There is an opportunity to broaden this focus and include linkages to broader determinants of health, including the climate and the environment.

5.1.6.1 Recommendation

- The Strategy should specify targeted funding for research and evaluation, and monitoring and surveillance.

5.2 Boosting Action in Focus Areas

Referring to: Where should efforts be prioritised for the focus areas?

The six focus areas, while appropriate, have limited outcome measures to determine progress and fail to recognise specific issues for rural and remote communities. These focus areas have strong association with social and economic inequalities, so there is a need for caution to avoid stigmatising those of lower socio-economic status.

Clinical interventions of immunisation and cancer screening should be considered as part of on-going review of GP and primary health care services, and provide the key link for GPs to preventive health. Increasing cancer screening can be harmful if over diagnosis and informed treatment choices are not considered. It can also risk health inequity when people with greater health literacy are more likely to access screening.¹⁰ The goal should be to have appropriate screening for the appropriate person or population. The RACGP recommends that this focus area be reworded to, 'reduce harms from cancer by evidence-based screening programs'.

The focus on individual behaviours as determinants of health reflects Australia's current approach, which has resulted in good outcomes for some, has contributed less to Aboriginal and Torres Strait Islander people's health, while damaging the environment that sustains us. As outlined throughout this submission, we need to shift our focus to address the underlying causes of behaviours that are linked to socio-economic status, for example smoking, unsatisfactory diet, inadequate physical activity and high levels of alcohol related harm. Focus on individual behaviour overlooks the structural issues that lead to these behaviours, which include:

- economic conditions that leads to people having inadequate time and space to exercise
- limited supply of recommended foods particularly for people in remote regions
- lack of consultation with communities on taxation of sugar-sweetened and alcoholic beverages
- destructive food practices associated with poor land management and limited food sovereignty.

The Strategy should address isolation and poor mental health. Mental health is a key issue in Australia, with about 1 in 5 people reporting a mental or behavioural condition in 2017-18.¹⁰ There is a high burden of mental health issues and inter-generational trauma that affects Aboriginal and Torres Strait Islander people as well as those living in rural and remote communities. Mental health is impacted by deteriorating environments, as demonstrated with the recent bushfires and the current pandemic. Loss of livelihoods in agriculture and both international and national tourism, deteriorating environmental and economic situations, and isolation are increasingly undermining wellbeing, contributing to mental health issues, and suicides.

Dental care and the inequity in access should be addressed. There are many levels of intervention that could be used to also prevent other conditions, including reducing sugar sweetened drinks, universal fluoridation and infant and childhood nutrition.

5.2.1 Recommendations

- Address isolation and poor mental health directly in the Strategy.
- Include improving dental care and access to it.
- Reword cancer screening focus to 'reduce harms from cancer by evidence-based screening programs'.

5.3 Continuing Strong Foundations

Referring to: How do we enhance current prevention action?

5.3.1 Preventive activities

Australia's prevention action has achieved important outcomes, such as reducing smoking, and implementing screening. However these activities may disproportionately improve the health of those who are already healthy, while having less or no impact on disadvantaged communities, particularly Aboriginal and Torres Strait Islander peoples. A useful example

is to look at the evaluations of anti-smoking programs in Aboriginal communities, which demonstrate very high levels of knowledge about the dangers of smoking, whilst still having high smoking prevalence. See for example the [Tackling Indigenous Smoking Program Final Evaluation Report](#). This demonstrates that flawed assumptions that knowledge leads to behaviour change in the absence of structural change.

Many current prevention activities are focused on narrow conceptualisations of health, and emphasise individual responsibility for behaviour and individual health outcomes. Broader conceptualisations of health, including communities and environment, are fundamental to all prevention activities.

Current prevention activities should be strengthened through effective evaluation that learns from and builds on current programs. However development of a new strategy needs to consider the urgency of outcomes in health equity, and ensure communities are not left behind, particularly as economic and environmental impacts may worsen health in the near future. A clear understanding of the strengths and limitations of the primary healthcare system to support people to have best possible health and wellbeing outcomes, would also support this aim.

Coordinated campaigns that support GP programs and other running programs such as Quitline, are likely to be more effective than media campaigns alone. Preventive activities can be delivered in various ways including the use of apps, interventions through general practice, nurses and other allied health practitioners and regional specific programs as well as government initiatives such as taxation.

5.3.2 Role of general practice

General practice already has the potential to fulfil the vision to 'improve the health of all Australians at all stages of life, through early intervention, better information, targeting risk factors and addressing the broader causes of health and wellbeing'. Primary care should be supported to deliver social prescribing, self-care advice and age-appropriate coordinated preventative interventions.

As mentioned, GPs play an important role in prevention, especially in the focus areas that have been outlined, and general practice should be recognised as a key part of the National Preventive Health Strategy. General practice is the patient's first point of contact within the healthcare system and has ultimate oversight of patient care. This allows for the effective delivery of comprehensive preventive care for the whole person over time, as well as the coordination of treatment, which reduces fragmentation and duplication of health services. By increasing and targeting supports, GPs can deliver high-quality, patient-centred, low-cost and evidence-based health services and ensure an efficient, sustainable and equitable distribution of resources.

GPs must be better supported to deliver and embed these prevention programs (i.e. immunisation, smoking cessation support, alcohol advice, obesity prevention) through funding and education. The current Medicare Benefits Scheme (MBS) Review has recognised that the central funding mechanism of the MBS (i.e. fee-for-service payment) does not adequately support the advanced role of GPs in providing continuing care, prevention and health promotion services to their patients and the community.¹¹ Funding must be directed to ensure that proactive preventive care services are a priority for GPs. The RACGP recommends that amendments be made to the MBS which aim to reinforce 'GP stewardship within the context of patient-centred primary care'.^{11,12}

The RACGP's [Vision for general practice and a sustainable healthcare system](#) (the Vision) describes an alternative model for sustainably funding modern general practice care. It identifies how appropriately targeted support for general practice is an efficient use of health resources and will benefit the community and the entire healthcare system. The Strategy should include a focus on enhancing GP-led team-based care models, as outlined in this document.

The Vision also aligns with aspects of the National Preventive Health Strategy calling for increased support for Australian research to better identify system efficiencies and improve health outcomes.³ In particular, there is a need for research which:

- assesses the effectiveness and cost-effectiveness of general practice services
- supports the development, trialling and implementation of new and innovative models of funding and service delivery in general practice, including through integration with other health services.

Strengthening the role of general practice will also help keep costs to patients down across the healthcare system.¹⁴ Costs can be a substantial barrier to access, with 1.3 million Australians already delaying or avoiding accessing healthcare due to cost.¹⁵ This particularly affects access to care for patient groups that may be more likely to have more complex health needs.

Healthcare data is increasingly available now that the vast majority of general practices use clinical software systems to record and receive health data. With effective governance and some limited additional investment, GP teams could have at their fingertips information that presents individual risks and the appropriate preventive 'package' of care for each patient. At a microsystem level, GP teams could identify and respond to gaps in care for their practice population - especially if that population was known through voluntary enrolment. At the mesosystem level, Primary Healthcare Networks (PHNs) could identify regional health needs and public Hospital and Health Services could identify pre and post hospital care priorities. At a national level, a clear picture would emerge of the impacts of primary care on population health allowing evidence-based and well-evaluated health policy development.

5.3.2.1 Recommendation

- The RACGP recommends that amendments be made to the MBS which aim to reinforce 'GP stewardship within the context of patient-centred primary care' and age-appropriate coordinated preventive interventions.

5.3.3 Government funding

Investment in programs that target primary and secondary prevention is needed and with adequate funding to assess their value over the long term. Current programs are frustrated by short term funding arrangements. Rather than allocating funds to new activities, we should recognise that all activities can provide opportunities for learning. Activities that appear not as effective as anticipated or not cost-effective can be modified through evaluation rather than their benefits being lost. All programs should be based on evidence and established as long-term in their initiation, with regular reviews and modifications, rather than the current situation where we have numerous pilot programs that are often ceased as their impacts are demonstrated.

Australian governments, at all levels, must increase relative levels of funding for healthcare across a range of indicators to remove cost barriers to accessing healthcare. This must include increased investment in primary health care and particularly preventive care. For 2016, the most recent year for which data is available, the Organisation for Economic Co-operation and Development (OECD) estimates that government expenditure on preventive care in Australia comprised only 1.8% of total health expenditure, considerably below levels in other comparable countries.¹⁶

Increased investment in health promotion and preventive care, through general practice, will keep patients healthy and well. The best place for the community is out of emergency departments, hospital clinics and beds, residential aged care facilities and specialists' consulting rooms. However, GPs require additional support to fulfil their roles in preventing sickness and keeping our community safe and well to the best of their ability.

5.3.3.1 Recommendation

- Increase investment in primary health and general practice to deliver health promotion and prevention

5.3.4 Stakeholder engagement

To achieve the outcomes for the Strategy, there is a clear need for a national prevention body to coordinate communication between stakeholders, in particular the Commonwealth and state governments, and other partners involved in the focus areas.

Governments have demonstrated capacity to work in collaboration with peak bodies, in particular during the COVID-19 pandemic through meaningful consultation and responsiveness. This is a strong foundation for future collaboration. The response of the [Aboriginal and Torres Strait Islander health sector in managing the COVID-19 pandemic](#) is also instructive in what can be improved moving forward.

The [United Nations Declaration on the Rights of Indigenous Peoples \(UNDRIP\)](#) should be taken into account in any recommendations that are being made to the broader Australian population. In addition to this, education is critical to enhancing our preventive health response, particularly for Aboriginal and Torres Strait islander peoples. This remains relevant for all healthcare providers, as there are still many misconceptions and biases present.

5.3.4.1 Recommendation

- A national prevention body is established to coordinate communication between stakeholders, in particular the Commonwealth and state governments, and other partners involved in the focus areas.

6. Conclusion

Thank you again for the opportunity to provide feedback on the consultation paper for the Strategy. The RACGP looks forward to continuing to contribute to the development of the National Preventative Health Strategy. For any enquiries regarding this submission, please contact Stephan Groombridge, eHealth and Quality Care Manager on 03 8699 0544 or stephan.groombridge@racgp.org.au.

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