



RACGP

Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

RACGP submission to the Australian Department of Health

Draft National Preventive Health Strategy

April 2021

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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. General practitioners (GPs) are at the frontline of Australia's healthcare system. Each year, GPs provide more than 160 million general practice services to more than 22 million Australians, with almost nine in ten people consulting a GP¹.

2. Summary of key RACGP recommendations

- General practice should specifically be recognised as a prevention partner in the Strategy.
- GPs and their teams must be better supported to deliver and embed prevention programs and activities. Funding must be directed to ensure that proactive preventive care services are a priority for GPs.
- The RACGP Guidelines for preventive activities in general practice (Red Book) is widely accepted and should be used as guidance on evidence-based preventive activities.
- A national social prescribing scheme should be supported.
- The 'focus areas' should include the early detection of chronic disease.
- Primary care research needs to be broad and included as part of the research and evaluation enabler in the Strategy. National research funding should include a focus on general practice.

3. Introduction

Australians visit their general practitioner (GP) more than any other health professional². 80% of Australians have a usual GP and 90% have a usual general practice³. This provides opportunities for general practice to provide comprehensive and coordinated preventive care, which will keep patients out of hospitals and relieve pressure on other parts of the health system, while helping them stay active in the community and economy⁴.

Preventive healthcare is an important activity in Australian general practice⁵. Prevention is relevant across all stages of a patient's life and improving preventive care for individuals and communities will lead to better health. General practice is central to key delivery of preventive healthcare.

GPs provide care through all stages of life and consider patients within their social, cultural and environmental contexts. They have an in-depth understanding of the whole patient and deal with all aspects of physical and mental health. 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 services and increase patient awareness, understanding and confidence regarding their health and wellbeing⁶.

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 welcomes the opportunity to provide comment on the draft National Preventive Health Strategy (the Strategy). The RACGP has previously provided a [submission](#) to the consultation paper which informed the Strategy in [2020](#) and is pleased to note the inclusion of several of our recommendations for stronger consideration given to social

determinants of health, acknowledgement of the impact of climate change, embedding social prescribing and addressing isolation and poor mental health.

4. Vision and aims of the Strategy

The RACGP recommends inclusion and more specificity on how the government will support Australians in achieving good health, and identifying and eliminating the barriers to good health within the vision. The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 includes the recognition of the health of the community and the country, and the importance of taking care of our environment, which should be strengthened in the Strategy.

The RACGP supports the aims of the Strategy. Prevention is a long-term commitment, and it may be useful to consider setting aims beyond 2030 to ensure targets are achieved. It will be helpful to clarify how the targets set out on page 8 of the Strategy have been determined or how they will be measured. We propose including more of a focus on family and domestic violence in the Strategy, as this impacts the physical and mental health of individuals, families and communities, and can cause intergenerational trauma on children⁷.

5. The six principles

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. We recommend a principle to reflect this.

6. Mobilising a prevention system – The seven enablers

6.1 Leadership, governance and funding

GPs and their teams play an important role in prevention. While the Strategy acknowledges the strong relationship between GPs and their patients and the importance of continuity of care, general practice is not recognised as a key part of the Strategy. General practice is the patient's first point of contact within the healthcare system and often has ultimate oversight of patient care. Therefore, GPs are uniquely placed to advise on the development and implementation of health policy. We acknowledge general practice is not the only mechanism for improving preventive care, but they are and will continue to be one of the more important settings for its provision. There have been instances where well-intentioned health policies fail to be implemented because of the lack of understanding of the workings and capacity of general practice. As an example, co-design of the Heart Health Check MBS item number with GPs would have led to an item number that was more fit for purpose.

A health focus in all government policy areas is a key enabler, and an important policy achievement. To achieve health outcomes, health should be considered in policies for education, employment, transport, social security, housing and policing.

6.2 Prevention in the health system

Australia's prevention action has achieved important outcomes, such as reducing smoking and implementing screening. GPs are the patient's first point of contact within the healthcare system and deliver comprehensive holistic preventive care over time, as well as the coordination of treatment, which reduces fragmentation and duplication of health services.

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. Primary care should also be supported to deliver social prescribing, self-care advice and age-appropriate coordinated preventative interventions.

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 community⁸. Funding must be directed to ensure that proactive preventive care services are a priority for GPs.

The RACGP [Guidelines for preventive activities in general practice \(Red Book\)](#) is widely accepted and should be used as guidance on evidence-based preventive activities.

6.3 Information and health literacy

The RACGP agrees that health literacy is an important enabler to mobilise a prevention system. There should be greater emphasis in the Strategy on addressing inappropriate health claims on food products, supplements and complementary and alternative medicines. There are huge issues with allowing the current free-for-all labelling, marketing and sales of products, including those associated with tax-funded health services such as community pharmacies. An example of this is the disagreement of the low star-ratings for fruit juices, which shows vested interests and political lobbying trying to influence independent evidence-based health literacy schemes.

6.4 Research and evaluation

Primary care research needs to be broad and included as part of the research and evaluation enabler in the Strategy. National research funding should include a focus on general practice. The RACGP's [Vision for general practice and a sustainable healthcare system](#) calls for increased support for Australian research to better identify system efficiencies and improve health outcomes. 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 services⁹.

6.5 Preparedness

The RACGP agrees with the inclusion of the rise of antimicrobial resistance under the preparedness enabler in the Strategy. Antimicrobial resistance is one of the biggest threats to our health¹⁰. It has the potential to affect elective surgery and cancer treatments in the future and make them too dangerous to undertake. The RACGP recommends a stronger emphasis on this issue in the Strategy.

7. The focus areas

The RACGP is pleased with the addition of 'protecting mental health' to the focus areas and with the recognition of specific issues for rural and remote communities. There should be more links of the focus areas to climate and environmental issues.

The RACGP recommends the focus areas include the early detection of chronic disease. Chronic diseases are the leading cause of death and disability in Australia¹¹. About 80% of the mortality gap between Aboriginal and Torres Strait Islander people and non-Indigenous Australians are because of chronic diseases¹². A chronic disease focus area should incorporate actions to assess and manage risk of heart disease, stroke, type 2 diabetes and chronic kidney disease.

7.1 Reducing tobacco use

The prevalence of smoking rates in those with a serious mental illness (SMI) can be up to 66%¹³. Health systems often fail to invest the same effort in smoking cessation for people with SMI. The recommendations included in the Strategy under reducing tobacco use should include a focus on those with a SMI.

Further information can be found in the RACGP's [Supporting smoking cessation: A guide for health professionals](#).

7.2 Improving access to and the consumption of a healthy diet

There is no mention of a stricter regulatory framework for food producers in regards to false advertising and labelling of packages. As described under item 6.3 of this submission, health literacy is a major issue and claims or promotion of highly processed foods as healthy make it extremely difficult for people to make better informed choices. Marketing restrictions should be enabled in the same way as they were for tobacco restrictions, given the success of this.

7.3 Increasing cancer screening and prevention

The RACGP has previously cautioned that increasing cancer screening can be harmful if over diagnosis and informed treatment choices are not considered. The Strategy fails to recognise that about 30% of cost in healthcare is estimated to be caused by over diagnosis¹⁴. The Strategy's focus on cancer screening describes the survival benefits of early detection rather than emphasising the mortality benefits. Over-diagnosed early-stage cancers demonstrates great survival statistics but does not acknowledge no harm would have occurred if these cancers were never detected.

GPs are uniquely placed to identify and test those at higher risk, provide information and encouragement to patients, and guide the coordination of treatment. Evidence has shown there is an increase in participation rates of a screening program when it is recommended by the GP¹⁵. GPs have been central to Australia's three cancer screening programs, BreastScreen Australia, the National Cervical Screening Program (NCSP) and the National Bowel Cancer Screening Program (NBCSP), and have helped to ensure earlier diagnosis and treatment. This is especially seen in the NCSP which has been carried out and overseen in general practice since its implementation in 1991, halving cervical cancer incidence and mortality¹⁶.

8. Continuing strong foundations

Preventive health should be centred around general practice teams. The prevention partners listed in Figure 6 is vague and poorly defined. General practice should specifically be recognised as a prevention partner in the Strategy, rather than being referred to under 'healthcare systems'.

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 poor health and wellbeing'. General practice should be supported to deliver the activities in the [Guidelines for preventive activities in general practice \(Red Book\)](#) and social prescribing, self-care advice and age-appropriate coordinated preventative interventions. Lifetime approach to preventive health coaching, screening programs and disease monitoring is strongly supported in the Strategy and general practice is the only place where these objectives can be implemented appropriately. It is imperative that general practice operations are not disadvantaged by inadequate resourcing. As seen throughout the COVID-19 pandemic, primary care is the main channel for delivery of public health care services.

To maximise the effectiveness of general practice, investment is required in:

- members of the primary care team that work within general practice, including practice nurses, and pharmacists;
- support for prevention in line with the evidence presented in the RACGP's [Guidelines for preventive activities in general practice \(Red Book\)](#), which is internationally recognised and utilised and has provided guidance on evidence-based preventive activities in primary care for 25 years. Investment should also be provided to support the development and promotion of the Red Book, which is currently entirely self-funded by the RACGP;
- investment to the RACGP to support the development of a low value care guideline to reduce such care in general practice;
- support for general practice to deliver proactive and team-based preventive care to their patients by investing in effective IT infrastructure and funding structures that allow for population health approaches to care coordination. 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 Medicare Benefits Scheme (MBS) which aim to reinforce 'GP stewardship within the context of patient-centred primary care';^{8,17}
- social prescribing infrastructure including the link worker role. Link-workers can include practice nurses, social workers, community mental health nurses or others according to the need and complexity of patients¹⁸. Further details are outlined in the joint RACGP and Consumer Health Forum [Social prescribing report](#).

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.

9. Conclusion

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

Thank you again for the opportunity to provide feedback on the draft National Preventive 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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