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# Position statement:

## Primary Health Care Reform

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April 2023

**Rohan Greenland**  
**Chair**

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**Deputy Chair**

***The Neurological Alliance Australia (NAA) is an alliance of 15 not-for-profit peak or national patient organisations representing adults and children living with progressive neurological or neuromuscular diseases or neurological disorders in Australia. The Alliance was established to promote improved quality of life for people living with these conditions and increased funding to support research. Members of the Alliance are: Dementia Australia, Brain Injury Australia, Emerge Australia, Huntington's Australia, Motor Neurone Disease (MND) Australia, MJD Foundation, MS Australia, Muscular Dystrophy Australia, Muscular Dystrophy Foundation Australia, Parkinson's Australia, Spinal Muscular Atrophy Australia, Leukodystrophy Australia, the Childhood Dementia Initiative, the Mito Foundation and Polio Australia.***

*Some NAA members are providers under the NDIS, offering support coordination, allied health and/or other supports. Most members provide information and navigation services funded through separate sources such as fundraising and philanthropy*

***The Neurological Alliance Australia represents** nearly 2 million Australians living with the conditions represented by the members of the Alliance with an annual impact on the Australian economy of over \$50 billion.*

## **Introduction**

**This Position Statement sets out the major objectives for primary health care reform from the point of view of people living with progressive neurological or neuromuscular diseases or neurological disorders in Australia.**

**These objectives are to:**

- 1. Boost and incentivise multidisciplinary care teams focusing on specialist nurses**
- 2. Create integrated, coordinated care pathways**
- 3. Ensure affordable and accessible primary health care services**
- 4. Focus on preventative care and early intervention**
- 5. Ensure continuity and enhancement of *flexible* telehealth options**
- 6. Improve health literacy and help consumers understand how the health system works**

## **A. Primary Health Care Reform Agenda**

The Australian Government's primary health care reform agenda is set out in its Australia's Primary Health Care 10 Year Plan 2022– 2032<sup>1</sup>. This Plan is about “strengthening primary health care as part of the health system and providing an agenda for primary health care reform over a decade”. It was developed following extensive consultation over many years.

The plan covers three reform streams:

- Stream 1 – Future focused health care
- Stream 2 – Person-centred primary health care, supported by funding reform
- Stream 3 – Integrated care, locally delivered

### **Primary health care in Australia**

Primary care covers those services in the community that people go to first for health care. These are: general practices, Aboriginal Community Controlled Services (ACCHS), community pharmacies, many allied health services, mental health services, drug and alcohol services, community health and community nursing services, maternal and child health services, sexual health services and oral health and dental services.

The Plan considers these services taking account of the need for equitable access to health care, the need to consider the social determinants of health and the need for more emphasis on prevention. The plan also considers the interactions

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<sup>1</sup> <https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032>

between primary care services, specialist and hospital services, the aged care and disability care systems, and other social support systems.

These latter considerations are particularly important for people living with progressive neurological or neuromuscular diseases or neurological disorders.

### Aims of the plan

The Government has adopted the Quadruple Aim as the overarching aims of this plan, to:

1. Improve people's experience of care.
2. Improve the health of populations.
3. Improve the cost-efficiency of the health system.
4. Improve the work life of health care providers.

The objectives of the Plan are:

- **Access:** Support equitable access to the best available primary health care services.
- **Close the Gap:** Reach parity in health outcomes for Aboriginal and Torres Strait Islander people.
- **Keep people well:** Manage health and wellbeing in the community.
- **Continuity of care:** Support continuity of care across the health care system.
- **Integration:** Support care system integration and sustainability.
- **Future focus:** Embrace new technologies and methods.
- **Safety and quality:** Support safety and quality improvement.

These aims and objectives are supported by enablers: People – at the centre of care; funding reform; innovation and technology; research and data; workforce; and leadership and culture.

More details are available from the Australian Government's Primary Health Care Reform website:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/primary-health-care-reform>

## **B. What does the NAA want from primary health care reform?**

In light of Australia's Primary Health Care 10 Year Plan 2022– 2032 the NAA members have agreed on a set of major objectives for primary health care reform for people living with the conditions represented by the NAA.

These major objectives are to:

**1. Boost and incentivise multidisciplinary care teams focusing on specialist nurses;** recognising that individual health care and management are not always led by the GP but involve specialists and allied health care teams and that more than one clinician should be involved in decision-making, particularly for people living with co-morbidities.

Often, care and management of a neurological condition is best led by a Specialist Nurse. The findings of the MS Nurse Care in Australia report, for example, clearly indicate that people with MS who are unable to access MS Nurse care are adversely affected in terms of health outcomes<sup>2</sup>. Specialist nurse are often best placed to lead and manage an individual's health care arrangements.

Pleasingly, boosting multidisciplinary team-based care is a feature of the Plan.

**2. Create integrated, coordinated care pathways:** so that people living with neurological conditions get the right care at the right time in their disease journey.

Pleasingly, “integrated care, locally delivered” is one of the three reform streams of the Plan.

**3. Ensure affordable and accessible primary health care services;** especially in rural and regional areas and for vulnerable communities including people living with cognitive challenges. Recently released bulk billing information indicates that “where you live” does matter regarding access to GPs<sup>3</sup>.

The NAA is very supportive of the intentions set out in Stream 2 of the Plan, which states, “Funding arrangements for nursing and allied health will continue to be developed to support access to quality evidence-based care across a range of settings. Funding will also continue to address access to quality care in areas of market failure, particularly in rural and remote Australia.”

**4. Focus on preventative care and early intervention;** for chronic conditions to prevent progress of disability.

Lifestyle factors such as smoking, alcohol intake, diet and exercise all have an impact on brain health and brain volume and are preventable risk factors for many chronic conditions.

Pleasingly, section 3.15 of the Plan, “Prevention and Management of Chronic Conditions” sets out a number of prevention strategies.

**5. Ensure continuity and enhancement of flexible telehealth options;** for those people for whom telehealth provides an effective service.

<sup>2</sup> [https://www.msaustralia.org.au/wp-content/uploads/2022/04/msa\\_ms-nurses-report-summary\\_web.pdf](https://www.msaustralia.org.au/wp-content/uploads/2022/04/msa_ms-nurses-report-summary_web.pdf)

<sup>3</sup> [https://www.theguardian.com/australia-news/2023/feb/15/now-the-public-has-useful-data-on-bulk-billing-we-can-really-push-politicians-for-better-healthcare?CMP=Share\\_iOSApp\\_Other](https://www.theguardian.com/australia-news/2023/feb/15/now-the-public-has-useful-data-on-bulk-billing-we-can-really-push-politicians-for-better-healthcare?CMP=Share_iOSApp_Other)

Virtual care and telehealth can be a good way for some to access primary health care, but a “one size fits all” approach does not suit everyone and management of chronic conditions often requires appropriate face-to-face consultation.

Pleasingly, the Plan reflects the need to maintain these options.

For those for whom telehealth is a preferred option, the MBS telehealth rules mandating annual face-to-face GP contact proved to be a burden for some. Flexibility is the key to ensuring this service is effective for all.

## **6. Improve health literacy and help consumers understand how the health system works**

Improved communication channels alongside improved health literacy helps our consumers, their carers and families to improve their understanding of how the various aspects of the health system works to manage their own health care.

The NAA supports the actions in the Plan in the section “Empower people to stay healthy and manage their own health care”.

### **NAA response to the Primary Health Care Plan**

Whilst the NAA supports much of the goals and objectives of the Primary Health Care 10 Year Plan 2022– 2032, it is worth noting that:

- The primary health care reform agenda as set out in the Plan has a large focus on GPs
- It is important that GPs recognise the symptoms of neurological conditions and get patients referred urgently for diagnosis and treatment (as set out, for example, in Brain Health: Time Matters in MS<sup>4</sup>), and improvements to GP education are needed to ensure no time is wasted in getting patients diagnosed and referred to specialists
- Specialists such as neurologists are vital to the ongoing care pathway, especially diagnosis, treatment and ongoing monitoring, though the amount of time they spend with each patient is often limited and does not always include overall health concerns such as diet, exercise, smoking, alcohol intake and mental health and wellbeing
- For many people living with a neurological or neuromuscular condition, following their initial referral to a specialist for diagnosis, the GP does not remain at the centre of their healthcare team; specialist nurses and allied health professionals are usually in the best position to coordinate ongoing care; this keeps the pressure off GPs
- Care plans need to be tailored to each patient’s needs – everyone experiences neurological and neuromuscular conditions differently and each person may experience a different range of symptoms and severity, which must be taken into account when managing ongoing care
- There are few, if any, clinical care pathways for neurological and neuromuscular conditions in Australia that include elements such as

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<sup>4</sup> <https://www.msbrainhealth.org/recommendations/brain-health-report/>

medications, screening, monitoring, managing adverse events, patient education and preventative measures; the *Stream 3: Integrated care, locally delivered* section of the Plan, states that “over time, PHNs and LHNs should be required to develop joint regional plans and collaborative commissioning approaches for [amongst other things]:

- Complex chronic condition pathways, including value-based care and hospital avoidance and outreach approaches”. The NAA urges this work to be brought forward, establishing these pathways as a priority, perhaps building on the clinical guidelines and models of care work undertaken by the NSW Agency for Clinical Innovation<sup>5</sup>.

## Strengthening Medicare Taskforce Report

To ensure Australia’s primary care system can meet the current and future challenges and reflect the new models of care of the 21st century, the Government brought together a group of health leaders to form the Strengthening Medicare Taskforce. They were charged with identifying the most pressing investments needed in primary care, building on the direction outlined in Australia’s Primary Health Care 10 Year Plan 2022–2032 (the 10 Year Plan).

The Taskforce’s purpose was to focus on what can be done **immediately** to strengthen Medicare, backed by the \$750 million Strengthening Medicare Fund, and to lay the foundations for longer-term reform and investment in the primary care system.

The Taskforce’s Report was published on 3 February 2023<sup>6</sup>.

It contains four key areas of recommendations:

- Increasing access to primary care
- Encouraging multidisciplinary team-based care
- Modernising primary care
- Supporting change management and cultural change

The focus of this Report and in media reports since the Report was published are on improving patient access to GP services<sup>7</sup> with an emphasis on increasing payments to GPs.

The NAA agrees that this focus is important to overall primary health care reform though it is not clear if increasing the Medicare rebate will make access to GPs more affordable for consumers.

As stated earlier, for people living with neurological and neuromuscular conditions, multidisciplinary care teams may be better led by nursing or allied health professionals. This in turn will ease the pressure on GPs.

<sup>5</sup> <https://aci.health.nsw.gov.au/about/about-us>

<sup>6</sup> <https://www.health.gov.au/resources/publications/strengthening-medicare-taskforce-report?language=en>

<sup>7</sup> [https://theconversation.com/amp/6-reasons-why-its-so-hard-to-see-a-gp-199284?fbclid=IwAR2heDJ3yrSi9yiL7KrzvIvkZMi3C\\_4uOJv7GVqvCRa5HWVs6D3sJZQMNM0](https://theconversation.com/amp/6-reasons-why-its-so-hard-to-see-a-gp-199284?fbclid=IwAR2heDJ3yrSi9yiL7KrzvIvkZMi3C_4uOJv7GVqvCRa5HWVs6D3sJZQMNM0)

## **Cost of living pressures and impact on health**

Many Australians are currently experiencing a cost-of-living crisis which impacts on their ability to access primary health care. This is of particular concern for people living in vulnerable communities such as those in regional and remote locations, people from culturally and linguistically diverse backgrounds and first nation communities.

Recent media reports indicate many people facing the choice between buying essential food, paying energy bills and accessing healthcare<sup>8</sup>.

The NAA want consumers to be at the centre of any reforms and implementing primary health care reforms must also address the broader cost-of-living pressures currently experienced by most healthcare consumers.

## **Conclusion**

The NAA is looking forward to action following from the publication of the Report and the funding of improvements to the primary health care system through the May 2023 Federal Budget.

For more information about this position statement and the work of the Neurological Alliance Australia please visit: <https://neurologicalalliance.org.au/>

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<sup>8</sup><https://www.9news.com.au/national/cost-of-living-crisis-groceries-medication-mortgages-inflation-interest-rates/e76444ce-3246-4b71-a80e-ba0387fc1075>