



Submission to the Consultation Survey on the Primary Health Care 10 Year Plan

Submitted by: Hepatitis Australia Inc.

Hepatitis Australia, incorporated in 1997, is the peak community organisation to progress national action on issues of importance to people affected by hepatitis B and hepatitis C. Our mission is to provide leadership and advocacy on viral hepatitis and support partnerships for action to ensure the needs of Australians affected by, or at risk of viral hepatitis, are met. Our members consist of the eight state and territory hepatitis organisations. Our vision is to see an end to viral hepatitis in Australia.

Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform

Hepatitis Australia has significant concerns that the introduction of a VPR system will create unintended consequences by reducing patient choice and further complicating availability and access to care. The existing primary health care system is *already* not functioning well for people who are marginalised - their access, care and ultimately health outcomes are sub optimal.

If some Medicare rebates become dependent on a person voluntarily registering with one general practice, and / or require them to have a continued relationship with a single GP, the VPR system will exacerbate health inequities. These inequities could manifest in further structural stigmas; disincentives for GPs to work with marginalised communities; and additional and prohibitive cost, time and access hurdles.

This is particularly concerning for conditions that are already stigmatised within the health system such as viral hepatitis. For example, hepatitis B treatment uptake is well below national targets and only a fraction of GP's have become qualified to provide hepatitis B treatment. It is critical that there is availability and choice of primary care provider so that people can undertake hepatitis testing, treatment and care even if that differs to the GP from which they receive other care; or is the only condition for which they seek primary care.

Australia's 10 Year Primary Care Plan should contain specific strategies to incentivise GPs to provide care to marginalised communities. Ultimately, for a VPR system to be successful it must meet the criteria of fostering patient equity, improving access, reducing cost, and increase the quality and safety of care for *all* Australians.

Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care

Peer and non-traditional workforces involved in primary care should be explicitly included in Australia's Primary Health Care 10 Year Plan.

A lesson learnt from the COVID-19 pandemic, and a central tenet of Australia's communicable disease responses, is centring and mobilising affected communities including the peer workforce. We strongly support the inclusion of an additional action relevant to recognising, identifying and supporting the broader non-traditional and emerging workforces involved in primary health care including the peer workforce. This is consistent with a recommendation from the Primary Health Reform Steering Groups September 2021 report *Recommendations on the Australian Government's Primary Health Care 10 Year Plan*. This recommendation has unfortunately not been picked up in this consultation draft to the Primary Health 10 Year Care Plan, and therefore the document is silent on the critical role of the health assistance workforce and peers.

Please provide your response to the listed actions under reform stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes

Hepatitis Australia welcome's the Plan's focus on person-centred health and people at risk of poorer outcomes; however, we note that this could be strengthened with explicit strategies

on anti -racism, -stigma and -discrimination within the primary health care system and workforces.

Please provide your response to the listed actions under reform stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership

Hepatitis Australia suggests that health focused peak bodies are key partners in cross-sectoral leadership, and should therefore be listed within the first dot point identifying the key stakeholders with whom communication on the 10 Year Primary Health Care plan should occur.

Please provide any additional comments you have on the draft plan

“Communicable disease” is a major gap that should be more broadly and explicitly included in Australia’s Primary Health Care 10 Year Plan.

Within the consultation draft, communicable disease appears only within the context of emergency preparedness, response and outbreaks. While this is critical and welcome, all communicable diseases in Australia (except for the current time-limited COVID-19 emergency provisions, which will eventually end) are not dealt with within an emergency response context or with emergency powers (e.g. stay at home orders to prevent communicable disease transmission). A key illustration of this is for blood borne viruses and sexually transmitted infections where primary care, including that which is community led, has a fundamental role in Australia’s communicable disease national response providing prevention, screening, testing, immunisation, diagnosis, treatment, management, monitoring and care. We strongly urge increased coverage of “communicable disease” within the plan.

It is important that sufficient communicable disease specific expertise is represented in national primary health care policy and across the health reform agenda.

We note that, from our reading of the membership of the Primary Health Reform Steering Group, there may not be sufficient representation from a communicable disease perspective. Hepatitis Australia and our colleague BBV and STI peak bodies stand ready to provide assistance and advice.

As a collective of peaks, we engaged in similar representations on the need for explicit inclusion of “communicable diseases” (that are not vaccine preventable) in the development of the National Preventive Health Strategy. We highlight this because, while COVID-19 is the current primary communicable disease focus of governments, strong responses to all communicable diseases (endemic and emergent) are a core function of the Australian health system.

The critical role of primary care in Australia’s responses to communicable diseases is enshrined in the five national blood borne virus (BBV) and sexually transmissible infections (STI) strategies, which are national policy endorsed by all Australian Health Ministers. Hepatitis Australia is a member of the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) that has stewardship of these Strategies and is a key advisory body reporting to the Australian Health Ministers’ Advisory Council (AHMAC). We reiterate the need for Australia’s Primary Health Care 10 Year Plan to sufficiently include communicable disease so that its role in implementing related national health policy can be realised.

A strong Primary Health Care system will be central in achieving viral hepatitis elimination

We appreciate that while the Discussion Paper provides some examples of diseases (e.g. diabetes) it is not seeking to be disease specific, and is focussed on reforming primary health care systems and funding. Such reforms have the potential to drive transformational change in the health of Australians, including making the elimination of viral hepatitis in Australia by 2030 possible. Hepatitis Australia welcomes ongoing opportunities to contribute to Primary Health Care reform including the development and implementation of Australia's 10 Year Primary Health Care Plan.