ACDHS Submission to the Primary Health Reform Steering Group draft recommendations (July 2021) **against** the October 2021 Consultation Draft: *Future Focussed Primary Health Care: Australia's Primary Health Care 10 Year Plan 2022-2032*

ACDHS Submission to Primary Health Reform Steering Committee July 2021	October 2021 Consultation Draft Section & Page Ref	Secretariat Comment
High level points		
1. Supports **Voluntary Patient Record** (VPR) but notes potential risk in that not all people can or will participate.	VPR is at the core of the Plan and platform for reforming funding for services. Foundations for Reform: pg. 12 – states VPR will be on a voluntary basis only, but MBS telehealth contingent on the patient registered with practice from 1 July 2023. Stream 1 Action Area A: pg. 23 – Medium term action is to ensure digital inclusion practices are embedded into Primary Health Care and communication Stream 2 Action Area D: pg. 31 MBS telehealth and VPR to be calibrated for rural and remote health contexts	No further comment
2. Recommends Plan should be grounded in Social Determinants of health framework	Introduction: pg. 4 – Plan explicitly states that it focusses mostly on arrangements for **primary care services** but considers them in the broader context of the WHO definition of primary health care.	As the plan addresses Primary Care Services in the main, it should be renamed to align with this, and this terminology used consistently throughout the document unless explicitly referring to broader Primary Health Care.
3. Plan would benefit from articulating explicit connections with recommendations of other Strategies & Plans	Annex B: pg. 43 – contains a summary of related plans, strategies and frameworks and a diagram that sets out the relationship between the national health plan, Primary Health Care Plan, and others.	No conceptual/logic model provided that demonstrates how the various tiers of plans work together to achieve heath goals. Limited reference to the Rural Health Commissioner and no links to their program of work. Imminent National Preventive Health Strategy not referenced.
4. Calls for recognition of intersectoral nature of primary health care and cross portfolio collaboration specifically with respect to higher education	See comments under point 2 above Stream 1 Action Area C: pg. 25 – Connection with educational institutions included in list of peak organisations to work with on	Cross-sectoral leadership Action Area underdone, as is Section 5. Implementation. Universities that educate the health workforce must be in the list of organisations that need to contribute to implementation and

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	the development of service provider resources about advances in health care technologies and precision medicine. Section 5: Implementation pg. 40 refers to DOH working with, among others, several Commonwealth agencies. However, the Department of Education, Skills and Employment is not included on this list.	Department of Education and Employment must be included in other Commonwealth Departments to be involved in implementation.
5. Plan would benefit from a framework of priorities for planning and delivering client focussed primary health care system	The Plan does not prioritise actions other than provide timeframes.	Recommend that actions under each Stream and Action Area be consolidated and listed as key priorities. Under each key priority short and medium-term outputs and outcomes should be identified as well as the longer term (7-10 years) outcome.
6. Need to facilitate interdisciplinary care	Stream 2: Action Area B: pg. 28-29 – seeks to boost Multidisciplinary (MD) based care through strategies that address: • Funding, • Service delivery models • Team based care indicators • Re-aligning education and training accreditation and compliance standards to reflect MD care.	Support the overall intent Funding reform needs to consider removal of financial barriers to the provision of student clinical placements in primary care.
7. A strong pipeline of qualified allied health professionals is a priority.	See point 8. below	The development of a data strategy on allied health workforce and a National Allied Health Workforce Plan should address availability and distribution of appropriately qualified health workers.

National Workforce Plans and strategies		
8. Need to address workforce planning holistically including: • Roles, responsibilities, skills, and capabilities needed across the system • Proper funding for workforce planning	**Stream 1 Action Area B: pg. 24 –** 1-3 years: develop data strategy on allied health workforce and funding models including progressing AIHW PHC Data Asset project to cover allied health primary care minimum data set and pilot data collection from AH practices. 4-6 years: Further develop data strategy on allied health workforce and funding models Building on the AIHW data asset project, scale up data collection from allied health practices. **Stream 2 Action Area B: pg 31 Boost Multidisciplinary team-based care** Specifically states that Develop a National Allied Health Workforce Plan to optimise the allied health workforce and support the provision of high value care across health, aged and disability settings. Short term actions all support allied health in terms of funding through MBS Team Care Arrangements and the PIP -WIP. Consolidating promising models of multidisciplinary care	General point: Actions would benefit from identifying a lead agency/organisation to ensure these outputs are delivered. Also general lack of ambition in the timeframes given the work currently underway to resolve these issues. Recommend that in the medium term DOH should be moving to full implementation of the data strategy. ACDHS should be involved in the development of **data strategy** including development of an agreed minimum core set of indicators. Commend the inclusion of the development of and **National Allied Health Workforce** Plan. This would be informed by the data strategy on workforce under Stream 1. Must also include action to ensure sustainability of the healthcare academic workforce. Note that University based education is the main source of allied health professionals. Gaps and likely future shortfalls in availability of Clinical placements and funding will also need addressing.

Workforce education, training, and development opportunities		
9. Requires specific actions to deliver greater clinical placement activity for allied health via health service partnerships with higher education	Stream 2 Action Area D: pg. 31 – Short term – evaluate innovative workforce trials established under the Stronger Rural Health Strategy Medium term – scaled up allied health student placements in regional, rural, and remote areas where appropriate and considering context.	Strongly endorse the need to build on existing innovation in the area of allied health workforce, including in **mechanisms to increase student clinical training through placements in rural and remote areas**. Other settings where removal of barriers to clinical placements would address the known allied health workforce gaps are in Aged Care and Disability.
10. Opportunity for workforce planners to address career pathways including health educators, interprofessional learning.	Not specifically addressed	Included under Workforce Plan
11. PIP Workforce Payment for medical student should be expanded to include allied health practices	Not specifically addressed	See point above - Funding reform needs to consider removal of financial barriers to the provision of primary care clinical placements for students in allied health disciplines.