Allied Health Professions Australia

Response to Future focused primary health care: Australia's Primary Health Care 10 Year Plan 2022-2032 Consultation Draft

November 2021

This submission has been developed in consultation with AHPA's allied health association members.

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About AHPA and the allied health sector

AHPA is the recognised national peak association representing Australia's allied health professions. AHPA's membership collectively represents some 140,000 allied health professionals and AHPA works on behalf of all Australian allied health practitioners, including the largest rural and remote allied health workforce numbering some 14,000 professionals. AHPA is the only organisation with representation across all disciplines and settings.

Introduction

AHPA and its members welcomed the representation of allied health on the Primary Health Reform Steering Group for the Primary Health Care 10 Year Plan. Allied health professionals have a passion for genuinely innovative solutions which aim to achieve equitable health access and outcomes for all Australians. We place a particular emphasis on the value that allied health practices bring to prevention and early intervention in primary care.

We therefore viewed our engagement with the Steering Group and collaboration with the associated consultation process as a great opportunity to shape Australia's future primary health care system. Our representatives and individual peak bodies invested hundreds of hours and considerable resources in responding to the various iterations of the Steering Group's recommendations which culminated in the September 2021 Recommendations ('Steering Group Recommendations').

On balance, AHPA welcomed the Steering Group Recommendations as appropriately informed by an understanding and appreciation of the key role of allied health in a future-facing Australian primary health system. We were particularly excited by the recommendations for concrete and specific actions with associated time frames and benchmarks. They gave us a sense that implementation of the Plan would finally begin to address the barriers and deficits in health policy and practice that prevent the full utilisation of our professionals in promoting people's wellbeing and keeping them healthy, regardless of postcode or status.

We also understood that the Steering Group Recommendations, produced as they were by a select group of independent experts established by the Minister, would be at the centre of the Department's consideration in drafting the Plan.

It is therefore somewhat of an understatement to describe AHPA as dismayed and frustrated upon reading the Primary Health Care 10 Year Plan 2022–2032 Consultation Draft ('Consultation Draft'). At least in relation to allied health, the Consultation Draft bears little resemblance to the Steering Group Recommendations, and therefore fails to adequately address the objectives of the plan.

The Plan itself does not simply fail to be ground-breaking – it squanders a rare opportunity to begin to make Australian primary health care into a truly world class system.

We provide our feedback to the Department in the hope that our concerns will be seriously considered. However, should there not be substantial changes made to better reflect the Steering Group Recommendations, AHPA and its members will be unable to support the Plan.

Appended to this short submission is a set of Tables which compare the two documents in some detail. This was a difficult exercise, as the documents differ significantly in structure, and accordingly have been assessed according to key themes. We make high-level comments below

about deficiencies in the Consultation Draft and refer the Department to the Tables for elaboration.

We have also taken the liberty, knowing the time pressures facing the staff finalising this document, to present our proposed amended Plan for your convenience. This consists of a pdf version which highlights our amendments, and a word version with tracked changes.

Comments

Overall

A small number of actions in the Consultation Draft clearly reflect the Steering Group Recommendations. A few other actions appear to echo the Steering Group Recommendations but are thinner on detail or propose a longer timeframe for implementation.

Overall, the Consultation Draft simply lacks many of the actions proposed in the Steering Group Recommendations.

Models of care, integration and governance

The Steering Group Recommendations encompass a range of short-term targets, including supporting and funding allied health professionals not only to participate in GP and non-GP medical specialist-led case conferences, but also in allied health -initiated and -led multi-disciplinary case conferences. The Steering Group also proposes mapping existing allied health service relationships with PHNs, ACCHs and LHNs, to ensure that existing and required relationships are analysed and gaps identified.

In comparison, the Consultation Draft is almost entirely medico-centric. The one exception is a reference to the development of Rural Area Community Controlled Health Services which is slightly elaborated upon elsewhere (see 'Access and equity' below).

A short-term action, 'Reward allied health participation in MBS team care arrangements' is, as noted in the Consultation Draft, currently under way. A 10 Year Plan, by definition, looks to the future, not to developments that have already been announced. The Steering Group recommended implementation of all the recommendations from the MBS Review Taskforce related to allied health services, including mental health. MBS case conferencing is just one aspect.

The notion of 'rewarding' allied health, which has long led the way in interdisciplinary collaboration and has been begging for fair remuneration for providers' work for almost 20 years, is also frankly insulting to our members.

Funding reform

The almost complete absence of actions in the Consultation Draft is striking. In comparison, the Steering Group Recommendations include, within 12 months, ensuring that modelling innovative equitably funded models for allied health has begun, establishing an allied health funding reform committee to oversee the funding reform process, and ensuring that bridging funding is allocated and funding models developed. Medium and long-term recommendations include innovative and diverse funding arrangements tailored to achieve equity in providing value-based care.

Access and equity

Statements in the Consultation Draft are mostly vague and lack detail. Action areas 'Improve access to appropriate care for people at risk of poorer health outcomes' and 'Empower people to stay healthy and manage their own health care' do not even refer to allied health.

AHPA supports the proposed establishment of rural area, community-controlled health organisations, but we note that (as also in the Steering Group Recommendations) this is limited to Modified Monash 4-7 regions rather than also including the potential application of this model in regional/metro areas.

Although the Consultation Draft refers to the Stronger Rural Health strategy as including expansion of the Allied Health Rural Generalist Pathway to support more allied health professionals to train in rural and remote Australia, proposed actions only refer to the Rural Generalist Pathway, which focuses on the medical and nursing workforces. In contrast, the Steering Group Recommendations go into some detail, including addressing funding models, and expressly refer to allied health.

We also note that actions under the Steering Group Recommendations are to take place within 12 months, while the Consultation Draft proposes to embed successful models within 4–6 years.

Prevention and early intervention

The Steering Group recommended funding and evaluating a series of 10-15 vanguard initiatives featuring joint governance, planning, funds sharing and/or pooling and collaborative commissioning. These initiatives would include allied health professions in accordance with community need and have the aim of enabling equity across rural and remote communities, with a particular focus on improving continuity of care and health outcomes for Aboriginal and Torres Strait Islander people.

In comparison to the Steering Group Recommendations, actions are conspicuously absent from the Consultation Draft, which also does not specifically mention allied health. The Consultation Draft also fails to provide detail on the Plan's stated alignment with the National Preventive Health Strategy. This is a major concern as the Preventive Health Strategy specifically stated that early intervention to prevent the development of chronic disease would be addressed in the Primary Care 10 Year Plan.

Workforce

The Consultation Draft proposes to develop a 'data strategy on allied health workforce and funding models' and to further develop this in the medium term (4–6 years). We assume that this refers to the gap analysis funded for $0.7 million in the 2021-22 Federal Budget, but there is no detail provided on actions or benchmarked outcomes.

We welcome the Consultation Draft proposal to 'scale up allied health student placements in regional, rural and remote areas, where appropriate and considering local context', but this lacks specifics, including most importantly, how the initiative will be funded.

In contrast, the Steering Group Recommendations cover a range of workforce issues and link them to goals and stages. For example, it is recommended that within 12 months, rural generalist models draw on the work of the National Rural Health Commissioner and incorporate development of generalist allied health models, including appropriate funding for training, along

with acknowledging that training costs in rural and remote locations are greater than in urban areas.

Other key necessary strategies include ensuring within 12 months that there are regulatory frameworks for all primary health care workforces, including the allied health assistant workforce, and the setting of strong clinical governance targets for allied health in primary health care over the medium and long term.

AHPA is pleased that both documents propose development of a National Allied Health Workforce Plan or Strategy to optimise the allied health workforce and support the provision of high value care across health, aged and disability settings. However, the Consultation Draft timeline for development (4-6 years) is slower than that of the Steering Group Recommendations (12 months, with implementation and ongoing evaluation under way within five years), and in our view the pressing workforce issues cannot wait for several more years.

Digital health care and improved multidisciplinary communication

The Steering Group Recommendations outline a raft of actions, including an immediate commitment to resourcing allied health practices to have consistent digital health capacity/solutions to capture data effectively and seamlessly. Benchmarks include 50% of allied health to be networked within 12 months, and 100% within 3 years.

The Consultation Draft simply proposes to 'Work with allied health software vendors and providers to develop secure messaging and software infrastructure to support allied health interaction with general practice and My Health Record, improve the interoperability of secure messaging ecosystems and support allied health practices to utilise secure messaging.' Unlike the Steering Group Recommendations, there is no delineation of specific strategy or reference to financial subsidisation.

The remaining Consultation Draft references to digital integration are medico-centric and do not mention allied health.

Data

Short-term actions (1–3 years) in the Consultation Draft refer to 'progressing the AIHW Primary Health Care Data Asset project to cover development of an allied health primary care minimum dataset, pilot data collection from allied health practices'. This project has already commenced, and the Consultation Draft refers in only vague terms to 'evaluations of regional initiatives across a range of areas', including allied health, that 'will inform the refinement and potential scaling up of those initiatives in the future.'

In contrast, the Steering Group recommends, within 12 months, identification of an allied health primary health care minimum dataset and data collection methodology and requirements. Post-scoping, further investment would be allocated in the 2022 Budget.

While the Consultation Draft's 'Building on the AIHW data asset project, scale up data collection from allied health practices' is positive, we note that this is anticipated to take 4–6 years. This basic integration of allied health data into the rest of the primary health system cannot wait this long.

The Steering Group Recommendations also set up, within 12 months, identification of allied health data sets which capture intervention and patient outcomes data, to inform and support

evidence-based practice. This enables an allied health research agenda and strategy to be built upon within 3 years, and this in turn to be used to strengthen preventative health initiatives over the long term.

Research and evaluation

The Consultation Draft makes no specific reference to any form of allied health research and evaluation. The Steering Group Recommendations propose the establishment within 12 months of an Allied Health Program be established within the Australian National Institute for Primary Health Care Research Translation and Innovation, an allied health practice-based research network, and representation of allied health in a reinstated national governance framework.

It is further recommended that within 3 years, practice-based research networks be supported to reduce fragmentation and improve collaboration across sectors, including introduction of clinician academic positions for allied health professions in line with medical professions. A benchmark of at least five research partnerships involving allied health is also recommended.

Other

The Consultation Draft proposes considering, over 1-3 years, continuing MBS telehealth for allied health; whereas the Steering Group recommends that within 12 months allied health telehealth items be extended and made permanent.

With regard to emergency preparedness and response, the Steering Group Recommendations propose that within 3 years, a national disaster and emergency response plan that outlines key allied health and care roles needed by the community should be developed in conjunction with the allied health sector. Over the long term, the Steering Group recommends maintaining or improving consistent access to allied health services required by older people, people with chronic and complex conditions and people with disability.

The Consultation Draft focuses on Primary Health Networks and only refers to allied health in relation to PPE.