

In March 2005, General Practice Division Victoria (GPDV) produces its Policy Issues Paper No 22: *The Need for a National Primary Health Policy* (available from www.gpdv.com.au/policy/) and called for comments. Below is Health Issues Centre's response.

Health Issues Centre wish to thank General Practice Division Victoria (GPDV) for requesting our comments on the Division's Policy Issues Paper No 22: *The need for a National Primary Health Policy*. Briefly, they are as follows.

1. Health Issues Centre congratulates GPDV for an excellent paper which reflects well the main problems with the current model of primary care, and the issues that primary health care workforce faces in Australia. It presents a very cogent argument for change.

2. Health Issues Centre agrees that the current model of primary care is unsustainable and supports GPDV in their call for a national policy.

3. Health Issues Centre would however argue that the issues addressed in the paper should be seen in the context of the need for a wider national reform agenda (as being pursued by the National Health Care Reform Alliance). This is advocating for radical changes to address the ridiculous partitioning of responsibility and funding of the current system, and to create a more equitable and consumer-oriented system. Changes to the primary health care system are central to National Health Care Reform Alliance's proposed changes, many along the lines suggested in the GPDV paper. However, Health Issues Centre would agree that changes to the primary health care system, in isolation from the rest of the system, would create only a fraction of the change needed.

4. Health Issues Centre was surprised (no, shocked) to learn about the low levels of referral (horizontal continuity) that general practice have to allied health services. It illustrates in a very fundamental way the unacceptable fragmentation of the current primary health system. It suggests that general practice is currently too isolated from the variety of other health practitioners that consumers regularly choose to provide them with care. Health Issues Centre agrees with GPDV that a better integrated model of primary health care would be needed if sustainable and accessible health services are to be achieved for all Australians.

5. Health Issues Centre agrees that the role of general practitioners as coordinators and gate keepers is not well recognised, and argues that this is an extremely important fact for consumers and carers facing difficulties in accessing primary health services in Australia. More research is needed in this area, from the perspective and experience of consumers and carers, to inform a national primary health care policy.

6. Health Issues Centre notices the absence of mention of consumer and carer participation in the paper, and argues that community participation should be an important driver and pillar of a national primary health policy, its development, implementation, and evaluation.

7. Health Issues Centre would agree that a new structure should be a comprehensive model, as discussed. However it does not agree with the paper in its position regarding the role of general practice in Community Health Centres. Health Issues Centre argues that a better integrated and pooled funding model of primary health services should see general practitioners integrated into interdisciplinary teams operating at Community Health Centres, as well as general practices. Indeed, it is Community Health Services in the last 30 years, not generally general practices, that have led the use of interdisciplinary approaches to health care, to the considerable benefit of their communities.

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