

SUBMISSION TO THE SENATE SELECT COMMITTEE ON HEALTH

DATE: 19th September 2014

From: **CONSUMER REFERENCE GROUP (CRG) OF THE BLUE MOUNTAINS GP NETWORK**

The members of this Consumer Reference Group represent health consumers residing in the Blue Mountains of NSW who have chronic health conditions. They represent large consumer networks from Diabetes, Arthritis, Cancer support, Dystonia, COPD etc. Some of the members are also health consumers contributing to the Joint Nepean Blue Mountains Medicare Local and Nepean Blue Mountains Local Health District consumer engagement and participation program contributing to the design and implementation of health programs, research and membership of various committees.

We are using the Terms of Reference for the Select committee on health to outline the health issues we are concerned about and will enclose a copy of a letter we sent to our local Member stating our concerns at the recent and proposed changes to Primary Health Care.

- a. **the impact of reduced Commonwealth funding for hospital and other health services provided by state and territory governments, in particular, the impact on elective surgery and emergency department waiting times, hospital bed numbers, other hospital related care and cost shifting;**

The recent cut in funding to the Nepean Blue Mountains Medicare Local for the continuation of the Consumer engagement and participation program has dramatically reduced the opportunity for consumers to contribute in a real way to the provision of health programs in our local area. The changes being made to wind up Medicare Locals as Primary Health organisations and replace them with much larger Primary Health Networks (PHNs) as outlined in the Horvath report will cause delays in health program delivery and consumer engagement activity over the next two years. This delay will not save money as stated but will mean that consumers will not be able to access health services in an appropriate manner which could lead them to more than usual admissions to hospital in order to manage their chronic conditions. We the health consumers will lose on the health program gains that have been made locally under the Medicare Local organisation as the transition to the new PHN organisation when it is formed and because of its proposed size will slow down the resourcing and funding to implement these programs.

The joint consumer engagement and participation program conducted by consumers for this area has identified that there is much work still to be done to engage with and support participation of key vulnerable groups in our area such as those who are on low incomes (there are pockets of these populations in each of the four LGAs), Aboriginal and Torres Strait Islander populations, Aged care, Youth where specialised services are required to meet their health needs including mental health and social indicators being addressed such as employment difficulties and homelessness. Without resources and funding these groups are unable to be connected with and they are not able to contribute to develop what is needed to reduce their health inequity.

- b. **the impact of additional costs on access to affordable healthcare and the sustainability of Medicare;**

The Nepean Blue Mountains Medicare Local and the CRG members participated in a community consultation process in the local government areas of Lithgow, Nepean, Hawkesbury & Blue Mountains where 500 consumers outlined what their health needs were and access to health services was a key issue and it was linked strongly to the cost of the health services and the cost and

availability of transport to access the services. People who live in Katoomba and have to travel to access health services in Penrith told us they cannot afford the costs to make such a long journey and that inability to pay includes the cost of the subsidised community transport scheme so they just do not attend these appointments. If consumers are asked to contribute to a co-payment as an extra cost they will have a further disincentive to attend the Doctor/Specialist Allied Health professional for treatment.

c. **the impact of reduced Commonwealth funding for health promotion, prevention and early intervention**

In 2012 the CRG consumer members applied for funding and became the Steering Committee for implementing the "Moving On" Self-Management program for people living with a chronic condition in our local area. From 2012 until 2014 programs were conducted with local consumers, Aboriginal people and those from the CALD population. The evaluation outlined how valuable this sort of program was in preventing people being admitted to hospital as they were more informed about how to manage their health and their chronic conditions. There is no funding now to continue these programs and less chance of funding in the future under the proposed large PHN organisation who are supposed to commission services and not provide them locally. Prevention acts across the whole continuum of care and preventing a chronic condition from getting worse is just as important as health promotion for people to stop smoking.

The recent community needs assessment conducted by the Nepean Blue Mountains Medicare Local which included consumer input outlined that prevention and health promotion were required for the following priorities in our area. Obesity, Mental Health, Low rates of cervical screening for cancer, low immunisation rates in some areas, medicine management especially in aged care and those with chronic conditions were identified as key health issues to be addressed.

d. **the interaction between elements of the health system, including between aged care and health care;**

The CRG consumer members who represent large networks of health consumers most who are older request that they want to be able to choose whether they are at the centre of their care working with their health team to make appropriate decisions regarding the management of their conditions. They need their health journey to be joined up which means Primary Health Care working with Local Health Districts to collaborate and work together for integrated, connected care and clear pathways of referral and communication created for the patient's health whether it is at home, in the community or in hospital. Joined up care must be multidisciplinary when it is required and the GP must remain the key clinician for consumers.

e. **improvements in the provision of health services, including Indigenous health and rural health;**

Please refer to answer in a. above. The four local government areas this consumer program covers many different profiles but in two areas, Lithgow and Hawkesbury we have consumers who are living in areas remote/rural from health services. One example is the people living in Glen Davis and Glen Alice villages in the Lithgow LGA who are 90 minutes travel from the Lithgow Hospital.

f. **the better integration and coordination of Medicare services, including access to general practice, specialist medical practitioners, pharmaceuticals, optometry, diagnostic, dental and allied health services;**

Consumers are telling us that there are many difficulties with the co-ordination of services in relation to waiting lists because of workforce shortages where they have to wait a long time for an appointment to see a health professional. Many pensioner consumers cannot afford to pay the gap for specialist services so just do not attend and get the care required. Then as explained earlier in this document the cost of accessing these services is too high so they do not go.

Consumers are not given adequate information about the extra costs that will be involved if they choose to use their private health insurance if they have it and not wait on the public hospital waiting list for surgery. The out of pocket expenses for people with multiple health conditions is large and quite often cannot be met or large debts are incurred.

Consumers are confused about the range of costs they can be charged and also about what Medicare covers and more of them are reporting they are being prescribed medicines and treatments that are not covered by the Pharmaceutical safety net and Medicare.

g. health workforce planning; and

Please refer to answer in f. above. Consumers say that health workforce planning has to be multidisciplinary so all the care they need is available.

h. any related matters.

- Consumers say that the largest loss that will occur because of the change from a Medicare Local Primary Health Care organisation to a Primary Health Network will **be the loss of the local health consumer's connections with their local health system** which they have now. The Primary Health Network will cover a large geographic area and not be as accessible to listening to the local consumer voice that can identify, gaps in services, how local services could be improved etc. This will increase the cost to the health service across both the primary health care and acute care continuums of care.
- Consumers are feeling anxious about the proposed boundary changes for PHNs that will mean they are **physically further from the delivery of some health services and that access to health services will be even more difficult than it is now**. This anxiety also covers the cost increase as outlined in the above responses because travel and transport could be further.
- Consumers are concerned about the **waste of precious health dollars caused by the delay in transitioning from one primary health organisation to another one the PHN**. They want to see more efficient use of health dollars with some thought being given to ensuring that the health programs, funds and resources are delivered with the Commonwealth Government of Australia and NSW State Government coming to agreement on how that can best be done.
- Health consumers from across the whole area have identified a need to ensure that there is further co-ordination developed to **manage the access difficulties that they experience in being able to physically get to and receive adequate health assessment and treatment during natural disasters such as floods in the Hawkesbury and Bush Fires in the Blue Mountains etc.**

Signed.....

Diana Aspinall = Acting Chair Consumer Reference Group Blue Mountains GP Network