

Chapter 1

Introduction

1.1 On 25 June 2014, the Senate established the Senate Select Committee on Health.¹ The final reporting date for the committee is 20 June 2016. The committee's resolution allows the committee to make interim reports such as this one.

Public hearings

1.2 The committee has completed 34 public hearings to date (a full list of hearings is at Appendix 1).

1.3 Through its extensive program of public hearings, the committee has taken evidence from many health experts, practitioners, consumers and communities. The public hearing program has also enabled the committee to engage the wider Australian community, including those in rural and regional areas which may not normally be able to directly engage with a Senate Committee.

1.4 As part of its program of hearings, the committee conducted a week-long series of hearings and site visits in northern Australia between 27 April and 1 May 2015 visiting:

- Darwin (NT)
- Halls Creek (WA)
- Kununurra (WA)
- Katherine (NT)
- Galiwin'ku, Elcho Island (NT)
- Mount Isa (QLD)
- Cloncurry (QLD)

1.5 The hearing and visits program allowed the committee to focus on Indigenous health issues, as well as access to primary healthcare in rural and remote communities. The evidence received by the committee has contributed to this second interim report. Later in 2015 the committee will address in detail the issues raised in relation to Indigenous health in a separate, third interim report.

Submissions

1.6 The committee has received 149 submissions since the beginning of its inquiry (a full list of submissions is at Appendix 2).²

1 *Journals of the Senate*, 25 June 2014, pp 996–998.

2 The submissions received by the committee can be accessed via the committee's website: www.aph.gov.au/Parliamentary_Business/Committees/Senate/Health/Health/Submissions.

1.7 While the committee is still accepting general submissions, it is the committee's intention to seek submissions on specific topics as the need arises over the course of the inquiry.

1.8 Additional information, tabled documents, correspondence and answers to questions on notice received by the committee to date are listed at Appendix 3.

Health Select Committee's first interim report

1.9 The committee's first interim report was tabled on 2 December 2014.³ That report detailed the committee's findings and conclusions to date, focussing on issues raised during the committee's hearings and through submissions. Key areas of focus for the committee in its first report were:

- the government's proposed patient co-payments, cuts to hospital funding and the abolition of Australian National Preventative Health Agency;
- the government's plan to close the 61 Medicare Locals and replace them with 30 Primary Health Networks; and
- the merger of the Organ and Tissue Authority and the National Blood Authority.

Structure of this report

1.10 This interim report is the second of a series with which the committee proposes to report on its findings and conclusions to date. The committee's terms of reference are wide-ranging and it is the committee's intention to explore various issues in depth over the course of its inquiry. This second report will outline the evidence received to date regarding the government's primary healthcare and general practice policies, and in particular the report will be a record of the government's frequent changes of policy since the 2014 Budget. Following this introductory chapter the report is divided into four subsequent chapters:

- the vital importance of general practice and primary healthcare and the threat posed by the government's numerous policy changes since the 2014 Budget (Chapter 2);
- the responses of GPs and the primary healthcare sector to the government's various primary care policies (Chapter 3);
- an examination of the 2015-16 Budget's health measures and commentary from stakeholders (Chapter 4); and
- Related issues which have been raised in the committee's public hearings (Chapter 5).

1.11 The committee notes that Government Senators will table a dissenting report at a later date.

1.12 Given the fluid and uncertain nature of the government's current policy priorities for primary healthcare and general practice, the committee has decided not make recommendations as part of this interim report. Committee observations are

3 *Journals of the Senate*, 2 December 2014, p. 1948.

provided throughout the report, however the committee reserves its recommendations at this stage.

Future inquiries

1.13 The committee's terms of reference are broad and encompass many aspects of the Australian healthcare system. While the evidence heard by the committee to date has primarily focused on the effect of the government's disorganised primary health policy development, the committee has also been able to examine other major areas in healthcare. These have included:

- issues in Indigenous healthcare and funding;
- hospital funding – in particular the effect of the decision in the 2014 Budget to cut \$57 billion from hospital funding;
- the closure of Medicare Locals and the transition to Primary Health Networks; and
- mental health and frontline services.

1.14 The committee has also heard evidence about the economics of healthcare, including:

- the economic benefits of funding primary healthcare and preventative healthcare;
- Australian spending on healthcare as percentage of GDP in comparison to other countries;
- sustainability of government spending on health and Medicare; and
- alternative models for funding healthcare systems, including international comparisons with New Zealand, Canada, the United States and the United Kingdom.

1.15 The committee believes these are issues which need further scrutiny, particular as some – such as Indigenous healthcare and mental health – have been negatively impacted by the government's 2015 Budget. The committee will use its future interim reports to examine these issues in more detail.

1.16 During the second half of 2015 the committee will also conduct public hearings on a number of other relevant topics:

- Australia's response to the Ebola crisis;
- the proposed privatisation of Australian Hearing and the National Acoustics Laboratories; and
- the National Mental Health Commission's report into mental health services and the government's response.

Notes on references

1.17 References to submissions in this report are to individual submissions received by the committee and published on the committee's website. References to the committee Hansards are to the proof transcripts.⁴

Acknowledgements

1.18 The committee thanks the many organisations and individuals that made written submissions, and those who gave evidence at the public hearings to date.

1.19 The committee also thanks the city councils, health services, communities and community organisations who have hosted public hearings and site visits.

4 Committee Hansards can be accessed via the committee's website:
www.aph.gov.au/Parliamentary_Business/Committees/Senate/Health/Health/Public_Hearings.