

CONSUMER MEDICARE CHARTER

VISION

The establishment of a comprehensive integrated, accessible and affordable primary health care system, which will ensure that all community members will have access to vital primary health care services, regardless of their income, or where they live.

1 A NATIONAL HEALTH REFORM COUNCIL

An organisation comprised of Commonwealth, State Government and Consumer representatives which will be responsible for independently monitoring the effectiveness of the Australian Health Care System. It would collect useful data which will form the basis of reports to be made to the community and Parliaments throughout Australia relating to the effectiveness of Australian health services.

2 NATIONAL PRIMARY HEALTH POLICY

A key element of this would be the development of a national network of primary health care trusts. These trusts would be formed on the basis of particular population groups, and would comprise both government appointed and community elected board members. Membership would be drawn from the local hospital, local government, division of general practice and community health. Primary Care Trusts would be responsible for ensuring that accessibility to health care services was timely, of high quality and responsive to the needs of the populations they service. Primary Care Trusts would hold pooled state and federal government funds for health projects and programs related to that community.

3 BULK BILLING

Primary Care Trusts would work with the Commonwealth Government to ensure increased rates of bulk billing occurred. They would work with GPs and the Commonwealth Government to ensure that incentives for increasing bulk billing rates were applied appropriately and were achieved over a designated period of time. All new funds from State and Commonwealth Governments for primary health care would be controlled by Primary Care Trusts. Primary Care Trusts would work through existing GP practices and health care agencies to achieve these goals. Existing agencies would continue with existing funds.

4 GP DISTRIBUTION

As part of the national primary health care reform it is proposed that GPs be licensed to practice in specific areas, and that these licensing arrangements be monitored by the local Primary Care Trust. Quotas specifying the number of GPs permitted to practice in each community would be set and monitored by Primary Care Trusts.

This Charter has been developed by the National Coalition of Health Consumer Groups. Please sign and return to:

***283 Church Street Richmond 3121
Fax 9429 8536***

We the undersigned endorse the Consumer Medicare Charter and in doing so call on the state and federal governments to reform the current system of primary care to make it more responsive to consumer needs.

5 MORE HEALTHCARE PROFESSIONALS

Many more university places must be allocated for training of Health Care Professionals. Australia is facing a crisis in availability of a professional health care workforce. This has been widely known for many years and has not been addressed.

6 INTEGRATED PRIMARY HEALTH CARE TEAMS

It has been reported that currently more than 50% of GP income is spent in overheads and on costs. Clearly this is not the best use of public and community funds. Primary Care Trusts would ensure appropriate integration of State and Commonwealth programs, ie: home and community care programs, state funded allied health services, mental health services, nurse practitioners etc with GP services. Multi disciplinary teams can be created at a local level and be integrated with existing GP services.

7 POPULATION HEALTH OUTCOMES

The primary health care system should be based on an outcome model not an output model. Australia has the second healthiest community (as measured by life expectancy) in the world, but is 17th in equity of health outcomes. Incentives could be utilised to encourage GPs to move away from throughput based medicine, while in the first instance bulk billing rates need to be lifted dramatically. Primary Care Trusts could make funds available to target programs aimed at particular marginalised groups such as the aboriginal community, low income families and individuals, as well as those who suffer from chronic illness or disability. Programs would be targeted towards national health priorities.

8 PUBLIC DENTAL

The state of public dental services in Australia is appalling. Significant Commonwealth investment is required to improve the availability of public dental services. These services need to be fully funded so that all those in the community can have access to public dental service regardless of their income level and where they live

9 FUNDING

Surveys have indicated that Australian's would sooner have better access to health services than tax cuts. Private Health Insurance Rebates should be stopped as it has not proved an effective strategy. These funds should be diverted into health services. Australian's can and will pay for better services. Consumers call for a dramatic increase in health spending, which will be both popular with voters, and in turn deliver longer and healthier lives for all Australians.

ORGANISATION

POSITION

TITLE

SIGNATURE
