



## Special Commission of Inquiry into Healthcare Funding

**Submission Number:** 21

**Name:** Central and Eastern Sydney Primary Health Networks

**Date Received:** 31/10/2023

Mr Richard Beasley SC

6 Macquarie Street  
SYDNEY NSW 2000

Email: [submissions.hfi@specialcommission.nsw.gov.au](mailto:submissions.hfi@specialcommission.nsw.gov.au)

31 October 2023

Dear Mr Beasley

The Central and Eastern Sydney Primary Health Network is the second largest PHN in Australia with a population of 1.6 million residents and over 500,000 people entering our region each day for work and study purposes.

We welcome this Special Commission of Inquiry into healthcare funding and believe there are significant opportunities for reform that if taken would not only deliver substantive savings but also improved access and health outcomes for the people in our region. It is clear to all that the NSW Health system is under tremendous pressure with increasing costs, growing burden of disease and a workforce at capacity.

To address these pressures and expected challenges over the forward years, we believe that NSW Health needs to reorient and in doing so seize the opportunity to participate in national health reform by driving local innovation with a closer connection to community.

NSW Health can appear like a giant tanker unable to quickly change course – despite the learnings of COVID on the benefits of change- overall the NSW health system appears anchored in traditional infrastructure and service investment approaches. These approaches increasingly don't match community expectation and carry an opportunity cost reducing the ability of NSW Health to drive improvements in health and wellbeing.

The NSW Health system needs to transition beyond health care to health, beyond hospital to community, and beyond cost of care to value of care. Below we set out the eight major key actions for change we believe are required to support this transition.

### **Action One: Full implementation of the NSW PHN – NSW Health Joint Statement**

The Joint Statement has been developed in partnership by NSW Primary Health Networks and NSW Health. Its implementation would facilitate and enable:

- A one health system mindset encouraging thinking beyond current structures and boundaries.
- Primary care and NSW Health working together with shared principles and focus areas to address shared challenges.
- Greater regional focus for planning, commissioning, designing, and delivering healthcare backed by the right system support from the State and the Commonwealth
- Joint planning and evaluation to improve healthcare experiences, population health outcomes and health system cost efficiency.

A shared agenda as expressed in the Joint Statement would provide an authorising environment for primary care and NSW Health to undertake local actions to advance the health reform agenda that has led to the NSW Inquiry into Health. We believe endorsement and implementation of the Joint Statement to be a fundamental prerequisite for enabling future health reform in NSW.

## **Action Two: Realign health investment to better match the health needs of the NSW population**

The priorities of NSW Government can be seen where its service investments are made. Bricks and mortar infrastructure has dominated the investments by NSW Health often at the expense of population health and community care approaches. As has been shown repeatedly around the world, funding and building of hospitals – the technologies within them and their staffing by clinical specialists - addresses acute issues while most of the health issues experienced by the community are driven by chronic diseases many of which are preventable at much lower cost.

This mismatch has created unintended consequences – it has driven the costs of health care to unsustainable levels (hence this inquiry) and devalued the role of community based preventive interventions aiming to prevent/reduce hospital admissions.

We believe that if NSW is aiming to achieve a sustainable health system community care and population health must be front and centre in any future redesign and not play second fiddle to the acute care system. Access to acute care is measured by number of beds per 1000 people – why not fund community care based on a population ratio weighted for inequality?

Whatever the mechanism CESPHN believes that robust access and costing mechanisms for community and preventive care should be developed to avoid future decades of investment that perpetuates the status quo and will not achieve the real system reforms required to improve the overall health of the people of NSW.

NSW Health cannot undertake these reforms by itself – it is not an island - it must also establish a new compact with other local health and community service providers to support delivery of these community and population health services. Those with intellectual disability, with significant mental health needs, those transiting the justice system, multicultural communities, those who are aged have health needs that are largely being missed in the current paradigm of health service provision which is oriented towards acute care.

## **Action Three: Make more effective use of the health workforce**

The workforce within NSW Health is its greatest asset – committed and highly trained. System issues including inadequate local service planning and governance, rigidity, and ambiguity of workforce roles, inflexibility, and lack of integration across NSW Health programs inhibit the ability of health care professionals to work to full scope of practice to deliver services. Demarcations often predicated on concerns for patient care/safety, or the sanctity of the medical record are common and can work to limit the uptake of more efficient multidisciplinary team-based care and contribute to increased costs arising from inefficiency.

There are system knock on effects for example a lack of rapid and easy access to diagnostic results, treatment summaries and urgent care from the acute sector because of workforce demarcations within the NSW Health system may impede the ability of primary care to work to its full scope because of delays in the provision of clinical information.

There is a need for a focus on approaches which make optimal use of workforce resources enabling professionals to work to full scope of practice, matching the workforce to local community needs, training, and the service landscape. Even where legislation permits such workforce changes there can be variability in the interpretation of workforce regulations that stymies workforce reform and regulations in NSW are not consistent with other states.

#### **Action Four: Empower health consumers**

It is self-evident that the actions and behaviours of health consumers contribute to use of health services and clinical outcomes. Yet too often health consumers and patients are not considered partners in care - where people are encouraged to make decisions as partners. There are opportunities to fundamentally reform NSW Health's relationship with the community by embracing and empowering health consumers to be more strongly involved in assessing and managing their health care needs.

The Single Digital Patient Record which provides an integrated view of the care a patient receives across the NSW Health system could be reimaged with the creation of a health passport. This passport would draw on My Health Record to enable health consumers to be more informed about their health options including resources, service pathways, and preventive health measures and updated as their needs change or because of new diagnoses etc. A health passport would assist to improve health literacy and enable health consumers to be more engaged in their care as more of an equal partner.

Such platforms have been rolled out in localised implementations within Australia and while still somewhat in their infancy they are fast developing, and they show a possible way forward in empowering health consumers. This inquiry is aimed at assessing options for reform - we believe that a health passport would put consumers at the centre of care enabling them to make better informed decisions and engage in earlier intervention and prevention activities that would reduce demand on the acute care system. However, implementation of a health passport would require leadership from eHealth NSW who are pivotal to progressing digital health reforms.

#### **Action Five. Harmonisation of State and Commonwealth service arrangements**

Australia's healthcare system is a complex web of public and private providers, encompassing hospitals, general practitioners and other primary care providers, specialists, insurance providers, and various government agencies. Traditionally the Federal Government has been the majority payer and the States the provider of acute care and other related services. However, this arrangement is clearly changing and there is now the risk of greater service fragmentation.

CESPHN hopes that a revised National Health Reform Agreement will provide greater clarity on the roles and responsibilities expected from the Commonwealth and state governments and related agencies such as the primary health networks. In the meantime, risk of fragmentation and increased confusion for health consumers is real and this is particularly the case for those with a disability accessing care from the NDIS and NSW Health care systems.

For example, both the Commonwealth and NSW Health are funding health programs in the areas of palliative care, family and domestic violence and urgent care but with different funding levels and operational guidelines. There is clearly a need for greater harmonisation and clearer delineation of responsibility between the Commonwealth and NSW Health. Attaining jurisdictional healthcare savings and efficiencies requires a well-planned, long-term, and collaborative approach.

A review should be undertaken of existing cross government processes and initiatives to ensure they are still fit for purpose and in alignment with achieving the goals of the national health reform agenda. Neither the federal nor the state governments can achieve health system reform by acting alone.

#### **Action Six: Support delivery of integrated health care**

Integrated health care focusses on enabling collaboration and coordination of healthcare services across various providers and settings to improve patient outcomes. At present there is a major disconnect between primary care and acute care resulting in fragmented care, confusion for the patient, unnecessary and costly tests and missed treatment opportunities.

General practitioners are the main providers of medical care to the patient and develop deep understanding and knowledge of the patient's circumstances and conditions. Yet when a patient enters hospital or receives other acute care an information blackout occurs whereby the general practitioner is often not consulted, kept informed or regarded as part of the patient's care team. When the patient is

discharged general practitioners are the first port of call in arranging follow up care – however communication from the hospital to the GP often arrives late and lacks critical details – more often the patient arrives first at the general practice then the communication some days later with the general practitioner scrambling to make sense of what happened during the inpatient stay.

We believe that a shared medical record enabling the patient's general practitioner to access the patient's care plan while receiving care by NSW Health would help eliminate many of these issues. NSW Health has chosen Epic to deliver its Single Digital Patient Record project, which seeks to unify all electronic medical record and pathology information systems across the state. A bold reform would be to give access to this system to general practitioners and build in this access through testing and early trials as soon as possible to expedite implementation.

Such reforms can too often be derailed and put in the too hard basket. However, if NSW Health aspires to be a leader and deliver cost effective integrated care then a clear commitment must be given that general practitioners will be given timely access via Epic to a shared medical record. This would be a major system advance and result in a more joined up health system with primary care and acute care working as partners to delivery optimum care.

#### **Action Seven: Updating NSW Disaster Management Planning**

The Royal Commission into Disaster Management recommended “the greater inclusion of primary healthcare providers in disaster management, including representation on relevant disaster committees and plans and providing training, education and other supports”.

Our PHN has recently reviewed the Emergency Management Plans of our Local Health Districts and they had not been substantively updated for over 10 years with no role for primary health networks identified despite our role in being able to mobilise the primary care workforce to support the community in disaster management. To ensure that NSW Health is prepared for future disasters it is critical that PHNs role in disaster management is recognised and authorised by NSW Health.

#### **Action Eight: Embrace virtual health innovations**

Virtual health systems promise to be a great enabler of health care reform offering improvements in healthcare access, convenience, and quality. Virtual healthcare can be more cost-effective for both patients and healthcare providers, as it eliminates the need for physical facilities and associated overhead costs.

A range of specialist and preventative services can be provided through telehealth and team-based arrangements including involvement of the consumer's general practitioner (and other primary care providers) thereby improving continuity of care. Residents in rural areas may also benefit from telehealth centres located in urban areas which can more easily access a skilled available workforce.

We believe that NSW Health should more fully embrace the use of telehealth solutions while noting that advances in artificial intelligence have the potential to transform the delivery of healthcare and indeed may lead to the development of other virtual technologies such as personalised digital health assistants.

## Summary

Now is the time for consideration of substantive generational reforms for NSW Health. In our submission we have outlined eight key actions that would support this reform enabling NSW Health to sustainably deliver care and meet the challenges over the next decade and more.

Delivery of a reform agenda will require collaboration, breaking down silos, a much clearer articulation of the core responsibilities of NSW Health, embracing innovation, implementing effective policies, and addressing sectional interest concerns that often act to thwart meaningful change.

We believe that investment decisions must be made based on community health needs and that doing so would result in a greater focus on prevention and screening and the empowerment of health consumers with a particular focus on those with the highest disparities in health outcomes.

Primary health networks are well placed to assist NSW Health achieve its vision for reform. PHN's are system enablers, commissioners with a deep understanding of integrated care, population health and the needs of the local community with a particular focus on those most vulnerable.

We would welcome the opportunity to present to the inquiry. Please contact Dr Brendan Goodger General Manager for Primary Care Improvement [REDACTED] for further information on this submission.

Yours sincerely,



Nathalie Hansen  
CEO