



Consumers Health  
Forum **OF** Australia

**SUBMISSION**

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**P:** 02 6273 5444

**E:** [info@chf.org.au](mailto:info@chf.org.au)

[twitter.com/CHFofAustralia](https://twitter.com/CHFofAustralia)

[facebook.com/CHFofAustralia](https://facebook.com/CHFofAustralia)

**Office Address**

7B/17 Napier Close,  
Deakin ACT 2600

**Postal Address**

PO Box 73  
Deakin West ACT 2600

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## Executive summary

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As the Commonwealth Government embarks on significant reforms to Australia's complex health system, it has never been more crucial to work with the people who use and pay for our public health services. Research shows Australians care deeply about their health system and that their lived experience and ideas improve service planning and delivery, especially when change is occurring.

The Strengthening Medicare Taskforce Report highlighted the benefits of moving towards a consumer-driven health system and noted that the success of reforms will rely on engagement with consumers in the design and delivery of services.

As this important work begins, the Consumers Health Forum (CHF) stands ready to provide consumer insights to ensure meaningful, cost-effective change is achieved. However, further investment in CHF is required to do this.

By not investing enough in consumer engagement, the former Coalition Government allowed the voices of those with vested interests to drown out consumers' input into health policy and service delivery. To correct this balance and ensure our health system becomes truly consumer-driven, CHF needs \$17.8 million over three years to:

- foster and build the capacity of consumers to engage in priority setting, decision making and reform of Australia's health system, and
- support Australians to understand and access the health system, so they can get the care they require when they need it.

As outlined in Part A of this document, this investment is vital for the Commonwealth Government to govern *with* its people, and it will help policymakers respond to Australians' health needs and expectations over the next three years.

Part B of this document is focused on broader health system reforms that consumers are keen to see. This requires further investment in:

- Strengthening Medicare and primary health
- Preventing and treating Long COVID
- Preventive health, including health literacy and self-care resources
- Increased access to mental health services
- A dental benefits scheme so all Australians can afford dentistry.

# Summary of recommendations

## Consumer engagement

1. \$17.8 million over three years for CHF to fund improved consumer leadership, engagement, research and best practice initiatives

## Strengthening Medicare

2. Increase MBS rebates for GP and specialist consultations.
3. Introduce a General Practice Bulk Billing Incentive Payment to encourage practices to bulk bill a higher proportion of payments, particularly for priority populations.
4. Introduce a General Practice Extra Support Services Payment to encourage practices to offer person centred care, particularly for people living with health disadvantage.
5. Encourage GPs to routinely provide 12-month referrals to specialists, and longer/indefinite referrals for ongoing conditions, enabling follow up where needed.
6. Permit repeat prescriptions for ongoing medicines for 12-month supply, following initial 6-month prescription. This should include oral contraceptives, and medicines for heart conditions, cholesterol, heart burn and other common and ongoing conditions.

## Preventing and treating Long Covid

7. Funding to provide faster and more equitable access to long COVID treatment, including multidisciplinary and person-centred care.
8. A research and development grant program to identify and develop treatment options for long COVID patients.
9. Funding community supports to meet the needs of people suffering from long COVID and their families/carers/dependents.

## Preventive health

10. Increase the proportion of health funding committed to preventive health in this Budget and future years.
11. Establish and resource the prevention fund, including an independent governance body to advise government on the direction of the fund.
12. Increase funding for health literacy and self-care initiatives.

## Mental health

13. Increase funding for crisis care that supports people with significant mental health and episodic conditions in the community.
14. Funding for a social prescribing program to improve consumers' overall health and wellbeing

## Dental health

15. Introduce a dental benefits scheme that offers income support recipients and other low-income adults basic dental care with capped funding and choice of provider.

## PART A:

### Sustainable funding for consumer engagement

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As the peak body for health consumers, CHF shares the Commonwealth Government's vision of a world-class health system that prevents illness and delivers safe, evidence-based care where and when it is needed.

For the past 40 years, the Department of Health and Aged Care has funded CHF to perform the vital role of consumer engagement. With this funding, CHF has provided:

- a channel for two-way communication between consumers and the Commonwealth Government to inform its policies, systems, and services.
- real-time, evidence-based insights into consumers' views on health and wellbeing issues for the Government.
- guidance and training to health consumers so they feel empowered to share their own experience of health care, advocate on behalf of their communities and step into national governance roles.

In a sector full of vested interests, seeking unbiased views can be extremely difficult. Unlike other consumer groups that receive funding from commercial entities such as pharmaceutical companies, or charities that focus on particular diseases, CHF is an independent group that seeks to represent all consumers.

CHF has always been valued for this independence, but it requires sustainable government funding to maintain this position. If CHF is properly resourced, the Commonwealth Government will be able to draw upon independent consumer insights to inform health policies and initiatives, including its:

- primary health reforms
- changes to the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme
- Health Technology Assessment Policy and Methods Review
- the proposed establishment of an Australian Centre for Disease Control (ACDC).

Research by health economists shows that consumer insights also improve the allocation of health resources and produce better health outcomes for the wider population.

To ensure CHF is adequately funded to engage with its vast network of consumers and work with the Government on its health initiatives, CHF requires \$17.8 million funding over the next three years.

This funding will drive initiatives in four key areas:

1. Establish a **Health Consumer Leadership Academy** to lift sector capacity.
2. Facilitate a **national health literacy program** to improve equity and access for marginalised communities.
3. Broaden our **consumer research** and deepen our engagement with particular cohorts such as Youth.
4. Promote **best practice consumer advocacy** through an annual conference and award program.

## Health Consumer Leadership Academy

It is recognised internationally that developing competent and capable consumer leaders is essential to driving positive and effective change in the health system.

Australia has been at the forefront of consumer participation for several decades but there is currently insufficient funding for CHF to maintain our role of helping people with lived experience become advocates who can occupy senior, influential roles.

A major barrier to consumers engaging more with their health system (and the processes that drive it) is a lack of knowledge about how to get started and perform such a role. To overcome this, CHF wants to create a Health Consumers Leadership Academy to provide a range of avenues for health consumers to develop their skills. This would include guidance on how to best advocate for their own healthcare rights and assistance to represent their fellow Australians at national round tables.

Providing further training and development options for consumers would support them to effectively operate as a constructive partner in the health system and enable them to influence policy, planning, delivery, evaluation, and monitoring of healthcare policy, systems, and processes.

## National Health Literacy Program

CHF supports the Commonwealth Government's commitment to a universal health system. However, many factors stand in the way of equitable access.

Australia's healthcare system is world class, yet it is also very difficult to navigate and privileges those who speak English, live in capital cities, and can afford to pay for their health services. Australia spends billions on Medicare, medicines and more without a parallel investment that would ensure the equitable use of these taxpayer-funded health benefits.

To rectify this, CHF urges the Commonwealth to rethink health funding formulas so there is always investment in measures that contribute to equitable access. Initiatives to improve access could include health literacy programs, service navigators, and self-care resources in multiple languages.

Now more than ever Australians need practical support to keep themselves healthy and well. Investing in measures to help people take control of their own health will reduce unnecessary strain on the health system in future.

## Consumer research and engagement

CHF engages with thousands of health consumers across Australia every year. This takes place via:

- Surveying consumers via our annual **Consumer Sentiment Survey** and regular **Australia's Health Panel Poll**.
- Facilitating eight **Special Interest Groups** dedicated to areas such as Mental Health, Digital Health, and Rural & Remote Health.
- Annual **Members Policy Forum**.

All this work provides valuable insights and data to the government and other key stakeholders, but we know we can broaden and deepen our engagement.

Planned initiatives to do this include:

- Increasing the reach of our national survey of health consumers across Australia, to both well and unwell community members, providing evidence-based feedback and insights on health policies and reform
- Extending our engagement with First Nation communities
- Continuing the work of our Youth Health Forum (YHF) which has no funding beyond 30 June 2023. By continuing to engage young people (18-30 years) we can capture their experiences of the health system which differs from other age groups. Programs need to consider these differences during policy development and implementation.
- Expanding our reach via social media and other digital channels.

## Promoting best practice & thought leadership

To promote best practice consumer engagement and advocacy across the sector, CHF seeks funding to:

- Enable us to pay consumers for their involvement in research and committees (at the government recommended rate)
- Establish an annual conference to share and promote best practice consumer engagement and advocacy. This would be a conference led by consumer advocates for consumer advocates and aim to be accessible for all attendees.
- Establish a best practice consumer engagement community of practice across clinicians, service providers, APS and other stakeholders who seek to put consumers at the centre of system design and delivery.
- Launch an awards program to recognise excellence in health consumer engagement.

### Recommendations

1. **\$17.8 million over three years for CHF to fund improved consumer leadership, engagement, research, and best practice initiatives**



## PART B:

### System-wide reforms

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CHF continually asks consumers what is working and what isn't working in our health system. For some time now, having greater access to bulk billing GPs has been their highest priority.

As communicated to the Strengthening Medicare Taskforce, consumers also want to see Government action to deliver:

1. more coordinated/wrap-around care, particularly for people living with health disadvantage
2. more GPs in rural and remote areas, and
3. better access to mental health services.

Other key reforms sought by consumers include:

- more treatment for Long Covid
- a greater emphasis on preventive health
- more accessible dental services.

## Strengthening Medicare

In the current fiscal environment, CHF would like the Government to consider a small general increase to MBS rebates for GP and specialist consultations, accompanied by other payments and services targeted to people and populations living with health disadvantage.

There are already some incentive payments that encourage greater availability of primary health services and improvements to access. These include the Practice Incentive Program, the Workforce Incentive Program, the Practice Nurse Incentive Program, and the Aged Care Access Incentive. These payments support general practices to improve the quality and capacity of their services, and increase services to target populations (for example, in rural areas, or aged care residences).

Additional targeted incentive payments could be used to complement a small, general increase to MBS rebates. These could be used to:

- Enable GPs to bulk bill a higher proportion of their patients, especially in priority population areas. For example, rural and remote locations, practices with a high proportion of Indigenous and/or culturally and linguistically diverse patients, and areas with high levels of socioeconomic disadvantage.
- Offer more person-centred and holistic care, for example by helping patients with chronic/multiple conditions and their carers navigate the health services they need (such as specialists, mental health care, allied health care), and offer social prescribing, for example by employing coordination support for referral to services that can help address general wellbeing (such as exercise classes, social supports, and housing services).

Patients often face unreasonable waiting times to see a GP – a problem that can worsen health outcomes and contribute to use of more expensive health services, including hospitals.

Given many GP consultations are for routine matters such as renewing prescriptions or referrals, there may be ways to either extend the period required for prescriptions and referrals from 6 to 12 months or enable other health workers to perform these roles without losing safe, clinical oversight of a patient's needs. This would free up GPs, allowing more people to be seen faster, as well as potentially deliver savings across the health system.

### Recommendations

- 2. Increase MBS rebates for GP and specialist consultations.**
- 3. Introduce a General Practice Bulk Billing Incentive Payment to encourage practices to bulk bill a higher proportion of payments, particularly for priority populations.**
- 4. Introduce a General Practice Extra Support Services Payment to encourage practices to offer person centred care, particularly for people living with health disadvantage.**
- 5. Encourage GPs to routinely provide 12-month referrals to specialists, and longer/indefinite referrals for ongoing conditions, enabling follow up where needed.**
- 6. Permit repeat prescriptions for ongoing medicines for 12-month supply, following initial 6-month prescription. This should include oral contraceptives, and medicines for heart conditions, cholesterol, heart burn and other common and ongoing conditions.**

## Preventing and treating Long COVID

There is growing evidence that long COVID will affect many Australians, with implications for the health system, the economy, government payments and supports, and the whole community. People are taking long term sick leave, losing their jobs, returning to part time or lower skilled work, and risk permanent disability. Those affected by long COVID may have to rely on government payments and health services, they will need more paid and unpaid care, and they may not be able to fully meet their own responsibilities to provide care for their children and/or others.

An effective response to long COVID requires:

- reducing COVID infections in the community
- earlier treatment and multi-disciplinary care for patients, and support for related needs, such as housing, income, and prevention of family violence
- expanding the reach of specialist clinics and other primary care options that provide consistent, evidence-based treatment.
- conducting and supporting Australian based research into the condition, while using Australian and overseas research to educate health providers and update treatment guidelines.
- increasing awareness of the condition, particularly in Aboriginal and Torres Strait Islander, culturally and linguistically diverse, and other communities living with health disadvantage, so that people who need it can get advice and treatment.
- establishment of the Australian Centre for Disease Control.

### Recommendations

- 7. Funding to provide faster and more equitable access to long COVID treatment, including multidisciplinary and person-centred care.**
- 8. A research and development grant program to identify and develop treatment options for long COVID patients.**
- 9. Funding community supports to meet the needs of people suffering from long COVID and their families/carers/dependents.**

## Preventive health

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CHF strongly supports investment in preventive health and wants to see the Commonwealth Government meet the targets and initiatives outlined in the National Preventive Health Strategy.

The Strategy is underpinned by increasing spending on preventive health to five per cent of total health expenditure over the life of the Strategy. The 2023 Budget should increase spending over the current and forward years to progress that goal. It should establish the prevention fund, to be informed by advice from a national, independent governance mechanism.

Another key aspect of preventive health is the close link between sustainable healthcare and climate change. This issue is often raised by our members as their mental and physical health is impacted by natural disasters such as bushfires and floods.

## Self-care and health literacy

As a result of the Covid-19 pandemic, the health system is seeing rising levels of other illnesses caused by deferred care and delayed screening. To counter this, we need to empower consumers to learn more about their health and methods for self-care.

The primary care system is based on managing illness, not on promoting health. Improving health literacy will equip consumers to have informed, shared decision-making consultations with their care teams about the services and treatments available to them. Evidence suggests that measures to improve consumers' capacity to make decisions appropriate for them will lead to greater self-care, better health outcomes and more efficient use of services. Greater funding for health literacy and self-management activities will allow Australians to proactively manage their health and support others.

### Recommendations

- 10. Increase the proportion of health funding committed to preventive health in this Budget and future years.**
- 11. Establish and resource the prevention fund, including an independent governance body to advise government on the direction of the fund.**
- 12. Increase funding for health literacy and self-care initiatives.**

# Improving access to mental health services

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Australians have a right to a universal mental health care system that integrates seamlessly with other health services and provides the right care in the right place at the right time.

The division of responsibility for policy and services across Australia continues to confound integration – and mental health care consumers.

Governments need to work together to set out short-, medium- and long-term agendas for action. The simpler and clearer the visions and principles of the mental health system can be, the more it will help health consumers and other health providers understand what world class mental health care should look like and how to navigate its complexity as it reforms.

The obligations of each Commonwealth department and each state and territory government should be clear. Governments need to give consumers confidence that they can get timely care from a system that is well funded and sustainable. A Whole-of-Government policy and implementation roadmap that includes co-design and high visibility and accountability, is likely to improve community trust.

Most consumers with multiple morbidities are not well served by accessing mental health services in isolation. They need a mix of clinical, treatment-focused interventions, together with clinical and non-clinical services to support their recovery and help them avoid relapse.

To achieve this, mental health services need to be integrated across all health care services, especially with primary health care services to improve accessibility and address fragmentation, stigmatisation, and structural discrimination. Consumers need:

- comprehensive and multidisciplinary services, both within a service and across service settings, that are coordinated by a team of providers trained in consumer centred care.
- social prescribing to improve consumers' overall health and wellbeing, especially for people living with health disadvantage, including those experiencing long term mental health issues or social isolation.
- a Whole-of-Government approach, connecting Commonwealth and state/territory services, including a commitment by the Prime Minister and all state and territory first ministers to a National Mental Health and Suicide Prevention Agreement.

## Recommendations

- 13. Increase funding for crisis care that supports people with significant mental health and episodic conditions in the community.**
- 14. Funding for a social prescribing program to improve consumers' overall health and wellbeing**

## Dental health

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There is a significant and growing body of evidence proving the relationship between oral health and overall health status, yet dental care is not covered by Medicare and is unaffordable for too many Australians. Many low-income consumers do not meet tight eligibility criteria for public dental schemes, and those who do, face long waiting lists. There is no convincing argument for excluding dental care from Medicare. Cost is clearly the barrier. This can be addressed by taking an incremental approach to absorbing dental care into Medicare.

### **Recommendations**

- 15. Introduce a dental benefits scheme that offers income support recipients and other low-income adults basic dental care with capped funding and choice of provider.**