

# Election Platform 2022

Community health and wellness in the 21st century



# CHF

Consumers Health  
Forum of Australia



**CONSUMERS HEALTH FORUM OF AUSTRALIA  
ELECTION PLATFORM 2022**

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# PART 1: The Big Picture

## THE ELECTION CONTEXT

*“What can be changed so that each patient, carer and community has the health services and care that they need to live the best and longest life that they can?”*

The context for this election is like none previously experienced by most living Australians. It comes at a time when an already straining health system, in need of fundamental reform and restructure, is grappling with a deadly pandemic that disproportionately affects the community's most vulnerable people.

The COVID-19 pandemic brings many of the big picture issues and policy reforms that CHF has highlighted in previous election platforms (and elsewhere) into sharp focus. Especially relevant is *Making Health Better Together*, the report from the 2020 Consumer Commission convened by CHF comprising health consumers and experts from around the country. The report lays the foundation for many of the positions advocated in this platform. These are reforms that will address disadvantage, health inequality, and social determinants of health more broadly, to create a more equitable, accessible and affordable health system that takes a wellness approach in whole of person care – for every person.

The pandemic, too, brings into sharp relief the different health outcomes experienced by people in disadvantaged groups. For example, people with disability, who are more vulnerable to the disease than many other community members, have not had priority access to vaccinations, boosters, testing and protective equipment. National Disability Insurance Scheme participants have also not received extra funding in their packages to meet these needs.

Ultimately, reforming the health system will mean a shift from fee for service care to holistic services across primary and preventive health, allied and mental health, dental health, with links to other social and wellness services, and integration with other levels of care, including transition to and from hospital care.

It will require making use of new and innovative technology and digital solutions, with technology that is accessible to all. New ideas to improve digital health literacy are becoming increasingly important. The digital divide will continue to widen without them.

- Innovative approaches should be trialled, including with pilots of digital health navigators in priority communities. These navigators would support consumers' access to, and ability to optimise their use of, telehealth and other forms of digitally enabled health care. They would help practices understand patient use of, and benefits from, digital health.
- Health care providers, too, should have access to training in new areas, such as genomic testing and personalised medicine, and in how to discuss and offer new and updated treatments to their patients.

Achieving the best health services, care and outcomes for all will need that always seeks to place consumers at the centre of care, developing policies, systems and initiatives that continually reflect how it will be received by consumers (see box below). They should strive for:

- a world class health system that includes access to new and innovative health technology, including devices and medicines – and that is delivered equitably to all
- integrated health care that is centred on each person, to coordinate and deliver primary, secondary and tertiary care
- consumers to be embedded in governance at every stage – partnering in all aspects of health care – from policy development, to service creation, to funding models, to research and evaluation, and beyond – as well as in their own care and treatment
- infrastructure and workforce strategies, modernisation and innovation to support general practice to support team based care.

### *What should my health care look like?*

- I can register with a GP/general practice and build a relationship with my care team – which will include me and my carers/family – empowering me to actively engage in my treatment and care.
- My GP/practice will be funded to provide me with holistic medical, mental health and allied health care, and dental care, to maintain and/or improve my overall health and wellness.
- My GP/practice will provide me with continuity of care, including a single point of contact within the general practice and a link worker or navigator to connect me to other systems and supports, including integrated social, community and health systems when I need them.
- My health care will be integrated and coordinated across primary, secondary and tertiary systems.
- I can expect to get the same health outcome, regardless of where I live, my income, my level of education, my culture and heritage, my sex, gender or sexual orientation, or my age.
- I can expect access to new and innovative health technology, including medicines and devices
- There will be programs to help me improve my health, digital health and health system literacy.
- Practices will offer services and treatments that are high quality, safe and affordable, and will clearly explain any out of pocket costs.
- I will be able to access after hours' services when I need them.
- I will be able to choose whether to use telehealth, face to face, or other services.



The need for health care responses to COVID-19 will continue, particularly as vaccination targets are reached, booster programs are achieved, and the country settles into eased lockdowns and other restrictions. Higher case numbers and greater circulation of the disease in the community, may also mean planning for ongoing care if “long covid” brings ongoing illness or disability.

Within this context, too, CHF recognises that the newly elected Government and a new Health Minister will likely face continued economic challenges, with both reduced revenue and continued higher levels of financial support to people, businesses and other organisations, and continuing strains on the health system, limiting its capacity for major reform. With that understanding, CHF is calling for some immediate, incremental measures that can be built upon to deliver systemic reforms that will deliver a sustainable health system and, in time, a fundamental shift in the way that health care is funded, structured and managed.

## PRINCIPLES

CHF policy and advocacy starts from a consumer position. The question at every point is:

Health consumers have developed principles that are integral to initiatives to answer that question positively.

- **Equitable** access to health and social care, that is affordable, available when needed, delivers the same service and outcomes regardless of a person’s characteristics or where they live, and meets consumers’ needs and preferences.
- Wellness, with healthcare that holistically addresses all the biological, cultural, environmental and social factors that are integral to improving consumer outcomes.
- Person centred care is the foundation for all organisations, in providing safe, high quality healthcare.
- Choice for consumers and providers to jointly and inclusively select new approaches, including digital services and platforms that are integrated into healthcare, based on informed consent, capacity and need.
- Coordination of health and social systems, across sectors and jurisdictions, that enables providers and consumers to collaboratively meet consumer needs.
- Collaborative leadership, where consumers are partners in, and bring their experience and representation to, all policy development, implementation and evaluation, and at all levels of healthcare organisational governance and leadership.
- Transparency and trust, with governments and organisations open and inclusive in policy development, consultation processes, data collection and reporting, and transparent about data security and privacy safeguards.



## SHAPING A MODERN HEALTH AND WELLNESS SYSTEM

Achieving these principles, and delivering person centred care in an integrated and sustainable health system, requires re-examining the way that government funding is delivered to clinicians and other providers and services. A fundamental shift is needed from fees for service, to a model that invests in primary health care by delivering real increases in Medicare Benefit Scheme rebates, as well as continuing indexation, together with holistic funding of each consumer. A newly elected Government should recognise that health care savings from new preventive health measures in the longer term could, at least in part, offset increased spending.

The current Government has articulated and laid the groundwork for change by developing:

- 10 Year Primary Health Care Plan
- 10 Year Preventive Health Strategy.

While some elements of the Plan and Strategy remain contentious and CHF will continue to advocate for some refinement, they have largely been developed in consultation and collaboration with stakeholders. Therefore, they should be retained and built upon by the newly elected Government.

It is clear that the health system will need increased funding in the future to deliver modern, integrated and world-class health services. To achieve this, the Government may also need to reconsider the relationship between revenue and expenditure, including by delivering a more progressive tax system, even if that means reviewing the affordability of promised tax cuts.

CHF continues to advocate for a new and sustainable health and wellness system, while recognising the current context and constraints. Part 2 sets out four immediate priorities to help address the most urgent needs of consumers.

## FOUR PRIORITIES TOWARDS REFORM

CHF calls on the new Government to:

- implement key policies set out in the 10 Year Primary Health Care Plan
- implement key components and strategies set out in the 10 Year Preventive Health Strategy
- Strengthen consumer participation in health policy, governance and delivery
- Improve consumer access to health services.



# PART 2: The first 12 months

## 1 PRIMARY HEALTH CARE REFORM

### The goal

#### *CHF calls on political parties and candidates to commit to:*

- national collaborative commissioning across Primary Health Networks
- a national social prescribing scheme

### The first 12 months

- Finalise and implement a 10 Year Primary Health Care Plan, that includes collaborative commissioning across Primary Health Networks and a national social prescribing scheme.
- Develop and commit to a funding framework with delivery in the Government's first Budget.
- Develop a roll out plan for national implementation of collaborative commissioning and social prescribing.
- Start a roll out of national social prescribing for people experiencing loneliness, social isolation, and other mental health risks or conditions.
- Appoint a Youth Health Commissioner to advocate the needs of young people and future generations with government policy and decision makers.

### More information

Many parts of the health system operate in silos – aged care, disability, mental and physical health – and fee-for-service funding drives a transactional approach to care. Links within and beyond health systems are needed to provide a coordinated and continuous patient journey across state-federal, primary-tertiary and public-private divides. An integrated system would recognise environmental contributors to poor health, and link workers/navigators would guide consumers to supports to help alleviate loneliness and social isolation, housing insecurity, poverty, digital access and literacy, and other social issues.

Whole of person, value based, consumer centred care for the entire patient journey is becoming increasingly important, especially in the face of increasing chronic illness and comorbidities (including mental illness, often related to other conditions). Collaborative commissioning offers partnerships between local health districts and primary health networks to create general practices that support the needs of each community.

The benefits of, and outcomes from, social prescription are well known and documented. Social prescription will form key component of whole of person care embedded in a national rollout of collaborative commissioning, with delivery through a funded network of care coordinators and health system navigators, including digital navigators.









## 3 DEVELOPING HEALTH CONSUMER PARTICIPATION

### *CHF calls on political parties and candidates to commit to:*

- establish an Australian Consumer Leadership Academy
- continue the Youth Health Forum
- appoint a Youth Health Commissioner

### The first 12 months

- Fund and establish an Australian Consumer Leadership Academy that delivers training to develop and grow a skilled, prepared, energised and motivated group of consumer leaders.
- Continue funding support for the Youth Health Forum.

### More information

The Consumer Commission established by CHF in 2020, comprised 30 consumer and health leaders from around Australia. It drew on the strengths of consumers and their experiences with health care, and in the health system, to re-imagine a truly integrated and consumer centred Australian healthcare system.

To achieve such as a system, consumers must have their expertise as system users and agents of change recognised. They must be co-leaders in designing, implementing and evaluating meaningful reforms. This requires cultural change and investment in innovation and consumer leadership. In too many cases, health care providers and research organisations consult with consumer representatives only to meet government and internal requirements and criteria, without providing opportunities for genuine involvement by consumers.

Mostly, this exclusion is not deliberate, with organisations lacking structures and commitment to implement inclusive models, and consumer representatives without the experience and support to help facilitate true partnerships.

A Consumer Leadership Academy, together with continuing investment in young consumers, could offer formal support and training to consumers preparing for, and stepping into, leadership roles. This will optimise their roles as partners in their own health, and as advocates and decision makers, who can influence policy, planning, delivery, evaluation and monitoring, and it will deliver greater recognition of consumers' skills, experience and knowledge. [A detailed case for the Academy can be found on the CHF website<sup>2</sup>.](#)

[Mission Australia's Youth Survey Report 2021<sup>3</sup>](#), highlighted COVID-19 as the most important national issue to young people, with more than half the respondents reporting an effect on their mental health. Importantly, too, more than a third of young people who participated in the survey felt they had been unfairly treated in the previous 12 months. In 2021, the Youth Health Forum National Summit, where over 100 young people discussed health challenges, identifying a lack of political and policy representation as their most pressing concern. They called for a Youth Health Commissioner to be appointed, and to operate like similar officers overseas. This would be an effective way to improve engagement and understanding between youth voices and government, improve health and wellbeing outcomes, and give young people confidence that their voices are being heard by government.

<sup>2</sup> Mission Australia, "Annual Youth Survey", Mission Australia, 2021, <https://www.missionaustralia.com.au/what-we-do/research-impact-policy-advocacy/youth-survey>

<sup>3</sup> Consumers Health Forum, "Establishment of the Australian Consumer Leadership Academy – 2022-23 Pre-Budget Submission", Consumers Health Forum, 2022, <https://chf.org.au/publications/establishment-australian-consumer-leadership-academy>

## 4 IMPROVED ACCESS TO HEALTH SERVICES

### *CHF calls on political parties and candidates to commit to:*

- a universal dental health scheme that treats oral and dental in the same way as any other health condition
- a national scheme that adequately meets the costs of travel for regional, rural and remote patients and their carers to access treatment in urban centres when needed.

### **The first 12 months**

- A dental benefits scheme that offers income support recipients and other low income adults basic dental care with capped funding and choice of provider.
- A Commonwealth, state and territory working party established to develop a consistent national patient assisted travel scheme, that extends eligibility to trial treatments.
- Budget funding to contribute, with the states and territories, to the costs of travel and accommodation for regional, rural and remote consumers receiving care or treatment in urban centres.

## More information

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 dealt with by taking an incremental approach to absorbing dental care into Medicare.

Patient assisted travel schemes are important for people who live in regional, rural and remote Australia, and for people who need to travel interstate, to receive equitable health care, particularly access to specialist and hospital treatment. Many eligible consumers do not use the schemes, either because making claims is complex and time consuming, or because they do not know they are available. Each state and territory operates its own scheme, with varying eligibility based on distance to medical specialists, and each offers different rates of subsidies for travel and accommodation. None of the schemes provide accommodation subsidies that would cover the entire cost of accommodation, and none offer support to patients who would like to participate in medical trials. This discourages consumers from accessing the care or treatment that they need, and contributes to poorer health outcomes in non-metropolitan Australia.





# PART 3: Campaign partnerships and collaborations

## CAMPAIGN PARTNERSHIPS AND COLLABORATIONS

The policies identified in this platform are those in most critical need of attention, and should be dealt with as a priority in the first twelve months following the election. CHF supports broader policy changes, too, as outlined in this Election Platform and detailed in reports, position papers and submissions.

As a small organisation, CHF also collaborates and partners with other peak bodies that may be health specific (such as the Royal Australian College of General Practitioners), or peak bodies that either include health within a broader remit (such as the Australian Council of Social Services (ACOSS) and the Federation of Ethnic Communities Council of Australia (FECCA)), or more specific elements of social determinants of health (such as the effect of climate change on health, or specific diseases and conditions, such as mental health and cancer).

## Revenue and funding

CHF is a member of ACOSS, and a signatory to the community sector statement calling for a commitment to recast the Budget to focus on investment in social and health services and supports.

The statement calls for:

- increased public investment to meet community needs – in essential services, income support and social services, and in strengthening resilience to climate change
- a review of the tax system to improve fairness, including rescinding tax cuts for high income earners, a focus on economically and socially harmful tax concessions and subsidies, and shielding people with the least resources from spending reductions.

## Primary health care

CHF supports the Royal Australian College of General Practitioner's Election Statement calling for investments to improve patient centred primary health care. The RACGP is calling for practical measures to improve equity and outcomes.

## Social determinants of health: Addressing disadvantage and discrimination

CHF supports ACOSS' advocacy work to address disadvantage in the community, which is well understood to be an important factor in health outcomes. CHF is a signatory to joint statements and campaigns that have been initiated by ACOSS, including "Raise the Rate".

CHF has joined with Mental Health Australia and the Royal Australian College of GPs to call for better support for people with mental health conditions in primary health care, including through social prescribing. CHF has also supported Mental Health Australia's Charter 2020.

As a supporter of Equality Australia, CHF supports health and other social measures that improve the wellbeing and circumstances of LGBTIQ+ people.

## Social determinants of health: Addressing climate change

CHF believes it is vital that the health effects of climate change are considered in setting health priorities for the benefit of all Australians. Climate change is leading to more frequent natural disasters and higher temperatures will affect people's health. People who have existing health conditions, co-morbidities and/or face financial disadvantage are most likely to experience adverse effects that will need to be addressed through improved health care.

CHF is a member of the Climate and Health Alliance, which advocates for all tiers of Australian governments to take more effective action to reduce greenhouse emissions and protect the population from unhealthy climate change. CHF is a signatory to its Health, Regenerative and Just Policy Framework for a National Strategy on Climate Health and Wellbeing for Australia. The Strategy advocates:

- a legislated 75 per cent reduction in greenhouse gas emissions by 2035
- Commonwealth, state and territory interjurisdictional plans to decarbonise health care by 2035.

In May 2020, CHF joined the Global Climate and Health Alliance, the World Health Organisation, other health organisations and individual health professionals from 90 countries to co-sign a letter to G20 leaders calling for governments to prioritise investments in public health, clean air, clean water and a stable climate.

## Social determinants of health: Heritage and community

CHF has joined campaigns and alliances to reduce disadvantage in Aboriginal and Torres Strait Islander, culturally and linguistically diverse, rural and remote, and other disadvantaged communities. Each of these commitments have a direct or indirect health outcome and form an important part of CHF's policy and advocacy work:

- Uluru Statement from the Heart
- FECCA's Multicultural Health Collaborative.

CHF continues to voice opposition to existing and extended social security payment waiting periods for new migrants that are not applied to other Australians.



## PART 4: CHF policy positions

### MORE THAN 4 BIG ISSUES

CHF policy and advocacy work is much broader than the four areas identified for major reform, and some of the first steps to achieving an integrated, person centred health care system. Highlighting these key reforms and measures to achieve them, does not diminish the importance of other issues faced by consumers in accessing and using health services. Some of these concerns have been raised frequently and consistently over some years and deserve government attention.

The full suite of CHF policy positions, reports, submissions and statements can be found on the CHF website, with some key platforms and positions available through the links set out below.

### KEY POLICY PLATFORMS, POSITIONS AND SUBMISSIONS

CHF's previous election platforms and pre-Budget submissions, coupled with thought leadership roundtables and other consumer fora, show the full range of CHF policies and issues that concern consumers. Many of these issues, such as health care reform, integrated care, empowering consumer voices, and equity in health care and outcomes are long standing issues. Many positions have evolved and adapted in response to the changing landscape, for example in response to the pandemic.

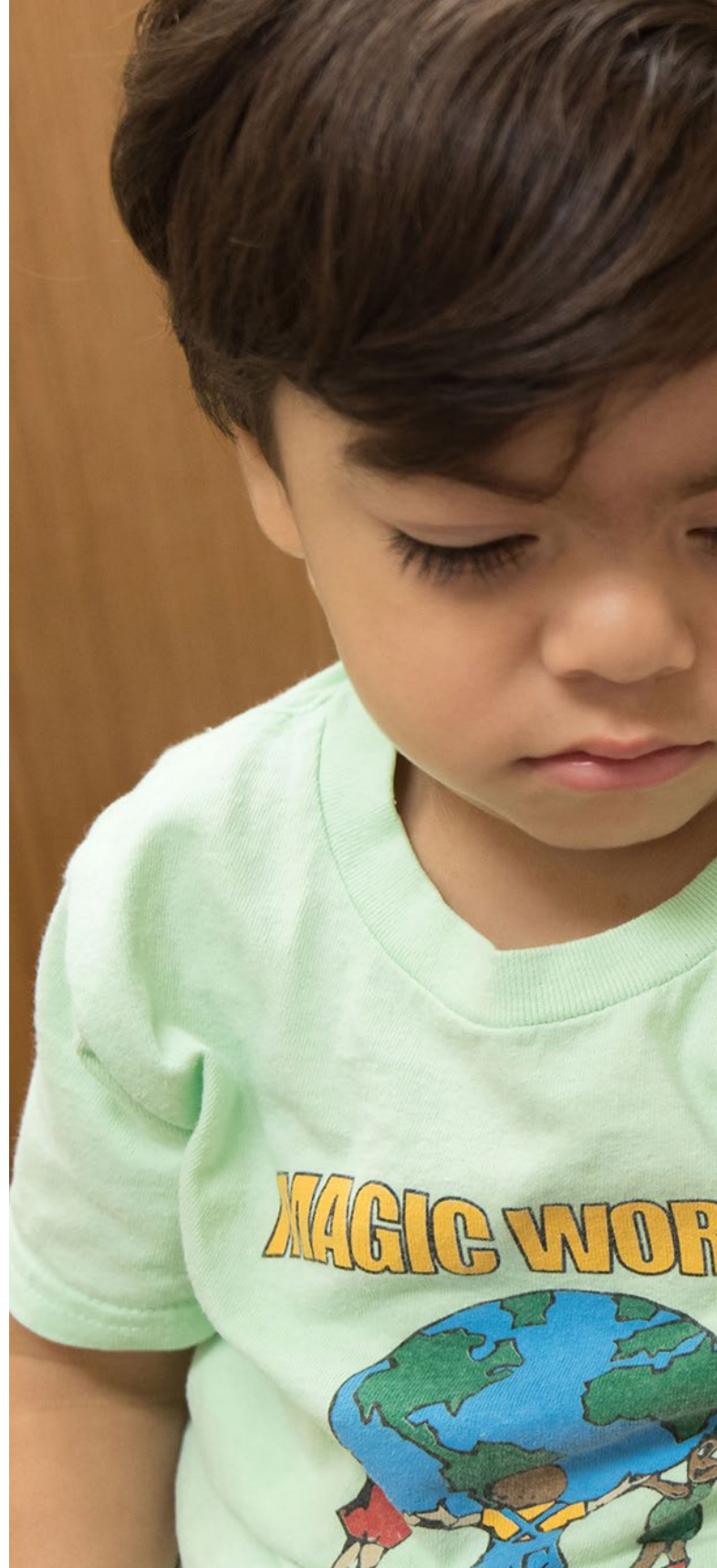
[CHF Pre-Budget Submission 2021-22](#)

[Supplementary Submission to the Federal Treasurer for Federal Budget 2020-2021](#)

[Submission to the Federal Treasurer for Federal Budget 2020-2021  
2019-20 Federal Budget Submission](#)

[Making Health Better: Priorities for the 2019 Federal Election](#)

[Priorities for the 2019 Federal Election: How the Parties Stack Up](#)







## ISSUES, POSITION PAPERS AND SUBMISSIONS

More detail on each of the policy concerns outlined in multi-issue papers have also been developed, both in response to specific issues that affect consumers' health outcomes and lives, and in imagining a healthcare system that is equitable, accessible and places consumers at its core.

### Primary health care

[Response to Primary Health Reform Steering Group recommendations and discussion paper](#)

[CHF Response to the RACGP White Paper: Vision for general practice and a sustainable healthcare system](#)

### Preventive health

[Preventive Health Strategy Position Statement](#)

[CHF Position Statement on the COVID-19 Vaccine Roll Out](#)

### Digital health

[Submission for the National Digital Health Strategy](#)

[Submission to TGA consultation on "Proposed refinements to the regulation of personalised medical devices"](#)

### Rural, regional and remote

[Rural Allied Health Quality, Access and Distribution: CHF submission to the National Rural Health Commissioner](#)

[Establishing and sustaining regional rural and remote radiation therapy centres: CHF submission](#)

### Access to medicines

[Submission to Review of the National Medicines Policy](#)

[Submission to the House of Representatives Standing Committee on Health, Aged Care and Sport inquiry into approval processes for new drugs and novel medical technologies in Australia](#)

### Aged care

[Royal Commission into Aged Care Quality and Safety: Aged Care Program Redesign – Services for the Future: CHF submission](#)

### Young health consumers

[Youth Health Forum 2021 National Summit Call to Action](#)

[Youth Health Summit National Summit 2021 - report](#)

[Youth Health Forum Submission to the Select Committee on COVID-19](#)

[Youth Health Forum Comments on the Job-Ready Graduates Package](#)

[Targeted consultation with young consumers to inform the National Obesity Strategy](#)

[Youth Health Forum Submission to the Productivity Commission Inquiry into Mental Health](#)

### Mental health

[Submission to the Select Committee on Mental Health and Suicide Prevention Inquiry](#)

[CHF submission on the Productivity Commission inquiry into Mental Health Draft Report](#)

[Response to the Report from the Mental Health Reference Group](#)

[Response to Developing National Safety and Quality Mental Health Standards for Community Managed Organisations](#)

### Research, evaluation, data and privacy

[Submission to the Office of the National Data Commissioner Data Availability and Transparency Bill: Exposure Draft Consultation](#)

[Submission to MRFF Australian Medical Research and Innovation Strategy and Priorities consultation](#)

[Submission to the Medical Research Future Fund consultation to inform the third Australian Medical Research and Innovation Priorities 2020-2022](#)

### Other access, equity and affordability measures

[Submission to the Senate Standing Committee on Community Affairs Inquiry: Social Services Legislation Amendment \(Strengthening Income Support\) Bill 2021](#)

[Submission to Senate Newstart Inquiry](#)

[National Women's Health Strategy 2020-2030: Consultation Draft](#)

[Prime Minister must tackle climate change with same urgency as COVID-19: Open Letter from health groups](#)





