

COMMUNIQUE

NATIONAL PREVENTIVE HEALTH STRATEGY RURAL AND REMOTE ROUNDTABLE: 19 DECEMBER 2019

The Minister for Health, the Hon Greg Hunt MP, has committed to the development of a National Preventive Health Strategy (the Strategy). It is intended that the Strategy provide a long-term vision for improving the health of all Australians and that it stimulates a systemic shift to achieve a better balance between treatment and prevention. It will be a national strategy that includes primary and secondary prevention, and it will not have a disease-specific approach. The Strategy will be underpinned by the strongest research available.

An Expert Steering Committee has been appointed to provide advice on the development of the Strategy, with the first meeting held on 26 September 2019 and a second meeting was held on 28 November 2019.

Broad consultation is integral to the development of the Strategy and the views of public health groups, key stakeholders and consumers will be represented in the Strategy. A series of consultations are being held between November and December.

The Department of Health convened a Rural and Remote Health Roundtable in Adelaide as part of the development of the **National Preventive Health Strategy and the Primary Health Care 10 Year Plan**. The roundtable was hosted by the National Rural Health Commissioner, Professor Paul Worley, and opened by the Minister for Regional Services, Decentralisation and Local Government, the Hon Mark Coulton MP.

ROUNDTABLE CONSIDERATIONS

The Roundtable heard presentations from rural health consumers, the Consumer Health Forum, the National Rural Health Commissioner and the Department.

The Roundtable discussed the importance of:

- patient-centred care
- workforce maldistribution and shortages to the issue of access to person-centred primary health care and preventive health approaches in rural areas
- building on the strengths and interconnectedness of rural communities.

The Roundtable discussed the desirability of team-based, integrated approaches to primary health care, delivering continuity of care wherever possible, supported by a range of approaches including telehealth, mobile practitioners, service hubs and networked arrangements. Mental health and wellbeing and connection to social support services – including through social prescribing and social determinants approaches – need to be part of this. The current challenge of adverse weather events, including drought and bushfires, reinforces the urgency of supporting community resilience and community-building.

Rural community-led approaches to developing, attracting and supporting the health care and other relevant workforces are critical. This includes GPs, nurses, allied health professionals, dentists and pharmacists. The availability of current data on workforce distribution will be critical to making this work. In addition to the Rural Generalist Pathway and the single employer model, the Australian Government, working with state and territory governments and Primary Health Networks, is looking to support innovative approaches to supporting the workforce in rural towns to improve access to healthcare.

The Roundtable discussed:

- moving the health system towards a wellness model and away from a sickness model
- the importance of primary as well as secondary prevention, and the opportunity of pregnancy, birthing and the first 1,000 days for preventive approaches
- the importance of effective engagement with people to support mental health and wellbeing and to support patient engagement with treatment
- the importance of cultural safety

- the potential of genomics and AI/decision support to assist in diagnosis and developing treatment approaches, and epigenetics to address trauma
- the potential of risk stratification tools to prioritise access to care
- health literacy and nudges and supports for people to look after their own health
- health system literacy and assistance for patients and carers to navigate the system
- the desirability of developing scalable models of care
- the pressures of an ageing population
- the time, cost and other challenges of transport for rural patients
- acknowledging outside factors (social determinants, environment, social media) can be contributors to people's health.

The Roundtable emphasised the need to move to funding models which support these approaches, noting current imbalances in financial incentives across different parts of the health workforce and health system, including lower levels of investment in integration and prevention, and the absence of patient-focused funding support in areas where there are no doctors and infrastructure.

NEXT STEPS – National Preventive Health Strategy

The following next steps were agreed:

- Further consultation workshops will be held during December and in early 2020.
- The Expert Steering Committee will meet again early 2020 to consider the outcomes of these consultations and further progress the development of the strategy.
- Public consultation on the draft Strategy will commence in early 2020.