



BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

PositiveLifeNSW
the voice of people with HIV since 1988

Submission to:

The Department of Health and Ageing

On:

Medicare Locals – Discussion paper on
governance and functions

November 2010

General Comments

The Australian response to HIV/AIDS and other blood borne viruses is recognised globally as highly successful. HIV prevalence in Australia is lower than in comparable high income countries.

The Australian success has been due to a strong partnership between government, researchers, health care professionals and communities most affected by these diseases. This partnership began in the early response to HIV.

In recent years the partnership approach has been most successful in New South Wales. NSW is one of the only jurisdictions in a high income country to stabilise rates of HIV transmission in recent years.

This success is due to the strength of the HIV/AIDS partnership and institutional arrangements in NSW.ⁱ Key features of the response in NSW include:

- Maintaining a shared population health and disease prevention framework focused on stabilising rates of infection;
- Strong government commitment to HIV prevention and health promotion programs;
- Strong central policy and programmatic decision making within NSW Health; and
- A Single point for NGO contracting and funding arrangements that allow NGO to be strategic partners in HIV policy and programs.

This approach has delivered significantly well for NSW because it has achieved:

- A stronger focus on delivering services to groups most at risk of HIV transmission, including the redirection of programs to focus on those populations;
- High levels of access to clean injecting equipment in the locations where it is required;
- Ongoing social marketing and community development, particularly for gay men and people living with HIV; and
- Strategies to increase testing by members of communities most at risk of HIV infection.

The Sixth National HIV Strategy, released on 27 May 2010, continues the commitment to a partnership approach. The Strategy seeks to take immediate actions to strengthen the HIV partnership and reinvigorate prevention as a cornerstone of the national response.ⁱⁱ The Strategy states that a partnership approach is essential in all jurisdictional and non government agency planning.

ACON recommends that the development of Medicare Locals should support the implementation of the Sixth National HIV Strategy and the partnership response to HIV in Australia.

This can be achieved by:

- Explicitly recognising that non government organisations provide primary health care services that should be integrated with the rest of the primary health care system;
- Acknowledging the role of carers, community and social services in improving patient outcomes;
- Retaining the existing arrangements for HIV prevention programs; and
- Including strong mechanisms for consumer involvement in the governance arrangements of Medicare Locals.

Service Integration and Improving the Patient Journey

Medicare Locals are being established to improve the integration of primary health care services and improve access to services. The National Health and Hospitals Network Agreement states that the initial focus of Medicare Locals will be 'a range of functions aimed at making it easier for patients to navigate the local health care system and to provide more integrated care.'ⁱⁱⁱ

In the immediate term, Medicare Locals will have the greatest impact on health outcomes by improving primary health care services for people living with chronic illnesses and the elderly. This will include improving the early diagnosis of chronic disease and access to effective services such as allied health, patient education and social supports.

It is well recognised that improved management of chronic diseases such as diabetes and cardiovascular disease and coordinated care for the elderly should be the first priorities in primary health care reform. This approach stands to benefit all people living with chronic conditions, including people living with HIV, many of whom also live with other chronic diseases or are consumers of multiple health services.

ACON recommends that improving service integration should be the major focus of Medicare Locals in their first years. This is a major and urgent area of reform that should not be diluted with large numbers of other priorities.

Non-government services often provide primary health care and community services and should work with Medicare Locals to improve integration. ACON currently provides counselling, housing assistance, care and support services, peer education, and social marketing programs. Further, some of these services are provided inside general practice. These services work best when coordinated with other primary health care services, especially general practice.

For some individuals, social and community services such as accommodation support, home care, counselling and community programs make an important contribution to their long term stability and health outcomes. This can often be the case for people living with a mental illness or a drug and alcohol issue. Medicare Locals should seek to develop strong connections with community based services in order to provide appropriate care services for target client groups.

ACON recommends that Medicare Locals should explicitly seek to improve integration with primary health care services provided by non-government organisations. Possible strategies to improve integration include MoU's, education opportunities and joint care planning.

Prevention

Over time, Medicare Locals are expected to develop local population health and service plans to enable a stronger focus on prevention and early intervention. *Healthy Communities Reports* are to be developed that will inform planning, prioritisation and resource allocation.

ACON understands that the members of Medicare Locals will be health professionals working in the community. In the first instance members will be drawn from the existing Divisions of General Practice and then potentially expanded to include other professions such as allied health practitioners.

The HIV prevention programs that have underpinned the successful HIV response in NSW are currently not provided by the likely members of new Medicare Locals. Effective HIV prevention programs such as needle syringe programs, social marketing, community development and education in risk reduction, are best provided by specialised services and non government organisations with a very strong focus on the social determinants that impact on HIV prevention. Most of these services are not provided to individuals in clinical settings.

Medicare Locals are unlikely to be able to be able to deliver better HIV prevention programs than the existing partnership approach.

ACON recommends that the existing organisational arrangements for HIV prevention policy and programs be retained. This includes:

- Maintaining a state based population health and disease prevention framework focused on decreasing rates of infection;
- Strong government commitment to HIV prevention and health promotion programs;
- Strong central policy and programmatic decision making within NSW Health; and
- Single point for NGO contracting within NSW Health and funding arrangements that allows NGOs to be strategic partners in HIV policy and programs.

The National Health and Hospitals Agreement commits the Commonwealth and the States to undertake further work in a number of areas including community health promotion and population health programs including preventative health.^{iv} This work will consider whether services should be transferred to the Commonwealth or require strong national reform efforts to maximise the value of the National Health and Hospitals Network, including Medicare Locals and the new National Preventive Health Agency.

It is not clear whether HIV prevention programs are within the scope of this work. The need for reform of HIV prevention programs was recently considered by all jurisdictions in the development of the Sixth National HIV Strategy. The Strategy endorsed the success of the current partnership and sought to strengthen this approach. The new Strategy was then agreed by the Commonwealth and States and Territories.

Transferring HIV prevention programs to the Commonwealth, the National Prevention Agency or Medicare Locals would put at risk the current success in stabilising rates of HIV infection in NSW.

Prevention efforts for gay men are niche interventions that rely on a full understanding of the gay community and gay men's lives. Non-government organisations have the greatest expertise in the development of social marketing and community development programs targeted at gay men and are able to communicate with a greater credibility than government authorities. This includes using language and messages that would not be permissible in a government agency.

Needle and syringe programs have been shown to be highly effective in prevention HIV as well as other blood borne viruses. The success of needle and syringe programs is that they provide access to clean injecting equipment as a harm reduction strategy and have high levels of trust with an extremely marginalised population. These programs are currently run by NSW Health. Considerable effort is made to ensure that these programs are operated in way that is trusted by services users and is sensitive to local community concerns. Transferring these services to Medicare Locals at the Commonwealth Government level may overly politicise their location and operation and place their success under threat.

Sexual health clinics currently provide a safe and anonymous alternative to having sensitive sexual health tests in general practice. While there is clearly scope for general practice to undertake more screening and testing, particularly for diseases such as Chlamydia among young women, this should not be at the expense of existing sexual health services. The current high rates of testing for HIV and high rates of STI screening among those communities most at risk of HIV is reliant on access to safe, sensitive and anonymous testing such as that currently provided by sexual health clinics. General practice is not able to provide the same service given the need for identification to bill Medicare.

The considerable expertise that currently exists within NSW Health and non government organisations may not be replicated elsewhere. This includes detailed local knowledge about risks of HIV transmission, such as trends in patterns of drug use, sex work and behaviour in the gay community. This knowledge currently informs the location and design of HIV prevention programs.

Changing responsibilities would disrupt existing contracting arrangements and effective policy development mechanisms.

Governance

ACON supports the Commonwealth's intention to establish Medicare Locals with strong local governance, broad representation of community and health professionals as well as business and management expertise.

ACON supports Medicare Locals having a broad membership based incorporating nursing and a range of allied health professionals. Medicare Locals should also have a clear mechanism for the participation of non government organisations and clinicians employed by non government organisations. This is particularly important for consistent clinical standards, access to education and training and the development of multidisciplinary care teams for individual patients.

Medicare Locals are expected to maintain close connections to their community and be focused on the needs of patients.

ACON recommends that all Medicare Locals should have clear mechanism for consumer and community participation. ACON supports including consumer representatives on the Boards of Medicare Locals as well as key advisory committees. This should include mechanisms to consult with specific groups of consumers such as people living with HIV/AIDS.

Gay, lesbian, bisexual and transgender people (GLBT) may have particular health needs, can experience discrimination in health care settings or fail to disclose critical information because they mistrust primary health care providers. Medicare Locals should seek to improve awareness of GLBT health issues among their members, including strategies to improve access to health care and services available for GLBT people.

We thank you for the opportunity to provide feedback to the development of Medicare Locals. If you have any questions please do not hesitate to contact Veronica Eulate, Acting Director, Policy, Strategy and Research at ACON, on (02) 9206 2048 or email veulate@acon.org.au.

About ACON

ACON (formerly known as the AIDS Council of NSW) was formed in 1985 as part of the community response to the impact of the HIV/AIDS epidemic in Australia. Today, ACON is Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. ACON provides information, support and advocacy for the GLBT community and people living with or at risk of acquiring HIV, including sex workers and people who use drugs.

ACON is home to the Lesbian & Gay Anti-Violence Project (AVP), the Community Support Network (CSN), the Positive Living Centre (PLC) and the Sex Workers Outreach Project (SWOP). ACON has its head office in Sydney as well as branches in the Illawarra, Northern Rivers, the Hunter region and the Mid North Coast.

About Positive Life NSW

Positive Life NSW is a community based NGO that has represented the interests of people living with HIV in New South Wales since 1988. We provide advocacy, peer support, HIV prevention and health education campaigns and resources that focus on the experiences of people with and affected by HIV. We work to promote a positive image of people affected by HIV with the aim of eliminating prejudice, isolation, stigmatisation and discrimination.

ⁱ Consensus Statement, *A Think Tank: Why are HIV Notifications Flat in NSW 1998 – 2006?* NSW Health, 30 April 2007, p.1.

ⁱⁱ *Sixth National HIV Strategy* (2010) Commonwealth of Australia, p 4,5

ⁱⁱⁱ National Health and Hospitals Network Agreement B26

^{iv} National Health and Hospitals Network Agreement D3