



**THE HON MARK BUTLER MP**  
**Parliamentary Secretary for Health**

**SPEECH**

Official Opening and Launch of “Snapshot 2009<sup>1</sup>”  
General Practice and Primary Health Care Research Conference  
Melbourne  
15 July 2009

**Acknowledgements**

- Traditional owners

International guests -

- Professor Frank Sullivan (Director, Scottish School of Primary Care, NHS Tayside Professor of Research and Development in General Practice and Primary Care, University of Dundee)

and

- Dr Tikki Pang, Director, Research Policy & Cooperation, World Health Organization, Geneva, Switzerland;
- Health researchers, and practitioners.

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<sup>1</sup> Snapshot of Australian Primary Health Care Research 2009

## Introduction

Good morning, and thank you for your welcome. The Minister for Health and Ageing, Nicola Roxon, is unable to be with us this afternoon, and she sends her apologies and best wishes for a successful conference.

I'm very excited to be here this afternoon, as the new Parliamentary Secretary for Health with responsibility for the NHMRC.

I'm not telling this audience anything new when I say that primary health care is the frontline of the Australian health care system; and primary health care research is essential to inform us how to make that care better.

The work that you undertake as researchers, or research sponsors, is therefore of great interest and importance to a government undertaking the most ambitious and broad health reform agenda in several decades – as our government is.

Last year in a recorded message to your conference, Minister Roxon outlined the reform processes which the Rudd Government planned, or had underway, and in very broad terms what we hoped to achieve from them.

A year on, a lot of hard work has been done in preparing for reform, culminating in the delivery of a number of reports to Government.

I am sure you're all familiar with these major reform processes –

- the National Health and Hospitals Reform Commission;
- the National Preventative Health Taskforce, and
- the National Primary Health Care Strategy.

I understand that on Friday afternoon you will have representatives involved in these reform processes as well as a Deputy Secretary of the department speaking at a plenary session. Each of these people has made a significant contribution to developing the reform agendas, which will have far reaching implications across the entire health system.

So I'd stick around for that session if you can.

In addition to these processes, there are other significant reform processes under way.

We are currently working on the first National Men's Health Policy and an updated National Women's Health Policy.

We also had the 2009-10 Budget which made important contributions to health.

In spite of difficult global economic conditions, the Government invested across **all** parts of the health system, including measures to boost the health workforce, reforms to maternity services, and a major investment in building and upgrading health and medical research and training facilities across Australia.

All of these reform processes are separate, but interdependent.

The major theme of all of them is to reorient our health system - from the treatment of episodes of serious illness in the acute care setting to better management of conditions in the primary health care setting; and more prevention and patient centred care.

Hospitals are an essential – and very high profile – part of our health system, but primary health care is just as, if not more, important to our overall health and wellbeing, and our ability to participate in work and community life.

International research shows that health systems with a strong primary health care sector are more efficient, have lower rates of hospitalisation and mortality, and deliver more equitable health outcomes.

In Australia, more effective and accessible primary health care will be critical to meeting the major health challenges that we face in the 21st century.

These challenges include an ageing population, rising rates of chronic disease, and the health needs of rural and remote and Indigenous communities who are currently falling behind the rest of the population.

Compounding these challenges are workforce pressures, lack of continuity in patient care, and issues of safety and quality in practice.

Primary health care must lead the way in tackling these challenges- and research into improving practices and services plays a vital part in meeting these challenges.

## ***The New Health Care Agreements***

The need to make these major changes in health has been acknowledged by all Australian governments.

COAG's National Healthcare Agreement– the new agreement on Commonwealth-state health funding announced in November last year – affirms the agreement of all governments that Australia's health system should:

- be shaped around the health needs of individual patients, families and their communities;
- focus on prevention of disease and the maintenance of health, not simply the treatment of illness;
- support an integrated approach to the promotion of healthy lifestyles, prevention of injury, and diagnosis and treatment of illness across the continuum of care; and
- provide all Australians with timely access to quality health services based on their needs – not their ability to pay – regardless of where they live in the country.

The National Healthcare Agreement also sets the policy direction for better connecting hospitals to primary and community care, in order to meet patient needs, improve continuity of care and reduce demand on hospitals.

## ***The National Primary Health Care Strategy***

This is of course why in June last year Minister Roxon announced that the Government would develop Australia's first National Primary Health Care Strategy, with the assistance of an External Reference Group, chaired by Dr Tony Hobbs.

For those who don't know Dr Hobbs, he's a GP Obstetrician in Cootamundra, NSW, and the immediate past chair of the Australian General Practice Network.

The other members of the External Reference Group offer a range of perspectives on primary health care. They include a pharmacist, a midwife, a physiotherapist, a psychologist, a birth reform advocate, a general practice nurse, a consumer representative, primary health care academics and general practitioners, including those who work with Indigenous, and rural and remote communities.

Australia's first National Primary Health Care Strategy will provide a systematic plan to tackle the challenges in primary care.

The Minister asked that the Strategy give priority to these areas:

- better rewarding disease prevention;
- promoting evidence-based management of chronic disease;
- supporting patients with chronic disease to manage their condition;
- supporting the role GPs play in the health care team;
- addressing the growing need for access to other health professionals; and
- encouraging a greater focus on multi-disciplinary team-based care.

The drafting of Australia's first National Primary Health Care Strategy has provided us with an opportunity to take stock, to consider the strengths of our current primary health care system that we can build on, to identify the major pressure points, and to canvass new approaches to meeting future needs.

The Government asked for a draft Strategy by the middle of this year, and I am pleased to say that it has very recently been received.

I can't reveal too much today, as the Strategy is being carefully considered by the Minister and the Government, together with the recommendations of other key reform processes.

However, I can say that the draft reflects extensive consultation and feedback.

In fact there were more than 260 submissions in response to the National Primary Health Care Discussion Paper released at the end of October 2008 – from state and territory governments, professional groups, individual GP Divisions, consumers, health care practitioners, public and community health services, and special interest groups.

***The National Health and Hospitals Reform Commission and the National Preventative Health Care Strategy***

The Minister has also recently received the reports of the National Health and Hospitals Reform Commission and the report of the Preventative Health Taskforce which will also be very relevant to the future of primary care.

As I have said, the Government is in the process of considering all of these reports which will be released in the near future.

### ***Importance of Research***

Research and reform go hand in hand. They are in fact two sides of the same coin – one cannot succeed without the other.

Primary health care research is different to some other types of health research in that it deals with the 'real world' of what happens within the primary health care setting.

This makes it even more relevant to health reform.

Your research provides the sound evidence base for new practices and policies for health practitioners; which in turn, in many cases, will demand changes to the system in which they operate.

Improving the 'real world' of primary health care – to improve services and outcomes for patients – is a core objective of the Government's reform agenda.

That is why the Government intends to harness the power of your research more directly, through a slightly amended brief for the Primary Health Care Research, Evaluation and Development Strategy (PHCRED).

PHCRED has received more than \$100 million from the Australian Government since 2000. The Rudd Government will be continuing that funding for a new phase of the strategy which will see its research initiatives aligned and integrated with the reform agenda in the National Primary Health Care Strategy.

We also want to see a greater exchange of knowledge between researchers, practitioners and policy makers – because as I said, research and reform need to work together for either to be successful.

On that note, I am now very pleased to launch the 2009 'Snapshot of Australian Primary Health Care Research'.

Like the first Snapshot which came out last year, this cross section of projects funded through PHCRED shows the quality, the diversity and

the potential for advancement offered by Australian primary health care research.

While I was reading the Snapshot over the weekend, I was struck by a few recurring themes –

1. The importance of GP training
2. More timely and direct patient access to care
3. The effectiveness of multi-disciplinary teams
4. Innovation in Indigenous Health Services

The Snapshot projects are inspiring but I have no doubt there are many others which could equally be featured.

The bottom line of all of these projects, and indeed of all good research, is innovative thinking informed by the best evidence.

I know that's your aim, and it's certainly our aim to promote and encourage it. With such a big reform agenda, in fact, the Government is relying on it.

Best wishes with your conference, and thank you for the opportunity to be here this afternoon.

ENDS