

Editorial Issue 3 2013

A strategic framework for primary health care

The new Strategic Framework for Primary Health Care will be important to the future of primary health care in Australia (subject to the results of the forthcoming Federal election). Launched at the Primary Health Care Research conference in Sydney in July by the Federal Health Minister Tanya Plibersek, it is relevant to practitioners, managers and researchers in each jurisdiction. The scope of the document encompasses the many complexities and roles of primary health care, and its four strategic outcomes are laudable: building a consumer-focussed and integrated primary health care system; improving access and reducing inequity; increasing the focus on health promotion and prevention, screening and early intervention; and improving quality, safety, performance and accountability.

However, achieving these strategic outcomes is a huge challenge when 'the intent of the Framework is to target activity that can be undertaken within existing resources from across the entire system.' To implement this Framework, specific bilateral plans are being developed in each state and territory in partnership with the Commonwealth. There is a risk that these plans will focus only on management of advanced chronic disease in order to ease the burden on costly hospitals, rather than on the longer term challenge of 'building a strong, responsive and cost-effective primary health care system . . . to maintain a healthier population' (p. 2).

The papers in this issue of the journal relate to the themes in this new Framework, which is not surprising given its strong relationship to the National Primary Health Care Strategy. Five papers address the subtleties of building a consumer-focussed system with regard to managing chronic conditions, and their findings suggest new ways of working with consumers. By interviewing patients in different settings Cheong *et al.*, Madsen, Kirby *et al.* and Hepworth *et al.* reinforce the importance of environments that support patients taking an active role in their own care. Black *et al.* conducted a randomised controlled study of the role of non-GP staff in chronic disease management, finding that changes in practice team roles did not result in improved patient-assessed quality of care under the conditions of this study.

A paper on early intervention by Doran and Buckley examines walking patterns in pregnancy and ways to encourage pregnant women to maintain previous physical activity levels. Health education is the topic of a novel paper from Renzaho and Clarke

who address the typologies of educators and their likely effect on behaviour change in HIV/AIDS education in Tanzania. The principles in this paper are transferable to other settings. Who wants to learn how to change an unhealthy behaviour (e.g. smoking) from someone who apparently has not changed their own behaviour?

Improving quality, safety, performance and accountability is represented by two papers. Canyon's paper on risk prevention in a sample of Australian hospitals, medical centres and allied health services finds that reactive managers need to increase their awareness of risks in order to become capable of preventing them. As evidence suggests competent managers contribute to effective and efficient health service delivery, Liang *et al.* studied core competency requirements across different management levels in community health services.

Effectively implementing new policy in primary health care practices requires sound understanding of the varying features and characteristics of practices rather than assumptions of uniformity. The paper by Rodwell and Gulyas on the taxonomy of practices is an important contribution to this understanding.

The study by Cusack *et al.* on extreme weather-related health needs of people who are homeless provides a graphic illustration of the link between the social determinants of health and avoidable health system costs, not to mention considerable suffering. The adverse impacts of extreme cold on the health of homeless people can result in hospital admissions that could be avoided with better risk management and understanding of the experiences of this group.

Last, the paper by Lam *et al.* examines the role of the Chronic Dental Disease Scheme in Enhanced Primary Care. The fine detail of such Federal funding schemes is vital to the way in which primary health care can make a difference to consumers, address chronic health conditions and contribute to achieving the strategic outcomes and immediate effects of this strategic framework.

Standing Council on Health, National Primary Health Care Strategic Framework April 2013, Commonwealth of Australia 2013: www.health.gov.au/internet/publications/publishing.nsf/content/nphc-strategic-framework.

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