



Consumers Health
Forum OF Australia

Consumer focused commitments

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for Federal Budget 2017-18

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Consumer focused commitments for a 21st century consumer centred healthcare system

Australia's health care horizon is rapidly changing. We continue to face significant challenges at the same time as growing opportunities for reform and innovation.

Australians have positive experiences of their personal health and wellbeing. When asked to self-rate our health, 85% of us rate it as 'good' or 'better'¹ and our life expectancy is higher than it's ever been. However when we look at health through other lenses the trends are not as positive. Rates of obesity, chronic illnesses and 'healthy' years being lost to ill health are increasing¹. It's the trends in these areas that worry us.

Our health care landscape is changing - fast. The financial imperative to improve productivity, an ageing workforce, increased rates of chronic illness, the unstoppable growth of digital health and the burgeoning field of precision medicine and personalised care are driving the health sector to refine and innovate. The near future will bring a health industry dramatically different from the one we see today: 24/7, convenient, enhanced by technology, holistic and personalised, with prediction and prevention making us less reliant on cures.

We will use hospitals less, clinics and telehealth more. For consumers this will be most clearly realised in the blurring of the retail, health and social care sectors. The line that has long separated healthcare from retail will disappear over time as retailers, wellness coaches, pharmacies, insurers and tech companies start to play a far more significant role in keeping us well². So too will our understanding of the boundaries between health and social care. Healthcare that works independently of housing, disability and social services will always be less effective than when these systems work together³.

These considerable challenges can only be adequately addressed by a 21st century health system which ensures quality, affordable health care for all Australians and maximises the potential of the advances which accompany these challenges. This system should be one which supports consumers to take control of their care through engaging them in shared and informed decision making. Through prioritising and adequately resourcing a strong primary care backbone to our system we will shift the preoccupation from hospitals back to timely and resource efficient preventative care. The world's highest performing health systems have activated patients who engage with primary care first- Australia should be one of these systems.

¹ Australian Institute of Health and Welfare (2016) *Australia's Health*. Canberra, Australian Institute of Health and Welfare

² Main, T., Slywotzky, A. (2014) *The Patient-to-Consumer Revolution: How high tech, transparent marketplaces, and consumer power are transforming U.S. healthcare*. USA: Oliver Wyman Health and Life Science

³ Ham, C., Dixon, A., Brooke, B. (2012) *Transforming the Delivery of Health and Social Care: The case for fundamental change*. London: The King's fund.

Adequate and equitable resourcing of our health system is essential to allow access to healthcare when and where consumers need it. Evidence-based and well-resourced health systems improve national productivity, are more cost-effective and equitable. Over time, moving to models of care which promote services being integrated will benefit consumers. Integrated care which puts the needs of people and communities, not diseases, at the centre of health systems and empowers consumers to take charge of their own health facilitates the adequate and equitable use of resources. This can be achieved through involving consumers in design as they can accelerate improvement and spur practical and local health and social care solutions. Examples of how this can be done already exist such as the work to produce the National Medicines Policy⁴ which recognises the fundamental role consumers have in reaching the objectives of quality care, better value for taxpayers and universal access to basic health services.

As the peak national body for consumer's involvement in health CHF supports the development of an efficient, inclusive and accessible health system. We call on the Federal Government to take action in two key ways: to develop a national vision for our health system and to adequately resource it.

The development of a National Vision for Australia's Health 2025 is an ambitious, yet achievable goal for the Council of Australian Governments (COAG). This Vision will provide a roadmap for the reforms needed to create our 21st century health system.

An adequately resourced health system is one which optimises the current resources and which draws on additional resources as needed. CHF supports the ongoing review processes which aim to ensure that all spending is as efficient as possible. However, we also call for this funding to be supplemented if and where required. In a challenging financial climate it is essential to invest in areas which will reap the greatest returns – one of which is health. The recent confirmation of the Federal Budget deficit suggests that we need new and innovative solutions to improve productivity. Our submission presents some of these through highlighting cost effective, practical solutions to five key challenges. Implementation of these solutions will lead to a more consumer- friendly and consumer- centric health system which will benefit all Australians.

Summary of recommendations

Key commitments

CHF calls on the Council of Australian Governments (COAG) to develop a National Vision for Australia's Health 2025

CHF calls on the Federal Government to move away from the current budgetary requirement for all new health expenditures to be offset by savings in the health portfolio

⁴ Department of Health (2016) *National Medicines Policy*; Commonwealth of Australia, Canberra

Prevention

CHF calls for the development of a comprehensive, community-focused strategy to address the growing issue of obesity in Australia. This national strategy should comprise elements including: a tax on sugar sweetened beverages, stronger controls on junk food advertising, improved nutritional literacy, healthy work environments and urban planning which encourages more physical activity. In concert with many other stakeholders we call on the government to introduce an excise of 40 cents per 100 grams of sugar on non-alcohol, water based beverages that contain added sugar. This would raise \$400 to \$500 million in revenue which should be devoted to health spending.

Primary Health Care

CHF calls on the Federal Government to increase investment in primary health care, firstly by removing the freeze on MBS rebate for primary health care.

CHF calls for more resources to implement Health Care Homes to ensure general practices have the capacity to provide the comprehensive services that many consumers need.

CHF calls for funding to Primary Health Networks to implement integrated care initiatives in the context of COAG national health and hospital reform bilateral discussions.

CHF calls for clearer Federal Government plans and funding for self-management innovations such as health coaches to help people better look after themselves and get the right care. These should be integrated into the Health Care Homes Programme.

Private Health Insurance

CHF calls on the Federal Government to target the Private Health Insurance Rebate in the best interests of taxpayers and consumers. Policies that do not meet criteria of reasonable cover, simplicity and comparability should not be eligible for the rebate.

We also ask that it is made mandatory that health funds make readily available, and in plain language, the costs and coverage of all their insurance packages

Pharmacy

CHF calls on the Federal Government to ensure the new health payment system is funded to enable it to administer the Pharmaceutical Benefits Schedule safety net.

We call on the Federal Government to reform the PBS safety net so consumers with high usage of PBS medicines have smoothed out annual co-payments.

We ask the Federal Government to withdraw the proposed one off increase in co-payments and increases in PBS safety net thresholds announced in the 2014 Federal Budget.

Patient Safety and Participation

CHF calls on the Federal Government to support a programme of action to ensure healthcare consumers participate in shaping the underpinning policy and implementation of the health reform agenda including innovative ways to gather and synthesise consumer sentiment.

CHF calls on the Federal Government to implement measures that support greater consumer and community involvement in health technology assessment.

CHF calls on the Federal Government to support the development of a national centre for excellence in consumer and community involvement in health and medical research through the Medical Research Future Fund.

CHF calls on the Federal Government to steward the development of programs to build a network of patient and consumer leaders who can work in partnership with PHNs, local clinicians and other stakeholders to ensure evidence-based, needs-informed regional commissioning plans.

Prevention

“We talk about prevention and healthy living... but how are you supposed to do that on your own if no one is there to work with you and help you?”

Consumer focused commitment:

CHF calls for the development of a comprehensive, community-focused strategy to address the growing issue of obesity in Australia. This national strategy should comprise elements including: a tax on sugar sweetened beverages, stronger controls on junk food advertising, improved nutritional literacy, healthy work environments and urban planning which encourages more physical activity. In concert with many other stakeholders we call on the government to introduce an excise of 40 cents per 100 grams of sugar on non-alcohol, water based beverages that contain added sugar. This would raise \$400 to \$500 million in revenue which should be devoted to health spending.

Why this matters:

Obesity is recognised as one of the greatest public health challenges of our time. It is a major risk factor for chronic and preventable conditions such as type 2 diabetes, heart disease, hypertension, stroke, musculoskeletal disorders and impaired psychological functioning. Nearly two-thirds of the Australian adult population is overweight or obese and these rates are some of the highest in the world⁵. Overall rates have increased from 56.3% in 1995 to 63.4% in 2014-15⁶ and are over 70% in some areas.

Third-party costs, primarily borne by governments, include: higher healthcare spending, higher welfare spending and lower tax revenue due to lower employment rates. A recent Grattan Institute report has estimated these costs to be in excess of \$5 billion in the 2014-15 financial year. These costs can and should be reduced. While solutions will take a whole-of-society approach including changes to our cities and modes of transport, there are steps the government can take now to put Australia on the path to solutions. CHF joins with groups including the World Health Organisation (the WHO), the Australian Medical Association, the Grattan Institute and a range of illness specific groups which are calling for this action. We specifically support the WHO's global target of 0% increase in obesity rates by 2025.

CHF looks forward to the release of the National Strategic Framework for Chronic Conditions in early 2017 and the positive impact it will have for Australians with chronic conditions.

⁵ OECD (Organisation for Economic Co-operation and Development) 2015. *Health at a Glance 2015: OECD Indicators*. Paris: OECD. Viewed 16 August 2016

⁶ ABS (Australian Bureau of Statistics) 2015. *National Health Survey: First Results, 2014-15*. ABS Cat. No. 4364.0.55.001. Canberra, ABS.

However, we believe that obesity as a public health challenge warrants being dealt with on its own, not bundled into a broader chronic illness strategy. McKinsey Global's 2014 report: *Overcoming Obesity an initial economic analysis* highlights paths for action. CHF supports any government actions to support urban redesign, easily understood food labelling, curbs on junk food advertising to children and public education campaigns.

Specifically, we call on the government to implement an excise of 40 cents per 100 grams of sugar on non-alcoholic, beverages that contain added sugar. This sends a price signal to deter consumption in the same way that price signals are adopted in the world's most successful tobacco control strategies, including that adopted by Australia, and targets a food category that offers no nutritional value at all. The recommendations outlined in the Grattan Institute's 2016 are predicted to:

- Increase the price of a two-litre bottle of soft drink by about 80 cents
- Raise \$500 million a year which could be used to repair the budget deficit
- Generate a drop of 15% in consumption of sugar sweetened beverages
- Likely result in a small decrease in obesity rates.

A similar tax has been introduced in countries which comparable social situations and economies such as the United Kingdom, France and parts of the United States. The experiences of these countries show that this tax will have minimal negative impact and a substantial positive impact. In particular, the predicted \$500 million in extra tax revenue could be invested in repairing the budget deficit, lessening the need to make savings in health.

Primary Health Care

They [health services] weren't coordinating with my GP...My GP is fantastic. He found a neurologist ...and is also willing to do teleconferences. He's given me all the contact information I need and coordinates my care with the local ophthalmologist, optometrist, dietitian – basically has put the team together..."

Consumer focused commitments:

CHF calls on the Federal Government to increase investment in primary health care, firstly by removing the freeze on MBS rebate for primary health care.

CHF calls for more resources to implement Health Care Homes to ensure general practices have the capacity to provide the comprehensive services that many consumers need.

CHF calls for funding to Primary Health Networks to implement integrated care initiatives in the context of COAG national health and hospital reform bilateral discussions.

CHF calls for clearer Federal Government plans and funding for self-management innovations such as health coaches to help people better look after themselves and get the right care. These should be integrated into the Health Care Homes Programme.

Why this matters:

Universally accessible quality primary health care through general practice and similar settings such as Aboriginal Community Controlled Health Organisations is the backbone of sustainable healthcare. Countries with the highest performing health care systems have a strong primary health care sector.

Australia's current primary health system works well for most people. However, it is not designed to meet the needs of the growing number of people with chronic and complex conditions. The current fee-for-service funding arrangements are outmoded and the system doesn't integrate as well as it could with hospital, aged care and community services. Consequently, there is scope to promote greater team-based care which makes best use of our well trained health workforce.

Greater integration and coordination of care across service settings is important if we are to prevent adverse events, prevent avoidable hospital admissions and facilitate integrated care for consumers with complex needs. Primary care has a key role in areas like pain

management and mental health where a multi-faceted and multidisciplinary approach is critical to improving health outcomes and experiences of care.

Contemporary primary health care needs to be inclusive and take into account the diverse needs of the communities it is serving. Models of care must be flexible to incorporate the needs of groups including: Aboriginal and Torres Strait Islander peoples, culturally diverse communities, those in our community with an identified disability or mental ill-health, those who identify as LGBTI and those who are homeless.

Key to the development of these integrated systems is the philosophy of consumer-centred care⁷. Consumer centred care is care which is accessible and affordable and whole of person. It supports consumers with informed decision making, being involved planning and governance and promotes trust and respect from all parties. Through this it provides appropriate, comprehensive and coordinated care.

A 21st century primary health care system in Australia needs to embrace the principles of consumer centred care. One way in which this can be done is through the implementation of the 'patient centred health care home'. The patient centred health care home model is distinguishable from current good general practice by its absolute redesign of infrastructure, health care team roles and models of delivering care around the preferences and needs of the patient or consumer. The key elements of this model are:

- Patient-focused care where patients are informed, active partners in their own care
- Comprehensive multi-disciplinary team-based care
- Coordination of care across the care delivery system
- Accessibility for patients using multiple communication modes
- Evidence-based care and data driven quality improvement
- Payment models that support all of the above⁸

Bundled payments, the payment model of choice for the health care home, can curb health care costs without decreasing quality. This can occur through reducing waste, redesigning more effective services, provision of appropriate care, greater team based working, improved data utilisation, better coordination and care integration⁹.

CHF has welcomed and contributed to the government's development of Health Care Homes in the past year. This shift is long overdue. Changing the way primary care is coordinated, funded and delivered will support general practices and Aboriginal Community Controlled Health Services to improve and innovate as well as benefitting the sustainability and effectiveness of our health care arrangements in the longer term. However if this shift is to be successful consumers and clinicians must change the way they work together and with the wider system and this change must be appropriately resourced. We share the concerns of all

⁷ Australian Commission on Safety and Quality in Health Care (2011) *Patient-centred care: Improving quality and safety through partnerships with patients and consumers*, ACSQHC, Sydney, p 7

⁸ Consumers Health Forum of Australia, The George Institute for Global Health, The Royal Australian College of General Practitioners and The Menzies Centre for Health Policy (2016) *Patient-Centred Health Care Homes in Australia: Towards Successful Implementation*

⁹ Dawda, P. (2015) *Bundled payments: Their role in Australian primary health care*, Australian Healthcare and Hospitals Association; Canberra, Australia

other stakeholders that the current funding for the implementation of the model appears inadequate.

Chief among the factors important to the success are: consumer confidence and commitment to voluntarily enrolment and a general practice community that is supported and ready to implement new or enhanced arrangements. Support for these factors will allow the model to deliver more comprehensive care to people with complex and chronic conditions. We suggest that this is achieved through the implementation phase being framed around the ten building blocks of strong primary healthcare¹⁰. The ten building blocks are both a description of existing high-performing practices and a model for improvement. A road map for how this could be done can be found in our recent roundtable report on the topic¹¹.

Primary health care can and must be the beneficiary of proper levels of investment if it is to support those who need it. Investment in primary care will help reduce flow on costs to the rest of the health system and save money.

CHF calls for investment in three specific areas:

The removal of the freeze on the MBS rebate for primary health care. The freeze has led to increased out of pocket costs for consumers¹² --- an outcome known to lead to reduced use of services, resulting in a sicker less economically productive population.

The allocation of more resources to implement Health Care Homes to ensure general practices have the capacity to provide comprehensive, multidisciplinary services.

The diversification of the health workforce, including through new professions such as health coaches and service coordinators. Health coaches can greatly assist with self-management, service coordination and compliance with chronic care plans. Thus, we call for clearer plans and funding in the form of structured, evidence-based self-management programmes to help people better look after themselves and get the right care. This will require investment in consumer health literacy and empowerment. These are areas which have had little to no attention on a national basis, which was highlighted in a national report on health literacy which pointed out that only 40 per cent of adults have the health literacy to meet the demands of everyday life¹³. CHF has consistently found that one of the biggest drivers of complaints and dissatisfaction with the health system is almost always that consumers feel as if they aren't being respected as individuals, and partners, in their own health care decision making.

¹⁰ Bodenheimer, T, Ghorob, A, Willard-Grace, R. and Grumbach, K. (2014) *The 10 building blocks of high-performing primary care*. Annals of Family Medicine. 12 (2); 166-71

¹¹ Consumers Health Forum of Australia, The George Institute for Global Health, The Royal Australian College of General Practitioners and The Menzies Centre for Health Policy (2016) *Patient-Centred Health Care Homes in Australia: Towards Successful Implementation*

¹² Royal Australian College of General Practitioners (2016) *Extended Medicare indexation freeze – Fact sheet for GPs and practices*.

¹³ ABS (Australian Bureau of Statistics) 2009. *Health Literacy*. ABS Cat. No. 4102. Canberra, ABS.

Private Health Insurance

“Despite having top hospital cover for the last 52 years, when I was diagnosed with aggressive breast cancer, I have found that often less than half of the costs are covered! We are out of pocket by \$6,700 the first time, and ... we had to pay everything BEFORE the operations”

Consumer focused commitments:

CHF calls on the Federal Government to target the Private Health Insurance Rebate in the best interests of taxpayers and consumers. Policies that do not meet criteria of reasonable cover, simplicity and comparability should not be eligible for the rebate.

We also ask that it is made mandatory that health funds make readily available, and in plain language, the costs and coverage of all their insurance packages.

Why this matters:

Private health insurance is important to the Australian health care system: it is intended to assist with the costs of care in the private system, to support choice of private provider and to help take the pressure off public hospitals. However it is also overly complex, confusing to consumers and costs the federal government in excess of \$6 billion per year¹⁴.

While rising premiums have reflected surging health costs, Government policy including regulation, tax incentives and a rebate over the past 17 years has failed to translate into effective protection for consumers from rising premiums and out-of-pocket costs. The system and the rebate that subsidises it should take pressure off the public health system not contribute to it. Policy in this area needs to support and contribute to this goal.

The recent ACCC report on health insurance to the Senate indicates that the increasing number of changes health funds are making to their policies are often poorly communicated with unfortunate consequences for their members. This can lead to a range of unfortunate consequences including: ‘bill shock’, high-premium low-value cover and reduced access to health care.

CHF is concerned that the mechanics of the current system are tending to worsen these adverse events. Specifically, instances of health funds failing to effectively alert their members

¹⁴ Commonwealth Government of Australia (2016) *Budget Paper number 1: table 8.1* Commonwealth of Australia, Canberra: Australia

of changes to coverage that can leave them with high and unexpected out of pocket expenses are concerning to us.

We welcome action by the Health Minister to address some of these changes. In particular, the announcement of cuts to the costs of some medical devices and the work of the Private Health Ministerial Advisory Committee seem likely to produce positive outcomes for consumers in the form of lower premium rises and a reduction in the amount of confusion.

The Private Health Insurance Rebate needs to be better targeted and the money directed to it more effectively spent. Policies which are eligible for the rebate should be required to meet basic levels of reasonable cover, simplicity and comparability. This will lead to better value policies which increase the use of the private health system and will mean the money invested is more effectively spent.

All private health insurance funds should be required to make the costs and coverage of all their insurance packages readily available in plain language. This change will allow consumers to make informed choices about their spending and result in less confusion and fewer unexpected gaps.

Pharmacy

“There are people who do not have prescriptions filled or halve their medication rates to eke them out for longer. This compromises their health.”

Consumer focused commitments:

CHF calls on the Federal Government to ensure the new health payment system is funded to enable it to administer the Pharmaceutical Benefits Schedule safety net.

We call on the Federal Government to reform the PBS safety net so consumers with high usage of PBS medicines have smoothed out annual co-payments.

We ask the Government to withdraw the one off increase in the PBS co-payments and increases in the safety net thresholds proposed in the 2014 Federal Budget.

Why this matters:

Pharmacy is a key element in the strong and sustainable primary healthcare system that Australia needs. CHF supports the strengthening of this crucial sector through: the removal of the PBS co-payment increase, the development of a new health payment system and through the reform of the PBS safety net. We also support the integration of primary care services delivered by pharmacists and in the community pharmacy setting being integrated with other reforms such as local services commissioned by Primary Health Networks and Health Care Homes.

Withdrawing the proposed one off increase in the PBS co-payments and increases in the thresholds for the PBS safety net as proposed in the 2014 budget will greatly reduce the pressure on vulnerable consumers.

Reforming the PBS safety net to allow consumers with consistently high usage of PBS medicines to smooth out their total co-payments in any given year will reduce uncertainty and the ill health of this vulnerable population by ensuring continued medication. This issue is raised consistently by consumers, particularly those on low and fixed incomes who sometimes struggle to afford even the concessional co-payment.

The modernisation of information and communication technology systems supporting the health, aged care and related veterans' payments services are welcomed by CHF. Consumers are asked to do more self-service by processing claims and making enquiries on-line but the infrastructure has not been put in place to facilitate this. They complain about long waiting times, processes which are complex and often slow and not responsive to their needs and express varying levels of frustration with the process. We hope that the new system will

address those issues and will be more consumer friendly and work across the various devices people now use to manage their affairs.

We suggest that this payment system includes the capacity to administer the Pharmaceutical Benefits Schedule safety net electronically. The current system of paper records being held by one pharmacy places an unnecessary level of stress and burden on consumers. This particular issue has been raised as a concern by consumers over a number of years. Our recommendation is in keeping with the Government's own principles for digital services as set out by the Digital Transformation Office.

Patient Safety and Participation

“I want to be part of the solution. If you're going to complain, you've gotta come with a solution. I'm trying to encourage as much as anything. I've taken from my hospital stays what works, what doesn't, and what can be improved”

Consumer focused commitments:

CHF calls on the Federal Government to support a programme of action to ensure healthcare consumers participate in shaping the underpinning policy and implementation of the health reform agenda including innovative ways to gather and synthesis consumer sentiment.

CHF calls on the Federal Government to implement measures that support greater consumer and community involvement in health technology assessment.

CHF calls on the Federal Government to support the development of a national centre for excellence in consumer and community involvement in health and medical research through the Medical Research Future Fund.

CHF calls on the Federal Government to steward the development of programs to build a network of patient and consumer leaders who can work in partnership with PHNs, local clinicians and other stakeholders to ensure evidence-based, needs-informed regional commissioning plans.

Why this matters:

The goal of health reform must be to improve the health and wellbeing of the community. This reform depends on the inclusion of consumers at all stages of the process: better decisions and value-based care will be the outcome when policy and programs put people at the centre. The Federal Minister has supported this is on the many occasions where she has said that consumers are the experts on how the health system works for them. The reviews she has instigated have all emphasised the need to consult with consumers. While we applaud this support of consumers, participation needs to go beyond consultation by having consumers actively engaged at all stages of the reform process so that they are empowered to become partners in their care.

There are four main areas where consumer advice and perspectives can be instrumental: consumer-focused policy development; greater consumer and community involvement health technology assessment; consumer-driven health research; and PHN strategies and priorities that are consumer and community informed.

We need to improve our national capability to gather and synthesise consumer sentiment about health care. CHF recommends that the Federal Government support a programme of action to ensure healthcare consumers participate in the planning and implementation phases of the national health reform agenda including the next-stage development of *Real People, Real Data*, an existing, world-first CHF tool for systematically analysing patient stories.

It is generally recognised that a well-performing health technology assessment (HTA) system is one that facilitates consumer access to cost effective technologies that improve health outcomes and which contributes to value for money investments in the context of limited resources. There is growing recognition that Australia's health technology assessment (HTA) system lags behind those in comparable countries and is in need of urgent improvement.

Scope exists to support greater consumer and community involvement in HTA through initiatives such as a new, independent consumer portal. This portal would include user-friendly information, tools and resources to guide consumer participation in HTA processes where recommendations are being made about the safety, efficacy and cost effectiveness of medical interventions and medicines and the extent they should be subsidised.

Creating better pathways for strengthened consumer and community involvement in health and medical research has been recognised by both the National Health and Medical Research Council (NHMRC), through the *NHMRC- CHF Statement on Consumer and Community Involvement in Health and Medical Research*¹⁵ and the Medical Research Future Fund (MRFF). The MRFF's newly outlined objectives include innovation and maximising opportunities for research translation by engaging consumers. Priorities for 2016-2018 include the establishment of a consumer-driven health and medical research agenda and work with the NHMRC-accredited Advanced Health Research and Translation Centres to deliver research agendas in primary care, acute and sub-acute settings¹⁶. It is now time to translate this welcome recognition into action.

CHF has welcomed PHNs and wish to see their efforts to involve consumers and the community in governance and commissioning well supported. The communities they serve will benefit from more responsive, better designed services as a result. However, there is limited focus on building the capacity and expertise of consumers to serve as leaders, agents of change and service improvers despite the literature recognising the important co-creation role consumers can play. CHF recommends that the Federal Government steward a program where all PHNs can nominate consumers, clinicians and community leaders to participate in a bespoke leadership development and service improvement programme.

¹⁵ Consumers Health Forum of Australia and the National Health and Medical Research Council (2016) *Statement on Consumer and Community Involvement in Health and Research*.

¹⁶ Australian Government (2016) *Medical Research Future Fund: Australian Medical Research and Innovation Priorities 2016-18*.

About CHF

The Consumers Health Forum of Australia (CHF) is the national peak body representing consumers on national health issues. We have an interest in developing and promoting consumer-centred health system policy and practice to governments, stakeholders, providers and clinicians, and we aim to ensure that consumers are involved in influencing health system change and innovation. Accordingly, our interests and remit is broad and encompasses the whole of the health system. We aim to capture this breadth in the following submission by highlighting the five key areas that we believe there are small, but significant, changes to be made that would improve the lives of all Australians.