



2023-24 Pre-Budget Submission

FROM THE AUSTRALIAN SELF-CARE ALLIANCE

27TH JANUARY 2023

Executive Summary

The Australian Self-Care Alliance (the Alliance) is Australia's unique collaboration of healthcare consumers, health promotion charities, policy experts and industry partners. Their aim is to promote the adoption and implementation of self-care for health as a core element, across all aspects of Australia's physical and mental health care sector.

Self-care support in all aspects of health care is central to achieving high rates of participation by individuals in the maintenance of their health and wellbeing, particularly among disadvantaged, vulnerable and priority health populations.

The Alliance welcomes this opportunity to contribute our insights and recommendations for the Australian Government's consideration ahead of the 2023-23 Budget.

Investment in person-centred, integrated care models - combined with an increased focus on empowerment of individuals to protect and improve their health, health equity and collaboration - is necessary if the Australian Government is to ensure the long-term sustainability of healthcare funding and improve health and wellbeing for all Australians¹.

Self-care for health is an evidence-based, complementary, and cost-effective component of the health that, particularly for priority populations who have increased risks of poor health and preventable chronic disease, empowers and supports individuals and communities in the management of their health; enhances preventive health action; fosters a more health resilient population; and helps ensure the sustainability Australia's healthcare system and services. However, Australia's current healthcare structures and culture do not adequately encourage, incentivise or support health professionals (HCPs) and services to provide people with this support.

Increasingly, Australia's health care systems and services, originally structured to primarily support the treatment of acute illness, are ill-equipped to effectively address Australia's contemporary health needs and challenges; non-acute and preventable illnesses, chronic condition management, mental health services, and specialist care for acute illness and complex, chronic health conditions.

And yet, the evidence is clear that it is the illnesses arising from modifiable risk factors that are now consuming increasing proportions of health budgets, impacting health service capacity and contributing much of the national and individual burden of disease.

The Alliance believes that investing effort and modest resources to enhance the self-care capacity and capabilities of individuals, communities and HCPs, is a straightforward and sensible approach to improving the effectiveness of Australia's health services, and to begin to develop capability in preventive health, health improvement and illness prevention.

Additionally, targeted investment for initiatives that support greater consumer empowerment and independence in health, policymakers can not only help all Australians to become an informed advocate for, and active participant in their own health, but also relieve the pressure on Australia's emergency care services.

¹ 7 PricewaterhouseCoopers: The future of health in Australia - <https://www.pwc.com.au/health/health-matters/the-future-of-health-in-australia.html>

Australia Self-Care Alliance Budget Recommendations

1. Allocate funding for the staged roll out of a common ailment scheme system in community pharmacy, offering potential national healthcare savings of up to \$1.26B per annum².
2. Commit an initial \$10M over five years for two (2) complementary and targeted initiatives to enhance Australia's self-care capabilities, specifically:
 - \$5M to develop and implement a digital health information accreditation scheme and a library of accredited digital health information apps, and
 - \$5M to develop training frameworks and programs that strengthen health professionals' competencies to deliver self-care education and engagement.

² University of Technology: An Australian Minor Ailment Scheme - <https://www.uts.edu.au/sites/default/files/2019-11/Executive%20Summary%20%28w%29.pdf>

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About the Australian Self-Care Alliance

The Australian Self-Care Alliance (the Alliance) is a collaboration between healthcare consumers, health promotion charities, policy experts and industry partners, that promotes the adoption of self-care and its implementation as a core element of all aspects of physical and mental health services and policies for Australia.

The Alliance is Australia's only peak self-care organisation for health and is registered as a Health Promotion Charity.

As a health policy collaboration, the Alliance acts as an advisor, mediator, and advocate for systemic changes in the delivery of health services towards greater self-care. While the term 'self-care' implies the responsibility of individuals, it cannot be simply reduced to a matter of personal responsibility and choice.

Individuals' potential to be informed and able to undertake self-care of their health is dependent on underlying environmental and external factors that sit beyond the individual. The Alliance was formed to advocate for the structural, cultural and policy changes required to support greater self-care in Australia's health and care systems.

To this end, the Alliance supported the development of the landmark report by the [Mitchell Institute for Education and Health Policy](#), '*Self-care for health: a national policy blueprint*'³ (the [Blueprint](#)). Launched by the then Minister for Health on 7 October 2020, the Blueprint outlines a national policy approach to building self-care capability and enhancing self-care activity in all aspects of health and health care, and provides a framework for action.

As a health policy collaboration, the Alliance seeks to ensure that self-care policy is person-focused, healthcare-focused and system focused. We engage with national, state and territory peak consumer and carer organisations, health promotion charities, policy experts, supportive professional and industry associations, commercial organisations, all levels of government and other key stakeholders. In line with the World Health Organisation's [Ottawa Charter for Health Promotion](#)⁴, together we seek to influence positive outcomes in public policy; enabling environments for self-care; community action for self-care personal self-care skills; and innovation at the highest level to generate improved health service delivery.

Currently, the Alliance, in collaboration with Lived Experience Australia, is in the final stages of developing a Self-Care Charter for consumers, based on the principle that self-care is for all of us. The Charter, which has been developed through a co-design process with consumers, lived experience communities and other health condition organisations', sets out a series of principles and priorities Australians' want respected and supported as part of the implementation self-care in Australian health care policy and practice.

³ Mitchell Institute for Education and Health Policy "Self-care and health: a national blueprint" - <https://www.vu.edu.au/sites/default/files/mitchellinstitute-self-care-for-health-a-national-policy-blueprint.pdf>

⁴ World Health Organisation's Ottawa Charter for Health Promotion - <https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference>

Self-Care for Health - Overview

Understanding self-care as a health policy and practice tool

The World Health Organisation defines self-care as “the ability of individuals, families, and communities to promote health, prevent disease, and maintain health and to cope with illness and disability with or without the support of a health-care provider”, and in 2009, concluded that self-care should be a fundamental component to achieving both individual and structural health goals⁵.

Self-care, as a health policy and practice tool, is a comprehensive, evidence-based, and complementary component of health, and offers an explicit strategy to:

- foster more independent, empowered, and efficient healthcare consumers,
- support a more health resilient population, and limit the impact of infectious diseases,
- enhance preventive health engagement and action,
- support better acute and chronic condition management, and
- reduce the unsustainable burden currently being placed on Australia's emergency health services without compromising health outcomes.

Self-care for health also encompasses the knowledge, skills and activities individuals can utilise every day to enhance their mental and physical health and wellbeing, prevent disease, limit illness, and use healthcare services effectively (*Figure 1 – The Self-Care Matrix*).



Figure 1 – The Self-Care Matrix

The Self-Care Matrix also illustrates how, despite the term ‘self-care’ implying an autonomous focus on the actions of individuals, it cannot simply be reduced to a matter of individual

⁵ World Health Organisation. Self-care in the context of primary health care - <https://apps.who.int/iris/handle/10665/206352>

responsibility and choice; and is in fact significantly influenced by systematic and structural factors that shape an individuals' capacity to engage in their health⁶.

As stated in the Mitchell Institute's report, *Self-care for health: A national policy blueprint*⁷:

"It is important to think about self-care from two (2) complementary perspectives: one focused on the capacity of individuals to self-care, and another focused on how self-care is supported through policy and within the health system."

"Governments and policymakers are largely responsible for creating environments which either inhibit or enable self-care, and play a major role in the development of self-care capabilities at the population level."

Health professionals and service providers also play an essential role in supporting and facilitating self-care by healthcare consumers. Other key self-care stakeholders include families, communities and health and industry organisations."

Effective self-care involves a collaboration between individuals, communities and healthcare services. This, in turn, requires a health system and social context in which self-care is acknowledged, supported and enabled as a key component of health care.

Enabling greater self-care and patient empowerment in health requires not only structural and cultural changes within our health and care systems to encourage an environment that facilitates shared decision-making (health professionals and patients working together to make health-related decisions), but also, targeted initiatives and policy support to ensure individuals have the knowledge and skills required to be an informed advocate for, and active participant in their own health.

The COVID-19 pandemic has demonstrated that, by providing individuals with information and support they require to prevent infection and illness and engaging them as partners in their own health management, health authorities can reduce preventable health problems and address public health priorities.

However, despite Australians' growing capacity and enthusiasm to manage their health more actively, our current primary and secondary care structures and culture do not facilitate or incentivise encouragement or support consumer engagement and empowerment in health.

Dedicated investment by the Australian Government, along with a systematic approach to build self-care capability and enhance self-care activity in all aspects of health and healthcare, will enable Australia to capitalise on the health, economic and productivity benefits available through supported self-care for health.

The health economics of self-care

Ensuring the long-term sustainability of Australia's world class healthcare system and services is increasingly of concern to not only policy and key decision makers, healthcare providers and stakeholders, but importantly, everyday Australians who rely on the essential safety net and services that Medicare provides.

⁶ Mitchell Institute for Education and Health Policy "The State of Self-Care in Australia" - <https://www.vu.edu.au/sites/default/files/the-state-of-selfcare-in-australia.pdf>

⁷ Mitchell Institute for Education and Health Policy "Self-care and health: a national blueprint" - <https://www.vu.edu.au/sites/default/files/mitchell-institute-self-care-for-health-a-national-policy-blueprint.pdf>

Expenditure on healthcare, in the long term, is projected to continue to rise faster than both the national income and personal incomes⁸.

According to the Australian Institute of Health and Welfare (AIHW)⁹, in 2019-20 Australia spent \$205.5 billion on health; including money spent by all levels of governments as well as non-government entities such as individuals, private health insurers, and injury compensation insurers. This equates to an average of \$7,926 per person on healthcare each year.

Additionally, ill health and out of pocket medical expenses continue to be leading causes of personal bankruptcies in Australia¹⁰.

These issues are further compounded by Australia's aging population¹¹, and ongoing epidemic of preventable and chronic physical and mental conditions¹².

A fundamental re-orientation of our healthcare system is long overdue as Australia's current health and care services are geared to primarily engage individuals when they are already unwell – often with preventable conditions, rather than incentivising practice models that help people to be healthier and thus avoid preventable health risks and conditions.

Self-care is a cost-effective and logical approach that can reduce the spiralling costs of disease burden, help Australians maintain healthier and more productive lives, and support the long-term sustainability of Australia's health and care systems. If properly supported, self-care can be a game changer for public health with research showing:

- empowered health consumers, who take greater ownership of their journey, achieve better health outcomes¹³
- individuals who lack the skills to undertake self-care effectively incur higher health service costs¹⁴.

Furthermore, recent economic modelling¹⁵ shows that greater self-care has the potential to save Australia's healthcare system between \$1,300-\$7,515 per hospital patient, per year, and significantly lower hospital readmission rates¹⁶.

Greater utilisation and integration of all our primary care assets and resources is also urgently required to guide patients to the most appropriate primary and/or secondary care setting for their ailment, and reduce Australian and State Government expenditure on unnecessary and costly emergency care presentations.

⁸ Reserve Bank of Australia: Economic Outlook 2022 - <https://www.rba.gov.au/publications/smp/2022/aug/pdf/05-economic-outlook.pdf>

⁹ Australian Institute of Health and Welfare (2022). Health Expenditure Australia 2019-20 - <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure>

¹⁰ Australian Financial Security Authority - <https://www.afsa.gov.au/statistics/causes-personal-insolvency>

¹¹ Australian Bureau of Statistics: Population Projections 2017 - <https://www.abs.gov.au/articles/population-aged-over-85-double-next-25-years>

¹² The Australian Prevention Partnership Centre: What is the burden of chronic disease? - <https://preventioncentre.org.au/about-prevention/what-is-the-burden-of-chronic-disease/>

¹³ PricewaterhouseCoopers: The future of health in Australia - <https://www.pwc.com.au/health/health-matters/the-future-of-health-in-australia.html>

¹⁴ - Hibbard, J.H., J. Greene, and V. Overton, Patients with Lower Activation Associated with Higher Costs; Delivery Systems Should Know Their Patients' 'Scores'. Health Affairs, 2013. 32(2): p. 216-222. - Brady, T.J., L. Murphy, B.J. O'Colmain, D. Beauchesne, B. Daniels, M. Greenberg, M. House, and D. Chervin, A Meta-Analysis of Health Status, Health Behaviors, and Health Care Utilization Outcomes of the Chronic Disease Self-Management Program. Prev Chronic Dis, 2013. 10: p. 120112

¹⁵ Mitchell Institute for Education and Health Policy "Self-care and health: a national blueprint" -

<https://www.vu.edu.au/sites/default/files/mitchellinstitute-self-care-for-health-a-national-policy-blueprint.pdf>

¹⁶ Roughead, L., S. Semple, and E. Rosenfeld, Literature Review: Medication Safety in Australia. Sydney: Australian Commission on Safety and Quality in Health Care, 2013.

Annually in Australia, it is estimated¹⁷ that there are up to 922,012 unnecessary visits to emergency departments for self-treatable conditions, at a cost of up to \$493.8M.

Beyond the budgetary implications, which are significant, these unnecessary emergency presentations also highlight how the structures of Australia's primary care environments and service have resulted, in some spaces, in the underutilisation of Australia's healthcare workforce and resources; most notably, community pharmacy.

Researchers have estimated that 7-21.2% percent of all GP consultations and 2.9-11.5% percent of all emergency department services in Australia could be safely transferred to a community pharmacy¹⁸.

Self-care and health equity

The well-documented negative impact of poor health and the disproportionate disease burden has on quality and longevity of life, poverty, and intergenerational disadvantage cannot be ignored. While comprehensively addressing health inequity is neither a simple nor easy task, the Alliance firmly believes that, as policymakers and health advocates, we have a moral obligation to address this inequity as a matter of the highest priority.

Self-care, as a health-management policy tool, at its core recognises the immense role and impact of economic, social and environmental determinants have on individuals' health outcomes. Self-care provides innovative, comprehensive and malleable strategies and pathways to address systemic barriers to good health. It furthermore facilitates place-based and community-led initiatives based on the specific needs and challenges of a community.

When considering the foundations of current health policy and practice, it is important to remember that the benefits of Australia's world class health care system, and previous investments in preventive health and primary health have not been evenly distributed. Poorly constructed or inadequate policy, disablers and participation barriers, have meant many Australians have not always benefited from these strong foundations and unfortunately, considered policy and best-practice services aren't universally accessible or successful.

Furthermore, Australia's current healthcare system contains embedded structural barriers and a 'top down' culture that may limit an individuals' capacity to fully participate in preventive health activities and their own health management. The significantly higher rates of preventable chronic diseases, and the life span gap for people living in the lowest socioeconomic communities¹⁹ in Australia is a stark indicator of these issues.

Health and health care is a collaboration between health professionals, individuals and communities. However, the limited focus on how primary and secondary care health services and health professionals can better facilitate informed, empowered and person-engaged care, runs counter to current ideas of best-practice for effective health management; bidirectional, collaborative and patient engaged care.

¹⁷ University of Technology: An Australian Minor Ailment Scheme - <https://www.uts.edu.au/sites/default/files/2019-11/Executive%20Summary%20%28w%29.pdf>

¹⁸ University of Technology: An Australian Minor Ailment Scheme - <https://www.uts.edu.au/sites/default/files/2019-11/Executive%20Summary%20%28w%29.pdf>

¹⁹ Australian Institute of Health and Welfare: Health across socioeconomic groups - <https://www.aihw.gov.au/reports/australias-health/health-across-socioeconomic-groups>

The Alliance acknowledges and commends both the Albanese Government's commitment to addressing health inequity, particularly among Australia's First Nations people, as a matter of policy and practice priority and the ongoing bipartisan support for Closing the Gap.

However, these targets and aims, while admirable and necessary, will not be achievable until we address the structural and cultural barriers within our health and care systems and services that limit consumer empowerment in health. Furthermore, community co-design, implementation and evaluation is essential to success. Community norms, peer leadership, social capital, and health-related practices provide an important layer of influence between the health care system and individual self-care practice. Place-based initiatives – located within communities and led by community members and organisations - provide an important opportunity to address these systemic factors that can act both as enabler and barriers to effective self-care, community engagement and community action to address the social and ecological determinants of health.

Engaging local stakeholders from across the health system in these collective impact initiatives will generate a national interdisciplinary pool of healthcare providers with strengthened competencies in delivering self-care education and engagement.

The empowering of culturally and linguistically diverse, disadvantaged and/or vulnerable health populations with the knowledge and skills to care for their own health and wellbeing – to maintain good health, to improve health, and to manage established health conditions is essential to achieving greater health equity. This in turn, contributes towards building a stronger and fairer Australia for all, and addressing one of the underlying factors behind intergenerational disadvantage.

Self-care and preventive health

The need for an informed and engaged consumer for effective prevention and health management is pressing and indisputable²⁰. Enabling and encouraging greater partnership and participation between HCPs and consumers, so that individuals and communities may better understand how to maintain good health, is the essential platform for this to be achieved.

The Alliance commends the Australian Government's ongoing commitment to the [National Preventive Health Strategy 2021-2030](#), including the priority development of a [National Consumer Engagement Strategy](#) (NCES) and a [National Health Literacy Strategy](#) (NHLS), and the Albanese Government's intention to increase the prevention policy attention and funding for primary prevention.

There is evidence that up to 80% of heart disease, stroke, and type 2 diabetes, and over a third of cancers, could be prevented through evidence-based self-care – eliminating or reducing exposure to the risk factors of tobacco use, unhealthy diet, physical inactivity, and excessive alcohol consumption²¹.

For Australia, this means that an estimated 29,300 lives could have been saved between 2018 and 2025 if self-care was embedded in health care to enhance preventive action and chronic disease²².

Furthermore, the Alliance applauds the Albanese Government's decision to establish the [Australian Centre for Disease Control \(CDC\)](#) to improve Australia's ongoing response and

²⁰ Mitchell Institute for Education and Health Policy "Self-care and health: a national blueprint" -

<https://www.vu.edu.au/sites/default/files/mitchellinstitute-self-care-for-health-a-national-policy-blueprint.pdf>

²¹ World Health Organization, Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.

²² World Health Organization. *Noncommunicable Diseases (Ncd) Country Profiles 2018: Australia 2018* -

https://www.who.int/nmh/countries/2018/aus_en.pdf?ua=1

preparedness for current and emerging public health emergencies, and in particular, including in the organisation's goals and remit "work to prevent non-communicable (chronic) and communicable (infectious) diseases"²³.

These policy decisions recognise that good health is not just the presence or absence of disease or injury – more holistically, it is a state of wellbeing, that requires a system wide, evidence-based approach to reducing poor health.

The Alliance emphasises the capacity of self-care, as a health policy and practice tool, to enhance and support preventive health action. Research has confirmed that consumer awareness, knowledge and active or supported participation in good health is the linchpin enabling and sustaining preventive health action²⁴.

Evidence for the contribution of self-care in preventative health policy can be found in previous successful national initiatives addressing specific health risks, including sustained campaigns to engage individuals in reducing their risks of tobacco harm and skin cancer. Public health campaigns have included direct and indirect elements of self-care – improving health literacy, responsible use of medicines, informed self-protection and risk avoidance (such as actions to quit smoking and use of sunscreens and sun protection clothing).

Additionally, the COVID-19 pandemic has clearly demonstrated how by empowering individuals with the understanding of how to prevent infection and illness and engaging them as partners in their own health management, health authorities can reduce preventable health problems and address public health priorities.

In light of the COVID-19 pandemic, the current public appetite for more assertive self-care, if properly supported, could be maximised by policymakers and HCPs to enhance preventive health awareness, engagement, and action.

Furthermore, greater self-care aligns with the [National Health Reform Agreement \(NHRA\) Long Term Reforms Roadmap](#)²⁵, which is anchored on the Vision that "Australians will be empowered to manage their own health, avoid illness, make informed health choices, engage effectively with health services, and achieve better health outcomes."

Schedule C of the NHRA calls for six (6) reforms, including:

- Empowering people through health literacy – person-centred health information and support will empower people to manage their own health well and engage effectively with health services
- Prevention and wellbeing – to reduce the burden of long-term chronic conditions and improve people's quality of life
- Paying for value and outcomes – enabling new and flexible ways for governments to pay for health services
- Joint planning and funding at a local level – improving the way health services are planned and delivered at the local level
- Enhanced health data – integrating data to support better health outcomes and save lives, and
- Nationally cohesive health technology assessment – improving health technology decisions will deliver safe, effective, and affordable care.

²³ Australian Department of Health: Australian Centre for Disease Control - <https://www.health.gov.au/our-work/Australian-CDC>

²⁴ Mitchell Institute for Education and Health Policy "The State of Self-Care in Australia" - <https://www.vu.edu.au/sites/default/files/the-state-of-selfcare-in-australia.pdf>

²⁵ National Health Reform Agreement: Long-term health reforms roadmap - <https://www.health.gov.au/resources/publications/national-health-reform-agreement-nhra-long-term-health-reforms-roadmap>

Self-care for health in practice

Empowering individuals to have greater involvement in, and ownership of their physical and mental health management and outcomes should be a defining characteristic of Australia's health and care systems, services, and supports.

Self-care is the most logical, simple, cost-effective and comprehensive approach to help drive individual and community engagement and empowerment in health care. If properly supported, self-care could be a game changer for public health, with benefits being shared by individuals, communities, and government.

Enabling an environment that supports greater self-care and empowerment in health requires the refocusing of health care practice, particularly in primary health, on provide individuals with health information, resources and support needed to improve their health and well-being, and support greater autonomy in health.

The policy intentions of the National Preventive Health Strategy 2021-2030 and the priority development²⁶ of a National Consumer Engagement Strategy (NCES) and a National Health Literacy Strategy (NHLS) recognise the central importance of individual capacity to be engaged in preventive health and health improvement and care.

However, there is still limited focus on the role and value of self-care across Australian health policy. Healthcare practices and policy discussions often do not acknowledge how people care for themselves. Instead, disproportionate focus and emphasis is placed on the role of the health care system and health care professionals as the 'providers' or gatekeepers of good health.

This is emphasised in the frustrations expressed by clinicians and reported in the consultation paper for the Draft National Preventive Health Strategy "being unable to address the underlying cause of many of the health problems", and acknowledgement in that Strategy that "involving consumers and communities at the heart of policy design and implementation, will more likely result in meaningful, long-term change".

Action to comprehensively engage Australians in their health must be systemic, multifaceted, continuous, and lifelong to ensure individuals are equipped, supported, and empowered to be their own health advocates. Embedding greater self-care in health care and public policies is required to facilitate and support this objective.

The Australian Government has the opportunity to develop a systematic approach to build self-care capability and enhance self-care activity in all aspects of health and healthcare.

The landmark report by the Mitchell Institute for Education and Health Policy, '*Self-care for health: a national policy blueprint*'²⁷, outlines a national policy approach to building self-care capability and enhancing self-care activity in all aspects of health and health care, and provides a framework for action (*Figure 2 - Self-Care Policy Blueprint Outline*).

²⁶ National Preventive Health Strategy 2021–2030 - <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030>

²⁷ Mitchell Institute for Education and Health Policy "Self-care and health: a national blueprint" - <https://www.vu.edu.au/sites/default/files/mitchell-institute-self-care-for-health-a-national-policy-blueprint.pdf>

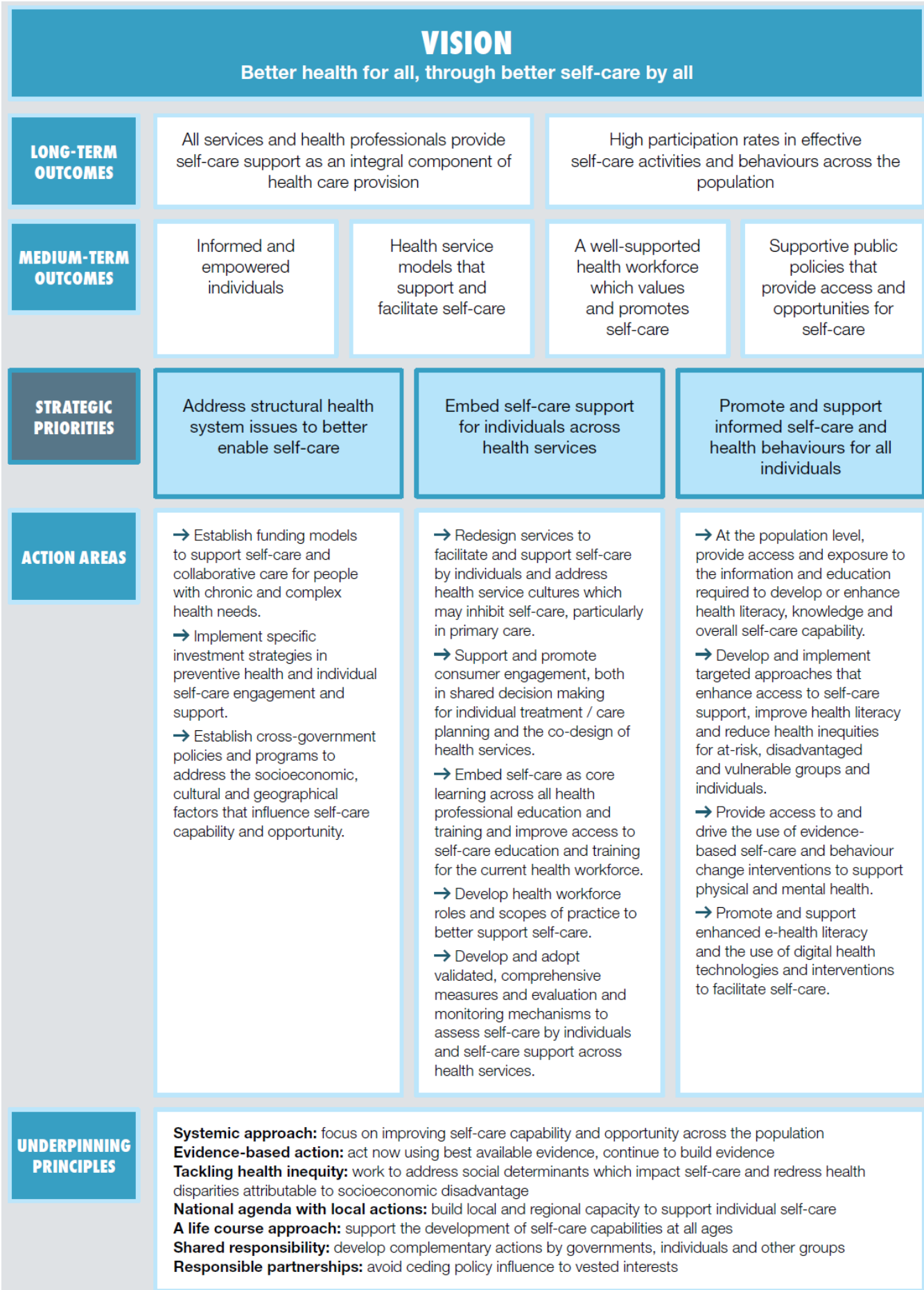


Figure 2 - Self-Care Policy Blueprint Outline

Led by leading public health policy expert, [Professor Rosemary Calder AM](#), and endorsed by more than 50 health experts and stakeholders, the Blueprint offers a suite of evidence-based, feasible policy proposals to support self-care through health policy and practice, developed in collaboration with a network of health, self-care and policy experts.

The Blueprint outlines nine priority policy proposals for implementation, combined with the structural policy approaches recommended, these proposals will:

- improve health literacy for all
- build self-care into health care practice
- enable consumers to be active partners in health care
- assure the quality and accessibility of digital health information, and
- develop measures for individual self-care and self-care support by health services.

However, as the Blueprint makes clear, the benefits associated with self-care cannot be achieved for the whole population through a singular focus on individuals' health behaviours and lifestyle choices. Equal focus should be applied to enable and facilitate the provision of self-care support throughout the health system and broader community, including targeted approaches for individuals and groups requiring the most support to effectively self-care.

Each proposal will make a difference. Combined, however, the proposals have the potential to improve the health of all Australians, particularly disadvantaged, vulnerable and priority health populations, through the prevention and better management of disease and decrease health inequities by reducing the impact of the social determinants of health. As such, the Alliance strongly recommends the Blueprint policy proposals be implemented as a matter of priority.

Budget recommendations:

Allocate funding for the staged roll out of a common ailment scheme system in community pharmacy, offering potential national healthcare savings of up to \$1.26B per annum.

One of the major challenges facing the sustainability of Australia's world-leading healthcare system is how to best address the current gap in services between primary and emergency care, which has resulted in an unsustainable over utilisation of emergency care and hospital services for conditions and ailments that are better suited to being addressed through a GP, nurse practitioner, community pharmacist or self-managed by an informed and empowered health consumer.

Annually in Australia it is estimated²⁸ that there are up to 922,012 unnecessary visits to emergency departments for minor ailments and self-treatable conditions. These unnecessary consultations, which could be managed more efficiently through responsible self-care, represent a cost to the Australian health system of between \$124.5M to \$493.8M per annum.

Additionally, [the Australian Institute of Health and Welfare](#) report, '[Use of emergency departments for lower urgency care: 2015-16 to 2017-18](#)', found that presentations to hospital emergency departments for lower urgency care may be avoidable through provision of other appropriate health services in the community²⁹.

The provision of a wider variety of primary health services, which requires systems and funding models that allow all highly qualified and trusted health care professionals to work to their full scope of practice, is the critical enabler that will reduce unnecessary pressure on our emergency care services while ensuring Australians have access to the appropriate level of care for their ailment; ensuring the sustainability of our healthcare services, and the provision of effective and efficient healthcare in the future.

The Alliance commends the Albanese Government's 2022 election \$135M commitment to trial 50 [Medicare Urgent Care Clinics](#)³⁰ as a means of beginning to address this challenge. However, the Alliance believes this policy overlooks the opportunities available through community pharmacy to complement Australia's primary and emergency care services.

Community pharmacy is an integral part of the Australian primary health system and with the appropriate supporting systems, a sustainable funding framework and pre-agreement with physicians has the potential to facilitate an improved flow of patients and information transfer within the health system³¹.

As noted by Health Minister, Hon Mark Butler MP, in his address to the [2022 Pharmaceutical Society of Australia Annual Conference](#)³²,

²⁸ University of Technology: An Australian Minor Ailment Scheme - <https://www.uts.edu.au/sites/default/files/2019-11/Executive%20Summary%20%28w%29.pdf>

²⁹ Australian Institute of Health and Welfare: Use of emergency departments for lower urgency care: 2015-16 to 2017-18 - <https://www.aihw.gov.au/reports/primary-health-care/use-of-ed-for-lower-urgency-care-2018-19/contents/about>

³⁰ <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/budget-october-2022-23-strengthening-medicare?language=en>

³¹ University of Technology: An Australian Minor Ailment Scheme - <https://www.uts.edu.au/sites/default/files/2019-11/Executive%20Summary%20%28w%29.pdf>

³² Address to the Pharmaceutical Society of Australia Annual Conference - 29 July 2022 | Health Portfolio Ministers and Aged Care - <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/address-to-the-pharmaceutical-society-of-australia-annual-conference-29-july-2022?language=en>

“there's been no more accessible place to go when people need some health advice, when they need some support, than a community pharmacy, arguably, even more accessible than their local hospital.”

“It just doesn't make sense to me as an Australian, but also as a health minister, that the enormous investment the community makes in training hundreds of thousands of health professionals is limited by not allowing people to operate at the top of their scope. It doesn't make sense to me as demand for healthcare is climbing dramatically, leaving aside the impact of COVID, and we continue to have constrained supply of health workforces, not to have every single healthcare professional – whether they are doctors, nurses, allied health professionals or pharmacists working as close as possible to the top of their scope of practice.”

A comprehensive 2019 evaluation³³ of a minor ailments scheme (hereinafter referred to as a common ailments scheme) conducted by the University of Technology Sydney estimated that between \$380M - \$1.26B could be saved annually if a common ailments scheme in community pharmacy was funded and implemented nationally.

Common ailments are defined as “conditions that are self-limiting, with symptoms easily recognised and described by the patient and falling within the scope of pharmacist's knowledge and training to treat”³⁴.

Evaluating an integrated primary care pilot program in the [Western Sydney Primary Health Network](#) (WSPHN), researchers estimated that 7-21.2% percent of all GP consultations and 2.9-11.5% percent of all emergency department services in Australia could be safely transferred to a community pharmacy.

Annually in Australia, it is estimated, for self-treatable conditions there are:

- 232,507 - 922,012 unnecessary visits to emergency departments at a cost of up to \$493.8M
- 8.8 million - 26.6 million unnecessary GP appointments at a cost of up to \$1.2B.

That is an estimated total burden of between \$511M to \$1.67B per year in unnecessary consultations for self-treatable conditions that could be safely self-managed, with sufficient advice and support available from a pharmacist³⁵.

The model developed for the pilot program was collaboratively designed, applying guiding principles of integration of community pharmacy practice into the health care system, collaboration with general medical practitioners and patients, ensuring high quality and safe use of nonprescription medicines and, appropriate treatment of common ailments.

Researchers determined there was “good evidence that the clinical advice provided by community pharmacists regarding symptoms of minor illness will result in the same health outcomes as if the patient went to see their GP or attended the emergency department”.

Findings from the Consumer Healthcare Products Australia's '[The Self-Care Opportunity Report](#)', which provides in-depth insights into Australian health consumers attitudes, priorities, and behaviours, highlights the opportunity available to Governments who incentivise and encourage greater utilisation of community pharmacy for common ailments and self-treatable conditions.

³³ University of Technology: An Australian Minor Ailment Scheme - <https://www.uts.edu.au/sites/default/files/2019-11/Executive%20Summary%20%28w%29.pdf>

³⁴ Aly M, Benrimoj SJ. Review: Enhancing primary health care: the case for an Australian minor ailment scheme. University of Technology Sydney; 2015.

³⁵ The Self-Care Opportunity Report (2022) - <https://www.chpastralia.com.au/Tenant/C0000022/Documents/Self%20Care/The%20Self-Care%20Opportunity%20-%20Final%20Report.pdf>

- two-thirds of Australians (67%) view pharmacists as professional, and (59%) believe them to be trusted healthcare experts.
- 59% rank pharmacists as a top source for advice about a common ailment
- 46% of Australians have at one time sought advice from a pharmacist about a common ailment, for reasons including;
 - faster and more accessible than GPs – 43%
 - no out of pocket expenses – 34%
 - trust that pharmacists are qualified to provide the right advice – 37%
 - pharmacist feels approachable – 33%
- more than 80% of Australians would be willing to seek pharmacist advice for common ailments and self-treatable conditions

The Self-Care Opportunity Report also highlights that the many of the barriers to greater utilisation of pharmacist advice for common ailments and self-treatable conditions can be easily address if public awareness and information campaigns are incorporated into the scheme's implementation;

- one in five (21%) are not sure about what the pharmacist can help with
- 15% feel concerned that their question is a waste of the pharmacist's time.

The UTS evaluation of the pilot program's economic value concluded that a common ailments scheme is a cost-effective alternative to the traditional primary care model, and estimated the potential clinical and economic impact of national implementation (*Figure 3 – Projected cost reductions from national implementation*).

		Estimated annual community pharmacy manageable services			Cost reductions	
		GP services (n)	ED services (n)	Combined services (n)	Overall cost reduction potential with shift of services to pharmacy	Overall cost reduction potential if AMAS is paid for
National	Maximum	26,586,994	922,012	27,509,006	-\$1,665,411,901	-\$1,266,806,407
	Minimum	8,778,725	232,507	9,011,232	-\$511,373,307	-\$380,800,559
NSW	Maximum	8,831,535	331,233	9,162,768	-\$572,069,660	-\$439,301,145
	Minimum	2,916,073	83,528	2,999,601	-\$174,621,799	-\$131,157,576
WSPHN	Maximum	1,271,558	11,454	1,283,012	-\$62,356,841	-\$43,765,997
	Minimum	419,854	2,888	422,742	-\$20,096,087	-\$13,970,549

Abbreviations: AMAS: Australian minor ailments scheme; AUD: Australian dollars; ED: emergency department; GP: general practitioner; NSW: New South Wales; WSPHN: Western Sydney primary health network

Figure 3 – Projected cost reductions from national implementation

Innovation, integration, collaboration, communication and teamwork will be vital to provide effective healthcare in the future. Redeploying Australia's existing healthcare resources, allowing and incentivising pharmacists to operate closer to the top of their scope of practice, is a pragmatic and cost-effective method for addressing one of the significant challenges currently facing Australia's stretched public hospital systems. More broadly, it will increase the efficiency of the health system through improved service navigation to guide the patient towards the most appropriate care destination.

The Alliance recommends that the *Medicare Urgent Care Clinics* program be immediately complemented by the establishment of a *Common Ailment Management Scheme* system in community pharmacy. In keeping with other successful pharmacy programs, including the COVID-19 pharmacy vaccinations program, the administration of this scheme could be facilitated by the Pharmacy Programs Administrator, and implementation organised around, and supported by the existing Primary Health Networks (PHNs). Given a comprehensive and successful trial has already been conducted and evaluated, The Alliance firmly believes the policy is ready for national implementation, beginning with one metropolitan and one regional PHN in every State and Territory.

Furthermore, in line with the Australian Government's objectives concerning health equity, priority should be afforded to the PHNs with higher rates of socioeconomic disadvantage. To that end, the Alliance suggests the below PHNs would be suitable options for the first phase of this rollout;

- Australian Capital Territory (ACT)
- Western Sydney (NSW)
- Western NSW (NSW)
- Northern Territory (NT)
- South Brisbane (QLD)
- Northern Queensland (QLD)
- Adelaide (SA)
- Country SA (SA)
- Tasmania (TAS)
- North Western Melbourne (VIC)
- Western Victoria (VIC)
- Perth South (WA)
- Country WA (WA)

This proposal is also supported in the *2023-24 Pre-Budget Submissions* of the [Pharmaceutical Society of Australia](#) and [Consumer Healthcare Products Australia](#).

Commit an initial \$10M over five years for two (2) complementary and targeted initiatives to enhance Australia's self-care capabilities;

Initiative 1: \$5M to develop and implement a digital health information accreditation scheme and a library of accredited digital health information apps.

The opportunity to maximise online health resources and digital technologies is significant when it comes to health and empowering Australians to be informed participants in and advocates for their health – spanning from websites, apps and social feeds.

As confirmed by 'The Self-Care Opportunity'³⁶, Australians are increasingly engaging in and managing their health through digital health technologies and resources, with 69% utilising eHealth options in the management of their health. Indeed, 24% of Australians are monitoring their own health with phone apps and health tracker.

The WHO has recognised the potential for technology to increase access to health information, improve health literacy and "promote positive changes in health behaviours and manage

³⁶ The Self-Care Opportunity Report (2022) - <https://www.chpastralia.com.au/Tenant/C0000022/Documents/Self%20Care/The%20Self-Care%20Opportunity%20-%20Final%20Report.pdf>

diseases"³⁷. Given Australia's current healthcare system is structured to primarily engage individuals when they are already sick, this shift in consumer behaviours and attitudes toward digital health technologies presents policymakers and HCPs with a tremendous opportunity to engage and empower Australians in the proactive management of their health.

Furthermore, greater utilisation and integration of credible, evidence-based and economically accessible digital self-care technologies and resources into chronic condition management and treatment plans would not only help improve patients' long-term wellbeing but could also improve medicines and treatment compliance. This could in turn could then reduce the likelihood of individuals developing preventable secondary conditions, including obesity, diabetes and depression³⁸. Recognising the significant opportunities available through greater digital self-care technologies and resources, [Musculoskeletal Australia](#) have proposed in their 2023-24 Pre-Budget Submission a national self-care pilot program for Australians with arthritis, back pain and other musculoskeletal conditions that, if successful, could be replicated for other chronic conditions.

However, among the many challenges Australians face when utilising digital health technologies, is the ability to identify and source credible and quality information. A concerted national effort is required to ensure the reliability of health information with 'The Self-Care Opportunity' report finding:

- More than two thirds of Australians are consulting 'Dr Google' before seeking the advice of a doctor or pharmacist
- 52% have trouble identifying credible sources of digital information
- Only one in ten (9%) state they fully understand what they're reading, and
- Approximately three in ten Australians would be more likely to engage with digital health information and technologies if there was independent verification of its credibility.

Additionally, considering the evolving power and influence of social media to disseminate information, shape public perception, and influence individuals' health decisions, empowering Australians with the ability to access and verify to accurate health information should be a public health policy priority. Currently, two (2) in five (5) Australians read health information on social media platforms, either directly from their social feed or through patient/support groups³⁹.

Evidence of the efficacy of digital health interventions and innovations has been growing steadily. However, a significant hurdle in the widespread uptake of evidence-based digital health interventions is the sheer volume of available apps and programs. For example, there are over 350,000 apps in the Health & Fitness and Medical categories of app stores⁴⁰, yet there is no regulation of the development and evaluation of the content of these apps⁴¹. Patients and healthcare providers alike are overwhelmed and under-resourced to be able to find and use the best options. Furthermore, only a very small percentage of all available apps are tested and shown to work⁴².

³⁷ World Health Organisation, 139th Executive Board, 2016; Geneva, Switzerland - Mhealth: Use of Mobile Wireless Technologies for Public Health 27 May 2016.

³⁸ Royal College of General Practitioners: Digital Technologies and Chronic Condition Management - <https://www.racgp.org.au/getattachment/b1fc94dd-07d5-4eab-b585-c128342ce917/Digital-technologies-and-chronic-disease-management.aspx#:~:text=It%20has%20been%20suggested%20that,better%20supporting%20patient%20self%2Dmanagement>.

³⁹ National Health Reform Agreement: Long-term health reforms roadmap - <https://www.health.gov.au/resources/publications/national-health-reform-agreement-nhra-long-term-health-reforms-roadmap>

⁴⁰ Research 2 Guidance., Mhealth App Economics: Current Status and Future Trends in Mobile Health. 2017.

⁴¹ Bates, D.W., A. Landman, and D.M. Levine, Health Apps and Health Policy: What Is Needed? JAMA, 2018. 320(19): p. 1975-1976.

⁴² Byambasuren, O., S. Sanders, E. Beller, and P. Glasziou, Prescribable Mhealth Apps Identified from an Overview of Systematic Reviews. npj Digital Medicine, 2018. 1(1): p. 12.

This illustrates the importance of developing accessible, sustainable, and robustly evaluated online resources and evidence-based apps to support self-care for health.

Clause 33 of the NHRA⁴³ calls for better alignment of government-funded information resources and digital platforms, ensuring they are culturally and linguistically appropriate, accessible, credible and evidence-based. A key deliverable will be findings from a review of health digital platforms and information resources.

Under this proposal, the Government would invest \$5 million to develop and implement an opt in digital health information accreditation scheme and digital health information library, allowing in digital health information and services apps to apply for a 'health star rating'.

The Trusted Digital Identity Framework is "an accreditation regime which specifies the minimum requirements that Attribute Service Providers, Credential Service Providers, Identity Exchanges and Identity Service Providers are required to meet in order to achieve and maintain TDIF accreditation."⁴⁴ This Initiative would align very closely with the TDIF, which will be driven by the following principles: user centric; voluntary and transparent; service delivery focused; privacy enhancing; collaborative; interoperable; adaptable; and secure and resilient.⁴⁵

In line with the approach taken in the United Kingdom (UK), this initiative would provide funding for a credible and credentialed NGO or government-funded digital health service, with the support of the Alliance in an advisory capacity, to develop, implement and administer the accreditation scheme for an initial five years, including:

1. Develop criteria for accreditation
2. Develop measures of evidence
3. To measure compliance with evidence standards and expectations
4. Develop a library of relevant apps that have met accreditation standards. The library would be easily accessible by citizens, health care providers and health-care users, and
5. Launch the 'trusted App library' via a social media campaign. App developers would be invited to opt-in to receive accreditation and join the library.

This proposal is also supported by Consumer Healthcare Products Australia in their *2023-24 Pre-Budget Submission*.

Initiative 2: \$5M to develop training frameworks and programs that strengthen health professionals' competencies to deliver self-care education and engagement.

This absence of the consumer, and lack of attention to how primary and secondary care health services and professionals can better facilitate person-engaged care, runs counter to current ideas of best-practice for effective health management, which advocates for bidirectional, collaborative, and patient engaged care.

It also contributes to an ongoing frustration expressed by clinicians of being unable to address the underlying cause of many of the health problems they encounter among their patients, and the recognition that greater involvement of individuals and communities in health and care policies, will likely result in more meaningful, long-term change.

⁴³ National Health Reform Agreement: Long-term health reforms roadmap - <https://www.health.gov.au/resources/publications/national-health-reform-agreement-nhra-long-term-health-reforms-roadmap>

⁴⁴ Trusted Digital Identity Framework Release Release 4 June 2021, version 1 - <https://www.digitalidentity.gov.au/sites/default/files/2021-06/tdif-02-overview-release-4-v1.2.pdf>

⁴⁵ Ibid.

Health and health care should be regarded as co-produced by health professionals with individuals and communities. And we need training frameworks and programs for healthcare providers to better enable, encourage and support this dynamic.

Through this initiative, the Government would invest \$5 million over five years to develop self-care education and engagement competencies in all health professional education and continuing professional development courses – through a grants-based program and appropriate eligibility criteria for health professional membership and training programs.

Among Australia's health and care workforce, there is an acknowledgment of this gap in healthcare professional education and training. In particular, the [Australian Primary Health Care Nurses Association](#) has included a similar proposal in their 2023-24 Pre-Budget Submission.

The Alliance has identified three key issues which may deter healthcare providers from adopting a self-care approach more actively and efficiently in their professional practice:

1. The unclear and narrowly perceived concept of self-care for health which focuses solely on self-management of chronic disease rather than on a more holistic approach⁴⁶;
2. Healthcare providers' professional education and training on self-care for health is patchy, limited, and inadequate⁴⁷;
3. There is a lack of sustainable support to embed self-care into the practice, which goes beyond professional education and training.

Embedding self-care for health as a core learning component extends beyond formal education and it requires a complex skill set that needs to be supported and complemented by a variety of other activities undertaken by healthcare providers (*Figure 4 - Strategies to support self-care for health*).

⁴⁶

- Sadler, E., C.D. Wolfe, and C. McKeivitt, Lay and Health Care Professional Understandings of Self-Management: A Systematic Review and Narrative Synthesis. *SAGE Open Med*, 2014. 2: p. 2050312114544493.
- Richard, A.A. and K. Shea, Delineation of Self-Care and Associated Concepts. *Journal of Nursing Scholarship*, 2011. 43(3): p. 255-264.

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- Bogetz, J.F., C.E. Rassbach, S. Bereknyei, F.S. Mendoza, L.M. Sanders, and C.H. Braddock, 3rd, *Training Health Care Professionals for 21st-Century Practice: A Systematic Review of Educational Interventions on Chronic Care*. *Acad Med*, 2015.
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- Sanchez-Reilly, S., L.J. Morrison, E. Carey, R. Bernacki, L. O'Neill, J. Kapo, V.S. Periyakoil, and J.d. Thomas, *Caring for Oneself to Care for Others: Physicians and Their Self-Care*. *The journal of supportive oncology*, 2013. 11(2): p. 75.



Figure 4 - Strategies to support self-care for health⁴⁸

Healthcare providers need to be equipped the appropriate skills and techniques to support self-care for health, which often entails helping people to think about their strengths and abilities and identifying their specific needs and changes required to maintain good health and wellbeing⁴⁹. This requires:

- (i) care planning,
- (ii) collaborative agenda setting,
- (iii) recognising and exploring ambivalence, and
- (iv) goal setting, action planning and follow-up.

Furthermore, to adequately support the self-care of their patients, healthcare providers need to be able to effectively communicate and tailor the level of a person's involvement based on the individual's ability to practice self-care for their health⁵⁰.

The initiative would support key workforce development agencies to develop and trial self-care education and engagement competencies in all health professional's education and continuing professional development. Priority should be given to First Nations health workforce organisations and to frontline primary care workforce organisations.

The Alliance is a registered charity with strong governance and a broadly representative membership. Given the diversity of healthcare professional occupations and organisations that would be eligible for the proposed grants, we propose that the Alliance be considered as the appropriate body to administer the program, in accordance with Commonwealth Government grant guidelines and compliance requirements, and to provide support to successful grant applicants to develop pilot programs, in which:

- Grantees would develop, implement, and evaluate professional training and development modules.

⁴⁸ De Silva, D., *Helping People Help Themselves. A Review of the Evidence Considering Whether It Is Worthwhile to Support Self-Management*. 2011, The Health Foundation: London.

⁴⁹ De longh, A., P. Fagan, J. Fenner, and L. Kidd, *A Practical Guide to Self-Management Support. Key Components for Successful Implementation*. 2015, The Health Foundation: London.

⁵⁰ The Royal Australian College of General Practitioners, *Putting Prevention into Practice: Guidelines for the Implementation of Prevention in the General Practice Setting*. 2018, RACGP: East Melbourne, Victoria.

- Grantees would be required to develop core cross-disciplinary competencies by collaborating with other grantees and organisations across the health system.

This investment addresses the evident and urgent need for Australian health care workers throughout the health system to be supported to become more adept at delivering self-care education and engagement. Embedding these competencies in all health professional education and continuing professional development courses is a critical step towards upskilling the existing and future Australian health care workforce to deliver core elements of the National Health Literacy Strategy.

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