UNIVERSAL HEALTHCARE FOR ALL AUSTRALIANS

Preamble

1. Access to high quality healthcare is an important aspect of the social compact between governments, the community and workers, and everyone, regardless of income or geography, should have timely access to quality affordable health care at all stages of their lives.
2. Australia's universal healthcare system is one of the great and lasting legacies of the union movement, which was instrumental in brokering the introduction of Medicare through the Prices and Incomes Accord of 1983.
3. Congress supports:
    a) Universal health care, including dental care;
    b) Public health care, including equitable access to Medicare;
    c) Universal access to bulk billing for GP services, with no GP co-payment;
    d) A supplementary private health care sector provided it is not at the cost of the public health system;
    e) Provision of adequate funding and support to protect the mental health of individuals and to aid those affected by mental ill-health;
    f) A full range of age-appropriate health services for older people and youth;
    g) Accessible and equitable health services for communities with particular needs, including remote and regional Australia, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and people within the LGBTIQA community; and
    h) Fair wages and proper workforce planning for all workers in the health, aged care and disability sectors, including measures to redress widespread staff shortages and to plan for the future.

Universal health coverage

4. Congress is committed to the concept of health as a public good, with shared benefits and shared responsibilities. We believe that access to adequate healthcare is a fundamental human right of every Australian and a crucial element of the Australian social compact. We are committed to publicly funded universal health insurance as the most efficient and effective mechanism to distribute health resources in a manner that ensures timely and equitable access to quality, affordable healthcare. Access to healthcare should always be on the basis of clinical need rather than capacity to pay.

5. Congress reaffirms our commitment to the preservation of the principles on which Medicare was founded: equity, efficiency, simplicity and universality.

6. Congress opposes the freeze on indexation of Medicare payments because these costs are passed on to patients, ultimately leading to higher out-of-pocket costs for individuals.

7. Congress explicitly rejects the imposition of increased co-payments for access to general practice and diagnostics because this undermines the goal of universalism. The evidence is clear that such co-payments do not discriminate between serious and non-serious occasions of service; they are not efficient because they hinder prevention and early intervention; and they increase inequity because they deter only already marginalised sections of the community from accessing care.

8. Congress supports the expansion of universal health coverage to dental care, noting that poor dental hygiene can lead to major health risks, including stroke. A very slight increase to the Medicare levy of only 0.75% would be sufficient to fund universal dental care, which could be spent on reducing public dental care waiting lists and providing Australians with universal access to preventive and restorative dental care.

Privatisation

9. Congress rejects the claim that universal health coverage is unaffordable or unsustainable. The worldwide economic indicators show that that privatisation and cost-shifting to individuals puts inflationary pressure on overall costs, leading to rising social inequity.

10. While the private sector has a role as an alternative choice for the provision of health care, its expansion must not be at the expense of publicly provided services available to all. The provision of private health services should be complementary to a comprehensive public health system, and operate as an optional and unsubsidised adjunct to a well-resourced, universal public system.

11. In a mixed public/private system, a strong, publicly funded health system plays an important role in containing the overall rate of inflation of health costs. Serious commitments must be made to ensure that the rate of inflation of costs in health is manageable into the future. It is vital that the Australian Government maintains the lever of universal insurance to ensure downward pressure on costs is maintained. The shift towards greater emphasis on a 'user pays' model, greater privatisation and co-payments as a barrier to primary health care is profoundly inconsistent with the goals of efficacy and equity, and must be rejected.

12. If all Australians rely on the same health system, then all Australians have an interest in ensuring that system is properly funded and of high quality. We reject the argument that Medicare should be reduced to a safety net for the poor. This would inevitably lead to a two-tier system, with substandard services for the poor, escalating demand for private care, increased costs, and the establishment of a permanent lobby group dedicated to stripping funding from Medicare.

Primary health care

13. All health services should incorporate the principles and philosophy of primary health care, that is, social justice, equity and self-determination, delivered by the most appropriate health professional, and with a focus on prevention and early intervention to promote health and prevent illness.

14. Social determinants, such as poverty, gender geographical location and the environment, impact on the health of individual and communities. Investment to address these determinants must be built into Australia's planning for healthcare.

15. Health policies should:

    a) increase emphasis on effective, evidence-based preventive efforts, early intervention and better integrated multi-disciplinary primary health care;

b) improve equitable access to health care, especially primary health care;

c) ensure stronger consumer, carer and community engagement in both care and planning; and

d) create a more rational split of responsibilities between governments.

16. Preventive health measures are important, not just because they lead to improved health outcomes and reduce treatment costs. Prevention must be a national health priority because it promotes workforce participation, productivity and quality of life.

17. Preventative health measures such as widespread vaccination and increasing breastfeeding rates should form key priorities, due to their flow on effect to other health outcomes and their positive impacts on reducing the economic cost of ill health.

18. Australia is falling short of addressing modifiable risk factors such as physical inactivity, excess sugar, fat and salt intake, harmful use of alcohol and other drugs, obesity, type 2 diabetes, raised blood pressure and those related to mental ill-health such as stress and trauma. Prevention measures such as tobacco and alcohol taxes and plain packaging are effective strategies. Further action on improving product information, food labelling, decreasing sugar, fat and salt content of processed food, protecting children from advertising that occurs around nutritionally poor foods, mental health care initiatives, harm minimisation strategies such as safe injecting rooms, and targeted health promotion programmes are urgently needed. Urgent resources towards addiction medicine must also form part of the toolkit for risk minimisation in relation to Australia's harmful use of alcohol.

19. Congress also supports nurse and midwife-led clinics, Participation of nurses and midwives in the provision of primary health care is essential to achieving improved population health outcomes and better access to primary health care services for communities. Nurses and midwives must be supported in their work with communities to focus on the prevention of illness and health promotion through nurse and midwife-led clinics. This will lead to improved health outcomes and management of chronic disease, including mental ill-health, and reduce demand on the acute hospital sector.

Mental health

20. Mental ill health is estimated to account for 12% of the total disease burden, yet the total spending on mental health equate to less than 7.8% of the health budget in 2018-19.

21. Estimates of the cost of mental health issues to the Australian economy vary, but are significant. A 2016 KPMG report estimated that workplace mental health issues cost $12.8 billion while estimates of the total impact on the economy can be as high as $60 billion. More than 3000 Australians commit suicide each year, with an average of 8 people dying by suicide per day in 2018.

22. Up to 500,000 Australians each year seek treatment for addiction and cannot get it. Experts estimate that 1 in 5 Australians will grapple with risky addiction in their lifetime with an estimated $55 billion annually lost due to impacts on healthcare, crime, productivity and road accidents. On average it takes people 20 years to seek assistance with addiction to alcohol, drugs and gambling due to stigma.

23. Congress calls for:

a) A substantial increase in funding for mental health services, focused particularly on delivering quality community and preventive services. This funding must not be based on any reduction in the funding of acute mental health services;

b) An emphasis on programs aimed at supporting and promoting good mental health and well-being and policies which encourage Australians to access mental health care early;

c) An emphasis on addiction medicine, given many experiences of mental ill health form comorbidities with the abuse of alcohol and other drugs.

d) Evidence-based approaches to mental health care, including programs which recognise and implement trauma-informed care.

e) Measures to ensure that people experiencing mental illness can access more and better co-ordinated services, both clinical and non-clinical, and work towards improving the lives of those that are the most disadvantaged and socially excluded;

f) A national workforce plan that must address:

- existing barriers to attraction and retention of mental health workers, including:
  - stopping aggression and violence in the workplace and mitigating vicarious trauma for those working in health systems.
  - Long-term, secure funding contracts for services such that the workforce can rely on secure employment rather than rolling short term contracts.
  - investment in career pathways, training and professional development for mental health workers.
- provision of preventive mental health care in services outside of those designed to support and care for those experiencing mental ill-health
- additional funding for the existing the primary health care workforce to more comprehensively incorporate mental health care
- removal of barriers for consumers to access mental health care services such as through expansion of Medicare funded referral pathways through health care practitioners in addition to GPs

g) Programs aimed at keeping and returning workers with mental ill health to their preferred occupations in supportive working environments;

h) The reestablishment of the National Mental Health Commission as an independent organisation to ensure effective and independent monitoring, assessing and reporting on the efficiency of the mental health system; and

i) The Federal Government's ongoing commitment to, and extension of, primary care mental health programs provided by qualified mental health workers, including qualified mental health nurses, through quarantined funding.

j) Graduate Certificates in addiction treatment to be provided to allied health mental health members to be offered free of charge, to ensure that on the ground mental health practitioners have the skills to assist people grappling with addiction;

k) Given the proven success of the union-initiated rehabilitation and outpatients service Foundation House in New South Wales, we call on the ACTU and all union affiliates to support this model in every state so that working people and their families can have timely access to drug, alcohol and gambling treatment;

l) Training and education of drug, alcohol and mental health Health and Safety Representatives on all worksites to identify, educate and support people in the early states of addiction and mental health to encourage them to seek pro-active support

Women's health

24. Women and girls are disadvantaged when it comes to accessing healthcare, including preventative care. Women face challenges to accessing health and wellbeing services, in particular for their sexual and reproductive health. We know that women live longer but suffer from more chronic illness than men. We also know that women have higher rates of mental, sexual, and reproductive ill-health and morbidity than men.

25. Barriers to women's health are driven by myriad factors. These include an absence of medical research into women's health, gender-based discrimination, lack of funding and service availability, and social and economic inequality. A universally accessible and fair health system for women and girls must acknowledge diversity in age, cultural and linguistic backgrounds, social and economic circumstances, and gender-identification.

26. For the Australian healthcare system to be genuinely universal, women and girls health and wellbeing services must be appropriately and adequately funded; affordable; reflect and accommodate diversity; readily available in metropolitan, regional, rural and remote areas; and provided without discrimination.

27. Congress advocates for improving the health and wellbeing of women and girls through appropriate, equitable and affordable preventive and care services that include, but not limited to, appropriate care for Reproductive health and wellbeing and pregnancy loss.

28. Congress acknowledges that healthcare and social assistance workforces are predominantly female. Timely access to health and wellbeing services, including via an industrial relations framework that provides women workers with fair remuneration and entitlements, so they can access health services themselves, is essential to maintaining a world-class system for everyone.

Midwifery

29. Congress supports strategies that promote and enable woman centred care and the *Respectful Maternity Care: the universal rights of childbearing women* charter in the provision of maternity services.[1]

30. There is abundant, consistent evidence, nationally and internationally, that midwifery continuity of care models provide the best maternal and neonatal outcomes. Thus, midwifery continuity of care models must be an accessible and viable choice for women and families seeking maternity care regardless of financial means, geographical location or pregnancy risk profile.[2]

31. Midwives acknowledge the importance of, and support Birthing on Country Model principles. Aboriginal and Torres Strait Islander mothers and babies, have the poorest outcomes of any population group in Australia. Midwifery care that addresses the cultural, spiritual, social, emotional and physical needs of Aboriginal and Torres Strait Islander women and their family has been demonstrated to promote equity and reduce perinatal mortality and morbidity. Thereby this will close the gap in reproductive and other health outcomes related to pregnancy, birth and longer term health outcomes for Aboriginal and Torres Strait Islander people.

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1 Ref: White Ribbon Alliance. The respectful maternity care charter: The universal rights of childbearing women. Washington: White Ribbon Alliance; 2011.

2 Ref: Renfrew MJ, McFadden A, Bastos MH, Campbell J, Channon AA, Cheung NF, Silva DR, Downe S., Kennedy HP, Malata A and McCormick F (2014) Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. The Lancet 384(9948):1129-45. https://doi.org/10.1016/S0140-6736(14)60789-3
Sandall J, Soltani H, Gates S, Shennan, A, Devane, D (2016) Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews https://www.cochranelibrary.com/cdsr/ doi/10.1002/14651858.CD004667.pub5/full

32. Maternity services must be staffed with appropriate levels of midwifery staffing to ensure that midwives can provide safe midwifery care to meet the needs of women and their newborns. The classification of newborns and the calculation of workloads in maternity services must be reviewed. All newborns are admitted patients and should be recognised in midwifery staffing requirements as a patient in their own right requiring care separate to that of the mother.

33. To support women and families' choices in maternity care provider, equitable funding and resource allocation for all models of maternity care, including midwifery continuity of care models in the private and public sectors must be established. Women must have extended access to MBS items for private midwifery care for antenatal, intrapartum and postnatal care.

Health workforce

34. Australia continues to suffer from a deficit in the numbers of available health workers in all but a very small number of disciplines. Even where excess exists they are primarily location-based excesses as opposed to numbers enabling the health, community, welfare, aged care and disability sectors to adequately and appropriately staff services.

35. The impacts of the expanding need for workers are felt across the entire sector, but planning, where undertaken, is largely being done in isolation. Health workforce planning should result in the development of professionals, from support workers to registered practitioners, who can provide quality services in a culturally sensitive manner to cater for the diversity that characterises modern Australia.

36. Congress calls on the Federal Government to urgently:

    a) Convene a cross sectoral and representative working party, including at least unions, providers and government, to develop a sustainable plan for training, recruitment and retention of workers to meet the expanding workforce needs;

    b) Ensure the matrix of issues -- concerning workforce retention and distribution are considered and addressed. This includes wages, conditions, qualifications, ongoing professional development, adequate, safe and appropriate staffing levels, and adequate, basic resources; and

    c) Ensure that funding allocated to the health and allied sectors provides for fair and decent wage rates and working conditions that exceed the statutory minimum entitlements.

37. Health care should be based on the best available evidence and delivered by the most appropriately skilled health professional.