



COAG Health Council

Communique

8 April 2016

The Federal and state and territory Health Ministers met in Perth today at the COAG Health Council to discuss a range of national health issues.

The meeting was chaired by Jack Snelling, the South Australian Minister for Health. Topics included health reform, national digital health, the role of Primary Health Care Networks, strategies to tackle alcohol, smoking and drug abuse, childhood obesity, mental health and maternity and ante-natal health risks.

Major items discussed included:

Long term reform strategy for the health system

Health Ministers discussed the many pressures on Australia's health system threatening to undermine its long-term sustainability; with particular attention to the ageing population, the growing burden of chronic diseases, rapid advances in technology and changing consumer expectations which are all contributing to strong growth in health expenditure.

Ministers agreed that major pressures on the health system can only be fully addressed if governments act collaboratively. Co-operation across governments is essential to tackling these problems.

Work across governments to tackle these problems has already begun. Today, Health Ministers committed to progressing this work by identifying long-term reform options that will make our health system more sustainable. Ministers agreed that the reform strategy work will be undertaken in line with the recently signed COAG heads of agreement that reaffirmed the operation of the National Health Reform Agreement (NHRA) and will be considered by COAG in 2016/17.

Ministers also took the opportunity to discuss with Federal Health Minister Sussan Ley the recently announced \$2.9 billion boost to hospital funding and the *Healthier Medicare for chronically ill patients* primary health care initiative.

Inter-Governmental Agreement on Digital Health

Ministers signed an Inter-Governmental Agreement (IGA) on Digital Health which establishes the ongoing financial support and governance arrangements for the Australian Digital Health Agency.

The IGA has been developed jointly by the Commonwealth, states and territories through the intergovernmental E-Health Working Group. The Digital Health Agency will be responsible for the strategic management and governance responsibilities for the national digital health strategy and the design and operations of the national digital health systems, including the My Health Record. It will deliver a collaborative and innovative approach to using technology to improve health service delivery and health outcomes for all Australians.

The Australian Digital Health Agency, which will be fully operational from 1 July 2016, will be the single accountable organisation for all national digital health services in Australia.

Advancing the Clinical Trials Environment in Australia

Ministers noted the importance of clinical trials in advancing clinical practice, enabling health system sustainability and self-improvement, and stimulating the innovation economy. While the Australian Government's Medical Research Future Fund will double investment in health and medical research along with the National Innovation and Science Agenda and through measures such as the Biomedical Translation Fund, there was agreement that more needs to be done to stimulate the sector.

Ministers noted that while jurisdictions have worked to improve the environment for clinical trials, there remains issues of fragmentation and inefficiencies that impact on Australia's attractiveness as a preferred location for trials. Ministers agree to task the Australian Health Ministers' Advisory Council to work up options for the development of models of best practice to organise sites and to improve administered efficiencies, better engage sponsors and improve trial start up times and outcomes. This will lead to better access to new medicines, devices and services for patients.

The future of the National Maternity Services Plan

Ministers noted the progress that has been achieved under the National Maternity Services Plan which concluded at the end of 2015 and agreed to continue to work together to improve maternity services, through the development of an enduring National Maternity Services Framework.

Ministers agreed to task AHMAC through the Community Care, Population Health Principal Committee (CCPHPC) to develop an enduring national maternity policy position to present to the COAG Health Council for further consideration in late 2016. This includes neonatal and child health services, antenatal health risk factors and screening for family violence.

Ante-natal health risk factors

Health Ministers considered the impacts of ante-natal health risk factors, including smoking and alcohol, and the need to investigate what could be done at a national level to address this important issue. Health Ministers have agreed that a scoping study be undertaken to consider the efficacy and potential benefit of an integrated national ante-natal health risk factors strategy

Pharmaceutical Benefits Scheme Medication Charts for Public and Private Hospitals

Health Ministers agreed to amend state and territory legislation to allow the use of the standardised hospital medication chart for the supply and claiming of Pharmaceutical Benefits Scheme (PBS) medicines. The introduction of the new chart will reduce regulatory burden on prescribers, pharmacists and nurses, improve patient safety and save hospitals an estimated \$270 million over 10 years in reduced administration. The chart will be available for use by jurisdictions commencing from July 2016.

Childhood Obesity

Health Ministers agreed that jurisdictions investigate options within their control to limit the impact of unhealthy food and drinks.

Medicinal Cannabis

Health Ministers have asked the Australian Health Ministers' Advisory Council (AHMAC) to provide advice and options on how a nationally coordinated approach to the cultivation and manufacture of cannabis for medical and research purposes might work.

Opportunities for joint commissioning of health services by State and Territory Health Departments and Primary Healthcare Networks (PHNs)

Queensland introduced this item emphasising the need for all parts of the health sector to work together more effectively to maximise outcomes for patients. Signalling its commitment to this, the Queensland Government recently announced a \$35 million Integrated Care Innovation Fund, which will provide financial support to innovative projects over a two year period, commencing in July 2016. The Fund will support Queensland's Hospital and Health Services to implement projects that demonstrate benefits across a range of settings.

Given the Commonwealth established Primary Healthcare Networks (PHNs) in 2015 to allocate funding, for example to mental health, via PHNs Queensland emphasised the need to identify opportunities for the joint commissioning of services across Commonwealth and state-funded health services. This will support a more integrated approach to service delivery and reduce any potential duplication. This will mean that efforts are not wasted and that more resources can be directed to patients. Mental health is one of the first areas where options for joint commissioning will be explored.

It was agreed that the Commonwealth will work to ensure that agreements for 2016/17 mental health commissioning funds are in place in a timely matter and that the PHN's work with Local Health Networks to align mental health commissioning efforts to commence from July 2016. It was further agreed that coordinated commissioning of mental health services by PHN's is important and further advice on this will be developed by AHMAC, through the Mental Health and Drug And Alcohol Principal Committee (MHDAPC), for consideration by CHC.

Transfer of the Chair of the COAG Health Council

This was Minister Snelling's last meeting as rotating Chair. The CHC elected Minister Jill Hennessy from Victoria as Chair for 1 year.

COAG Health Council
meeting as the
Australian Health Workforce Ministerial Council

Consolidation of the nine low regulatory workload National Boards:

In August 2015, Health Ministers considered the recommendations of the Final Report of the National Regulation and Accreditation Scheme (NRAS) Review and deferred all decisions relating to the consolidation of nine of the 14 National Boards into a single 'Health Professions Australia Board'.

Following targeted consultation by Australian Health Ministers' Advisory Council (AHMAC) with the National Boards, the Australian Health Practitioner Regulation Agency (AHPRA) and professional associations, Health Ministers have decided not to consolidate nine of the National Boards. Health Ministers accepted that efficiencies can and should be achieved by streamlining existing committee and operational arrangements under all the National Boards.

However, Health Ministers did not rule out the possibility that changes may be required in the future, to ensure the governance arrangements for the National Scheme continue to be fit for purpose. Therefore, Health Ministers have agreed to amend the *Health Practitioner Regulation National Law 2009* so that changes to the governance and membership of National Boards can be made by regulation.

If in the future Health Ministers are considering whether to exercise such powers, then consultation would be required with affected stakeholders before any changes in regulation could be progressed.

Health Ministers recognise the importance of ensuring that the National Scheme operates as efficiently and effectively as possible and that multi-profession regulatory approaches have benefits beyond efficiencies, in fostering best practice and workforce reform. Health Ministers urge AHPRA and the National Boards to continue to scrutinise their structures and processes to:

- assure the ongoing financial sustainability of the National Scheme;
- improve functions and processes to maximise operational efficiencies and streamline National Board governance processes; and
- establish mechanisms to support the development of consistent and best practice approaches to regulation across National Boards.

Further information on the NRAS Review is available from the following website:

www.coaghealthcouncil.gov.au/Projects/Independent-Review-of-NRAS

Inclusion of Social Work in the National Registration and Accreditation Scheme:

Ministers discussed a South Australian proposal to include social workers in the National Registration and Accreditation Scheme following two coronial inquests in SA which recommended such national registration. This issue has been referred to the Australian Health Ministers' Advisory Council for further work and advice back to Ministers at a future meeting.

Professional Indemnity Insurance for Private Practice Midwives

Ministers considered recommendations on the issue of professional indemnity insurance for privately practising midwives who provide intrapartum care in the home.

Ministers noted that the current exemption for professional indemnity insurance for privately practising midwives who provide intrapartum care in the home expires on 31 December 2016.

Ministers supported the preferred option of a national insurance solution. They agreed the need for safety and quality standards that are set by regulation under the Health Practitioner Regulation National Law, and on this basis agreed to extend the current exemption for a period of three years to work on a national insurance solution.

Health Ministers agreed that the standards to be included in regulation will be the subject of consultation with key stakeholders, including the Nursing and Midwifery Board of Australia, the Australian College of Midwives and the Australian Nursing and Midwifery Federation.

The decisions made will continue to maintain women's choices in terms of birthing options whilst supporting a timely, safe and national solution for privately practising midwives to continue to deliver intrapartum care in the home.

National Registration for Paramedics Project Plan and advice on COAG Health Council policy issues from November 2015 meeting

Health Ministers discussed progress with implementation of their decision of 6 November 2015, to amend the Health Practitioner Regulation National Law to include paramedics in the National Registration and Accreditation Scheme for the health professions.

Ministers noted the project plan for implementation of national registration for paramedics sees registration to commence for paramedics in the second half of 2018.

Ministers discussed preliminary advice on the outstanding policy issues that will need to be settled in order to prepare amendments to the Health Practitioner Regulation National Law. These matters will be considered again at their next meeting.

National Registration and Accreditation Scheme – issues arising from events at Djerriwarrh Health Services

Ministers noted that the regulatory failures associated with the events at Djerriwarrh Health Services in Victoria raise issues concerning the performance and operation of Australian Health Practitioner Regulation Agency (AHPRA).

Ministers noted that a KPMG report commissioned by the Australian Health Practitioner Regulation Agency (AHPRA) has made a series of recommendations for reform, including the adoption of a more systematic, risk based approach to the assessment and management of notifications.

Ministers agreed that work is required to strengthen the National Registration and Accreditation Scheme. Ministers agreed to ask the Australian Health Ministers' Advisory Council (AHMAC) to consult the Australian Health Practitioner Regulation Agency (AHPRA) and provide advice on options for reform, including options to strengthen system linkages, facilitate early detection of impaired or poorly performing practitioners, and minimise the risk of regulatory failure.

Media contact: Kay McNiece, 0412 132 585