



18 June 2025

Australian Government
Productivity Commission
GPO Box 1428
Canberra City ACT 2601, Australia

Dear Productivity Commission,

Re: Delivering quality care more efficiently

The Royal Australian College of General Practitioners (RACGP) thanks the Productivity Commission for the opportunity to provide comment on the public consultation *Delivering quality care more efficiently*. The RACGP is the peak body representing Australia's 50,000 general practitioners (GPs) and those working towards becoming a GP. For more than 60 years, we've supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

The role of GPs in quality care & preventive health

Each year, almost nine in 10 Australians visit a GP.¹ GPs provide care through all stages of life and consider patients within their social, cultural and environmental contexts. They have an in-depth understanding of the whole patient and deal with all aspects of physical and mental health. As such, general practice is central to the delivery of preventive health care. The holistic, patient-centred and relationship-based approach of general practice helps to ensure the effectiveness of preventive activities. GPs provide regular, trusted and tailored health advice direct to patients, improving targeting of services and increasing patient awareness, understanding and confidence regarding their health and wellbeing.²

The role of RACGP in quality care & preventive health

Preventive healthcare is an important activity in general practice. Preventive healthcare is also a core part of the RACGP [curriculum](#) and the RACGP is a leader in championing preventive health in Australia, developing different guidelines with a focus on primary, secondary, tertiary and quaternary prevention.

- **Primary and secondary prevention**

Primary prevention seeks to prevent the onset of disease via risk reduction (eg immunisation, smoking cessation)³, while secondary prevention refers to the early detection and prompt intervention to correct departures from good health or to treat the early signs of disease (eg cervical screening, bowel screening, mammography, blood pressure monitoring and blood cholesterol checking).³ RACGP clinical guidelines and resources that provide guidance on primary and secondary prevention include:

- The RACGP [Guidelines for preventive activities in general practice \(the Red book\)](#) 10th ed. is internationally recognised and utilised. The Red book has provided guidance on evidence-based preventive activities in primary care for over 25 years and is the world's only compendium of evidence-based preventive healthcare.
- The National Aboriginal Community Controlled Health Organisation (NACCHO) and RACGP [National guide to preventive healthcare for Aboriginal and Torres Strait Islander people](#) presents clear and up-to-date guidance for GPs and primary healthcare teams on preventive healthcare for Aboriginal and Torres Strait Islander people.
- The RACGP has also developed other preventive guidelines such as [Smoking, Nutrition, Alcohol, Physical Activity \(SNAP\)](#), [Supporting Smoking Cessation: a guide for health professionals](#).



- **Tertiary prevention**

Tertiary prevention refers to action taken to reduce the chronic effects of a health problem in an individual or population, by minimising the impairment as a result of the health problem.³ RACGP clinical guidelines and resources that provide guidance on tertiary prevention include:

- [Management of type 2 diabetes: A handbook for general practice](#),
- [Osteoporosis management and fracture prevention in postmenopausal women and men over 50 years of age](#), and
- entries in the [Handbook of Non-Drug Interventions \(HANDI\)](#)

- **Quaternary prevention**

Quaternary prevention refers to action taken to identify patients at risk of overmedicalisation, to protect them from new medical interventions and to suggest ethically acceptable ones.³ More tests ([overtesting](#)) and more diagnoses, as well as [overdiagnosis](#), may cause more harm to the patient than benefit, including unnecessary or even harmful treatment. RACGP clinical resources that provide guidance on tertiary prevention include:

- [First do no harm: a guide to choosing wisely in general practice](#) which has a primary focus on reducing patient harms and avoiding low-value care. The First do no harm guide provides GPs and patients with information on overused tests, overdiagnosed and overtreated conditions and interventions with insufficient evidence of effectiveness.

Additionally, [Putting prevention into practice: guidelines for the implementation of prevention in the general practice setting \(the Green book\)](#) provides information on how to best implement preventive health recommendations into practice. The Green book provides strategies to encourage partnership and collaboration from the general practice team and a comprehensive understanding of the practice population to ensure preventive interventions are targeted and appropriate for patients.

We provide comment below on the questions from Section 4 of the consultation

12. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

- **Focus on expensive, acute hospital care**

Australia's healthcare system is considered among the best in the world.^{4,5} However, it was developed at a time when acute medical conditions which required immediate attention were the main focus of healthcare. The system is not fit for purpose in a society where half the Australian population now have chronic health conditions. This changing focus of the healthcare system has been previously identified.⁵⁻¹¹

The [National Preventive Health Strategy 2021-2030](#) acknowledges Australian health expenditure is currently spent primarily on the treatment of illness and disease, and investment in prevention needs to be enhanced.¹² Despite general practice being the most accessed part of the healthcare system, government expenditure per person on general practice is eight times less than hospital care, with \$420 invested per person, per year in general practice, as compared to \$3483 invested per person, per year, into hospitals.^{5,13}

Increased investment in general practice will bring about better health outcomes for Australians and long-term healthcare system savings – through the decreased use of hospital services, improved illness prevention and improved productivity.⁵



13. What are some examples of successful prevention programs (this could include discontinued programs)?

- **Immunisation**

Immunisation is key to ensuring protection from preventable diseases. The success of high [immunisation rates](#) in Australia is largely the result of general practice. As GPs see patients across all life stages, they play a significant role in ensuring patients are appropriately vaccinated. GPs are also best placed to address patient concerns and vaccine hesitancy. General practice is at the core of immunisation delivery in Australia and should be recognised as such and supported to do so.

- **Cervical cancer screening**

The introduction of the National Cervical Screening Program in 1991 has halved cervical cancer incidence and mortality rates. Cervical cancer screening is an example of a successful program based in general practice where prevention by early detection and appropriate treatment has significantly improved survival rates. Screening tests are facilitated by GPs and practice nurses, and both play an important role in achieving these targets by providing vaccination and encouraging participation in the screening program.

- **Shaping a Healthy Australia – Healthy Habits**

The Australian Department of Health, Disability and Ageing (DoHDA) funded the Healthy Habits Project from October 2017 to June 2025. The project supported GPs to help adult patients improve their lifestyle through increased physical activity, better nutrition, and, in later stages, sleep. The digital health tool [RACGP Healthy Habits](#), combined a patient app, clinician's dashboard and patient and clinician resources and education.

The Healthy Habits program established a scalable, robust, and evidence-informed digital approach to supporting preventive health in general practice. It demonstrated early success in engaging patients, particularly when supported by clinicians.

While this was an innovative program which was well received by GPs and patients, there was an ongoing need for adequate time and resourcing for it to be a success. Preventive health care remains generally underfunded, with a lack of incentives in general practice to prioritise lifestyle interventions. As a result, a key challenge for the program was GPs and their teams finding the time for implementation. While the program was on track to meet all performance indicators and deliverables it was recently discontinued by the DoHDA.

- **Australian Primary Care Collaboratives**

The Australian Primary Care Collaboratives (the Collaboratives) was a national secondary and tertiary prevention program that was discontinued in 2014. The Collaboratives funded both clinicians and practice-managers to take a population approach to preventive care by using data to instigate change management culture in their practices and Plan-Do-Study-Act cycles.

The program received approximately \$40 million of funding, with more than 13 individual collaboratives over 1800 primary care services, and 83% of regional primary care organisations recruited practices and provided local support.^{14,15} Positive change was demonstrated in most improvement measures, while also building quality improvement capacity and providing valuable opportunities for peer interaction and learning.¹⁴



- **Medicare rebates for practice nurse delivered services in general practice**

Medicare rebates for practice nurse-delivered services in general practice including immunisations allowed multidisciplinary teams in general practice clinics to operate effectively and safely. The availability of these services and international and Australian experience has repeatedly demonstrated that health professionals working within multidisciplinary healthcare teams achieve the best health outcomes for patients.^{2,16,17}

14. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

General practice is the most efficient and effective part of the Australian health system. In rural areas and to individuals and families who may not otherwise have contact with the healthcare system (eg. people of low socioeconomic status, Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse [CALD] backgrounds) general practice is often the only service available to deliver effective preventive healthcare. General practice should therefore be appropriately supported to deliver preventive healthcare.

The RACGP [Vision for general practice and a sustainable healthcare system](#) (the Vision) describes a sustainable model of high-quality, cost-effective and patient-centred care that aims to address many of Australia's healthcare challenges. Focus should be placed on enhancing team-based care models which include GPs. The RACGP supports a blended funding model with:

- increased fee for service patient rebates for longer GP consultations as described in the section below
- Practice Incentive Payments which recompense the costs of practice accreditation and labour time
- deprivation payments based on patient demographics or practice location
- implementation of service coordination payments (eg Service Incentive Payments (SIPs))

- **Funding for longer general practice consultations**

61% of Australians live with at least one chronic disease, such as diabetes, heart disease, or depression, and need to see their specialist GP for longer and more frequently given the complexity of their health issues. However, Medicare funding for these appointments is lower per minute than it is for shorter, less complex consultations.¹⁸ This can make necessary longer consultations too expensive for many people. Longer consultations should be more affordable to ensure people get the specialist GP healthcare they need to manage these health conditions and stay healthy and out of hospital.

The RACGP recommends that a 40% increase to all Medicare rebates for Level C and Level D GP consultations will help people stay healthy through better preventive care, early diagnosis and chronic disease management, reducing health costs by \$51.6 million per annum,¹⁸ along with other benefits for both patients and the Australian health system.

- **Multidisciplinary teams in general practice**

Many people living with complex chronic conditions like diabetes and heart disease require care from a range of health professionals with different skills and expertise. Unfortunately, increasing fragmentation and segmentation in our healthcare system is making it harder for people to access team-based care. There is extensive evidence that well-coordinated multidisciplinary care teams that include specialist GPs lead to healthier patients and reduced hospital admissions and emergency department visits.¹⁸ Encouraging multidisciplinary team-based care is also a key aspect of the [Strengthening Medicare Taskforce Report](#).

A well-resourced, multidisciplinary team which includes GPs has the capacity to coordinate care and ensure patient needs are met. This is particularly important for people with chronic and complex conditions. Members of multidisciplinary teams can vary significantly depending on community need, and often also include nurses, allied health professionals and administrative staff.^{5,8}



- **General practice-based pharmacists**

General practice-based pharmacists can contribute to higher prescribing quality and lower prescribing costs by working collaboratively with GPs to support the quality use of medicines. Studies show general practice-based pharmacists contribute to significant reductions in medicine-related harms, reduced emergency department presentations and lower hospital readmissions. An independent economic analysis found that integrating pharmacists into general practice could deliver an estimated \$545 million in net savings to the health system over four years.¹⁸ Currently, a lack of funding prevents many GP clinics from employing more pharmacists.

- **Health assessments across the lifespan**

The current Medicare Benefits Schedule items which fund over 75-year old health assessments provide a valuable opportunity for GPs to comprehensively examine physical, psychological and social needs and review risk reduction measures for older Australians. The funding also allows practice nurses, Aboriginal health workers and Aboriginal Torres Strait Islander health practitioners to undertake the assessments utilising skills within a multidisciplinary care team, allowing patients to receive wraparound care from a range of healthcare professionals.

Regular evidence-based health assessments should be available to patients of all ages, with recommended intervals varying depending on healthcare need (just as one example, older people would receive an assessment more frequently than young adults). This is preferable to singling out specific conditions upon which to base eligibility, which creates a hierarchy of diseases and is open to debate. Expanding the patient cohorts eligible for health assessments should be deemed an investment in more affordable and accessible preventive care for patients.

GPs must remain central to the delivery of health assessments and coordination of follow-up services, with support from multidisciplinary teams in general practice.

- **A social prescribing system for Australia**

Social prescribing is where a doctor or nurse connects a person with local, affordable and available group activities to address needs such as loneliness, mental distress, physical exercise or the need to build skills.

Social prescribing could provide a valuable addition to the existing range of healthcare options in Australia. A national social prescribing scheme could ease pressure on the entire healthcare system by keeping more patients happy and healthy in their communities. However, to date, the adoption of social prescribing as an organised program of support has been limited.

The RACGP thanks the Productivity Commission again for the opportunity to provide comment on the public consultation *Delivering quality care more efficiently*. If you have any questions regarding our submission, please contact Mr Stephan Groombridge, National Manager, e-health, Quality Care & Standards at

Yours sincerely

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Chair, RACGP Expert Committee – Quality Care



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