

Budget Submission to Treasurer, the Hon Wayne Swan MP

Addressing minor ailments – a low cost innovative step in health reform

Overview

The Australian Self-Medication Industry (ASMI) welcomes the Treasurer's invitation to submit ideas to be considered for the next Budget. ASMI acknowledges the difficult fiscal position faced by Government post-GFC, largely as a consequence of the necessary spending measures required to help insulate against the worst effects of the recession. Restoring the fiscal position to its long run trend line should be paramount.

But good fiscal policy is never solely about cost-cutting. It is also about finding new, more effective and innovative ways of using available public outlays, especially where these provide an opportunity for long term structural reform. As the peak industry association representing the manufacturers of consumer healthcare products, we are proposing a financially modest measure to encourage improved personal health and better use of pharmacist skills, while reducing GP waiting lists and achieving long term savings to the health budget.

A number of reviews of Australia's health system released last year set out detailed recommendations for health reform. A consistent theme entailed the wider adoption of increased personal responsibility for health and wellbeing, increased awareness of preventative health measures and associated with these, ways of easing the burden on overstretched GPs. ASMI believes these findings provide the basis for government to embark on a relatively inexpensive program of patient 'self-care' along similar lines to that implemented by the UK government. This has the capacity to deliver immediate benefits in improved personal health, better utilization of scarce health resources and a necessary change in patient behaviour over the medium term.

Tackling minor ailments

The December 2009 'Bettering the Evaluating and Care of Health' (BEACH) report , a joint study into general practice by the Australian Institute of Health and Welfare, and the University of Sydney reveals the significant amount of GP time spent dealing with 'minor ailments'. These are self-limiting conditions that most people should be able to diagnose or treat by themselves, or with the help of a pharmacist. The report says that of the 30 most common Reasons for Encounter (RFE) with a GP, a total of 19 or 63 per cent comprised symptoms such as cough, throat and back complaints, and rash.

A study, commissioned by ASMI and conducted in 2008 by international health industry consultants, IMS, found that 15% of all GP consultations involve the treatment of minor ailments, and 7% involve the treatment of minor ailments alone. When projected nationally it found a total of 25 million GP consultations annually, or approximately 96,000 consultations per day involve the treatment of a minor ailment. Also,

approximately 59% of minor ailments resulted in a prescription, suggesting almost 15 million prescriptions being provided for minor ailments.

This does not need to be the case. As the National Prescribing Service notes: *"Pharmacists can be a good first port of call when you don't know what to do about a medicine problem, or when you don't know if you need to see a doctor about a problem. In many cases, they will be able to guide you. If they can't, they will refer you to your doctor. Pharmacists know a lot about over-the-counter medicines that can be used to treat common minor ailments, so they can help you choose a suitable treatment for minor ailments."*

Unfortunately, this message is not being adequately disseminated and this results in scarce primary health care resources being over-used at the expense of more serious conditions, especially in acute areas of GP shortage such as in rural and regional Australia.

It has been estimated that, in the UK, the cost to the NHS of GPs dealing with minor ailments is nearly \$4 billion. Health economist, David Gadiel, in research commissioned by ASMI, estimated that in Australia the top 10 minor ailments alone take up as much as 7% of Australia's GP workforce - the full time equivalent of up to 1,000 GPs. The study also identified some \$260 million in 'waste and resource misallocation' as a result of Medicare benefits associated with GP treatment of minor ailments.

While much of the current debate over health reform has focused on far reaching issues such as state and commonwealth responsibility for hospitals, ASMI believes a modest public awareness and education program to help promote self care amongst the community would be an effective and affordable way to embark on a critical element of the health reform process. This would be entirely consistent with the thrust of key health recommendations to the Government including:

- The National Health & Hospitals Reform Commission which stressed:
 - *"greater personal responsibility"*
 - That self care should be *"a cornerstone of reform"*
 - And, *"giving people real control and choice about whether, how, where and when they use health services"*
- The Preventative Health Taskforce:
 - *"Consumers should have access to tools to enable self-care and assist them to navigate the health system maze effectively"*
 - Facilitating *"self-management of health conditions ... preventing and managing chronic disease"*
- Dr Tony Hobbs, Chair of the National Primary Healthcare Strategy External Reference Group:

- stressed the need to make best use of all healthcare professionals and pointed to the expanded role for pharmacy in facilitating “*self-management of health conditions and preventing/managing chronic disease*”

A proposal to address minor ailments and encourage improved health

We invite consideration of a proposal with the following elements:

- The creation of a Health Transformation Program to promote education and awareness about the choices available to consumers before presenting to a GP with a minor ailment.
- The program would focus on measures to improve health literacy to enable people to recognise self-limiting minor ailments and help them to navigate the health system, for instance, by promoting pharmacy as the first port of call for such cases.
- In the initial phase, the program would have a focus on the most prevalent minor ailments, notably upper respiratory tract infections (URTI) and back pain, ahead of a later stage which could move to other disorders.
- The program should be funded to a value of \$2m over a two year period to provide for the development of a ‘self care in practice’ booklet, website and related collateral to be made available to consumers and healthcare professionals through schools, pharmacies, GPs and practice nurses.
- The Department of Health and Ageing should be the lead agency in the development and execution of the program.
- ASMI would also welcome the opportunity to work closely with government on economic research which might help advance opportunities for greater adoption of self care and better utilization of health resources.

Even if it were possible to achieve the modest target of some 20% of GP consultations for minor ailments shifting to self care, that would translate into some 20,000 fewer GP consultations daily. This would contribute to better utilization of primary health resources and savings to the national health budget.

ASMI is pleased to advance this proposal for consideration in the belief that it represents a small initial step, but one that is fundamental to longer term health reform, and one that creates a platform for possible further measures to encourage lasting behavioural change in the way Australians use the health system.

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