



**Response to the Australian Government
Department of Health**

**‘Consultation Draft –
Primary Health Care 10 Year Plan’**

November 2021

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About Carers Australia

Carers Australia is the national peak body representing the diversity of the 2.65 million Australians who provide unpaid care and support to family members and friends with a disability, chronic condition, mental illness or disorder, drug or alcohol problem, terminal illness, or who are frail aged.

In collaboration with our members, the peak carer organisations in each state and territory, we collectively form the National Carer Network and are an established infrastructure that represent the views of carers at the national level.

Our vision is an Australia that values and supports all carers, where all carers should have the same rights, choices, and opportunities as other Australians to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment, and education.

This includes carers:

- Who have their own care needs
- Who are in multiple care relationships
- Who have employment and/or education commitments
- Aged under 25 years (young carers)
- Aged over 65 years, including 'grandparent carers'
- From culturally and linguistically diverse backgrounds
- Who identify as Aboriginal and Torres Strait Islander
- Who identify as lesbian, gay, bisexual, transgender, intersex (LGBTI+)
- Who are living in rural and remote Australia, and
- That are no longer in a caring role (former carers).

Carers Australia acknowledges Aboriginal and/or Torres Strait Islander peoples and communities as the traditional custodians of the land we work on and pay our respects to Elders past, present and emerging. As an inclusive organisation we celebrate people of all backgrounds, genders, sexualities, cultures, bodies, and abilities.

Introduction

Carers Australia welcomes the opportunity to respond to the consultation draft of the Primary Health Care 10 Year Plan. Carers Australia is disappointed to see the draft Plan is more provider-centric and less consumer and carer-centric than the Primary Health Reform Steering Group recommendations. This submission should therefore be read in conjunction with Carers Australia's response of August 2021 to the Primary Health Reform Steering Group recommendations on the 10 Year Plan.

Our high-level feedback primarily focuses on the first two parts of the quadruple aim:

- Improve people's experience of care
- Improve the health of populations

Carers Australia maintains that a Primary Health Care Plan which improves recognition and care for carers within primary health care will also support the other two parts of the quadruple aim:

- Improve the cost-efficiency of the health system
- Improve the work life of health care providers.

A Plan which adheres to the principles of the *Carer Recognition Act 2010 (Commonwealth)* will improve the cost-efficiency of the health system through supporting carers to enjoy optimum health and social wellbeing. The work-life of health care providers will also be improved through treating carers as partners with other care providers, acknowledging their unique knowledge and experience.

As a 'partner in care', the information carers hold throughout the patient health care journey will assist primary health care providers at all stages from primary prevention to early intervention and treatment, system navigation, social prescribing, medication management, self-management and hospital avoidance.

Carers Australia supports the Plan including specific strategies to address the primary health care needs of priority populations:

- Better health care for older Australians
- Better mental health care
- Better care for people with disability
- Better care for people from culturally and linguistically diverse backgrounds
- Better care for LGBTI people

However, there is insufficient recognition of the specific primary health care needs of carers in the draft Plan. Carers Australia's position is that the physical and mental health impacts of caring are sufficiently well documented that caring must be considered a social determinant of health.

A Plan which recognises carers as a priority population group will be much better positioned to provide carers with planned, coordinated and preventive health care through primary care.¹ The pressure on carers will likely increase over the life of the Plan as by 2030, the demand for carers in Australia is projected to grow by around 23%, while the supply of carers is expected to increase by 16%.²

¹ Spiers G, Liddle J, Stow D, et al. (2021) [Caring as a social determinant of health. Findings from a rapid review of reviews and analysis of the GP Patient Survey. Report and key findings](#). Population Health Sciences Institute, Newcastle University. Commissioned by Public Health England

² Carers Australia, & Deloitte Access Economics, (2020). The value of informal care in 2020. *Canberra: Deloitte Access Economics*. [\[accessed online\]](#)

A recent US study³ analysing issues around integration between carers and health care providers includes some promising policy directions:

- identify and record information on carers
- incentivise providers to engage with carers
- invest in programs that provide supportive services for carers
- expand access to care coordinators to support carers and connect them to clinical information
- implement training programs for providers and carers to facilitate effective communication; and
- develop, test, and improve carer access to technologies that foster care integration and information-sharing.

Carers Australia has expanded on application of these points in the Australian context in our response to selected Streams and Action Areas.

The Plan must also recognise that within each of the listed priority population groups, targeted strategies are required to address the primary health care access issues of carers, including culturally safe and appropriate health care for people in care relationships and recognition and respect for both carers and people receiving care.

Many carers spend lots of time in primary health care settings on behalf of the people they care for but rarely have their own health needs identified or addressed. Carers provide a vital role supporting patient health and wellbeing, but carers themselves can experience a range of negative health, social and financial impacts as a result of their caring role.

Carers Australia recommends the 'Carer Awareness in General Practice' education kit developed for the Victorian and Tasmanian PHN Alliance is disseminated via all PHNs nationally.⁴

The Carer Awareness in General Practice education kit offers guidance for GPs to identify and support patients who are carers. Education covers recognition of the carer role, identifying and supporting carer needs and involving the carer in patient care. This education is accredited for RACGP and ACRRM professional development, on completion of three short webinars and an associated survey.

There is no plain language or Easy English version of this consultation draft; Carers Australia strongly recommends the final Plan be made available in these accessible formats, as well as in a range of community languages.

Response to Consultation Questions

Stream 1: Future-focused health care - Action area A: Support safe, quality telehealth and virtual health care. (300 word limit)

Carers and the digital divide

Carers Australia broadly supports an increase in digital infrastructure to support access to safe, quality telehealth and virtual healthcare for patients and carers who wish to use it. Guidance on carer inclusion and support is available from several successful digital literacy projects which have been run in

³ Friedman, E. M., & Tong, P. K. (2020). A Framework for Integrating Family Caregivers into the Health Care Team. RAND. [\[accessed online\]](#)

⁴ Victorian and Tasmanian PHN Alliance (2020). Carer Awareness in General Practice Education [\[accessed online\]](#)

conjunction with the Carer Gateway, the Be Connected Network, and State and Territory Carer organisations^{5 6} to ensure equitable access to digital services.

Lessons learnt from carers and healthcare workers before and during the COVID-19 pandemic include both positive and negative aspects of the rapid shift to telehealth. On the positive side, telehealth can reduce infection risk, exposure anxiety and travel time, while better connecting carers into the healthcare team, and improving access to health care.⁷ Inversely, telehealth can present a range of barriers associated with affordability, useability, problems with technology, insufficient funding, inadequate information provision by service providers, and lack of service support.⁸

In 2020, nearly 36% of primary carers fall within lowest socioeconomic quintiles, compared to only 18% of non-carers. While many carers use digital technology, nearly a quarter lack knowledge or confidence to use the internet.⁹ Telehealth service infrastructure must actively support telehealth usage for all population groups. Supported access for older carers and carers in poorer socio-economic circumstances, including training, technical support and subsidies for equipment and online costs, are important ways of widening telehealth access.¹⁰ Without these mechanisms, the telehealth service itself may become just another barrier to access to primary health care.

It is critical to continue in-person primary health care options for those patients and carers who cannot, or do not want to engage digitally. The role of a carer supporting a person during a phone call will not be as apparent as a carer accompanying a patient to an in-person consultation. Solely using this modality risks continuing and/or increasing the invisibility of carers.

Carers Australia recommends that, consistent with the National Safety and Quality Primary and Community Healthcare Standards,¹¹ the Plan highlights the importance of both clinical governance and consumer partnerships in effective, safe and high-quality health care wherever health care is delivered.

Stream 1: Future-focused health care - Action area B: Improve quality and value through data-driven insights and digital integration (300 word limit)

Carers Australia broadly support an increase in digital infrastructure and development of integrated quality and clinical systems to better support safe and effective medical care, however, with an increased reliance on technology it is important to note that while many carers do use digital technology a significant number are digitally disadvantaged¹². We raise to the Committee that digital health activities need to be considered from the lens of the health professional, consumer *and* the person caring for them. As an example, accessing the My Health Record as a carer is not necessarily a simple process, adding to other issues navigating digital infrastructure for themselves and the person (or multiple people) they may

⁵ Good Things Foundation Australia (2020) Capacity Builders Grant Program [\[accessed online\]](#)

⁶ Carers NSW (2021) Presentation at 8th Rural Innovations Changing Healthcare Forum [\[accessed online\]](#)

⁷ Department of Health Victoria (2021) COVID-19 and virtual communication with consumers [\[accessed online\]](#)

⁸ Wade, R., Cartwright, C., & Shaw, K. (2015). Carers' perceptions of the impact of home telehealth monitoring on the provision of care and sustainability of use. *Australasian journal on ageing*, 34(2), 109-114.

⁹ Australia, Government, Australian Bureau of Statistics, Use of information technology by people with disability, older people and primary carers, 2020

¹⁰ Blackburn, C., Read, J., & Hughes, N. (2005). Carers and the digital divide: factors affecting Internet use among carers in the UK. *Health & Social Care in the Community*, 13(3), 201-210.

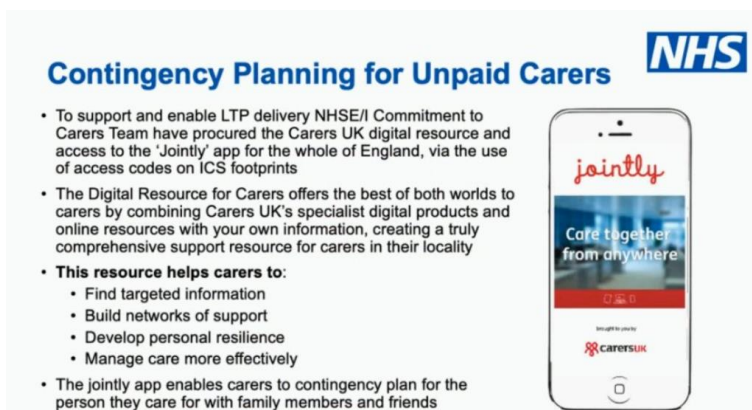
¹¹ Australian Commission on Safety and Quality in Health Care (2021). National Safety and Quality Primary and Community Healthcare Standards [\[accessed online\]](#)

¹² Australia, Government, Australian Bureau of Statistics, Use of information technology by people with disability, older people and primary carers, 2020 [\[accessed online\]](#)

be caring for such as electronic prescriptions, immunisation (e.g. COVID-19) records/evidence, and My Aged Care, NDIS and Services Australia portals.

With respect to integration of care across systems and settings, we highlight that if data on carers is not consistently collected, or carers are not proactively identified within primary care, further fragmentation of services and redirection of funding away from carers needs will occur. Consideration also needs to be given to how information held within the Carer Gateway, or My Aged Care, on carers health and wellbeing will be accessed by primary care for true 'person-centred' care, in this case the carer, to occur.

International example of use of digital tools that include carers in primary care
Announced by Director of Primary Care for NHS England, Dr Nikki Kanani, that from the 1st December 2021, unpaid carers will be able to have access to Jointly, a care co-ordination app and contingency planning tool through their General Practice.



Contingency Planning for Unpaid Carers **NHS**

- To support and enable LTP delivery NHSE/ Commitment to Carers Team have procured the Carers UK digital resource and access to the 'Jointly' app for the whole of England, via the use of access codes on ICS footprints
- The Digital Resource for Carers offers the best of both worlds to carers by combining Carers UK's specialist digital products and online resources with your own information, creating a truly comprehensive support resource for carers in their locality
- **This resource helps carers to:**
 - Find targeted information
 - Build networks of support
 - Develop personal resilience
 - Manage care more effectively
- The jointly app enables carers to contingency plan for the person they care for with family members and friends

Stream 1: Future-focused health care - Action area C: Harness advances in health care technologies and precision medicine (300 word limit)

Carers Australia expects that the focus must go beyond health professionals, and involve forward thinking of engaging with consumer and carers to increase understanding, acceptance, and access to medical advances.

Stream 2: Person-centred primary health care, supported by funding reform – Action area A: Incentivise person-centred care through funding reform, using VPR as a platform (300 word limit)

Ensuring VPR does not contribute to additional access barriers to care

Carers Australia supports the objective of incentivising GPs and practices to improve health outcomes for their registered patient population and to improve continuity of care and coordination between the different providers from which a person receives care.

Carers Australia does not support MBS telehealth for general practice becoming contingent on patients being registered with the practice, nor the proposal that MBS health assessments, chronic disease management plans, mental health treatment plans and medication reviews will only be available for registered patients. Rather than reforming the system, this would further entrench disadvantage in access to health care for already disadvantaged patient populations and contribute to additional impact on their carers.

Carers Australia recommends consideration of suitable incentives for patients to take up VPR, such as access to bulk billing for all registered patients.

Carers Australia holds concerns about perverse incentives for GPs to avoid registering patients with multi-morbidity, deteriorating and terminal conditions on the basis their MBS performance measures may be negatively impacted. For example, an older person with multiple health conditions who moves closer to family may then face closed appointment books as practices manage their caseload to optimise positive outcome payments.

Carers Australia has previously raised the need for the Plan to address barriers to access to primary health care such as waiting lists for registration with a preferred GP, practices avoiding registration of more complex patients and unavailability of the usual GP. Introduction of VPR in this manner does not move primary health care beyond a provider-centric, fee-for-service funding mechanism rewarding provider activity. It is hard to see how reducing unregistered patients' access to care will result in improved outcomes for the person, their carer or their community.

Carers Australia supports the Australian Healthcare and Hospitals Association (AHHA) response to the Draft recommendations from the Primary Health Reform Steering Group¹³ and agrees that primary care reform must:

- be centred around improving outcomes for a person or community
- not create additional barriers to accessing appropriate health services
- be supported by improvements in individual health literacy for consumer agency and improved self-care and self-management
- enable team-based care as a fundamental building block

Identifying care relationships through VPR

Carers Australia recognises the benefits of collection of voluntary demographic questions on VPR forms for both individual patient care and to improve understanding of the whole patient population. Carers Australia supports collection of demographic information on the proviso these include questions on carer status.

GP practices alerted to the proportion of their registered patient population who have a carer or who are a carer will better understand the health care needs of people in care relationships and the factors that may impact on the health of both carers and people receiving care.

VPR forms can record care relationship information in two ways:

- Patients who are carers
- Carers of patients

Carers Australia request that the demographic questions on VPR forms be consistent with the Carer Recognition Act 2010:

¹³ Australian Healthcare and Hospitals Association (2021). AHHA response to the Draft recommendations from the Primary Health Reform Steering Group [\[accessed online\]](#)

Do you provide care, support and assistance to a person who needs it because they have a disability; a medical condition (including a terminal or chronic illness); a mental illness; or is frail and aged?

Do you receive care, support and assistance from a family member or friend person because you have a disability; a medical condition (including a terminal or chronic illness); a mental illness; or are frail and aged?

Carers Australia further recommends VPR forms are regularly updated to ensure changes in patient demographic information such as disability or carer status are captured accurately.

Stream 2: Person-centred primary health care, supported by funding reform – Action area B: Boost multidisciplinary team-based care (300 word limit)

Carers Australia supports multidisciplinary team-based care that is both person-centred and family focused and advocates that multidisciplinary team-based care should include other service providers relevant to primary health care. For priority population groups these include disability support, community mental health and aged care services which all contribute to holistic health care for an individual and their carer.

Should the reforms plan proceed with VPR systems as proposed, Carers Australia holds grave concerns over access to telehealth and to multidisciplinary team-based care for members of priority population groups who choose not to register with a single practice.

Stream 2: Person-centred primary health care, supported by funding reform – Action area D: Improve access to primary health care in rural areas (300 word limit)

Carer health in rural, regional and remote Australia

Wherever they live, carers report worse health than people without caring responsibilities. The gap is greatest for people living in outer regional and remote (ORR) areas of Australia where 22.1% of carers report fair or poor health, compared with 17.8% of non-carers in the same regions.¹⁴ One in five carers living in ORR areas live with disability or a long-term health condition, compared with 12.3% of non-carers in the same regions, or 14.3% of carers in major cities.

Nearly a third (30.4%) of carers in Australia report having problems accessing doctors, telecommunications services, Centrelink, Medicare and disability services, compared with 25.3 per cent of those without caring responsibilities. Both carers and non-carers in ORR areas are much more likely to report having difficulties in accessing services, with the proportion of carers higher; distance to access available services, lack of adequate services in the area, and affordability are key issues reported. Carers also report that difficulties in understanding or being understood by service providers contributed to the challenge of accessing services, particularly in outer regional and remote areas.

Carers Australia supports the policy intent of the Stronger Rural Health Strategy and the actions listed under Action Area D, leading to a future state where carers and people receiving care in rural and remote

¹⁴ Edwards, B., Gray, M., Baxter, J., & Hunter, B. (2009). The tyranny of distance. Carers in regional and remote areas of Australia, Canberra, Australian Institute of Family Studies.

areas can access face-to-face primary health care services locally, complemented by telehealth and virtual health care services, bringing access and outcomes closer to parity with urban areas.

We recommend this Action Area also includes actions to ensure carers in rural or remote areas are referred to online and phone services available via the Carer Gateway, including:

- counselling over the phone
- an online forum, to connect with other carers
- online coaching sessions and skills courses related to the carer role.

Stream 2: Person-centred primary health care, supported by funding reform – Action area E: Improve access to appropriate care for people at risk of poorer outcomes (300 word limit)

Carers are at risk of poorer health outcomes than non-carers

Recent outcomes from 2021 National Carer Wellbeing Survey conducted by Carers Australia and the University of Canberra ¹⁵ has identified that unpaid carers are lonelier, in poorer physical and mental health, and are less likely to be employed compared to the average Australian. Carers are most likely to have poor health if they: provide challenging caring obligations, are female carers, are aged 45 to 54, and/or are caring for a person with autism spectrum disorder (ASD), development disorder, mental illness or intellectual disability. Many carers are managing their own challenging health problems while also caring for others:

- Carers are twice as likely to have poor health as non-carers of similar age.
- Almost 1 in 2 carers have poor health, compared to 1 in 5 non-carer adult Australians.
- 46% of carers have one or more disabilities, health conditions or injuries that restrict their everyday activities.
- Young carers (12-25 years) were more likely than their peers to have a disability or long-term health condition themselves and to report fatigue, injury and greater levels of stress and anxiety as a result of their care giving.¹⁶
- Carers are two and a half times more likely to have low wellbeing, and much higher psychological distress, compared to the average Australian.
- Caregiving is associated with increased risks of chronic health conditions (e.g. asthma, diabetes, arthritis)^{17 18}

In the absence of an MBS item for Carer Health Assessments, Carers Australia supports the recommendations of the MBS Review, General Practice and Primary Care Clinical Committee Report Recommendation 4: *Implement a comprehensive package of longitudinal care for enrolled patients with chronic health conditions that promotes effective use of primary care chronic disease management items.* Provided VPR does not contribute to perverse incentives in primary care, this could help to address the higher prevalence of chronic health conditions among Australia’s carers and the risk of poorer health outcomes for carers.

¹⁵ Carers Australia, Centre for Change Governance & NATSEM, University of Canberra (2021) Caring for others and yourself – The 2021 Carer Wellbeing Survey [\[accessed online\]](#)

¹⁶ CASS, B., Smith, C., Hill, T., Blaxland, M., & Hamilton, M. (2009). Social Policy Research Paper No. 38: Young carers in Australia; Understanding the advantages and disadvantages of their care giving.

¹⁷ Stacey, A. F., Gill, T. K., Price, K., & Taylor, A. W. (2018). Differences in risk factors and chronic conditions between informal (family) carers and non-carers using a population-based cross-sectional survey in South Australia. *BMJ open*, 8(7), e020173.

¹⁸ Stacey, A. F., Gill, T. K., Price, K., & Taylor, A. W. (2019). Biomedical health profiles of unpaid family carers in an urban population in South Australia. *Plos one*, 14(3), e0208434.

Priority populations

Carers Australia supports the inclusion in the Plan of the National Roadmap for Improving the Health of People with Intellectual Disability (the Roadmap) and that the governance group to be established to provide oversight and monitor the implementation of the Roadmap will have representation from families and carers of people with intellectual disability. We note the roadmap is complemented by an NHMRC Targeted Call for Research on improving health of people with intellectual disability (IHPID).

We note the short-term action to establish CALD and LGBTI advisory groups to the Department of Health to provide CALD and LGBTI views on primary health care and other health reforms. Carers Australia recommends establishment of a carer advisory group to provide carer views on primary health care and its integration with aged care, disability support and mental health services.

Carers Australia recommends this approach is adopted to address other priority population groups e.g. people with mental illness to improve

- understanding of individual and systemic factors affecting access to and delivery of primary health care for people in priority population groups
- Identification of best practice models of care for people in priority population groups
- the evidence base supporting healthcare professionals to deliver effective and equitable care for people in priority population groups.

A Plan that includes specific actions for all priority population groups will address many of the Primary Health Reform Steering Group's recommendations and actions for improved integration and coordination with aged care, disability support and mental health services.

Carers Australia supports the listed action for PHNs to develop, refine and scale evidence-based models of social prescribing and system navigation supports for at-risk groups, noting the benefits of social prescribing for carers must also be realised.¹⁹

Carers Australia also supports the actions to ensure all PHNs have mechanisms for engaging disability, CALD and LGBTI communities and recommends this action should be expanded to address all the priority populations, including older Australians accessing aged care and people with mental health conditions. Carers Australia recommends this action area of the Plan also includes a strategy to evaluate the outcomes of the Australian Government's response to the recommendations of the Royal Commission: Residential Aged Care Quality and Safety - Improving access to primary care and other health services.

Stream 2: Person-centred primary health care, supported by funding reform – Action area F: Empower people to stay healthy and manage their own health care (300 word limit)

Chronic disease management incorporates self-care and carer care

Carers Australia supports the policy directions of the *Draft National Preventive Health Strategy 2021-2030* and the *Self-care for Health: A National Policy Blueprint*,²⁰ developed by experts in health, self-care and

¹⁹ Carers Australia (2021). How social prescribing could improve health and wellbeing of carers. Fact Sheet [\[accessed online\]](#)

²⁰ Nichols, T., Calder, R., Morgan, M., Lawn, S., Beauchamp, A., Trezona, A., ... & Klepac Pogrmilovic, B. (2020). Self-care for health: A national policy blueprint.

policy across Australia. The blueprint notes “the underlying drivers of self-care are complex and include environmental, economic and social factors that sit beyond the individual.”

The wellbeing of patients accessing primary health care and their carers is interdependent. The Plan must ensure the primary health care system has both the capability and capacity to proactively identify carers and include carers in appropriate discussions or decision-making, considering the impact of patients’ care needs on their carer.

Carers make a significant contribution to illness prevention and management, but many struggle to access support and therefore remain ‘hidden carers’. Co-designed research²¹ with carers of people with chronic health conditions examined how they conceptualise their caring role, and use of the term ‘carer’ to self-identify and/or access support. The research found two key drivers of not identifying as a carer: self-comparison to other family carers providing care to more dependent relatives, and concerns the term would threaten the identity of the cared-for person. The research highlighted that health professionals are in a unique position to validate the role of carers and encourage support seeking.

Carers Australia recommends that greater focus on self-management in the community must be complemented by recognition of hidden carers, who support the patient to minimise the impact the illness has on their lives and consequently may minimise their own caring role. Primary health care professionals are well placed to legitimise the diversity of carer roles and signpost them to carer supports. The Plan must include actions that recognise the vital roles of carers in supporting others to manage their health care.

Stream 3: Integrated care, locally delivered – Action area A: Joint planning and collaborative commissioning (300 word limit)

Carers Australia supports actions to strengthen cooperation between Primary Health Networks (PHNs) and Local Hospital Networks (LHNs), on the proviso that PHNs are required to liaise with Carer Gateway providers during regional planning. Enhanced information sharing between primary health care and the Carer Gateway will support identification and monitoring of the ongoing needs of carers across settings and services and leverage existing structures rather than creating additional systems for carers to navigate.

Similarly, we support the short-term actions to review PHN governance arrangements and commissioning processes to support more efficient and effective operation. This must however include an understanding of how PHNs are currently engaging carers in these processes, as well as a requirement for carer-inclusion in governance activities moving forward. This will also be essential to assist in primary care emergency preparedness and response arrangements.

We also call for the future state action of “People using health services can readily follow established pathways, with navigational supports if needed, to connect to the care they need, in the health system and with social care options” be brought forward to a medium-term response.

²¹ Knowles, S., Combs, R., Kirk, S., Griffiths, M., Patel, N., & Sanders, C. (2016). Hidden caring, hidden carers? Exploring the experience of carers for people with long-term conditions. *Health & Social Care in the Community*, 24(2), 203-213.

Stream 3: Integrated care, locally delivered – Action area B: Research and evaluation to scale up what works (300 word limit)

Any evaluation and research activities must include carers specifically, as well as the people they care for, noting not all consumers are carers, but all carers are consumers. In particular, the proposed major evaluations of the implementation and effectiveness of the plan at years 3 and 6 to guide adaptation of implementation and, where appropriate, updating of the plan.

Carers Australia support translation of research and access to a research repository, however note that this must be accessible to not only health professionals, policy makers and academics, but also the general community. This must include the information that falls out of the action to document and disseminate lessons learned on 'not effective' trials or new approaches, from the consumer and carer perspective.

Stream 3: Integrated care, locally delivered – Action area C: Cross-sectoral leadership (300 word limit)

Carers Australia support actions to “continue collaboration across a broad range of organisations representing different levels of government, professional and stakeholder groups in overseeing implementation of this plan”, and “Undertake a program of communication to build broad understanding and support for the aims, objectives and key initiatives in this plan across levels of government, commissioning bodies, professional, research and stakeholder organisations”. However, we draw attention to the lack of carer engagement in development of this draft Plan. There was no representation, either through Carers Australia or a carer representative, on the Primary Health Reform Steering Group, or any carer-specific targeted consultations despite repeated requests and offers of assistance.

This is fundamentally out of alignment with the *Carer Recognition Act*, where the final development of this Plan provides an opportunity for government to engage carers formally in processes from here-in, including representation on the Independent Oversight Group, active engagement and with Carers Australia, and targeted communication activities for carers.