

Gippsland Medicare Local

Countdown to 1 July 2012

Filling gaps in Gippsland health care



How will Divisions work when transitioning to Medicare Locals?

The Government has reiterated that once the Medicare Locals are in place, Divisions will not exist.

Information provided to Gippsland Divisions from the Department of Health and Ageing's Divisions of General Practice Program has made it quite clear that any agreement between the Medicare Local and a Division for service provision will only be to assist in the transition phase.

In answer to the question: "Can Divisions be subcontracted to continue to provide services on behalf of the Medicare Locals?" the Department states:

"It will be a requirement of Divisions which receive Commonwealth funding in 2011-12 to work with Medicare Locals as they are established to ensure continuity of service, and to collaborate with Medicare

Locals to ensure effective transition of all Department of Health and Ageing funded programs.

"There is no formal role for Divisions to act as the service delivery arm of a Medicare Local. Where a Division within a Medicare Local catchment area has the capacity to provide the services, a Medicare Local may wish to subcontract a Division to provide direct services during the transition period in 2011-12.

"From 1 July 2012, subcontracting arrangements under the Medicare Local must be contestable and demonstrate efficient use of Commonwealth funding."

• It is important to note that in Gippsland the various support programs currently provided by Divisions to general practice will continue to be provided by Gippsland Medicare Local.

Arrangements to establish the Gippsland Medicare Local are in full swing, following the announcement by the Federal Government that it will be established from mid 2012.

Local health professionals are urged to explore how they can be involved, as GPs, allied health providers and other potential professional partners will continue to play a key role in the delivery of primary health care across the region.

This was a key theme at Australian General Practice Network National Forum in November.

Nicola Roxon, the Minister for Health and Ageing, addressed the forum and commended the Divisions of General Practice as playing an integral role in providing a systematic way for health professionals to participate in planning at a local, regional and national level.

The Minister said the role for the Medicare Local will be to link different primary care services, and the acute and aged care sectors, identify service gaps initially focusing on after hours care, then mental health and aged care.

Another key speaker, Mr

David Butt, Deputy Secretary, Department of Health and Ageing expressed a view that continuity of service is the priority.

His view on the Medicare Local implementation was instructive: in the first one to two years, focus on establishing the structure and system for primary care engagement; in years two, three and four build capacity working closely with the Local Hospital Networks; and in five years and beyond apply for new funding to implement new models of care.

One other comment also summed up how Medicare Locals are regarded. They should be regarded as the 'pollyfiller' of the Gippsland health system, finding and filling the service gaps without disturbing the solid planks of service delivery that already exist.

They are not designed to be service providers in a direct sense.

Want more information? Contact your local Division early in 2012 to find out how your business or organisation can contribute to Gippsland's health needs.

Key tasks during the transition phase

Before 1 July next year:

- Incorporate the Gippsland Medicare Local
- Transitional Board to be appointed
- Medicare Local to enter into Commonwealth Funding agreement
- Transfer of assets and liabilities from Divisions to Gippsland Medicare Local
- Advertise CEO position, early 2012
- Appoint CEO before 1 July 2012

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Structure encourages wide involvement

Now that we have the formal approval and a start date (1 July 2012), engagement activities to encourage appropriate participation will increase.

To ensure appropriate industry and community input the structure of Gippsland Medicare Local includes the opportunity for involvement by members – that is anyone engaged in primary care services – to feed into a governance structure.

The structure will include a Board of Governance supported by advisory committees in East Gippsland, South Gippsland and Central West Gippsland.

The key points include:

The draft constitution document is in the final stages with assistance from Russell Kennedy (solicitors);

Gippsland Medicare Local will be a company limited by guarantee;

Membership will be offered to organisations and individual health professionals with an ABN that are involved in primary health care;

The Board of Governance will consist of nine individuals (five elected by members and four nominated by the elected Board members)

based on a skills matrix defined in the constitution;

The Skills matrix will ensure input that is essential, desirable and required to deliver best possible care to the community;

Advisory Committees will be integral part of the governance model to guarantee appropriate advice.

The Working Group, which includes 12 members (six representatives from the existing Board of three GP Divisions and six from stakeholder organisations for example Community Health) is in place to oversee establishment of the Gippsland Medicare Local. Company formation, establishment of transition board and appointment of chief executive officer will be some of the primary tasks undertaken by this committee.

Keeping with the objective of ongoing engagement of General Practitioners, three GP Chapters (one in each region currently serviced by existing GP Divisions) are proposed to be part of the advisory structure. These GP Chapters will continue to offer networking opportunities to GPs and practice staff as well as



providing communication channels to Clinician Groups.

As well as the three GP Chapters, there will be a Regional Advisory Committee. The primary role of this committee is to support the ongoing engagement of primary health care professionals and organisations in the region. Membership of this committee will be drawn from the broad Gippsland health sector, for example hospital networks, LGAs, ATSI organisations, community health services, NGOs etc.

Three GP Divisions have engaged the services of a consultant to co-ordinate the process that will lead to

eventual winding up of the existing GP Divisions – East Gippsland Primary Health Alliance, Central West Gippsland Division of General Practice and General Practice Association, South Gippsland.

This process will ensure continuity in the delivery of programs/initiatives currently offered by the three GP Divisions while the Gippsland Medicare Local builds its capacity to undertake its role.

Department of Health and Ageing directives dictate that the assets and liabilities of existing GP Divisions will be handed over to the Medicare Local on a date to be agreed by the interested parties.

More \$ available for after hours services

The Division CEOs met with General Practice Victoria (GPV) early in December, and were told that initial information from the Department of Health and Ageing (DoHA) was that there will be more funding available for after hours programs through the Gippsland Medicare Local than what is currently on

offer. A dollar amount has not yet been specified, however.

It was confirmed that DoHA will provide funding for the first three months, that is from 1 July to September, to the Gippsland Medicare Local to enable the new organisation to get up and running.

WHO ELSE IS INVOLVED?

A number of Victorian regions will transition to Medicare Locals at the same time as Gippsland.

Other regions establishing from 1 July 2012, and the Divisions they currently cover, include:

Eastern Melbourne (Eastern Ranges GPA, Greater Eastern Primary Health) Goulburn Valley (Goulburn Valley DGP) Grampians (West Vic DGP, Ballarat DGP) Hume (Albury-Wodonga Regional GP Network, North East Victoria DGP).