

HEALTH REFORM UPDATE # 2

24 March 2011



Central West Gippsland
Division of General Practice

Welcome to the second edition of the health reform update. Since our last update there has been some changes that you should be aware of as we embark upon our quest to establish a Medicare Local for Gippsland.

The Board members of the Central West Gippsland Division of General Practice and the East Gippsland Primary Health Alliance have decided that it is in our best interest to apply for the first round.

To this end the Biruu.Health consulting group led by Ms Alison Hallahan has been selected to prepare our application. The application closes on 5th April 2011.

Whilst we acknowledge that the first round application process will be highly competitive, we believe there are a number of advantages in applying.

These include:

- ✓ The first round is only open to existing Divisions of General Practice, the subsequent second and third rounds are open to other primary health care organisations and services.
- ✓ If we are not successful in the first round, we will be provided with feedback that will improve and strengthen our application for the next round.
- ✓ It supports the Commonwealth proposed boundary of one Medicare Local for Gippsland.
- ✓ The application will ensure that GPs and general practice maintain a strong voice in how primary health care is planned, implemented and further developed in Gippsland.

For further information visit:

www.yourhealth.gov.au (Commonwealth Government)

<http://www.health.vic.gov.au/healthreform/>
(Victorian Department of Health)

<http://www.agpn.com.au/media/Primary-Health-Care-Reform> (Australian General Practice Network)

Membership Health Reform Forum

On Wednesday 23rd March, 22 people representing 13 (38%) of our practices attended our members consultative forum.

Mr Sean Lynch, Assistant Director of the Commonwealth Department of Health and Ageing (Victorian State Office) and Mr Paul Butler, Director of Health and Aged Care, Victorian Department of Health (Gippsland Regional Office) presented along with all members of the Board.

The evening provided an opportunity to discuss what the primary health care reforms mean for Central West Gippsland. The interactive session explored a number of key issues and challenges.

A summary of the interactive session is provided:

Q. *Why the tight timelines for the first round application?*

A. There has been a long build up to this reform (a couple of years), the government has committed additional resources to support it and the first round is only open to Divisions of General Practice. We must apply to ensure that general practice is entrenched in the proposed model.

Q. *From a practical point of view with regard to districts of workforce shortage will Medicare Locals be able to take over control and placement of GPs?*

A. No this function is not in scope, the Medicare Local will focus on supporting the local workforce in terms of education, training and improving access.

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Q. *The after hours telephone triage arrangements (i.e. Nurse On-Call) do not seem like a user friendly or good idea for rural areas, often they only tell you to see a GP in the next couple of hours and we get called based on this advice, can you please comment on how the after hours arrangements will improve?*

A. Victoria has not yet signed up to the National Call Direct (GP assist arrangement) because they have current service agreements and commitments in place with regard to the Nurse On-call Initiative. The Medicare Local will be expected to explore and facilitate after hours arrangements that are appropriate and relevant for the local community. A good local example is the Moe After Hours Medical Service.

Q. *How will consumers be involved in a meaningful way?*

A. This is a key deliverable of the Medicare Local and will need to be addressed in the "Invitation to Apply" application. There are many good examples in Australia (such as citizens juries) and abroad. The key is to ensure they are appropriately funded; local and not seen as tokenism.

Q. *How do you propose to guarantee that GPs in private business will support this initiative?*

A. This is a real risk and that is why it is important that the Division leads the process. If it is funded appropriately, with genuine new funding then we are confident that GPs will support the Medicare Local as they will see that it makes a difference to their patients care.

Q. *Have we got any sense of bipartisan support for this Medicare Local initiative?*

A. Don't know.

Q. *Originally the Divisions were funded by GPs forgoing a MBS rebate increase, how is the Medicare Local being funded?*

A. Medicare Locals will be funded via the existing resources allocated to the Divisions of General practice Program, along with additional funding as announced in the previous Federal budget. It is also expected that Medicare Locals will be able to access other state and federal funding opportunities to meet local service gaps and needs.

Q. *Where does mental health fit in with the Medicare Local structure?*

A. In the 2nd COAG agreement (Feb 2011) it was agreed that funding responsibility for primary mental health will remain with the Victorian State Government. Programs run by the Division will carryover to the Medicare Local. (For example ATAPS and the Mental Health Nurse Incentive Program)

Q. *In terms of equity and access, will GPS be told to bulk bill all after hours consultations?*

A. No, this is not enforceable and the Commonwealth Government will not tell private practitioners what they will do.

Q. *Are Medicare Locals as safe (in terms of committed funding) as Divisions have been?*

A. There is committed funding for the next four years.

The Board of the Central West Gippsland Division of General Practice welcomes your involvement and support in establishing a Medicare Local for Gippsland.

We encourage you to forward any suggestions, comments or feedback to Julie Rogalsky, Service Development Manager on 5126 2899 or jrogalsky@cwgdogp.com.au .