



# Medicare Locals and the role of NGOs

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# Purpose and structure of briefing



## Aim

- To update stakeholders on health reforms and the NSW Divisions Network response
- Provide an overview of GP NSW – who we are and what we do
- Opportunities for discussions and ongoing engagement

# What does the evidence say?



- Primary health care is a clear indicator for success in population health outcomes:

*“Many studies....show that areas with better primary care have better health outcomes, including total mortality rates, heart disease mortality rates and infant mortality and earlier detection of cancers...The opposite is the case for higher specialist supply, which is associated with worse outcomes.”* **Barbara Starfield**

*“Hospital-centrism carries a considerable cost in terms of unnecessary medicalisation and iatrogenesis, and compromises the human and social determinants of health”.* **WHO**

- But..... PHC system in Australia is fragmented, complex and often uncoordinated.



# So what are Medicare Locals?



- Independent, non-government entities
- Responsible for planning, coordinating and linking PHC services at a regional level
- Strong links to community, health professionals, service providers and NGOs
- Expect the role will start small and build over time
- Initial focus will be on partnering and linking
- Followed by new programs: after hours GP services, aged care, diabetes and mental health

# What we do know Medicare Locals will do...



- Medicare Locals will be funded to deliver better access, address inequities and coordinate and integrate services by:
  - Developing a regional health plan and models of care for their communities
  - Allocating funding and ensuring delivery of comprehensive primary health services for their populations (addressing service gaps)
  - Community and provider engagement
  - Supporting the broader health workforce
  - Delivering programs that promote health and prevent illness
  - Working with LHNs on transition out of hospital and/or into aged care
  - In some cases, direct health service provision to communities (particularly in rural/remote)

# Why the Divisions Network?



- The only national, state and regional infrastructure of its type
- Strong engagement with general practice and increasingly with broader primary care (but needs more focus)
- Proven capacity to plan and deliver flexible funds to meet local needs e.g. MAHS, ATAPS and ACAI
- National, established, connected network
- Medicare Locals will be **the best of what already exists through Divisions, but NOT a Division**

# Towards Medicare Locals: Transition of the Network

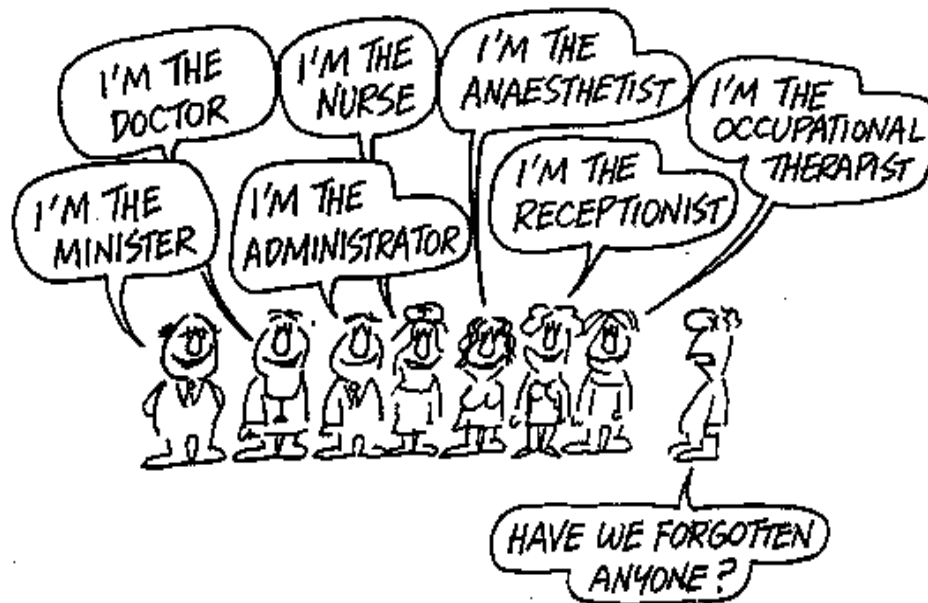
- PHCOs are not just bigger Divisions – major change is needed
- Main areas of change:
  - Scope and scale of operations
  - Increased levels of accountability
  - Boundaries and configuration
  - Governance and membership
  - Level of authority
  - Partnerships – who and how

# So what are Divisions currently grappling with?



- Boundaries
- Membership
- Governance – both skills based Boards and clinical governance
- Stakeholder engagement
- Transition period

.....and



# Strategic Issue 1: Membership



- Organisational vs individual membership
  - General practice networks
  - Consumer / community
  - Training consortia
  - Community health services
  - Mental health services
  - ACCHS
  - LHNs
  - Local government
  - Allied health provider groups

# Strategic Issue 2: Governance?



- Skills-based boards Commonwealth - some elected and some appointed – who do we need?
- Strong highly visible clinical leadership
- Effective clinical governance
- Consumer and community engagement mechanisms and structures

# Strategic Issue 3: Stakeholder engagement



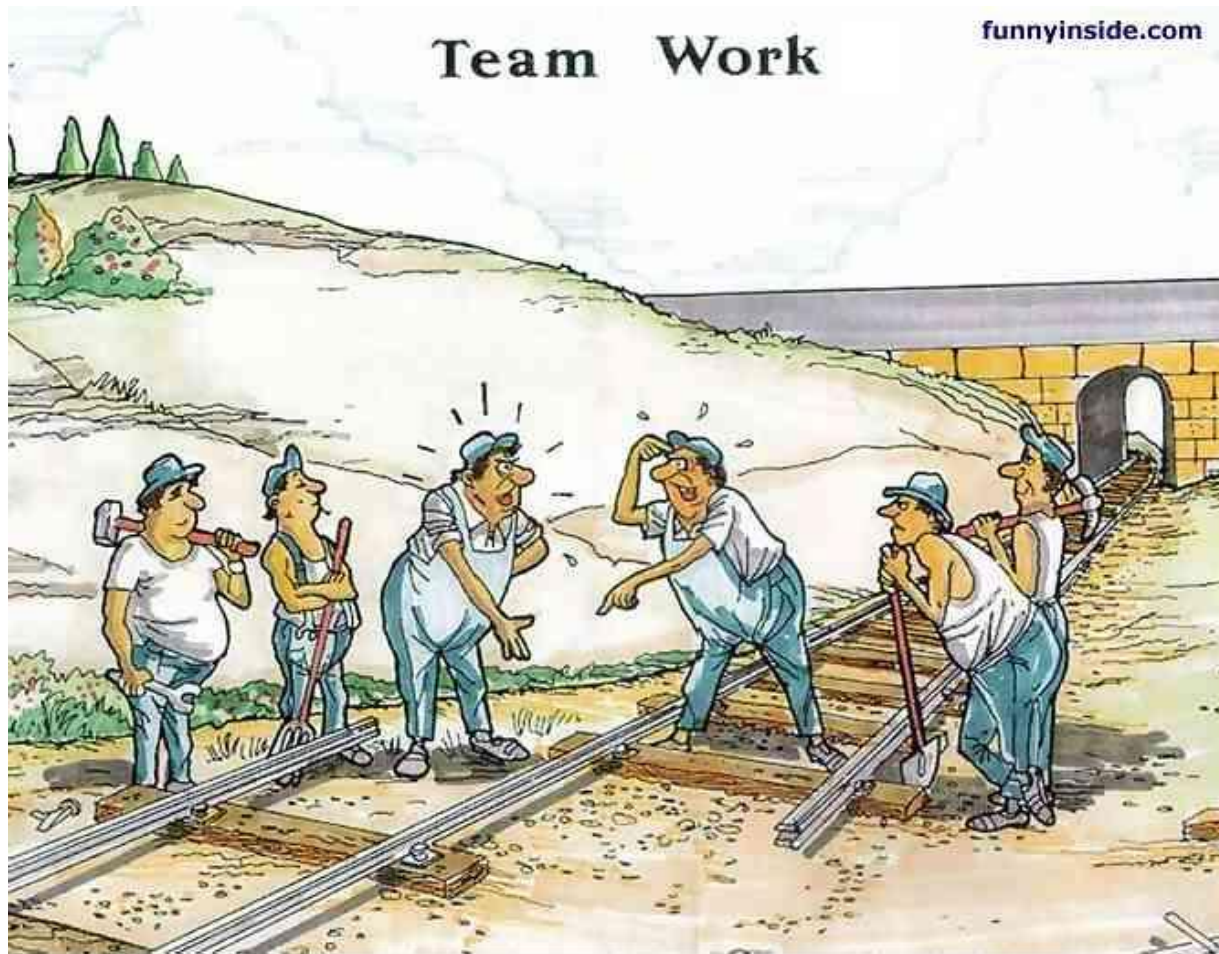
- Key partners and stakeholders
  - PHC professionals and service providers
  - NGOs
  - Consumers and community
  - Acute care, aged care, community care, social care and others
- Engagement around strategic decision-making through membership and governance frameworks
- Network keen to engage – still many questions about how best to do that
- Evidence of robust stakeholder engagement will be an important part of the Invitation to Apply

# ...and finally the release of Invitation to Apply



- First tranche (15) by June 2011
- Second tranche (15) by December 2012
- Final tranche (remainder) by June 2012

**We have a chance to get this right for  
NSW...**





MASON DAVID GREG SIPPLE – 5 months old