

Survey report: Not-for-profit community sector's engagement with NSW Medicare Locals

HEALTHY RELATIONSHIPS?



September 2013

Council of Social Service of NSW (NCOSS)

66 Albion Street, Surry Hills 2010

Ph: 02 9211 2599 Fax: 9281 1968 email: solange@ncoss.org.au

About NCOSS

The Council of Social Service of NSW (NCOSS) is a peak body for the not-for-profit community sector in New South Wales. NCOSS provides independent and informed policy advice, and plays a key coordination and leadership role for the sector. We work on behalf of disadvantaged people and communities towards achieving social justice in NSW.

NCOSS health priorities

NCOSS objective in the health portfolio is to reduce inequities for disadvantaged people and improve population health outcomes. We believe that health policy and systems need to be based on principles that recognise health as a human right, the social determinants of health, and the importance of strengthening the role of the community and consumers in the development and delivery of health services.

NCOSS health priorities are primary and community-based health, oral health, mental health, health transport, and aids and equipment for people with disabilities. Our funding recommendations to the NSW Government on these issues are outlined in our [2013-14 Pre-Budget Submission](#). We also advocate on health system reform, consumer and community engagement and health equity issues.

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- Tanya Carabez, UTS Communications student intern who undertook this project as part of her social inquiry placement with NCOSS
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- NCOSS members and other who circulated the survey through their networks
- All respondents to the survey

Executive Summary

In May 2013, the Council of Social Service of NSW (NCOSS) undertook a survey of not-for-profit community sector organisations' engagement with NSW Medicare Locals. NCOSS sought a more comprehensive evidence base about Medicare Locals collaboration and engagement with the sector, after members' raised concerns at roundtables earlier this year.

Medicare Locals need to develop effective working relationships with community sector organisations in order to improve primary care coordination and integration at the local level. Effective engagement has the potential to improve the planning, development, and delivery of service to benefit community health and well-being.

The NCOSS survey was completed by 323 respondents from a range of sectors and geographic locations. The results show considerable variation in the extent and quality of engagement between community sector organisations and Medicare Locals across the State (see boxed text below).

Some organisations reported positive experiences resulting in beneficial outcomes. They cited regular communication, active relationship building, and genuine partnerships with their Medicare Local. This resulted in networking opportunities, information exchange, increased referrals, funding and partnership opportunities, better local services, and improved client and community outcomes.

However, some organisations reported less successful experiences. Respondents frequently said there had been no on-going engagement beyond one-off or ad-hoc consultation. Others said they had tried to initiate contact but had no response from the Medicare Local. In some instances neither party had attempted to make contact.

The main challenges and barriers to engagement identified by the survey respondents were Medicare Locals lack of understanding about the community sectors, a lack of information about Medicare Locals, a lack of time and resources to engage, infrequent/poor communication, and Medicare Locals' focus on clinical health priorities.

Respondents generally acknowledged it is still early days in Medicare Locals' establishment. Many were optimistic about the future and the potential to build stronger relationships. While a few respondents saw no value in Medicare Locals, a greater number reserved judgement saying they would '*wait and see*' how they evolve over time.

There was broad consensus about how engagement could be improved. First and foremost, respondents said there needed to be more information and communication about Medicare Locals. This includes their role, the services they provide, and how to engage with them. Many also suggested the same information and education for Medicare Locals about the community sector. Performance measures and reporting on community sector engagement was also suggested.

At the local level, respondents' primarily identified the need for regular communication and on-going forms of engagement to sustain the relationship long-term. Suggestions included Medicare Local community newsletters, email updates, interagency meetings, and regular regional forums.

In addition to more information and regular communication, clarifying ambiguous aspects of the Medicare Locals role would improve the foundations for building relationships. The Commonwealth Government needs to provide clearer guidance about the scope of Medicare Locals role in relation to the broader primary health and social care systems. It also needs to clearly position Medicare Locals role as systems planners and coordinators based on a partnership approach, rather than as direct competitors with existing services.

Key survey results

- Mixed levels of understanding of Medicare Locals role and purpose – 40% good/very good, 31% fair, 28% poor or very poor understanding
- Wide variations in frequency of contact: around half (52%) in regular contact (monthly or more) but just under half (42%) only had one-off or ad-hoc contact.
- Most common type of engagement: consultation events (28%), one-on-one meetings (27%), and collaborative initiatives (19%)
- Type of engagement most commonly wanted: organisational membership of Medicare Local (20%), collaborative initiatives (17%), and formal partnership agreement (15%).
- Value of engagement: Over one third (37%) said extremely or very worthwhile, nearly half (46%) said somewhat worthwhile, and 17% not worthwhile.
- Main reason for not engaging (non-engaged respondents): unsure how to initiate contact (25%), didn't know they existed (20%), lack of time/resources (15%), and Medicare Local didn't respond to contact (15%).
- Vast majority were either definitely (68%) or possibly (28%) interested in engaging with Medicare Locals in the future.

Summary of recommendations:

NCOSS recommends the:

1. Australian Medicare Local Alliance (AML Alliance) initiates a national information campaign about Medicare Locals targeted to the community sector in consultation with the Council of Social Service (COSS) Network.
2. AML Alliance develops platforms to recognise and encourage Medicare Locals collaboration with community sector organisations.
3. Commonwealth Government revises Medicare Locals role to focus on health system planning and coordination based on a partnership approach.
4. Commonwealth Government defines Medicare Locals role in relation to primary health care, primary care, and social / community care.
5. NCOSS builds the NSW community sectors capacity in strategic engagement and collaboration.
6. NSW Medicare Locals establish and maintain regular, on-going communication with their local community sector organisations.
7. NSW Medicare Locals review and update the information on their websites about community engagement structure and processes.
8. Community sector organisations identify common priorities with Medicare Locals as a basis to engage and seek partnership opportunities.

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Introduction

This report presents the findings of a survey of not-for-profit community sector organisations (CSOs)¹ engagement with NSW Medicare Locals. The survey was conducted by the Council of Social Service of NSW (NCOSS) from May to July 2013.

The purpose of the survey was to develop an evidence base about the extent and nature of Medicare Locals engagement and collaboration with the community sector. NCOSS sought a more informed understanding of these issues as part of our strategic advocacy to improve engagement between the community sector and Medicare Locals.

The first section of this report outlines the background to the survey. The second section describes the survey methods and limitations. The final section discusses the main findings and recommendations.

Background

NCOSS has been monitoring Medicare Locals development and their engagement with the community sector since their inception in 2011. Medicare Locals are regional-level organisations established by the Commonwealth Government to improve primary health care coordination and integration. There are 17 Medicare Locals in NSW.

In 2012, NCOSS member networks and Health Policy Advice Group (HPAG) provided anecdotal feedback about emerging issues engaging and working with Medicare Locals. NCOSS held two roundtables with community sector organisations and Regional Forum members in early 2013 to further explore the issues.

Roundtable participants identified a number of challenges to engaging with Medicare Locals, including:

- regional variations between Medicare Locals and lack of central coordination or single state-wide contact point
- ad-hoc rather than sustained engagement,
- consultation processes with short-time frames and poor communication,
- lack of perceived interest in / low priority of non-clinical health services and general community services
- low level of understanding about the NFP community sector,
- difficulty resourcing relationship building and partnership working,

Other concerns participants raised about Medicare Locals included their role ambiguity and potential conflict as fund-holder and service provider, lack of transparency, blurred accountabilities, community representativeness, Aboriginal self-determination, clinical health focus, and potential competition with community sector organisations.

The summary report on the roundtable discussions is available on the NCOSS website: [NCOSS Interim report on not-for-profit community sector organisations' engagement with Medicare Locals: Summary of Roundtable discussions](#) (March 2013).

¹ The NSW not-for-profit community sector comprises non-commercial, non-government organisations that are generally established for a community-purpose or public benefit. See: Productivity Commission (2010) Report [Contribution of the Not-for-Profit Sector](#)

Following the roundtables, NCOSS initiated a sector survey to gain a more comprehensive understanding of the nature and extent of the sector's engagement with Medicare Locals with a view to further strategic advocacy and policy development.

More information about Medicare Locals is available on the Commonwealth Government website www.medicarelocals.gov.au and the [NCOSS Briefing paper: Medicare Locals](#)

Methods

The survey project was undertaken between March to July 2013 by Tanya Carabez, UTS Communications student intern and Solange Frost, Senior Health Policy Officer, NCOSS.

Data was collected through an online questionnaire using Survey Monkey. The survey comprised 19 questions, with a mixture of pre-defined response options and free text answers (see *Appendix 1*). Not all questions were mandatory, and not all respondents answered all of the questions.

Section one (questions 1-3) asked participants about their organisation. Section two (questions 4-7) asked respondents about their contact with Medicare Locals. Respondents who had not had any contact were asked about the reasons and their interest in future engagement (questions 8-10). Section three (questions 11-19) asked respondents who had engaged with a Medicare Local further details their experiences.

The sample frame was NCOSS members and sector networks, comprising around 700 members and affiliates. An invitation to undertake the survey was broadcast via email to all NCOSS members. Targeted email invitations were also sent to the NCOSS Health Policy Advice Group, Aged Care Alliance, HACC Issues Forum, Disability Network Forum, and NCOSS Regional Forum. Recipients were asked to circulate the survey link through their member networks.

The main limitation of this research is the potential response bias due to the open sampling method. The nature of the survey was more likely to attract those organisations already engaged or with an interest in Medicare Locals. The results are unlikely to reflect the actual proportion of community sector engagement.

Another limitation is the representativeness of survey respondents. As the survey was open and voluntary, there was no guarantee of a representative cross-section of the community sector. Analysis of the initial survey responses in May showed a high proportion of aged care organisations compared to the NCOSS membership profile. A key health peak organisation identified the survey had not have been circulated to its members and the survey was re-issued for an extra month. However, the proportion of aged care/older people sector respondents' remained higher than expected.

The survey was completed by a total of 323 respondents. This represents a significant proportion of the NSW community sector. Within the context of the survey limitations, these results can be taken as broadly indicative of the views and experiences of NSW community sector organisations. All responses have been de-identified in this report.

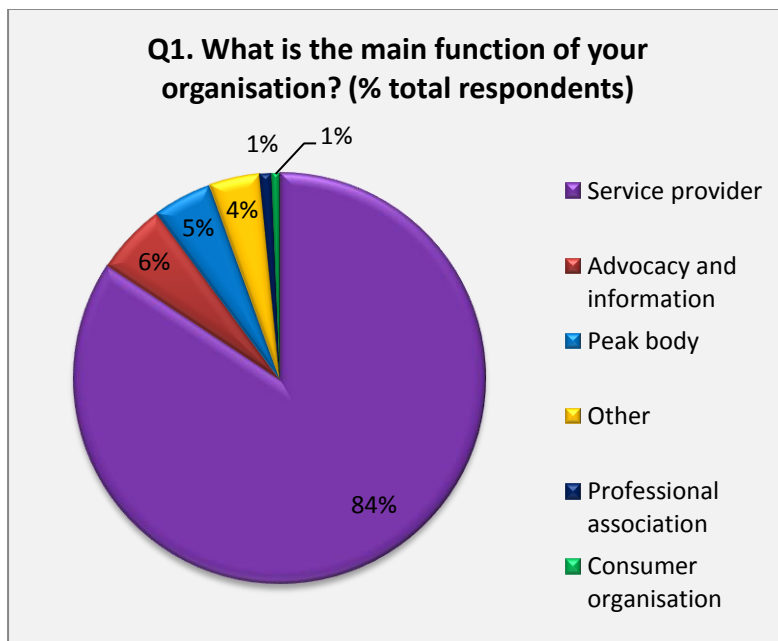
Findings

Profile of respondents

Organisation information

The survey was completed by 323 respondents from a range of sectors and geographic locations. The vast majority of survey participants were from service provider organisations (84%) followed by advocacy and information organisations (6%), and peak bodies (5%). A small number of respondents were from consumer organisations and professional associations (see Chart 1 below).

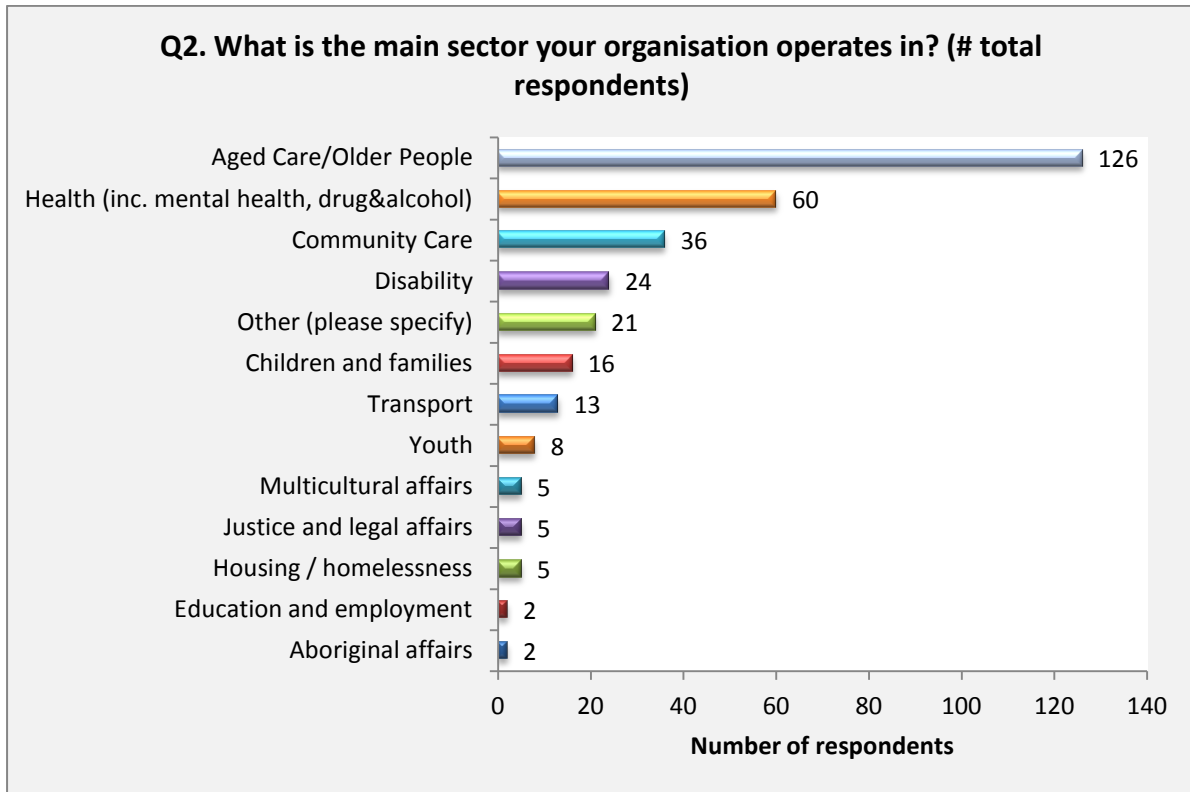
Chart 1. Respondents by organisation function



Respondents were from a variety of service sectors (Chart 2). The largest number were aged care/older people (39%), followed by health (19%), and community care (11%). Other sectors represented included Aboriginal affairs, children and families, community care, disability, education and employment, health, housing/homelessness, justice and legal affairs, multicultural affairs, transport and youth.

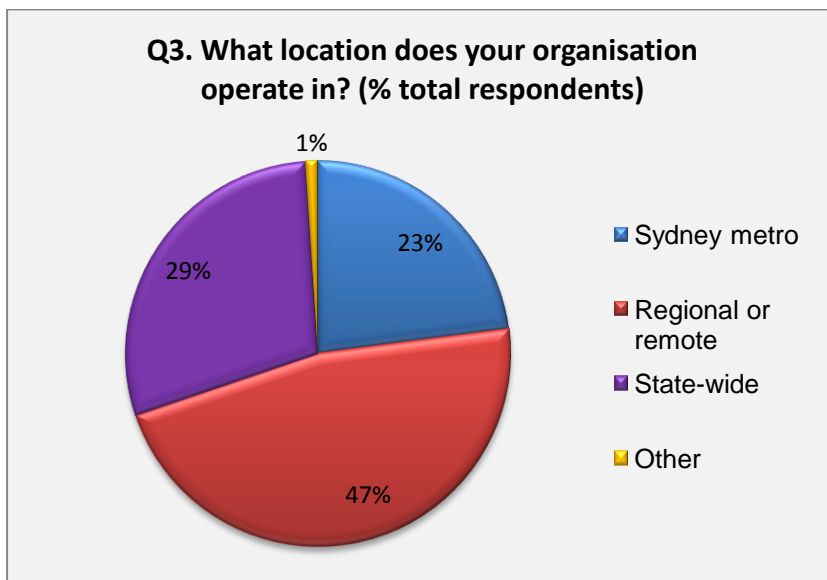
The high proportion of aged care/older people organisations compared to health organisations was unexpected given Medicare Locals' role. It does not reflect the NCOSS membership profile, where more organisations identify primarily as health providers (10%) compared to aged care/older people (7%). It may be attributable to more active networks in the aged care sector, the importance of health care for older people, and/or Medicare Locals' priority focus on aged care.

Chart 2. Respondents by sector



Organisations in regional or remote areas were well represented, comprising nearly half (47%) of respondents. Nearly one-third were from state-wide organisations, and around one-quarter (23%) were from organisations in the Sydney metro. A small number of respondents were from national organisations (Chart 3).

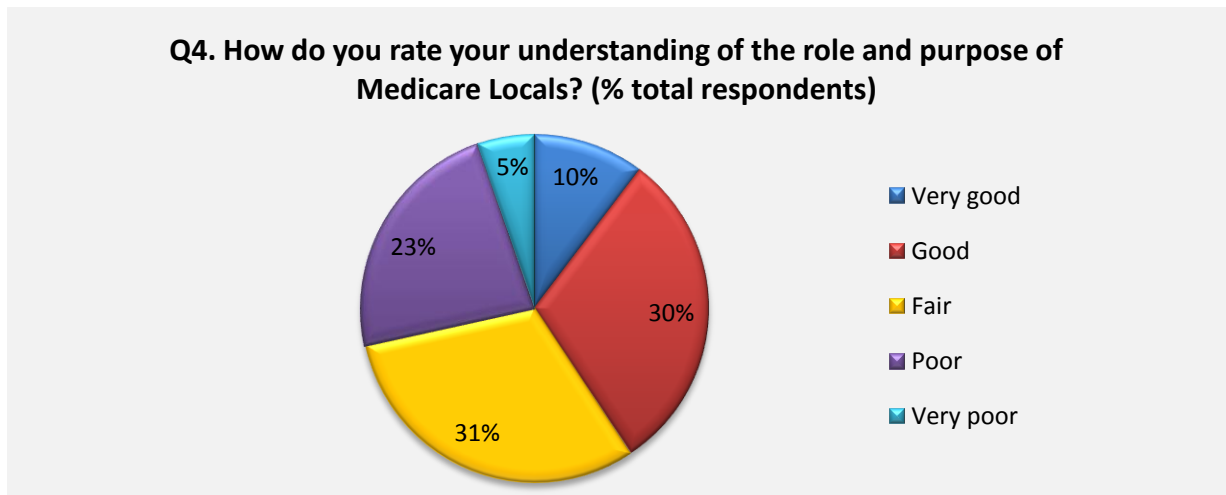
Chart 3. Respondents by location



Understanding of Medicare Locals

Participants understanding of the role and purpose of Medicare Locals was varied (Chart 4). Around 40% said their understanding was 'good' or 'very good', while one-third (31%) said it was 'fair', and over one-quarter (28%) said it was 'poor' or 'very poor'. These results suggest there is room to improve the level of understanding in the community sector about Medicare Locals' role and purpose.

Chart 4. Understanding of Medicare Locals role and purpose



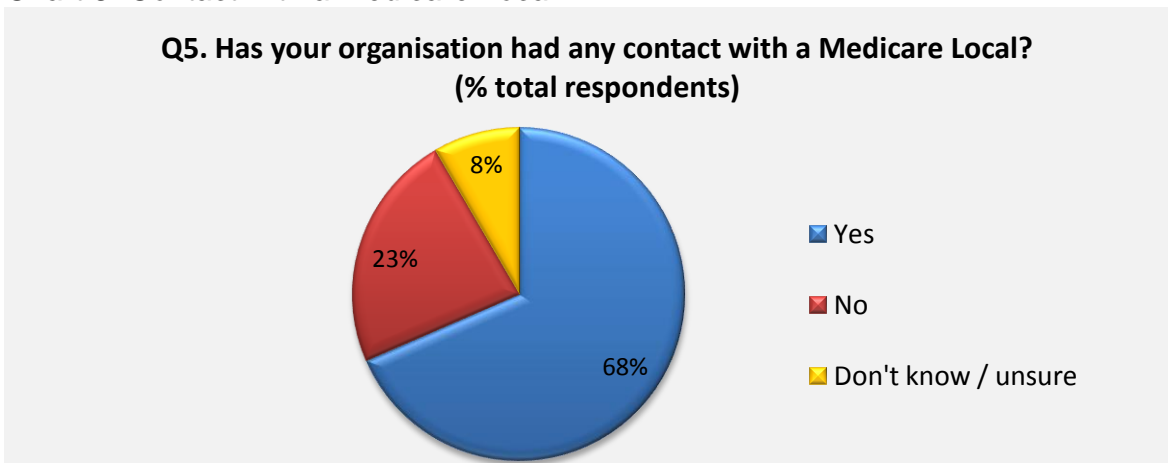
Contact with Medicare Locals

Level of contact

Over two-thirds (68%) of respondents had been in contact with a Medicare Local (Chart 5). Just under one-quarter (23%) of respondents had not had any contact. This result is a relatively high proportion considering the survey was more likely to attract those organisations who were already engaged. It indicates the community sector has considerable interest in Medicare Locals.

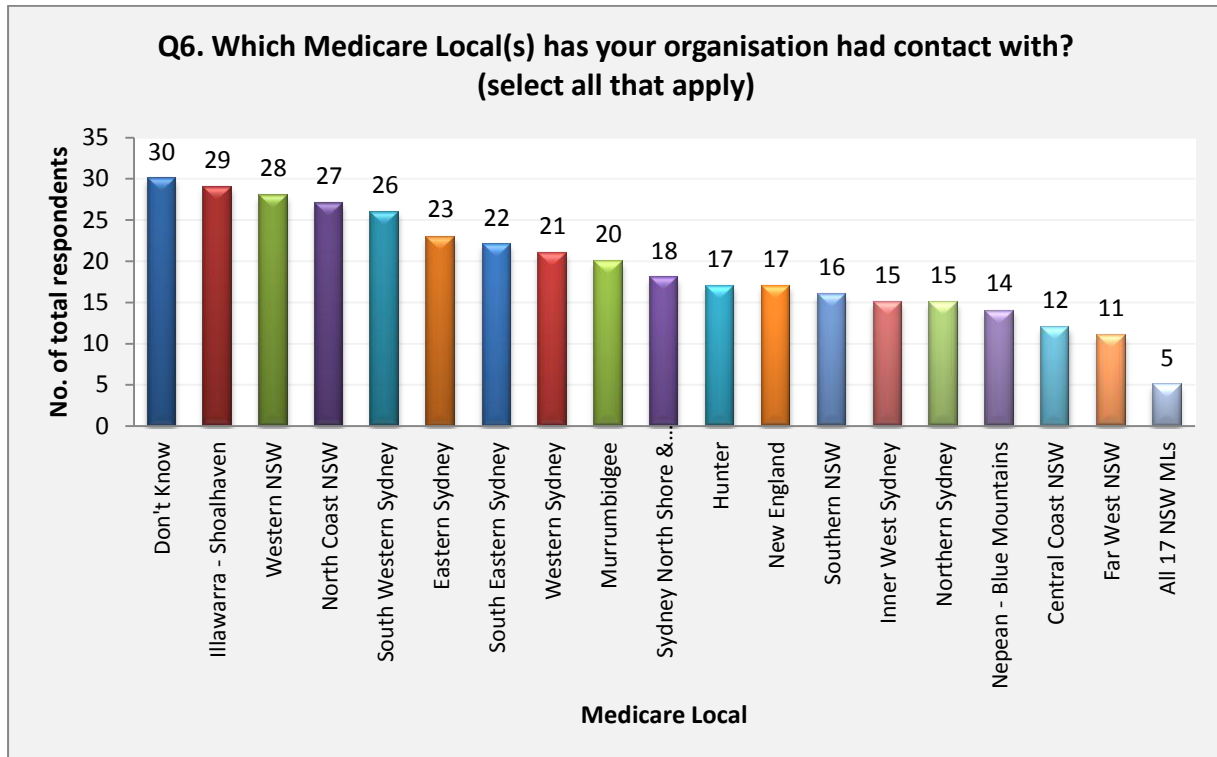
“We want to work with them.”

Chart 5. Contact with a Medicare Local



There was a fairly even spread of contact across all 17 Medicare Locals within NSW (Chart 6). Only a small number of respondents (2%) had been in contact with all 17 Medicare Locals individually, despite nearly one-third indicating they operated on a state-wide or national basis. This may be due to the significant time and resources implications for organisations to engage with each Medical Local individually.

Chart 6. Contact with individual NSW Medicare Locals



Instigator of contact

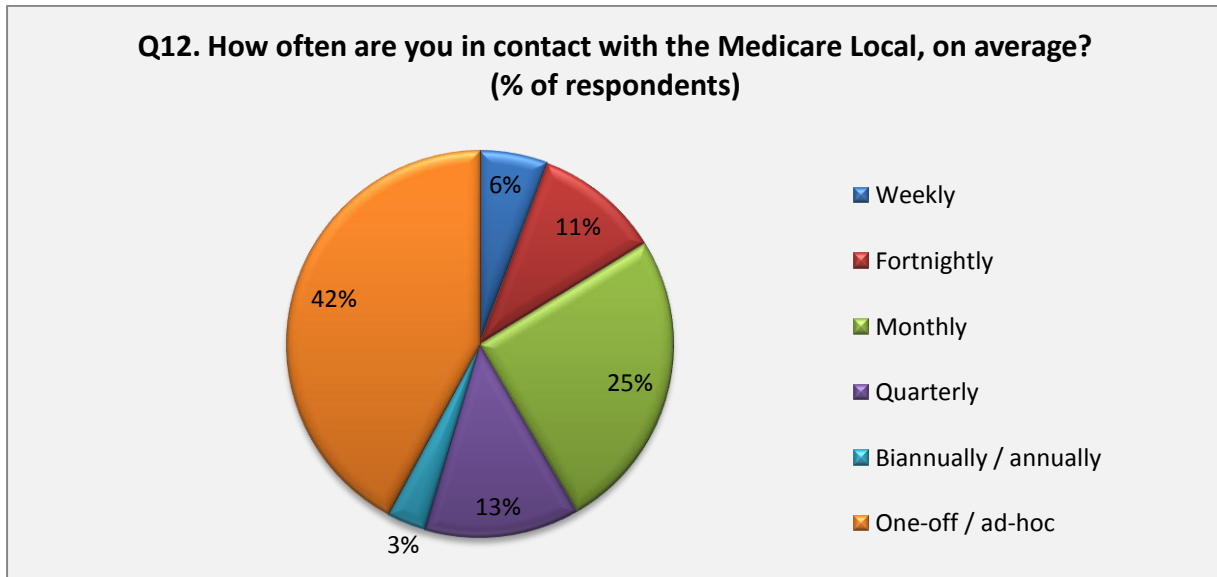
Contact was equally initiated by either the community sector organisation (41%) or the Medicare Local (43%). Other ways contact was made included interagency meetings, mutual/joint instigation, and third party introductions.

Frequency of contact

There was a wide variation in the frequency of contact (Chart 7). Just under half of respondents indicated they had regular contact with the Medicare Local, with one-quarter (25%) in contact monthly, and nearly one-fifth (17%) in contact fortnightly or weekly. However, an equal proportion (42%) said their contact was one-off or ad hoc.

“Engagement takes regular contact and presence in the community.”

Chart 7 – Frequency of contact



This episodic contact may reflect that many Medicare Locals are still in their establishment phase and in the process of developing more formal or regular stakeholder engagement mechanisms. Some respondents suggested it is due to Medicare Locals' different understanding and approach to stakeholder engagement. Others suggested this was due to their low prioritisation of engagement with community sector organisations.

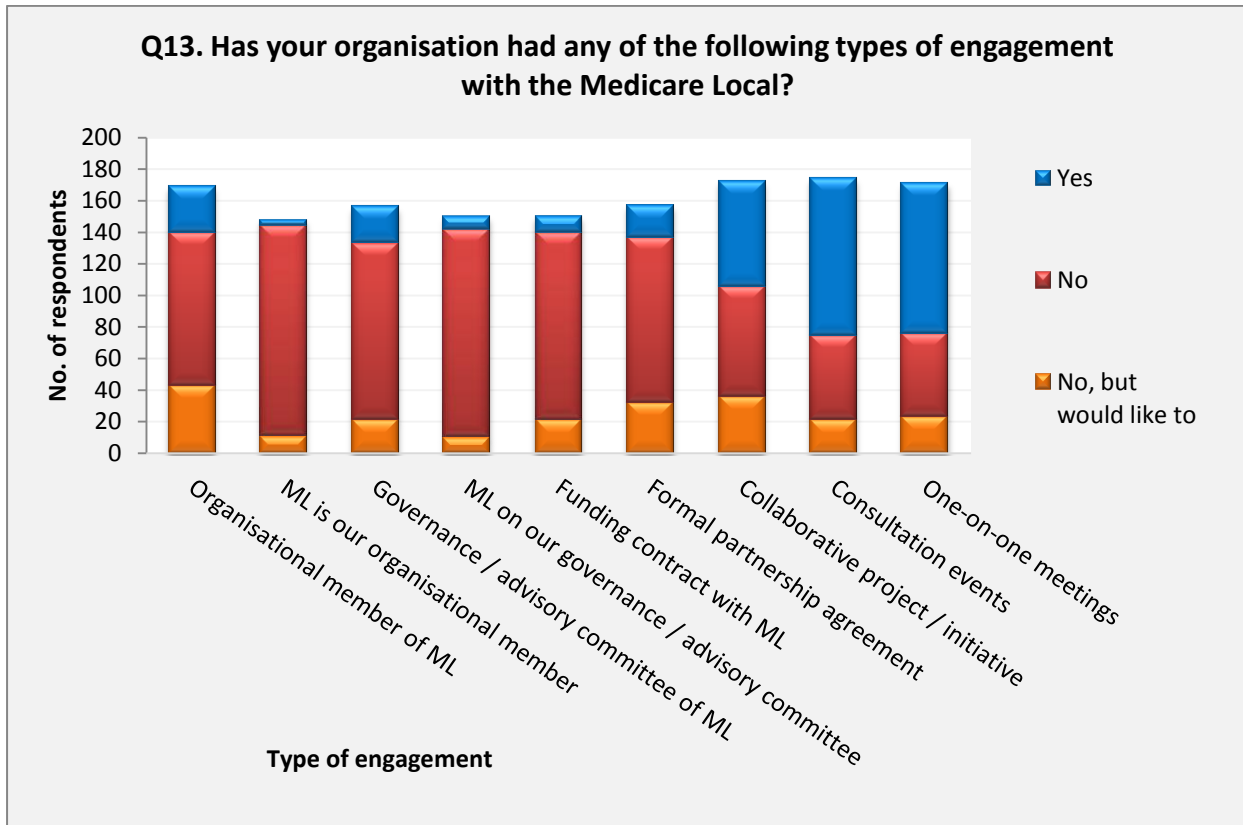
“The Medicare Local appears to take it's concept of community engagement from health which is to go to a service providers meeting ask for half an hour to do a presentation or consultation and then go away until they decide they want something else. This is not engagement...”

Type and nature of engagement

Engagement between community sector organisations and Medicare Locals was mainly episodic (Chart 8). It most commonly occurred as consultation events (28%) or one-on-one meetings (27%). Around one-fifth of engagement was through collaborative projects/initiatives (19%).

In contrast, respondents said they wanted more sustained engagement. The type of engagement they most frequently wanted was organisational membership of the Medicare Local (20%), collaborative projects/initiatives (17%), and formal partnership agreements (15%). Respondents were least interested in Medicare Locals being their organisational members or governance/advisory committee members of their organisation.

Chart 8. Type of engagement



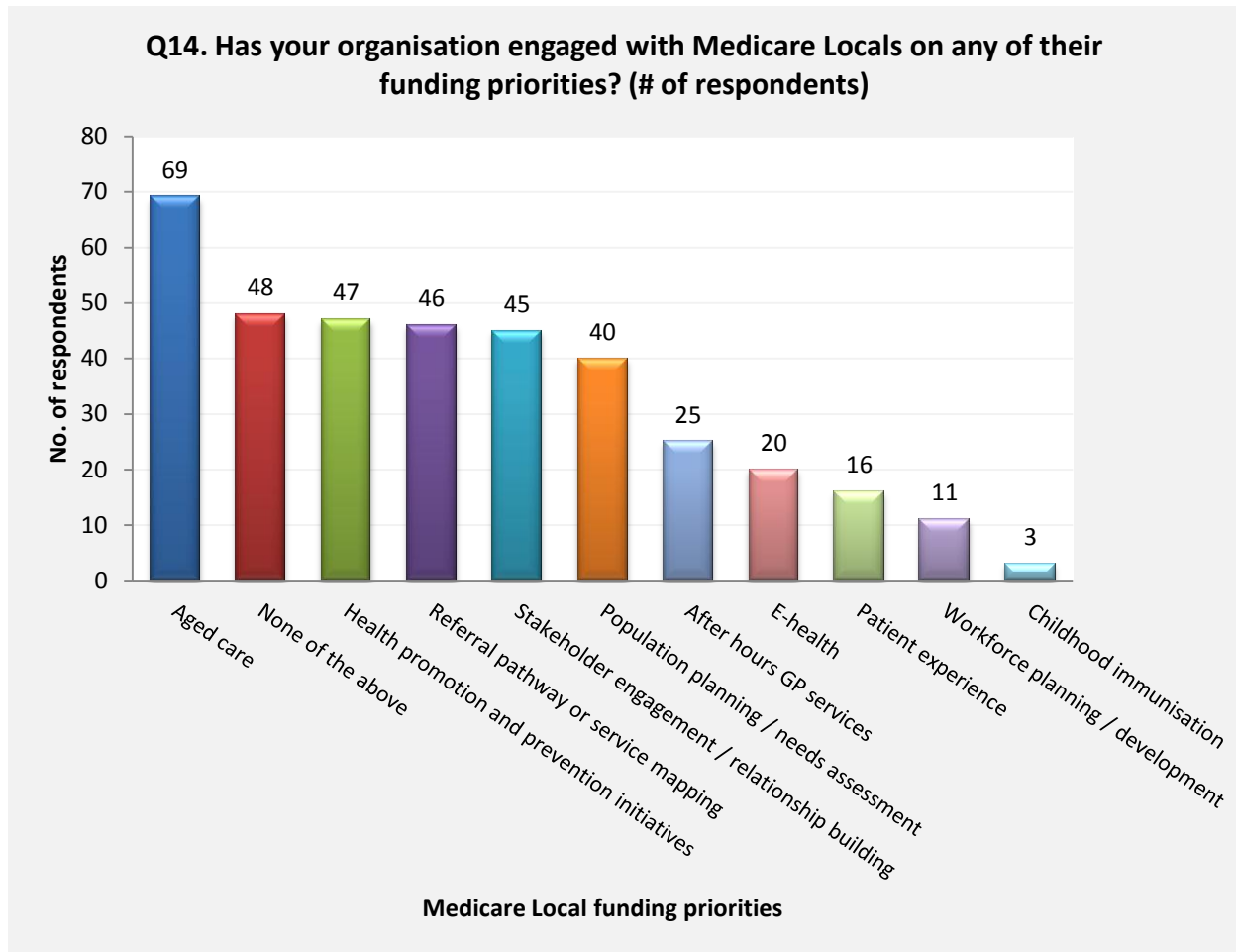
Subject of engagement

The priority issues respondents most commonly engaged on were aged care, health promotion and prevention, referral pathways or services mapping, and stakeholder engagement and relationship building (Chart 9). The high level of engagement on aged care is consistent with the sector profile of respondents.

The issues least commonly the subject of engagement were childhood immunisation, workforce, and patient experience. A number of respondents indicated they had engaged on other program-based priorities, such as mental health and Aboriginal health.

“Working closely with the 3 mental health nurses has been beneficial for our mental health respite project workers. We have established a very collaborative relationship...”

Chart 9 – Engagement priorities



Perceptions on engagement

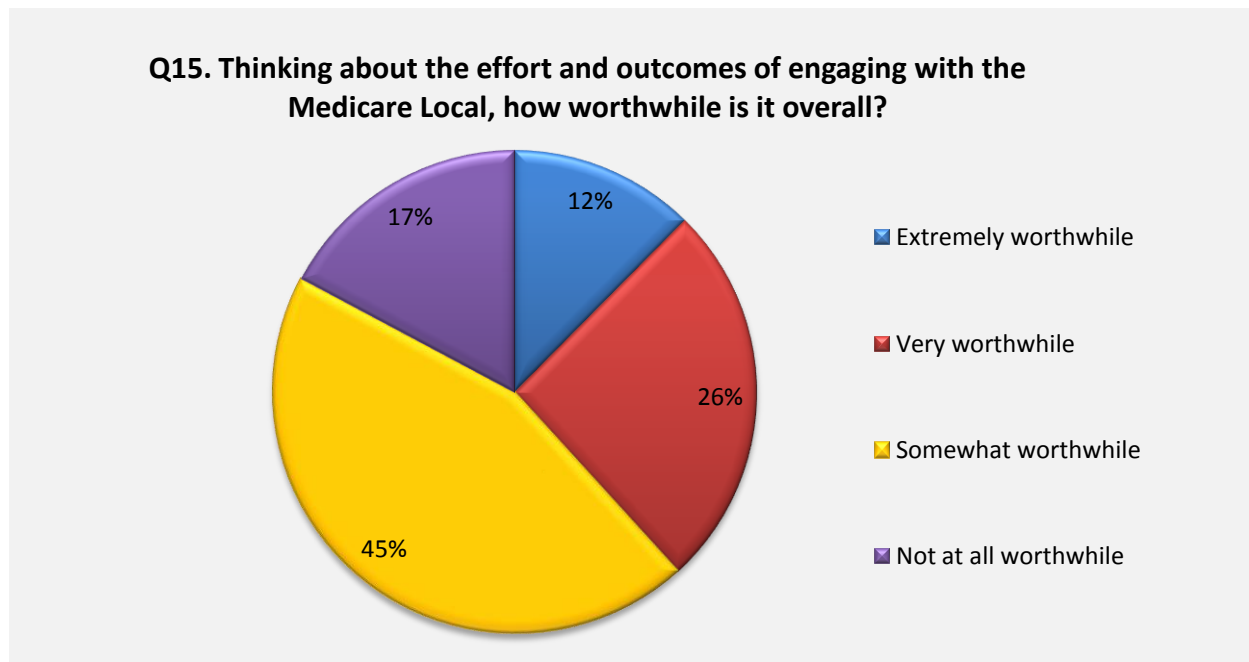
Overall value of engagement

Respondents had a mix of views about the value of engaging with Medicare Locals. Overall, the majority of respondents identified at least some value from the effort and outcomes of their engagement.

Over one-third (38%) said it was either very or extremely worthwhile. Just under half (45%) said engagement was somewhat worthwhile. Around one-fifth (17%) said it was not at all worthwhile (Chart 10).

“Different for each Medicare Local, often dependent on individuals”

Chart 10. Value of engagement



Benefits of engagement

Respondents were asked about the most positive outcome or aspect of their engagement with the Medicare Local. A summary of responses is at Appendix Two. The key benefits consistently identified by respondents were:

- Increased mutual understanding and awareness
- Information exchange and education
- Networking opportunities with Medicare Locals and other organisations
- Development of referral pathways
- Funding and partnership opportunities
- Improving local services, including increased access to existing services and development of new services
- Better outcomes for clients and the community
- Organisational support, e.g. e-health, professional development/training

Some comments included:

“Very positive experience with our Medical Local. They are very proactive interested in connecting with the community.”

“I think the Western Sydney Medicare Local is doing a fine job.”

“We have been blown away by the Sydney North Shore Beaches Medicare Local. They have been so collaborative and consultative - they’re generous with sharing their expertise, have assisted us in the development of community initiatives, have been responsive and have shown genuine interest in understanding the needs of stakeholders in the community. We have learnt from them and them

from us, and right now, this relationship is one of the most important ones we have in achieving shared goals”

“They seem to be working on some of the major issues that have needed to be addressed for a long time. eg: establishing afterhours GP services, GP services within aged care facilities and improving mental health services.”

A small number of respondents said there had been no positive outcomes from their engagement. This was primarily attributed to not having any contact, a lack of local activity, or being too early in the process to identify the impact. Comments included:

“Nothing yet!”

“Still early days so hard to comment, however good to have dialogue between the two orgs and I'm hoping it will prove fruitful without too long a delay”

“It has had no impact on our organisation at this time but that may change as they develop further”

Challenges with engagement

Respondents were asked about the main problem or challenge with their engagement with the Medicare Local. They identified a range of issues, many of which are similar to the challenges raised at NCOSS roundtables in early 2013. A summary of comments is listed at Appendix Three.

Common challenges and issues that emerged were:

- Lack of understanding and knowledge about Medicare Locals
- Lack of information about Medicare Locals
- Lack of time and resources to engage
- Medicare Locals' lack of understanding about the community sector
- Medicare Locals' on-going/constant change
- Lack of single contact person or central contact point
- No contact from the Medicare Local
- Poor communication and feedback
- Lack of on-going/sustained engagement beyond initial contact
- Short consultation timeframes
- Lack of collaboration with existing Aboriginal services
- Lack of cultural competency working with culturally and linguistically diverse (CALD) populations
- Medicare Locals' clinical health focus / priority
- Lack of interest / priority to engage with community sector
- Working across different Medicare Local regions

Some comments included:

“We believe Medicare Locals have been told to "consult" with NGOs as part of their community engagement requirements; however they have no inclination to enter into partnerships or indeed understand the value of NGOs in the pathway of care.”

“I don't think I've made as much in-road connections with them as I did with the (former) GP Division. They haven't prioritised engaging with the sector. They don't communicate well e.g. results of their consultation, any info on their services. I think there is a lack of understanding of our sector and our needs.”

“It is extremely disappointing MLs are so well resourced and are being charged with funding initiatives and coordinating services but aren't effectively engaging with NGOs, and particularly since NGOs are effective in reaching vulnerable and at risk population groups.”

A number of respondents also said there had been no problems or challenges engaging with Medicare Locals.

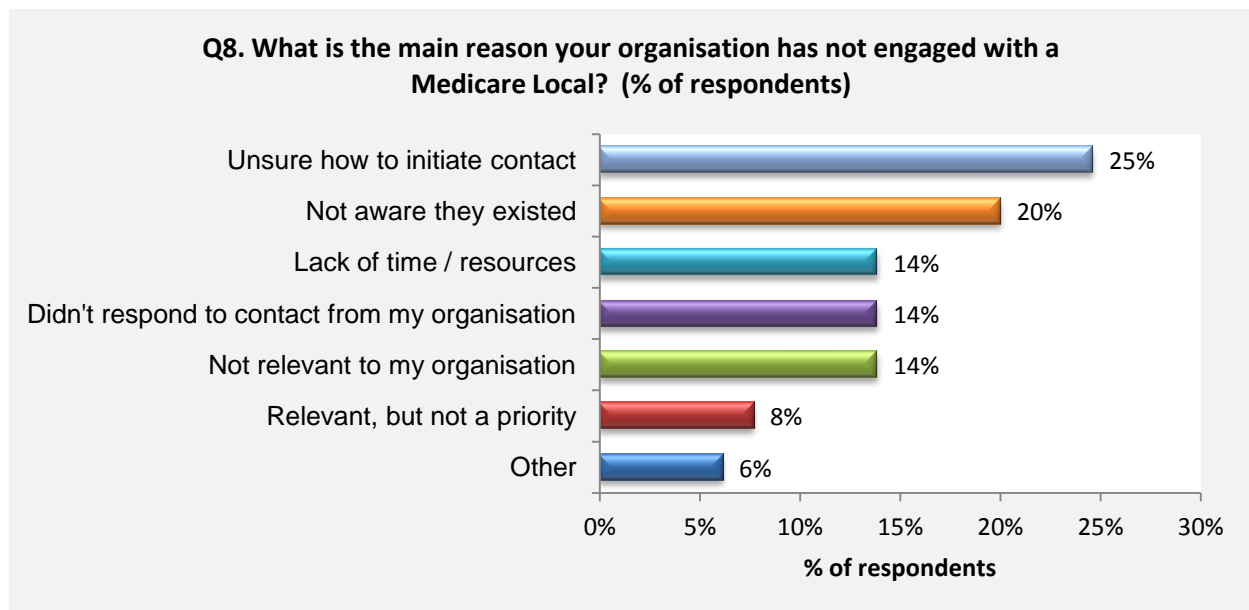
No contact with Medicare Locals

Main reason for no contact with Medicare Locals

Of those respondents who had not engaged with a Medicare Local, nearly half (45%) attributed it to a lack of information or knowledge (Chart 11). One-quarter (25%) said they were unsure how to initiate contact and one-fifth (20%) said they were not aware Medicare Locals existed.

“We know of Medicare Locals, but are not really sure what they do and how we could work together.”

Chart 11. Reason for non-engagement



A number of other factors were also cited, including the Medicare Local not responding to contact (15%), insufficient time / resources to engage (15%), relevance (15%), and not being a priority (8%).

Comments included:

“We sent information when they first started but have not had follow-up contact.”

“Not sure how they are relevant to my organisation.”

“Busy enough already.”

Likelihood of future contact

Non-engaged respondents expressed a strong interest in engaging with a Medicare Local in the future. Over two-thirds (68%) said they definitely were interested, and over one-quarter (28%) said they were possibly interested or unsure. Only 5% said they had no interest.

Most saw engagement as a medium to longer-term activity. (Chart 12)

Respondents who said they were interested in engaging with Medicare Locals in the future said they would do so primarily to benefit their clients. Referrals, networking and funding opportunities were also cited as drivers to engage.

“Personally, as a health care professional, I would like to be more proactive in Medicare Local- this will possibly expand our exposure rate and allow referrals to be made by other practitioners in the region.”

Comments were:

“Of course, to ensure the best possible outcomes for clients and their families”

“Yes, as we need extra funding to support the organisation.”

“Only if it is relevant and if they can assist our clients. Possibly to make / receive referrals.”

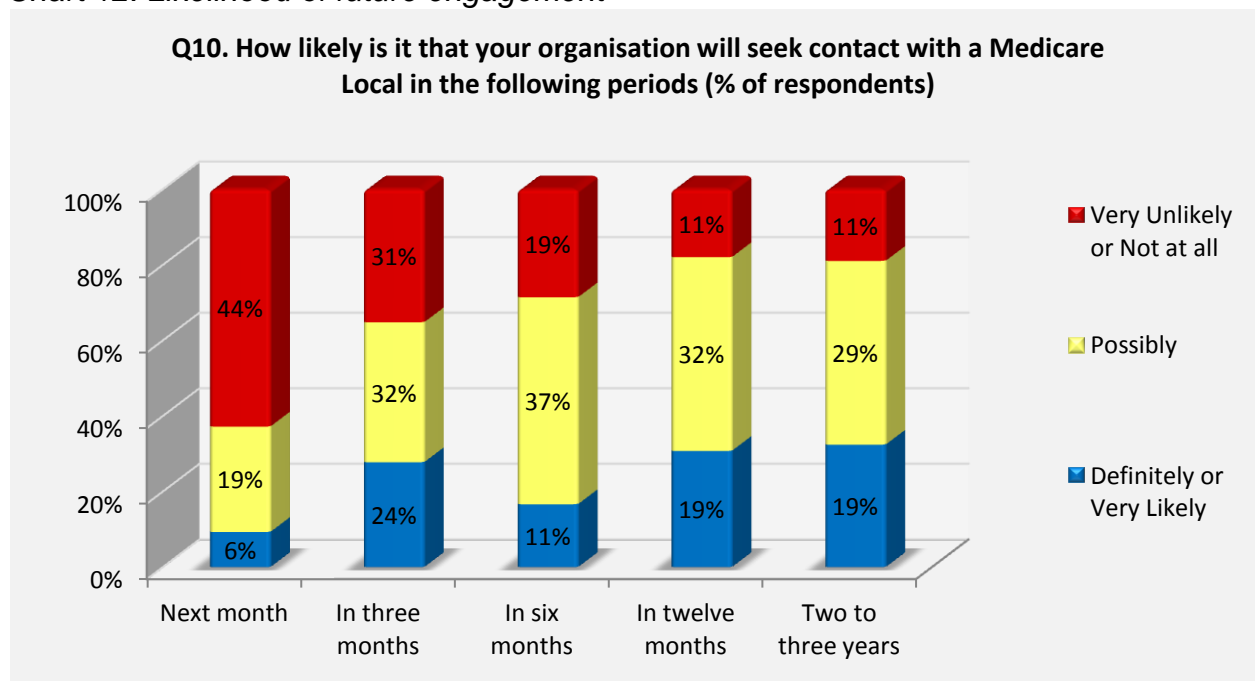
Respondents who were unsure said they would need a better understanding of what Medicare Locals do and how they were relevant to their organisation before they would considered engaging.

“Well, I’ll need to know what they do / offer first.”

“Not knowing what or who they are or what services they provide, we don’t know if it would be beneficial for us.”

“If they can assist our community members we are interested...”

Chart 12. Likelihood of future engagement



How to improve engagement

Respondents were asked for their suggestions about how to improve engagement between Medicare Locals and the community sector. Many had similar suggestions for how engagement between could be improved. Some indicative responses are listed in Appendix Four.

Recommendations have been summarised under the following themes:

- Medicare Locals initiating contact with local services, such as introductory one-on-one meetings, visiting individual services, or holding 'meet and greet' events;
- Medicare Locals having regular, on-going engagement with the sector, by participating in existing local networks, attending interagency meetings, or convening regular regional forums with local services;
- Community sector organisations pro-actively engaging Medicare Locals, for example inviting Medicare Locals to attend interagency networks.
- Medicare Locals communicating better and more regularly, particularly through newsletters, email updates, website, and social media. One suggestion was to develop a state-wide intranet.
- (Re)establish a Medicare Locals peak body to develop a consistent approach to engagement across the state.²

² Since the survey was conducted, Australian Medical Local Alliance has created a state-based coordinator position and was recruiting to the position in August 2013. General Practice NSW also continues to operate as a representative body for NSW Medicare Locals.

- Information and promotion about Medicare Locals, such as factsheets, local information sessions, providing information about services and priorities on their websites
- Better integrated local service directories
- Information and awareness training for Medicare Locals about the community sector
- Performance indicators requiring Medicare Locals to engage with the community sector, and monitoring and reporting on progress
- Community awards for engagement and collaboration

Some comments include:

“Ongoing communications and relationship building. Training and awareness building for Medicare Locals about the value and professionalism of community sector organisations and the important role of the consumer and carer.”

“Actually engage, participate, listen, and commit to a long term regular presence. Promote the service, often. Use existing social media to promote projects. Actually see yourself as part of the community not part of Health. Understand what the community sector is doing; learn the language of the sector, think community not Health.”

“Medicare Locals should have to consult with health funded NGOs in particular, there needs to be education provided to Medicare locals on the important role of the NGO sector and the work we do with disenfranchised communities...”

A small number of respondents said engagement was already working well and did not need to be improved at this stage.

“No, at this early stage feel comfortable with level of engagement”

“The Medicare Local is already participating in local interagency meetings as well as visiting my service. The continuous presence at local level will definitely increase awareness and access in the community”

Other comments and issues

At the conclusion of the survey, respondents were asked if they had any further comments. Broader issues raised included the early stage of Medicare Locals development, their overall value, the need for performance monitoring and evaluation around engagement, and potential funding competition with the sector.

Some respondents queried the role and value of Medicare Locals, saying they duplicate existing services, were the same as the former Divisions of General Practice, or another layer of bureaucracy, *“Get rid of Medicare Locals. Just another bureaucracy”*.

A number of respondents noted it is still early days for Medicare Locals. Some had a guarded view, *“...Little has happened. Early days yet. Waiting to see what happens”*. Others were more optimistic about the potential to build stronger relationships in the future:

“I think it is early days yet and with persistence and some runs on the board we will develop stronger ties.”

“I think there is the potential to build strong work relationships between service providers and Medicare Locals”

A few respondents recognised the challenges for Medicare Locals as new organisations establishing themselves in the community:

“It is tough for MLs with so many competing voices trying to prioritise 'their issue' and this has been heightened by them having access to funding – a key motivator of interest for NGOs!”

The need for on-going monitoring and evaluation of Medicare Locals, particularly around their engagement with the community sector was also raised.

“Still early stages and still think there is massive room for engagement to stop. Would like to see this survey or some other means of evaluating being run regularly and issues picked up by Medicare peak.”

“...Given the funding flowing to Medicare Locals and the fact they will also tender for funding coming into areas it is imperative there must be measurable benchmarks for Medicare Locals demonstrating their collaboration and engagement with health funded NGOs”

An issue of concern for a number of respondents was Medicare Locals potential competition for funding with community sector organisations, and the potential conflict between their dual roles as fund-holders and service providers.

“Medicare Locals are well resourced, wealthy organisations. They need to be honest about their future role and potential competition for funding”

“They are funded to engage & support community services. They need to do what they are funded for not put themselves into a position of competing for existing community funding projects. The fact they are sitting in an advisory role for project funding is a conflict of interest.”

“Concern competing for resources as has happened elsewhere”

“To date Medicare Local has been nothing more than a very well resourced competitor”

Discussion and recommendations

Discussion

The survey results show significant variation in the level and nature of engagement between Medicare Locals and community sector organisations across the state. While some have developed strong and productive relationships, others report engagement has been poor or non-existent.

Key challenges appear to be the lack of public information about Medicare Locals, infrequent communication / poor consultation practices, Medicare Locals initial focus on

clinical health priorities, Medicare Locals lack of understanding about the community sector, and community sector organisations' lack of resources to engage.

The survey identified clear themes around how to improve engagement between Medicare Locals and the Community Sector. First and foremost, more information is needed about Medicare Locals. Information and education for Medicare Locals about the community sector, regular, on-going communication at the local level and performance measures and reporting are also required.

Other issues that emerged from the survey were concerns about Medicare Locals accountability, potential conflict between their roles as both fund-holders and service providers, and their competition for funding with community sector organisations.

The issues raised in the survey are consistent with the findings from the earlier NCOSS roundtables in January/February 2013. Common concerns included:

- Information and transparency – Participants said there is a lack of public information about Medicare Locals, particularly at the local level. This includes information about organisational membership, governance structures, strategic priorities, and consultative processes.
- Role clarity – Participants felt unclear about Medicare Locals' role as it has extended beyond service coordination and integration into direct service provision, and there is a potential conflict of interest if they are both fund-holders and service providers.
- Clinical / medical focus – Participants said some Medicare Locals are focused on clinical health services and are less engaged with broader community supports that are essential to improve population health long-term.
- Performance monitoring and accountability – Participants said it is unclear what Medicare Locals are accountable for and to whom. There appear to be multiple and potentially competing responsibilities and it was unclear how to raise concerns at a local or systemic level.
- Sector funding – Participants were concerned Medicare Locals' role as fund-holders will add another layer of funding complexity and administrative burden for the sector. Some were concerned about potential funding competition from Medicare Locals and the sector's long-term viability.

Many of these issues go beyond engagement. They relate to broader questions about Medicare Locals role, funding, and accountabilities. The new Federal Coalition Government's promised review of Medicare Locals may provide an opportunity to address some of these concerns.

Recommendations

Based on the survey findings, NCOSS recommends the following actions to improve engagement between Medicare Locals and the community sector in NSW.

The Australian Medicare Local Alliance (AML Alliance):

- 1. Initiates a national information campaign about Medicare Locals targeted to the community sector in consultation with the Council of Social Service (COSS) Network.**

Transparent and accessible information about Medicare Locals and how to engage with them is essential to facilitate local relationship building. Currently, information quality and availability varies significantly across regions. Developing standard promotional resources or template fact-sheets for local adaption would provide the framework for a more consistent approach.

- 2. Develops platforms to recognise and encourage Medicare Locals collaboration with community sector organisations.**

Mechanisms such as an Awards program, case study publication, or annual showcase events would increase the profile of cross-sectoral relationships, and promote good engagement practice through reward or formal recognition.

The Commonwealth Government:

- 3. Revises Medicare Locals role to focus on health system planning and coordination based on a partnership approach.**

Medicare Locals role as connectors in the primary care system is essential. However, competing with existing services is an inefficient use of resources. Medicare Locals role should focus on service integration and care coordination. Their role in service delivery should be limited to addressing local service gaps that cannot be appropriately met by existing providers.

A partnership-centred approach must underpin Medicare Locals role in service delivery. The *Operational Guidelines* should include requirements to build and strengthen the capacity of existing providers wherever possible, rather than compete with them. These principles could be modelled on the draft *Principles for a Partnership-Centred Approach for NGOs Working with Aboriginal Organisations and Communities in the Northern Territory*.³

- 4. Defines Medicare Locals role in relation to primary health care, primary care, and social / community care.**

The Operational Guidelines do not define primary health care, and are ambiguous about the scope of Medicare Locals role in relation to the broader health and social care system. The Guidelines predominately focus on the traditional primary medical care system, such as GPs and allied health providers.

However, the National Primary Health Care Strategic Framework incorporates a broad social determinants of health approach and recognises the need for cross-

³ See Clause 4. The principles were developed by Aboriginal Peak Organisations NT, Strong Aboriginal Families Together, National Congress Of Australia's First Peoples, ACOSS and NTCOSS, 2013, see <http://www.apont.org.au>

sectoral relationships to improve service access, build an integrated care system, and reduce inequities.

If Medicare Locals are to fulfil their objective of improving community health and well-being, they must have a clear remit to address the underlying causes of illness and to work with the full range of providers across the spectrum of health and social support.

The Council of Social Service of NSW (NCOSS):

5. Builds the NSW community sectors capacity in strategic engagement and collaboration.

Successful partnerships require sound knowledge of the formal partnership development process as well as interpersonal skills, including relationship-building, negotiation and conflict resolution. These softer skills are often overlooked in the 'how to' of partnership formation, and are equally important in less formal relationships, such as networking and coordination.

Regional peak organisations and program peaks, such as NADA, also have a key role in supporting their members' collaboration and partnership capacities and in coordinating their sectors' engagement with Medicare Locals.

NSW Medicare Locals:

6. Establish and maintain regular, on-going communication with their local community sector organisations.

More regular, sustained communication by Medicare Locals was one of the most common recommendations made by survey respondents. Attending existing local interagency meetings or hosting cross-sector networking events provides a regular mechanism to develop relationships and maintain a visible presence in the region.

Other communication channels, such as newsletters, emails updates and social media, are useful to maintain regular contact and disseminate information.

Regional peak organisations (in the areas where they exist) also provide Medicare Locals with a conduit to the community sector organisations in their region.

7. Review and update the information on their websites about community engagement structure and processes.

Under the Operational Guidelines (section 6, p12), Medicare Locals are required to publish information about their community engagement processes on their websites. However, this information is not readily available on all Medicare Locals' websites. There is scope for greater transparency and consistency across the state.

Ideally, Medicare Locals websites should include easily accessible information on strategic priorities, programs/services, governance structures, partnership opportunities, and contact details.

Community sector organisations:

8. Identify common priorities with Medicare Locals as a basis to engage and seek partnership opportunities.

Engagement works best where parties have a shared purpose, and have invested time in developing the relationship. Medicare Locals have multiple, competing stakeholders. Identifying mutual priorities or common interest provides an entry point and the foundation to develop more sustained working relationships.

As Medicare Locals become more established and develop their community engagement structures and processes, it is timely for organisations to make contact (or re-institute contact) with their Medicare Local, particularly as they begin to consider activities beyond their immediate Commonwealth funding priorities.

Conclusion

This survey indicates a strong degree of willingness to engage between the community sector and NSW Medicare Locals. This good will and the promising relationships need to be nurtured and encouraged through more information and regular, sustained communication. Greater clarity around the scope of Medicare Locals role in primary health care and in direct service delivery would also improve the foundations for developing community partnerships.

Medicare Locals and the community sector need to work together in order to effectively and efficiently integrate primary health care with broader community-based social supports. It is through these partnerships Medicare Locals and Community Sector Organisations can realise their common objectives – to improve the health and well-being of their local communities.

NCOSS thanks the people and organisations that responded to the survey. We welcome feedback on this report and suggestions on ways to improve engagement between the Community Sector and Medicare Locals. For inquiries or more information, contact: Solange Frost, Senior Policy Officer (Health), NCOSS on 02 9211 2599 (ext 130) or Solange@ncoss.org.au

NCOSS survey: Medicare Local and community sector engagement

Section One: Organisation Information

1. What is the main function of your organisation?

- Service provider
- Peak body
- Consumer organisation
- Advocacy and information
- Professional association
- Other (please specify)

2. What is the main sector your organisation operates in? (select one only)

- Aboriginal affairs
- Aged Care/Older People
- Children and families
- Community Care
- Disability
- Drug and alcohol
- Education and employment
- Health (inc. mental health)
- Housing / homelessness
- Justice and legal affairs
- Multicultural affairs
- Transport
- Youth
- Other (please specify)

3. What location does your organisation operate in?

- Multi location Statewide
- Multi location concentrated in the Sydney metro
- Multi location concentrated in a regional location
- Single location statewide
- Single location Sydney metro
- Single location regional or remote area
- Other (please specify)

4. How do you rate your understanding of the role and purpose of Medicare Locals?

- Very good
- Good
- Fair
- Poor
- Very poor

Section Two: Contact with Medicare Locals

5. Has your organisation had any contact with a Medicare Local?

- Yes
- No
- Don't know / unsure

6. Which of the following Medicare Locals has your organisation had contact with? (Please select all that apply)

- All 17 NSW Medicare Locals
- Central Coast NSW
- Eastern Sydney
- Far West NSW
- Inner West Sydney
- South Eastern Sydney
- Southern NSW
- South Western Sydney
- Hunter
- Northern Sydney
- Illawarra Shoalhaven
- North Coast NSW
- Sydney North Shore & Beaches
- Western Sydney
- Murrumbidgee
- Nepean Blue Mountains
- New England
- Western NSW
- Don't Know

7. If you have contact with more than one Medicare Local, which of these do you have most contact with? (Select one only)

- Central Coast NSW
- Eastern Sydney
- Far West NSW
- Inner West Sydney
- South Eastern Sydney
- Southern NSW
- South Western Sydney
- Hunter
- Northern Sydney
- Illawarra Shoalhaven
- North Coast NSW
- Sydney North Shore & Beaches
- Western Sydney
- Murrumbidgee
- Nepean Blue Mountains
- New England
- Western NSW
- Don't Know

Section Three: Engagement with Medicare Locals

Answer the following questions for the Medicare Local your organisation engages with the most.

11. Who instigated the contact between your organisation and the Medicare Local?

- My organisation
- Medicare Local
- Don't know
- Other (please specify)

12. On average, how often are you in contact with this Medicare Local?

- Weekly
- Fortnightly
- Monthly
- Quarterly
- Biannually / annually
- One-off / ad-hoc
- Other (please specify)

13. Has your organisation had any of the following types of engagement with the Medicare Local? (Select all that apply)

	Yes	No	No, but would like to
My organisation is an organisational member of the Medicare Local			
Medicare Local is an organisational member of my organisation			
My organisation sits on a governance or advisory committee of the Medicare Local			
Medicare Local sits on a governance or advisory committee of my organisation			
Funding contract between our organisations			
Formal partnership agreement e.g. Memorandum of Understanding			
Collaborative project / initiative			
Consultation events			
One-on-one meetings			

14. Medicare Locals have core and flexible funding priorities. Have you engaged with the Medicare Local around any of their following priorities? (select all that apply)

- Population planning / needs assessment
- Workforce planning / development
- Referral pathway or service mapping
- After hours GP services
- Ehealth
- Aged care
- Childhood immunisation
- Stakeholder engagement / relationship building
- Health promotion and prevention initiatives
- Patient experience
- None of the above
- Other (please specify)

15. Thinking about your efforts and the outcomes of your engagement with the Medicare Local, how worthwhile do you rate this engagement overall?

- Extremely worthwhile
- Very worthwhile
- Somewhat worthwhile
- Not at all worthwhile

16. What has been the most positive aspect or outcome of your engagement with the Medicare Local (if any)?

(free text comment)

17. What has been the main problem or challenge with your engagement with the Medicare Local (if any)?

(free text comment)

18. Do you have any suggestions on how engagement between Medicare Locals and the not-for-profit community sector can be improved?

(free text comment)

Section Four: No Contact With a Medicare Local (Alternate questions for respondents who selected “No” at Q.5)

8. What is the main reason your organisation has not engaged with a Medicare Local?

- Not aware they existed
- They are not relevant to my organisation
- They are relevant, but not a priority
- Lack of time / resources
- They didn't respond to initial contact from my organisation
- Unsure how to initiate contact
- Other (please specify)

9. Is your organisation interested in engaging with Medicare Locals in the future?

- Yes
- No
- Maybe / unsure

10. How likely is it that your organisation will seek contact with a Medicare Local in the following periods:

	Definitely	Very Likely	Possibly	Very Unlikely	Not at all
In the next month					
In the next 3 months					
In the next 6 months					
In the next 12 months					
In the next 2 to 3 years					

Please explain your reason for this answer

(free text comment)

19. Any other comments?

(free text comment)

Survey End

Appendix 2

Summary of responses: main benefits or positive outcomes of engaging with Medicare Locals

<i>Mutual understanding and awareness</i>	<i>“Increased awareness and understanding of each of our sectors supporting engagement at the local level”</i> <i>“Developing better understanding of Medicare local purpose and better links for service integration and referral pathways.”</i>
<i>Information exchange and education</i>	<i>“Relationship building, information sharing, opportunities for joint projects”</i>
<i>Networking opportunities</i>	<i>“Development of new networks and relationships that have been facilitated by both parties for different (shared) purpose, e.g. our organisation introducing them to Aboriginal networks, them introducing us to LHD personnel.”</i> <i>“The opportunity to network with another community organisation and to improve the services that we provide.”</i>
<i>Referral pathways</i>	<i>“Our service being known and increased referrals”</i>
<i>Funding & partnership opportunities</i>	<i>“Working collaboratively to assist clients”</i>
<i>Improving local services & access</i>	<i>“Improved access to services for our aged residents”</i> <i>“Shared Case Management for clients who have chronic care needs – the Medical Local monitors medical needs and our Case Managers address community needs.”</i>
<i>Better clients / community outcomes</i>	<i>“Genuine collaboration and partnership to bring better outcomes for our Community”</i> <i>“Funding for Aboriginal Transport has dramatically increased local Aboriginal Population attending specialist medical practitioners.”</i>
<i>Organisational support</i>	<i>“Provided practical support on e-health”</i> <i>“Great to have support from another organisation”</i>

Summary of responses: main problems/challenges engaging with Medicare Locals

Lack of understanding and knowledge about Medicare Locals	<p><i>“We don't understand them or their services.”</i></p> <p><i>“My knowledge is limited of Medicare Locals – I will have to follow-up further.”</i></p> <p><i>“There is confusion with the morphing of the organisation from Division of General Practice to Medicare Locals with public & sector understanding of the role and mission”</i></p> <p><i>“Medicare Locals are a mystery and I think they like it that way.”</i></p>
Lack of information	<p><i>“Getting info on what they actually offer”</i></p> <p><i>“Need more information re: process and updates”</i></p>
Lack of time and resources to engage	<p><i>Time and opportunity to meet and keep up to date with the development and changes in Medicare Local.”</i></p> <p><i>“Time for additional meetings, preparation of info required etc...”</i></p> <p><i>“Our limited resources, their staff short term contracts and changes of staff”</i></p>
Medicare Locals' lack of understanding about the community sector	<p><i>“I think there is a lack of understanding of our sector and our needs.”</i></p> <p><i>“The Medicare Local does not understand the role of NGO sector nor the potential of working in collaboration or partnership, it is GP centric and does not consult.”</i></p>
Lack of interest / priority to engage with community sector	<p><i>“The Medicare Locals' lack of interest in engaging with our NGO and other NGOs in our local community, despite our NGOs being a significant provider of health services locally.”</i></p> <p><i>“They haven't prioritised engaging with the sector.”</i></p>
Medicare Locals' on-going/constant change	<p><i>“It is hard to know who to go to for what. There doesn't seem to be a central person I can contact yet and as they are still finding their feet, this is constantly changing.”</i></p> <p><i>“Seems early days in most areas - Medicare Locals in consultation and information gathering stage.”</i></p> <p><i>“Constant change in both Medicare Local and our organisation in the early stages, which has settled”</i></p>
Lack of contact person or central contact point	<p><i>“Not knowing what roles each of them have and who to speak to for what.”</i></p> <p><i>“Being able to find the 'contact us' information on their website to make contact by email or phone”</i></p>

No contact	<p><i>"No contact details or contact from them"</i></p> <p><i>"No contact at all"</i></p>
Lack of on-going/sustained engagement	<p><i>"We met them in a large consultation with services in our area and provided info - have received nothing back since that consultation mid last year."</i></p> <p><i>"The Medicare Locals we've approached have been willing to meet us, however to date there have been no outcomes as a result of those meetings with an unwillingness to engage with us beyond the original meeting."</i></p> <p><i>"There hasn't been ongoing engagement and follow up."</i></p> <p><i>"Lack of ongoing engagement"</i></p>
Poor communication and feedback	<p><i>"Communication – Poor"</i></p> <p><i>"They don't communicate well e.g. results of their consultation, any info on their services."</i></p>
Short consultation timeframes	<p><i>"One off meetings, called within short timeframes, to consult on very important and complex issues."</i></p>
Lack of collaboration with existing Aboriginal services	<p><i>"Aboriginal staff at Medicare Local do not appear to want to work in a collaborative manner with other funded Aboriginal services in the community."</i></p> <p><i>"Have wanted to engage re: Close The Gap, but no luck."</i></p>
Medicare Locals' clinical health focus / priority	<p><i>"I feel their focus is medical health outcomes, not so much community care."</i></p> <p><i>"Their focus is on primary health care while our focus is on community care"</i></p> <p><i>"Very clinical model"</i></p>
Working across multiple and different Medicare Locals	<p><i>"Working with multiple Medicare Locals that operate differently- not a major challenge, just at times a frustration. They are finding their feet though, so it's unrealistic to expect complete alignment."</i></p> <p><i>"As we are a state wide service difficult to know how to start interacting with them, pathways, also what they do and how we could work with them but we want to promote the needs of our clients so that they are included. However with a small staff we haven't been able to attend the very few consultations I have been aware of and when we have on 1 occasion was difficult to see much value - so difficult when there are so many you need to be in contact with."</i></p>

Summary of responses: How to improve engagement between Medicare Locals and the community sector

Medicare Locals' initiating contact	<p><i>"Initial introductory meetings."</i></p> <p><i>"Meet with us as individual services"</i></p> <p><i>"An effort to make face to face contact - visit the facility etc."</i></p>
On-going engagement / Better and more regular communication	<p><i>"Regular forums and updates from Medicare Locals"</i></p> <p><i>"Regular meetings"</i></p> <p><i>"One on one meetings amongst stakeholders regularly."</i></p> <p><i>"Regular feedback / updates via meetings or email. Medicare Locals attending key interagency meetings, such as HACCC Forums."</i></p> <p><i>"Attend regional meetings, attend meetings to talk to staff, update via newsletters etc..."</i></p> <p><i>"Newsletters, Updates, regional meeting covering things relevant to the impact/consequences/future direction of the working relationship between Medicare Local and the community sector."</i></p> <p><i>"Ongoing contact and involvements with the community sector. i.e. not just those health related."</i></p>
Engagement by community sector	<p><i>"The not-for-profit community sector needs to invite them to attend more of our activities, they cannot engage with everybody but we can find some key forums for them to be involved in."</i></p> <p><i>"We need to be active in making contact"</i></p> <p><i>"Including Medicare Local in service providers networking meetings"</i></p>
Consultation with stakeholders	<p><i>"More consultation meetings in local regions; Attendance at relevant network meetings; Access to appropriate information."</i></p>
Consistent state-wide approach to engagement	<p><i>"Improved relationship between Medicare Local coordinating body and peaks to facilitate better NFP engagement. Re-establishment of state based offices/staff to facilitate better engagement."</i></p> <p><i>"More consistent approach through Medicare local state peak as currently dependent on relationships on the ground. Engaging regional reps where possible in a more formal contract way that involves funds to increase the value of this role."</i></p>
Information and promotion	<p><i>"More communication opportunities and information sessions on the what, how and when of Medicare Locals."</i></p> <p><i>"They are just getting started so they have to publicise themselves"</i></p> <p><i>"Publicity and education please"</i></p> <p><i>"Publicise their purpose as much as possible"</i></p>

	<p><i>“Information sessions for services to understand what Medicare Locals do and Medicare Locals need to understand what services can offer”</i></p> <p><i>“...Combined information sessions that would give a clear indication how we can work together for the best outcomes for our members/clients”</i></p>
<p>Information and awareness training for Medicare Locals about the community sector</p>	<p><i>“...there needs to be education provided to Medicare Locals on the important role of NGO sector and the work we do with disenfranchised communities.”</i></p> <p><i>“Up-skilling of all about what each other does and the expectations of engagement”</i></p>
<p>Performance indicators and monitoring</p>	<p><i>“...there must be measurable benchmarks for Medicare Locals demonstrating their collaboration and engagement with health funded NGOs”</i></p> <p><i>“Would like to see this survey or some other means of evaluation being run regularly and issues picked up by Medicare Local peak.”</i></p>
