

1. Strategic objective

The RACGP's core strategic objective is to support and promote quality general practice, recognising general practice as the heart of an effective and efficient Australian healthcare system. This position statement outlines the RACGP's principles for the establishment and operation of Primary Health Networks (PHNs).

2. Background

The RACGP has previously supported, in principle, the introduction of primary healthcare organisations (PHCOs) that recognise general practice as the foundation for a robust and effective primary healthcare sector.¹ PHCOs will add value where they support the primary healthcare sector to provide quality primary healthcare services to the community, including coordination, integration, and relationship building.

In the 2014-15 Budget, the Australian Government announced the establishment of Primary Health Networks (PHNs), replacing Medicare Locals (MLs) from 1 July 2015. There will be 30 PHNs (compared to 61 MLs) and the government has indicated that the PHNs will be clinically focused, with general practitioners (GPs) as their cornerstone. The PHNs primary task will be to ensure that services across the primary, community and specialist sectors work together in the patients' best interest.² They will also be responsible for improving health outcomes for patients in their geographical area.

3. Statement of principles

The RACGP considers the following principles vital to ensuring that PHNs are effective. These principles have been informed by the successes and failures of the various iterations of PHCOs in the past twenty years (i.e. Divisions of General Practice and MLs).

3.1. GP centred

PHNs should recognise the central role that GPs and their teams have in patient care, while encompassing the breadth of the primary healthcare sector within their catchment. General practice delivers high quality preventive care, health promotion and chronic disease management to local communities in response to the community's needs.

GPs provide efficient care that results in good patient outcomes and satisfaction. PHNs should acknowledge that general practices are a patient's community medical home and GPs are usually the coordinators of their care. The GP-patient relationship should be highlighted as the key relationship in ensuring access to high-quality safe healthcare that helps patients to navigate through complex health and social care systems.³

The recognition of general practice as the cornerstone of primary care should translate through governance structures that support GP presence and leadership within PHNs. This should take the form of regulatory provisions that mandate that there are a number of appropriately skilled GPs on the board, while maintaining the necessary skills base for the board to carry out its governance and strategic responsibilities.

Additionally, GPs should be encouraged to take on leadership roles on strategic councils and committees, ideally with a GP chairing the Clinical council.

GP presence and leadership within PHNs will lead to a more grounded approach to strategic planning, as GPs will be able to reflect the needs of their catchment population.

3.2. Regionally based networks

As the PHNs are regionally based, they should be held accountable to the communities within their catchment. The value of regionally based PHNs will be their ability to collaborate with providers within the region and their adoption of a population view of health across their region – both of which are required to effect systemic change.

Regionally focused PHNs should provide information about services available in their region in a meaningful way to providers and consumers working and living within the region.

PHNs will have to identify and respond to local variations and needs within their region, particularly when operating in rural and remote areas, to improve health outcomes for all people who fall within their catchment.

Many PHNs will cover broad geographic and demographic areas. This suggests that it may be necessary for PHNs to establish more than one clinical council or community advisory committee. They will also need to develop mechanisms to ensure that those with the greatest need (e.g. rural and remote communities) are not overlooked.

3.3. Identify and meet community needs using population health approaches

PHNs will add value to the primary healthcare sector by recognising and meeting service gaps in their communities. PHNs should perform a range of roles and functions related to addressing service gaps, including:

- Identifying local issues:
 - the health needs of the population
 - gaps in services
 - fragmentation in access to services, including aged care and after hours care.
- Assessing capacity:
 - how local people interact with the local health service systems
 - health literacy of the local population
 - whether primary healthcare clinicians are able to provide necessary services
 - training places, especially in regard to GP registrars
- Planning for:
 - prevention and healthy lifestyles
 - population health at a local level
 - forecasting health needs, services gaps and population changes.

Meaningful and ongoing engagement with local communities, local service providers, and consumers in regard to planning, delivery and evaluation of health services and governance arrangements would support PHNs to do this.⁴ In line with this, the RACGP supports the establishment of Community Advisory Committees reporting directly the board.

PHNs operating in rural and remote areas will also need to contend with the complexities of ensuring access to care for people in these areas. Complexities faced in rural areas compound the issues of distance and supply and include negotiating multiple funding streams, difficulties in establishing collaboration and complicated referral pathways. Those PHNs responsible for rural and remote areas will only succeed in meeting community needs by addressing these complexities and supporting shared care partnerships and service connections.

3.4. Focus on coordinating services rather than service provision

PHNs should not deliver clinical services to patients, except in scenarios where the market has failed to provide an alternative solution.⁵ GPs and other primary healthcare service providers are best placed to provide care to the members of their community. A PHNs' primary role should be to assist and support these health service providers to deliver care to their community and to attract additional resources and services to address service gaps and community needs.

PHN funding should be in addition to funding for patient services through Medicare. PHNs should not be responsible for the allocation of funding to support the direct delivery of services to the community, except as required due to service gaps. These funds are best managed by relevant government departments and providers themselves, including incentive payments for after-hours and aged care services delivered by general practices.

3.5. Build strong relationships with and between primary health service providers

The primary role of PHNs should be to assist and support GPs and other primary healthcare providers to deliver health services to their community. PHNs must meaningfully engage and build relationships with GPs and their teams, other primary healthcare service providers and relevant key stakeholders to achieve this.

3.6. Improve integration and coordination across service providers and service sectors

The patient journey and outcomes can be improved through coordination and integration of care. One of the PHNs' main roles in this area has to be fostering integration between primary healthcare providers and other healthcare sectors, including hospitals, aged care, mental health care and palliative care. Increasing meaningful communication between these groups, to improve collaborative care through innovative models of healthcare, should be a key goal.

This must include functional and effective cross-governance links with Local Hospital Networks. Formal, structured and meaningful relationships that support shared planning, mutual reporting and shared responsibilities need to be established.

Engagement should also include other service sectors, non-government organisations, local government and local community groups to create a 'support platform' for the people within the region, particularly for those who are disadvantaged. Otherwise, patients will continue to experience fragmented care when transitioning between primary healthcare and hospital-based care.

3.7. Facilitate improved systems of care and care pathways

PHNs will be well placed to facilitate improved systems of care and care pathways, through providing education and training and facilitating research, innovation and quality improvement. Care pathways developed with the support of PHNs should cross sector boundaries to improve patient outcomes.

3.8. Demonstrate improvements in access, outcomes, quality and safety

A key priority for PHNs should be improvements in patient access to primary healthcare, particularly for disadvantaged groups within the region. Increased access to services should result in improved health outcomes on a regional basis, but will require robust data collection systems to demonstrate the improvements.

PHNs should also support improvements in quality and safety within the primary healthcare services in their catchment. This could involve assisting primary healthcare providers to attain and maintain accreditation, adopt best practice and supporting improved reporting and data analysis on outcomes and safety.

3.9. Focus on Aboriginal and Torres Strait Islander health outcomes

PHNs should directly address inequalities and health issues faced by the Aboriginal and Torres Strait Islander people within their region, in collaboration with Community Controlled Health Services, other Aboriginal and Torres Strait Islander health services, community groups and GPs. The RACGP recommends that as part of this focus, PHNs develop individual Reconciliation Action Plans in collaboration with Reconciliation Australia to reflect their commitment to improving Aboriginal and Torres Strait Islander health outcomes. All PHN employees should have the opportunity to participate in locally relevant training to increase their knowledge of Aboriginal and Torres Strait Islander cultural protocols and perspectives. This skill building will facilitate enhanced engagement between the PHN and Aboriginal and Torres Strait Islander services and communities.

Specific recognition of Aboriginal and Torres Strait Islander health in PHN strategic vision and objectives would ensure that the importance of work in this area is reinforced. PHNs should allocate funding annually to initiatives that enhance access to services and promote care coordination for Aboriginal and Torres Strait Islander people. They should also be invited to join governance structures and working groups to oversee implementation of local population health initiatives. .

PHNs should be required to report annually to the Department of Health on the partnerships they have created with local Aboriginal Community Controlled Health Organisations and other Aboriginal health service providers within the PHN boundaries.

3.10. Clearly define values, a mission and a vision that champion general practice as the cornerstone of primary health care

In defining their values, mission and vision, PHNs should commit to improving, supporting and promoting access to services and quality of care within their catchment. The mission statement of each PHN should be strategic and long term, building on the experience of its predecessors and their successes.

Recognising the GP's central role in the provision of primary healthcare within these statements will assist GPs to have a valued and influential role within the PHN and region. It will also enable the PHN to prioritise activities that support the development of general practice within their catchment.

4. *Related issues*

There are a number of additional issues regarding the operation and remit of PHNs which should be considered:

4.1. Appropriate resources to support good work

Real change through PHN activity will only be achieved once PHNs are adequately resourced to effect and support change within their local health system(s). Underinvestment in primary healthcare should not continue, with PHNs unable to facilitate better connections or meet performance expectations due to a lack of funding. Investment in preventing disease or better managing disease at a regional level through PHNs is crucial to addressing ballooning hospital expenditure. Innovative service responses will be required to address unmet need, particularly in rural and remote communities.

4.2. Flexibility and a commitment to local solutions

Overburdened by regulations about program delivery and services, Medicare Locals were not able to tailor programs to their community's needs. Requiring 'one size fits all' approaches will not support PHNs to respond to local issues and needs. PHNs need to be afforded the flexibility and trust to deliver the right solutions to the appropriate people within their catchments. Broad regional programs may not always meet the needs of rural and remote areas which need targeted localized solution.

4.3. Establishment of a national/state based organisations

There may be value in a national or state based organisations that support the activities of PHCOs.

An overarching organisation (national or state) could facilitate information sharing between PHNs. This would see effective initiatives and programs shared and would lead to an increase in efficiency across the PHN network. However, the presence of this organisation should not represent an additional layer of bureaucracy.

4.4. Not-for-profit entities

PHNs should be created as not-for-profit entities. Corporate organisations, private health insurers or organisations substantially controlled by another organisation that directly funds or provides patients services should not be allowed to tender for, own or operate PHNs. This reflects the potential for these organisations, particularly private health insurers, to have a conflict of interest.

In addition, corporate ownership of PHNs could result in a shift toward managed care-like models, an undesirable outcome that would limit the autonomy of all primary healthcare service providers in the region.

4.5. Membership

While PHNs should be GP-centred and primary healthcare focused, PHN membership should consist of stakeholders from the PHN catchment. Membership structures should allow for direct engagement with primary healthcare providers as well as engagement with service providers and their representative bodies within the PHN region.

4.6. Emergency management leadership

PHNs could play a role in emergency management and response. PHNs will be regionally based organisations with linkages across the primary healthcare sector, LHNs and all levels of government. They will be ideally placed to coordinate their region's primary healthcare services in the event of natural or man-made disaster or in response to the emergence of a pandemic.

5. Conclusion

PHNs will need time to develop and mature. It is important they are supported to gradually grow into effective organisations over time, while being held accountable for progress toward improvements in health outcomes. If the PHNs heed the successes and failures of their predecessors and are given sufficient time to evolve, they will be more likely to contribute positively to the vital work of the primary healthcare sector.

References

¹ Royal Australian College of General Practitioners. Submission to Department of Health and Ageing: Medicare Locals – Discussion paper on Governance and Functions. 2010.

² Commonwealth of Australia. Department of Health Overview and Resources. From Australian Government 2014-15 Health Portfolio Budget Statements (last updated 13 May 2014; cited 5 August 2014. Available from: http://www.health.gov.au/internet/budget/publishing.nsf/Content/2014-2015_Health_PBS

³ Organisation for Economic Cooperation and Development. OECD Reviews of health care quality: Denmark. 2013

⁴ RACGP, 2010, p.5

⁵ Department of Health. Establishment of Primary Health Networks: Frequently Asked Questions. [last updated 11 July 2014; cited 15 August 2014]. Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/establishment-primary-health-networks-faqs>