

UNITED GENERAL PRACTICE AUSTRALIA

Outcomes Statement for meeting held on 24 May 2016

| ITEM | DESCRIPTION AND ACTIONS |
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| 1 | Purpose of UGPA <ul style="list-style-type: none"> A useful forum to share ideas and agree on areas of commonality Value in a united statement At each meeting, UGPA will aim to prioritise one or two key issues that all organisations agree on, so that a united position can be stated. |
| 2 | Federal Budget 2016/17 <ul style="list-style-type: none"> UGPA condemned the freeze on MBS rebates in March 2016 and all organisations are disappointed with its extension (announced as part of the 2016/17 Federal Budget) Minister for Health has indicated that it was not her decision Labor has committed to lifting the freeze as of 1 January 2017 if elected. The Federal Budget has grossly underfunded the medical home. <p>ACTION: Statement on the freeze, indicating:</p> <ul style="list-style-type: none"> Patient focus, highlighting the increase in out-of-pocket expenses for patients Welcome pledges from Labor and Greens to lift the freeze General practice organisations will campaign until all sides of politics agree to lift the freeze and provide adequate funding for the delivery of quality healthcare services Long term plan for general practice is needed. |
| 3 | General practice research: PHCRIS and BEACH <ul style="list-style-type: none"> PHCRIS has been given a reprieve until December 2016. Part of the Medical Home will be a requirement to collect data, which should be transparent to patients and the profession. Primary Health Networks should not be gathering data solely for their own purpose. They should be sharing data more broadly. UGPA will consider a statement post-election, prompting the new government to implement and start planning healthcare based on data and evidence. <p>ACTION: Put GP research on August UGPA agenda. Invite Grant Russel from Australian Association for Academic Primary Care (AAAPC) to speak to the issue.</p> |

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| 4 | After hours: growth in service providers and MBS items |
| ACTION: Retain on August UGPA agenda. | |
| 5 | Pathology collection centres |
| <ul style="list-style-type: none"> Current statistics co-located collection centres are questionable. Evidenced and data is required. | |
| 6 | GP Training Advisory Committee (GPTAC) |
| <ul style="list-style-type: none"> GPTAC is looking to have a full day meeting to strategise on GP training later this year. | |
| 7 | Meeting with the Privacy Commissioner |
| <ul style="list-style-type: none"> The Office of the Australian Privacy Commissioner (OAIC) does not aim to be punitive, rather it will begin with advice and education on how to comply with privacy legislation. <ul style="list-style-type: none"> 90 to 95% of complaints raised are conciliated without punitive action. In 2015, of 100 voluntary notifications, almost all of them are not known in the public arena. Privacy assessments will work with organisations to improve privacy. To date, there has been no cause for civil penalties under the Australia Privacy Principles (APPs). The OAIC is providing guidance for health practitioners and the community on MyHealthRecord. For the MyHealthRecord opt-out trials, information must be provided consumers to advise them that they do have a choice. The Privacy Commissioner's position on Digital PIP: must maintain the rights of the individual in terms of privacy legislation. The expectation is that the individual has a right to how privacy information is dealt with, and if done appropriately, not an issue from OAIC perspective. GPs can seek advice regarding privacy issues from OAIC, but advice provided will be of a general nature. <p>My Health Record</p> <ul style="list-style-type: none"> OAIC will be reviewing the opt out trial as it is implemented. A GP will not breach patients privacy by uploading information in the opt out trial. It is the patient's responsibility to opt out. According to the Privacy Act, informed consent does not necessarily need to be written. Generally speaking, if GP in good faith uploads a patient summary, and the patient does not fully appreciate the implications and what it means for them, the GP will not be reprimanded. It would be good practice for general practices to include in their privacy statement information regarding how the patient's health information will be used, including My Health Record. <ul style="list-style-type: none"> OAIC would be happy to work with AMA and RACGP on templates and notices for My Health Record. Check Privacy Management Framework and template, which provides a checklist for things to think about, check to see whether it can be adapted for GPs and general practices. | |

Security breaches in general practice

- Practices need to look at their security protections and make sure that they are up to date.
- A lot of privacy breaches are a result of failure to have sufficient security.
- In general practices, those who need access should have access.