

17 December 2013

Ms Kerry Flanagan
Acting Secretary
Department of Health
GPO Box 9848
Canberra ACT 2601

MLreview@health.gov.au

Dear Ms Flanagan

Re: Review of Medicare Locals

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health (DoH) for the letter dated 29 November 2013, seeking input regarding the Terms of Reference for the Review of Medicare Locals.

The RACGP welcomes the opportunity to provide input into the Review of Medicare Locals and makes comment in relation to:

1. The role of Medicare Locals
2. Engagement with general practice
3. National coordination of Medicare Locals
4. Re-direction of funding
5. General practitioners as clinical leaders.

1. Role of Medicare Locals

The RACGP supports the operation of regionally based primary healthcare organisations (“PHCOs”) to support general practitioners and other primary healthcare professionals in the provision of patient care.

Medicare Locals were designed to identify local needs through population health planning, streamline the patient journey, support health workers, facilitate local health initiatives and be accountable to the local community.¹ They are also currently responsible for the coordination and delivery of important health services including after-hours services, immunisation, mental health support and eHealth support.²

The RACGP believes that the primary role of Medicare Locals should be to assist and support general practitioners and other primary healthcare professionals in delivering health services to patients. This is best achieved by developing and building upon existing relationships with local healthcare providers in local communities.

The RACGP supports an integrated and collaborative approach to health service delivery that would involve Medicare Locals working with general practitioners in local communities to deliver current health services and to plan future health services. This would prevent fragmentation and siloing of health service delivery.

¹ The Conversation. Give Medicare Locals a Chance to Improve Health Equity [Internet]. Melbourne VIC: 9 April 2013. Available at: <http://theconversation.com/give-medicare-locals-a-chance-to-improve-health-equity-12965>

² Medicare Locals. What is a Medicare Local? [Internet]. Canberra ACT: 17 June 2013. Available at: <http://www.medicarelocals.gov.au/internet/medicarelocals/publishing.nsf/Content/what-is>

For example, many Medicare Locals have developed chronic disease management services to improve coordination and integration of patient care. Whilst the RACGP fully supports initiatives aimed at improving coordination and integration, RACGP membership have advised that (in many cases) these programs have been developed with minimal consultation or involvement with local general practitioners. Better engagement of local general practitioners at the planning and implementation stages will result in the development and delivery of services that:

- take into account existing initiatives within the region
- build on and support what is already being delivered
- genuinely integrate with local health services
- address local patient needs.

2. Engagement with General Practice

The RACGP understands Medicare Local engagement with general practice is variable, with only some Medicare Locals actively engaging their local general practitioners.

The RACGP is concerned regarding the lack of consistent uniform engagement with general practice across all regions. Members have frequently reported a lack of Medicare Local engagement with local GPs, reporting that they have experienced only 'one-off' or 'ad hoc' contact by their Medicare Local. RACGP members have reported these experiences across a number of regions.

The RACGP believes that Medicare Local engagement with general practice is vital in ensuring that general practitioner continue to provide comprehensive quality primary healthcare to where it is needed most. As identified under 'The Role of Medicare Locals' (above), genuine engagement with general practitioners facilitates the delivery of local solutions. The RACGP recommends that processes be implemented to ensure that there is strong Medicare Local communication and engagement with general practice.

3. Medicare Local – National Coordination

The RACGP understands the role of the Australian Medicare Local Alliance ("AMLA") is to support, lead and coordinate a national network of 61 Medicare Locals across Australia.³ AMLA aims to engage Medicare Locals in partnership, performance and quality improvement under a nationally unified coordinated primary healthcare system. However, the RACGP is concerned that AMLA lacks the necessary authority to carry out its prescribed role.

Each Medicare Local has a unique governance structure and negotiated contracts with Government. Medicare Locals have operational autonomy, and as such, AMLA's role is merely advisory. Therefore, AMLA has limited authority to direct Medicare Locals to any course of action and cannot serve as an effective point of national coordination for the unified provision of primary care.

The RACGP is therefore concerned that AMLA does not have the authority to direct Medicare Local's decision-making, nor does it have the ability to speak on behalf of Medicare Locals. The RACGP recommends that Government reconsider the scope of AMLA's authority and subsequent role in engaging directly with the health professions and other strategies aimed at facilitating national coordination and engagement between Medicare Locals and the healthcare profession.

³ Australian Medicare Local Alliance. About us. Canberra ACT: 10 December 2013. Available at: <http://amlalliance.com.au/about-us>

4. Direction of funding

The RACGP has previously expressed significant and sustained concern regarding the re-distribution of funding for after - hours care to Medicare Locals from the previous arrangements of direct funding via the Practice Incentive Program.⁴

The College firmly believes that Medicare Local funding should be in addition to funding for patient services – not instead of. The re-direction of resources from frontline patient services to Medicare Locals is not an efficient use of healthcare funding and detracts from health service delivery.

Rather, funding for Medicare Locals should focus on them fulfilling their mandated role to improve existing health networks and integrating services by strengthening communication channels between primary, secondary and tertiary care.

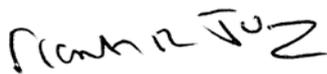
The RACGP strongly recommends that after - hours funding be re-distributed back into general practice, including Medical Deputising Services, for those who wish to deliver after - hours services.

5. Clinical leadership in general practice

The RACGP believes that clinical leadership is a core component of general practice in Australia.⁵ General practitioners are in an ideal position to provide strong clinical leadership in Medicare Locals, which should be recognised and actively supported in all Medicare Locals – not just some.

The RACGP would greatly appreciate your consideration of the issues canvassed herein. If you have any questions regarding these matters, please contact Ms Michelle Gonsalvez, Program Manager – Policy & Practice Support on (03) 8699 0574 or at michelle.gonsalvez@racgp.org.au

Yours sincerely



A/Prof Frank Jones
Vice - President

⁴ UGPA Media release - Confusion threatens patient access to after hours care [Internet]. Melbourne VIC: 12 June 2013. Available at: <http://www.racgp.org.au/yourracgp/news/media-releases/ugpa-after-hours-care/>.

⁵ RACGP. Becoming a GP in Australia [Internet]. Melbourne VIC: 21 November 2013. Available at: <http://www.racgp.org.au/becomingagp/what-is-a-gp/what-is-general-practice/>