



Medicare Locals Partnerships and PCPs – a South Gippsland Perspective



Background

- National Health and Hospital Reform Paper – August 2009
- First Gippsland Primary Health Care Reform Interest Forum – November 2009
- Gippsland Primary Health Reform Interest Group formed
- MOU signed between Divisions Steering Committee and Interest Group, July 2010
- CWG & EGPHA applied in the first tranche, application was rejected.
- Application has been received by DoHA for Gippsland Medicare Local on behalf of the Medicare Local Working group, a combination of the above. Due today.



Gippsland Medicare Local Application





National Primary Health Care Strategy

4 Priority Areas:

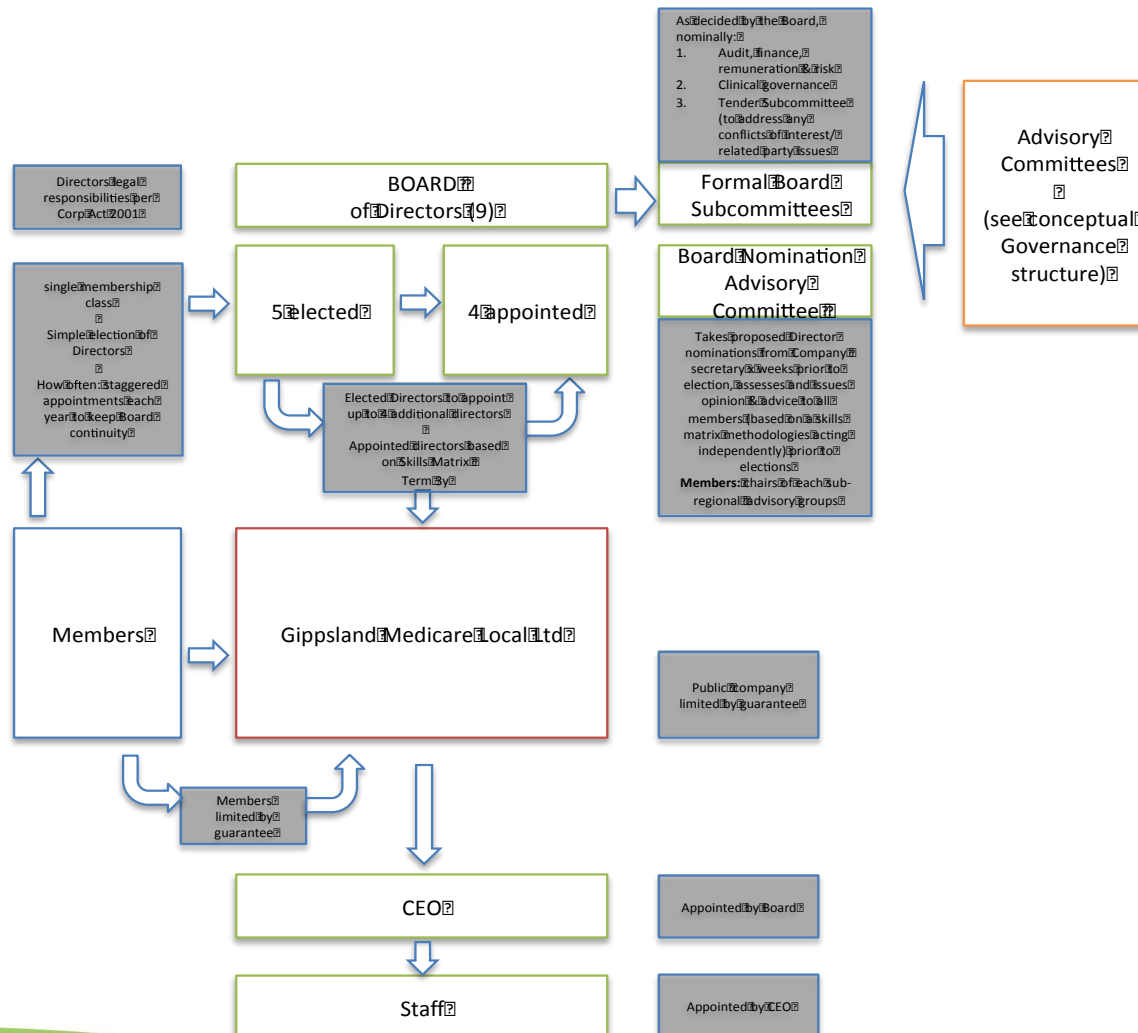
1. Improving access and reducing inequity
2. Better management of chronic conditions
3. Increasing the focus on prevention
4. Improving quality, safety, performance and accountability

National Primary Health Care Strategy

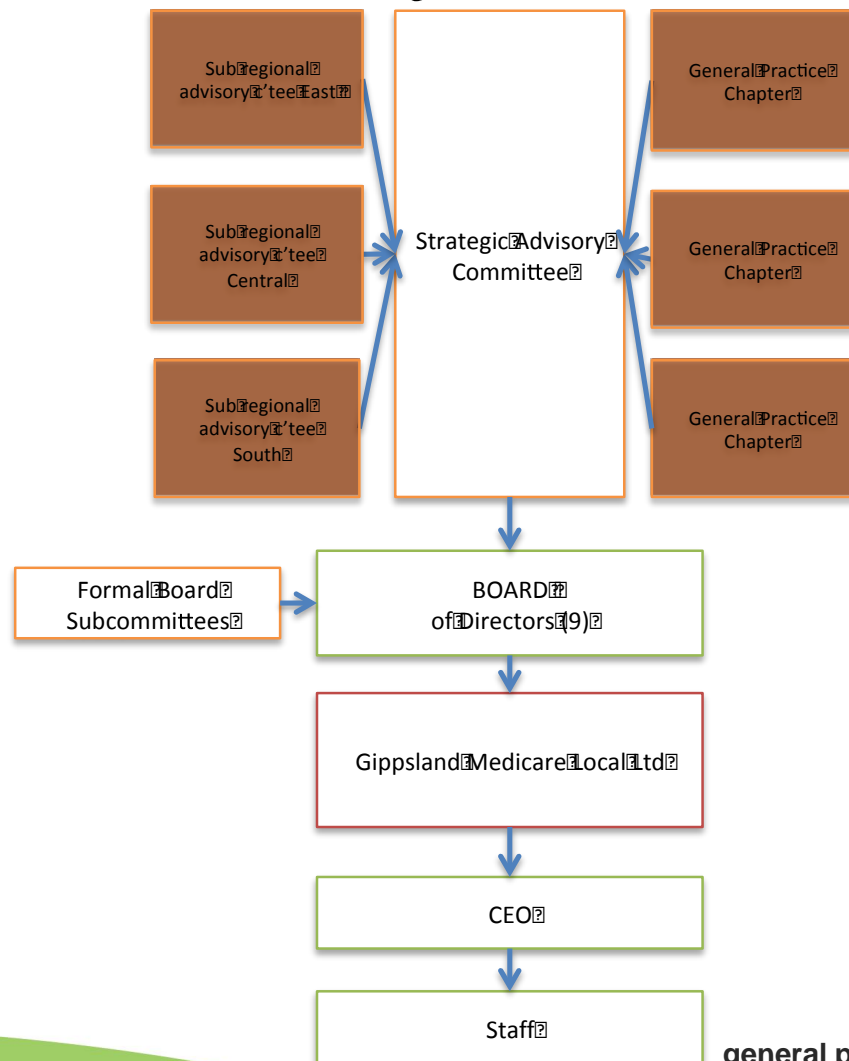
5 key building blocks as essential underpinnings for a responsive and integrated primary health care system for the 21st century:

- **Regional integration**
- Information and technology, including eHealth
- Skilled workforce
- Infrastructure
- Financing and system performance

Governance Structure



Advisory Structure



Strategic Advisory Committee



Peak advisory group to the Board - drawing up and collating information from the sub-regional advisory group and the GP Chapters and advising the Board on their behalf.

- Primary Acute Interface
- Integration & Co-ordination
- Prevention & Health Promotion
- Population Health & Service Gaps
- Workforce Management
- Aged Care Support
- Education, Training & Research
- Community Advice
- Empowered to form time-limited working groups with terms of reference endorsed by the Board to deal with issues that have come up from sub-regions



Sub Regional Committee

Responsive to local issues and provide a strong community voice, membership may include private allied health, general practice, community health, and indigenous health - all of which will be more effective at a sub-regional level.

Functions include but are not limited to:

- Primary Acute Interface
- Integration & Co-ordination
- Prevention & Health Promotion
- Population Health & Service Gaps
- Workforce Management
- Aged Care Support
- Education, Training & Research
- Community Advice

How the PCP and Medicare Local will work



Together

- The Gippsland Medicare Local will be a commissioner of funds, a conduit in assisting agencies effect change.
- Where there is a skill gap within the ML, they will sub-contract organisations to partner with to meet that.

Example: Sexual and Reproductive Health Issue has been identified in South Gippsland.

- Medicare Local identifies issue through Sub-Regional Committee
- ML commissions Gippsland Women's Health Alliance and South Coast PCP to build case for a proposed initiative.
- ML sub-contracts South Coast PCP Health promotion officer to liaise with Dept of Health, community health, high schools, LGA's in partnership with ML staff who liaise with GP practices and local youth clinics.