Acknowledgements

- Dr Emil Djakic, Chair, Australian General Practice Network
- Leanne Wells, CEO, Australian General Practice Network
- Chairs and CEOs of Divisions of General Practice and Medicare Locals
- Norman Swan

It gives me great pleasure to speak with you again at the AGPN forum.

It will soon be four years since the Labor Government came into office and in that time we have travelled a long way in health reform – and the AGPN and Divisions have been strong and vital partners on this journey.

At the outset I’d like to thank the AGPN and all of you here today from Divisions for the role you have played.

We’ve achieved a great deal together, taking general practice and primary health care forward.
We are now at the stage of implementing the next step in primary care reform - building on the achievements of Divisions of General Practice and developing them into Medicare Locals.

I wish to spend a few moments reflecting on the role that the Divisions have played in helping to shape primary care in this Country before moving on to talk about the future and Medicare Locals.

**BUILDING ON THE WORK OF DIVISIONS**

The work that all of you will be doing to establish Medicare Locals builds on the foundations that were established by Divisions.

The Divisions network was established under another Labor Government – the Hawke / Keating Labor Government in the early 1990s.

At that time, there was concern about the isolation of general practice from other parts of the health system. GP practices often worked as silos, nearby practices seen as competitors not colleagues, dedicated practitioners but cut off from the rest of the system.

In mid-1992 a GP Strategy was agreed by major medical stakeholders and called for a range of reforms, including a national network of local GP organisations.

The Macklin Review of 1992 similarly recommended that ‘departments’ or ‘divisions’ of general practice should be set up – to pursue concepts like providing incentives for GPs to participate in quality assurance and to work with other health providers.

Ten ‘demonstration’ Divisions were funded in mid-1992 and, within 6 months, the Labor Government decided to expand the program towards national coverage.

By 1993 there were 100 divisions, covering 80 per cent of Australia – and a few years later national coverage was achieved.

In those early years, Divisions of General Practice helped GPs to address some of the challenges of those times.

For instance, general practice was considered a ‘cottage industry’ – in which GPs often worked in solo or duo practice, and practice nurses and multidisciplinary teams were largely unheard of.

Back then, there were no incentives for GPs to take part in quality assurance, work with other health providers and there was no systematic way for GPs to participate in the roll-out of national health programs.
There was also an absence of structures in which GPs could contribute to health planning — at local, regional, state or national levels.

Thanks in large part to the work of Divisions and the foresight of the Hawke/Keating Labor Government, many of the challenges of 20 years ago have passed.

We have larger general practices that use the skills of doctors and practice nurses effectively. We have stronger incentives to focus on the quality of care. And Divisions have played a key role in helping local GPs work together and in developing a more team-based approach to primary care - the implementation of the More Allied Health Services and the Access to Allied Psychological Services programs are prime examples of this.

Established to encourage better GP integration, Divisions largely achieved their objectives and leave a legacy that forms the foundation of our next leap forward.

Now there are new issues that we have to deal with.

We need to deal with an increasing burden of chronic diseases, like diabetes, and an ageing population.

This requires the engagement of not just GPs, but a wider range of health professionals and health services that need to work smoothly together: doctors working with nurses and allied health workers, general practices working with hospitals and aged care.

We need to focus greater efforts on preventing disease. This means addressing not just on the immediate health needs of people who walk through the surgery door, but assessing the health needs of your entire local community.

And we need to deal to address some of the challenges posed by a changing society: shortages of health professionals as the workforce ages, while busy working families have greater demands for services like after hours care.

In the face of these evolving challenges the Gillard Government – another reforming Labor Government - has chosen to act and develop Medicare Locals as a key part of our primary care reforms.

**ESTABLISHMENT OF MEDICARE LOCALS**

Medicare Locals will be the polyfiller of the health system. They won’t usurp the role of GPs, they will support them. And support nurses, psychologists, physiotherapists and other local health professionals.
A significant immediate task for your Medicare Local will be to link your area’s different primary care services, hospitals and aged care. You will better integrate care.

You will need to identify the health needs of the local community and pinpoint where there are service gaps. And then you will need to work together to address these gaps – with an initial priority of addressing gaps in after hours services when you are first established.

You will have a big task in supporting health professionals — GPs, nurses and allied health professionals — to help them improve the quality and responsiveness of local care services, including in safety, performance and accountability.

And you will need to engage with your local health providers and communities – developing relationships of trust on how you will work for your local community and providers, and demonstrating how you will improve health services.

In short, you are no longer organisations for a particular group of professionals – you are responsible for overseeing the primary health care needs of your entire community.

Today, 19 Medicare Locals from Tranche One are already at work.

A further 18 Medicare Locals will be commencing from 1 January 2012. And 20 Medicare Locals have so far been announced as commencing from July 2012.

Congratulations to all of you here today who have been selected for Tranches Two and Three. I know that many of you put in a large amount of work into the application process, and I would like to thank you for those efforts.

In addition, in five areas, the Government has not yet announced organisations to become Medicare Locals. My department will be having discussions with applicants in these areas on how Medicare Locals will be established.

Applicants in these catchments should try not to be too disappointed, but should listen to the constructive feedback from my Department and work cooperatively to help establish a Medicare Local.

Likewise, I would encourage applicants in areas where another organisation is to become the Medicare Local to contribute constructively to the process. The interests of the patients and providers in your area are best served by a smooth transition.

For the people in the audience here today who will become a part of a Medicare Local, you face a big task.
It will be critical to be focused on the concrete benefits that you can deliver for your local health care providers and community – so that the reforms we are implementing can take root and become well established.

**LOCAL SOLUTIONS**

How each of you in your Medicare Local works to achieve these goals will differ from place to place.

You will find each community has a different set of needs. That is why we have given Medicare Locals flexibility to work in different ways.

But forums like the AGPN forum today provide a strong opportunity for Medicare Locals to learn from each other, to see how to translate principles into concrete benefits for your local communities.

I’d like to highlight just a couple of examples from the first tranche of Medicare Locals, demonstrating the good work that is being done.

**Inner East Melbourne Medicare Local**, for example, has built a comprehensive patient database.

It is based on de-identified patient data from more than 80 participating GP practices and a million de-identified records, drawing together clinical, demographic and lifestyle information.

This tool is enabling Inner East Melbourne to assess the care needs of their community. It has helped them plan after hours services. It has assisted them identify mental health issues in their local population, and match mental health services to those needs.

And they have been able to provide reports back to individual general practices on, for example, how diabetes is being managed across their practice population.

Now the Inner East Melbourne Medicare Local is seeing how it can go a step further — by partnering with local government and other key service providers to create comprehensive health plans for their community.

Another example comes from Country North SA Medicare Local which is establishing a single system of mental health support across northern South Australia.

This will provide consumers and health professionals with a consistent clinical framework and referral network for mental health issues across their local community.
It will enable a team of more than 30 clinicians, including clinical psychologists, clinical social workers and other specialist providers, to have their skills shared across the area to address local issues. It will enable a more effective response to particular needs, such as supporting youth, the aged, or people with complex care needs.

These are just some of the stories starting to emerge from the early work of Medicare Locals around the nation - they are not abstract but rather practical examples that will ultimately deliver benefits to patient care.

It will be important that you work in partnership with Local Hospital Networks, for example in Western Sydney the Medicare Local and the Local Health District have a close relationship which is already demonstrated in the work that they are doing together for families with special needs and chronic disease.

They share some common board members and a joint commitment to working together.

**EHealth**

An area where Medicare Locals are playing an important role and delivering great benefit to the community is in the implementation of eHealth records.

Ultimately eHealth will deliver massive benefits to patients and clinicians. Good progress is being made but the introduction of eHealth records is an incredibly complex process and requires acceptance, understanding and adoption by a wide range of health professionals and the community.

Some of the groundbreaking work has already been undertaken by many of the Medicare Locals as part of our eHealth sites, but I would like to see all Medicare Locals play a key role in eHealth implementation.

**REFORMS BEYOND MEDICARE LOCALS**

The Government's primary healthcare reforms also go beyond Medicare Locals.

We are reforming after-hours primary care, including establishing the national After Hours GP Helpline from 1 July this year. Already, it has taken nearly 50,000 free-of-charge calls, providing, for example, families with information and advice when their child is sick at night.

We will be providing stronger support for practice nurses from 1 January 2012, enabling them to take up a wider range of tasks within their scope of practice.
We have also lifted the cap on GP training places and significantly boosting the primary health care workforce – with more doctors and nurses. We will put 5,500 more GPs in training or in the workforce over the coming decade.

And we are developing more than 60 GP Super Clinics across Australia, creating the infrastructure to support multidisciplinary care and workforce training into the future.

As part of this wider reform agenda, I am pleased to announce today the outcomes of the latest round of Primary Care Infrastructure Grants, which will help boost support for clinics and surgeries around the country.

In the 2010-11 Budget we provided $117 million for two funding rounds for Primary Care Infrastructure Grants.

In the first funding round in 2010, about 240 facilities received around $64 million. Just last week, I visited practices at Carindale in Queensland and Yarraville in Victoria – it’s great to see that across the country they are making a real difference.

The second round of the Primary Care Infrastructure Grants which I am announcing today will provide $54 million to an additional 189 practices.

This will enable refurbishment or extension of existing local healthcare facilities, the introduction of new facilities for team-based care, the extension of their operating hours, or improvements to create clinical training facilities for the next generation of healthcare workers.

**REFORM: A LOCAL TASK**

I am very excited that Medicare Locals, building on the work of Divisions, will significantly improve primary care in Australia.

It will require a great deal of hard work – but I know that you are up to the task.

You will reform and transform primary health care in your communities.

But don’t get lost in the abstract, focus on those concrete, practical steps that will make a difference to the patient, to your community.

It is important for each of you to be out there communicating with your local community, engaging with your local providers, your communities and your local media.
It is vital for each of you to tell and re-tell your local story about how you will improve your local health services: how you will work with patients, professionals, other organisations, and hospitals.

I look forward to each of you stepping up to the challenge, delivering improvements in health care for your local community and hearing those success stories at next year’s conference.

Thank you.

Ends.

For all enquiries, please contact the Minister’s Office on 0409 945 476