

## ***GREAT SOUTH COAST MEDICARE LOCAL UPDATE:***

### **What is a Medicare Local?**

A key component of the Australian Government's National Health Reforms is the establishment of a new nation-wide network of Medicare Locals.

The Government will invest \$417 million to establish a nation-wide network of primary health care organisations (Medicare Locals) to support health professionals, to improve the delivery of primary health care services at a local level and to improve access to after-hours primary health care. Medicare Locals will make it easier for patients to use and move through the primary health care system.

Medicare Locals will be responsible for a range of functions aimed at:

- making it easier for patients to navigate the local health care system;
- providing more integrated care;
- ensuring more responsive local GP and primary health care services that meet the needs and priorities of patients and communities; and
- making primary health care work as an effective system as part of the overall health system.

**More information can be found at <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/factsheet-gp-01>**

### **What is OUR Medicare Local?**

“Improving the health and well-being of our communities by facilitating a responsive, seamless and accessible primary health care” is the shared vision between partners in establishing the Great South Coast Medicare Local.

Our proposed Medicare Local is named the “**Great South Coast Medicare Local**” (**GSCML**). This comprises the LGAs of Southern Grampians, Glenelg, Moyne, Corangamite Shires and Warrnambool City Council.

A working group has been formed to develop a successful submission to become a Medicare Local. The current submission is a collaborative partnership between the Otway Division of General Practice, South West PCP and South Grampians Glenelg PCP.

#### **The Great South Coast Medicare Local Working Group consists of:**

Rosie Rowe (Western District Health Service), Fiona Heenan (Heywood Rural Health), Dr Tony Brown (ODGP Chair) with Dr Dale Ford as proxy, Judy Nichols (ODGP Board), Craig Fraser (South West Healthcare), Ros Alexander (Dhauwurd Wurrung Elderly & Community Health Services), Vicky Mason (Warrnambool City Council), Marilyn Lynch, Trevor White, Vicky Hunt (ODGP), Mark Brennan (SWPCP) and Janette Lowe (SGGPCP).

## **Update as at December 2011**

In November 2011, Otway Division of General Practice, South West and Southern Grampians Glenelg Primary Care Partnerships (PCPs) met with representatives from Department of Health and Ageing (DoHA) regarding the region's application to become a Medicare Local. After receiving feedback, DoHA identified a few points that required more clarification. It is anticipated that after satisfying their requests for clarification the GSCML will start from 1 July 2012, in tranche three.

DoHA needed more information about the nature and role of PCPs, which are distinctive to Victoria. The Great South Coast application has a Medicare Local model that is built on partnerships between PCPs and the Medicare Local and DoHA needed clarification of how that partnership would work.

DoHA needed more information about how the GSCML governance model would work and apply a skills based matrix to the selection of board members. It's the intention of GSCMLO working group that people with a range of skills in both general practice and the wider primary health care sector are required. From these discussions it was clear that the proposed GSCML governance and operational model has a strong emphasis on including the whole primary health care sector and is supported by DoHA.

In addition, DoHA needed more information about ODGP and PCPs service co-ordination and planning structures and capacity. Part of this issue was assisting DoHA to understand the way the Victorian rural health system works, with acute and primary health care services much more enmeshed, hospitals providing primary health care, PCPs closely linked to hospitals, and GPs providing medical care in hospitals.

As a result of having to provide further clarification to progress the approval of the GSCML, our ability to advance our work on formally establishing the Medicare Local has been impacted upon and significantly narrows the timeframe for establishment.

## **Your Opportunity to Become Involved**

The GSCML Working Group members will be seeking foundation board member nominations in 2012. This presents an opportunity for you to become involved in shaping and forming this new entity and driving the direction to achieve community outcomes. In the New Year, a letter will be written to all stakeholders seeking nominations and the GSCML Working Group kindly asks you to consider this opportunity to nominate suitable applicants.

Please feel free to contact the Executive Officers or GSCML Working Group members for more information.

## **Key features of proposed Great South Coast Medicare Local**

The guiding principles of the GSCML will be:

1. Belief in the value of partnerships - We will have a culture of developing, supporting and maintaining partnerships as the foundational requirement to achieving our objectives.
2. Importance of community engagement and participation - we believe that we can only improve the health and wellbeing of our community if they are engaged in all aspects of our business.
3. Local responsiveness - we acknowledge and support differences in our communities across our diverse region and we will have structures and processes to ensure that we are locally responsive to all of our communities within the region.
4. Build capacity of our members and partners to deliver the GSCML outcomes and avoid duplicating, fragmenting or diluting the current capacity within the region.
5. GSCML will not be a provider of primary health care services, noting that there maybe a few exceptions where there is no other feasible solutions and with the support of members.
6. Will be accountable achieved by: meeting GSCML legal obligations, monitoring performance, reporting on the use of funds, implementing and evaluating stakeholder communication strategy.
7. Will be transparent and provide timely, reliable, clear and relevant communication and reporting to stakeholders.

The proposed Great South Coast Medicare Local will:

- be a new entity
- be governed by a Board which will include a diverse range of primary health care sector skills and knowledge – see diagram (pg 5) for more details
- transfer assets, staff & their entitlements, and contracts from ODGP to GSCML on July 1, 2012 under a legal agreement
- The ODGP will cease to exist after 1 July 2012

The outstanding feature of the GSCML is the strength and capacity of its partners who have worked together to improve primary health care services and population health outcomes for more than a decade. This will be done by a mix of Partnership Agreements between GSCML & PCPs where there is a pooling of resources and contracts with PCPs or member agencies for service or project delivery.

## **Membership of Great South Coast Medicare Local**

The GSCML will be a Company Limited by Guarantee. Its membership will be limited to organisations. Organisations will be represented individually by an appointed Corporate Member and will be entitled to one vote per organisation.

## **Governance**

### **Foundation Board: (Refer to Figure 1)**

The Foundation Board will be formed by nominations from the three consortia organisations. Otway Division will nominate two general practitioners and the two PCPs will nominate two representatives from the public primary health care sector. A fifth member representing either private or public Allied Health will be jointly nominated by the Division and PCPs.

This initial representative Board will subsequently appoint four further members, one of whom will be from the Local Health Network and the remaining three with the appropriate skills mix determined by the existing members. The skills categories represented may include financial and accounting, legal, governance, and corporate or business, population health planning, consumer and community sectors.

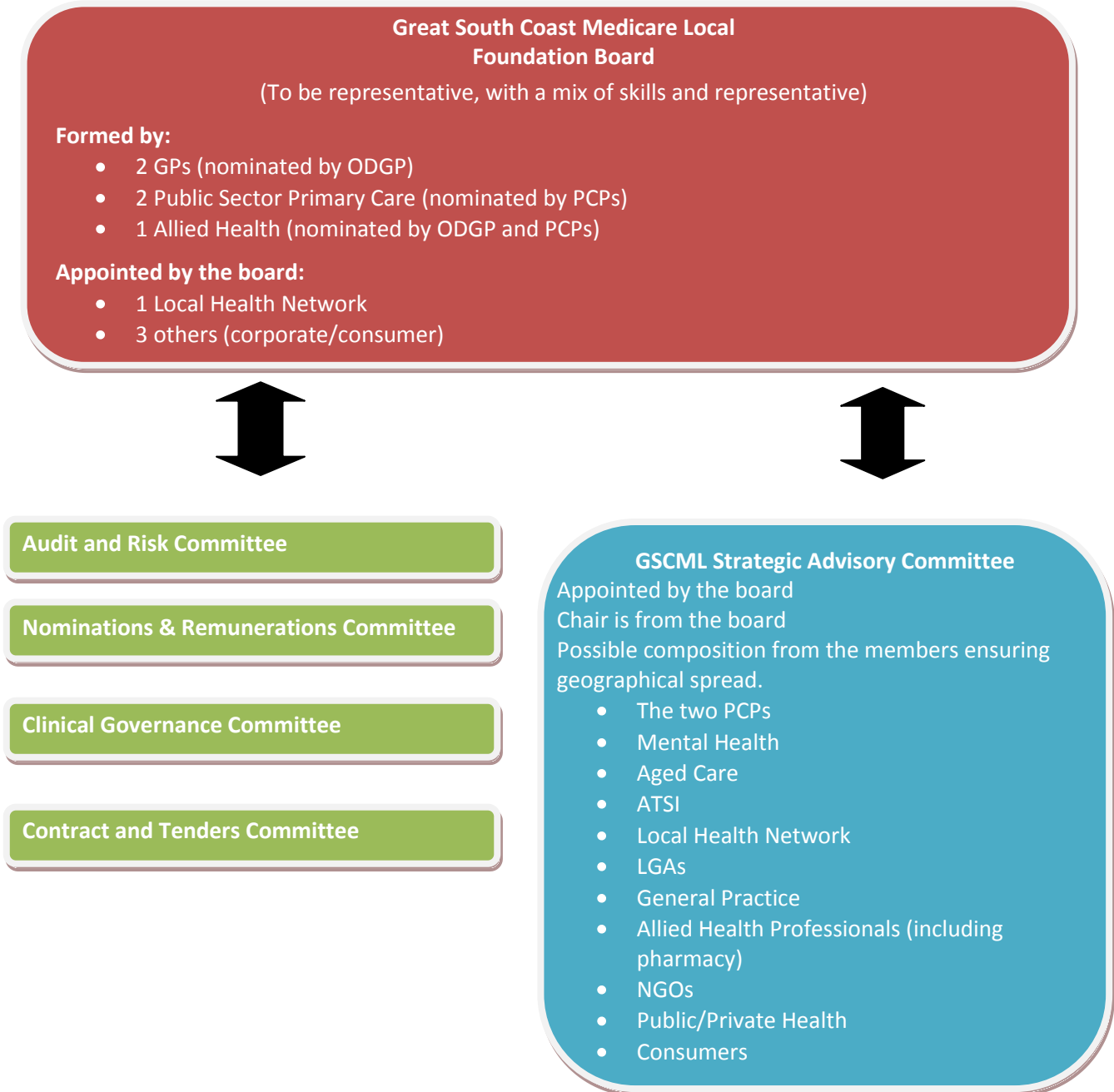
The Foundation Board will appoint its own Chairperson.

The responsibilities of the Foundation Board will:

- Obtain relevant expertise (legal, financial, governance, etc.) in development of the objectives and draft constitution for the GSCML.
- Oversee the financial management and accountability of the GSCML throughout the Transition period.
- Oversee the contractual relationship between the GSCML and the Commonwealth for the duration of the transition period.
- Appoint a CEO for the GSCML.
- Develop strategies for meaningful and positive consumer participation.
- Develop and implement a Transition Communications Plan.
- Oversee the nomination and election process for the final GSCML Board.

The responsibilities of the Foundation Board will cease on the election of the final Board.

**Figure 1: GSCML Governance Structure – Foundation Board**



The foundation board will be superseded by a member elected skill base board at the first Annual General Meeting.

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