

## GENERAL PRACTICE NETWORK LEADERSHIP GROUP (GPNLG)

# COMMUNIQUE

The General Practice Network Leadership Group (GPNLG) met for its third quarterly meeting in Canberra against the backdrop of significant change and transition for the Australian General Practice Network (AGPN) under the Federal Government's national health reform agenda.

GPNLG consists of the elected Chairs and CEOs of the eight state and territory based organisations (SBOs) and the Australian General Practice Network (AGPN).

### **National Health Reform**

A range of issues relating to the transition phase of Divisions into the formation of Medicare Locals were the centrepiece of GPNLG discussions. These issues focused on the need to ensure that appropriate processes are in place to guarantee the continuity of vital primary health care services across communities during transition.

Representatives from PricewaterhouseCoopers and Carla Cranny Consulting joined GPNLG members, commencing the first phase of work with the state based organisations (SBOs) to extract the critical state functions to be included into the invitation to form the Medicare Local National Body (MLNB). The incorporation of this work will be drawn on to inform the critical state functions that should ideally continue, with direct funding to SBOs due to cease in December 2012.

Acting First Assistant Secretary of the Department of Health and Ageing's Primary and Ambulatory Care Division, Mark Booth, joined GPNLG members to discuss a range of issues relevant to the national health reform agenda. The focus was on the key elements underpinning the establishment and success of Medicare Locals, including reporting issues, Lead Clinicians Group and the Performance and Accountability Framework. Advice on the implications for program transition into Medicare Locals against the background of the Department of Health and Ageing restructure was well received, with the anticipation that the restructure will facilitate a more streamlined management of contracts resulting in greater flexibility across programs. An announcement on tranche two and three Medicare Locals is anticipated in October 2011 with tranche two commencing from 1 January 2012 and tranche three from 1 July 2012.

Dr Lisa Studdert, Acting CEO of the Australian National Preventive Health Agency (ANPHA) briefed the Group on the work of the Agency and the ANPHA Advisory Council. Reflecting the Federal Government's commitment to greater investment in prevention to deal with the challenge of the rising incidence of chronic disease, the ANPHA will seek to identify opportunities for partnerships with a range of organisations, including the Medicare Local National Body and Medicare Locals, to assist in addressing these challenges.

The Group agreed to review the GPNLG Terms of Reference against the background of current transition issues and the cessation of SBO direct funding in December 2012. This matter will also be brought to the AGPN Board.

### **Jurisdictional reports**

The following key themes identified from the SBO jurisdictional reports to convey to the AGPN Board included:

- Continuity of service provision during transition from Divisions to Medicare Locals including program transition
- The critical nature of the PwC/Carla Cranny work in defining the state level functions to ensure a solid business case is incorporated into the invitation to form the MLNB.
- The need to ensure that all funding in programs with substantial subcontracting elements is maintained during transition from Divisions to Medicare Locals.

### **Mental Health**

GPNLG members had an opportunity to discuss with the head of the Department of Health and Ageing Mental Health Services Branch, Fiona Nicholls, a range of issues relating to service continuity, against the backdrop of Divisions transitioning to Medicare Locals. Included in discussion was the development and implementation of the mental health coordinated care packages and service integration issues. Concern remains within the Group regarding the flow of clients into the ATAPS program following the 2011 Federal Budget changes to the Better Access initiative.

**All programs**

GPNLG members noted the range of issues yet to be resolved in the context of program funding and transition from Divisions to Medicare Locals, the need to mitigate any risk to service continuity and the importance of maintaining all funding during transition.

*For further information on the meeting outcomes please contact your SBO.*