

GENERAL PRACTICE NETWORK LEADERSHIP GROUP (GPNLG)

COMMUNIQUE

The first meeting of the General Practice Network Leadership Group (GPNLG) for 2009 was held in Canberra on 5-6 February 2009. GPNLG consists of the elected Chairs and CEOs of the eight State and Territory Based Organisations (SBOs) and the Australian General Practice Network (AGPN).

eHealth

Based on the issues raised in the eight Jurisdictional Reports, the GPNLG identified the future funding and role of the network in eHealth as being a critical priority to be taken up at the National level. GPNLG agreed that it was a strategic imperative that eHealth resources in the network were funded in an ongoing capacity. AGPN was tasked with continuing to petition Government and other agencies for funding.

Divisions funding formula

GPNLG discussed the review of the divisions funding formula and the impact that future funding uncertainty is having on divisions. Opportunities for the network to be proactive in responding to the proposed changes were discussed. GPNLG noted that pockets of the network have initiated discussions about structural change and efficiencies in anticipation of the outcomes of the Commonwealth's reform agenda.

GPNLG reaffirmed the commitment to try to ensure advice is forthcoming from the Department of Health and Ageing as soon as possible. GPNLG noted that AGPN continues to lobby for the government to adopt a "no losers" approach to any changes in the funding formula.

Network performance development framework

GPNLG was updated on the proposed approach to the development of a network performance development framework. The framework had been previously discussed by the GPNLG in the context of the risks that poor performance exposes the entire network to. AGPN is moving forward with this program of work and has invited SBOs and divisions to put forward nominees to be part of the Steering Committee.

Diabetes Type 2 Prevention Program (DT2PP)

Following discussion of the risks and issues impacting on the implementation of the D2TPP the GPNLG agreed on a number of preferred policy changes to be put forward to Government including expansion of the target group, provision for referrals from within the general practice team (as opposed to exclusively GPs) and the inclusion of telephone based programs. AGPN will develop a formal proposal to take to the Department of Health and Ageing for consideration.

Based on divisional feedback the GPNLG requested a nationally consistent marketing campaign for the DT2PP including marketing materials to allow divisions to target their local communities. AGPN is to make these materials available to divisions (through SBOs).

Indigenous health

GPNLG has identified as a strategic priority the need for the network to contribute more in the area of indigenous health. AGPN is currently conducting an environmental scan of current divisional activities supporting indigenous health in local communities. The findings will be used to better market the network's current contributions and to identify strategic opportunities for future network activities and priorities.

Workforce development

Workforce issues highlighted in the eight Jurisdictional Reports were discussed. GPNLG agreed to maintain a watching brief on the implementation of the National Health Workforce Agency as announced recently by COAG and to monitor opportunities that this may present for better policy and practical responses to GP workforce shortages across the country.

GPNLG also discussed the relative benefits of divisions and/or SBOs becoming auspice organisations under the Adelaide Western General Practice Network registered training organisation model. SBOs will be talking further with their member divisions about possibilities and priorities in this respect.

Australian Primary Care Collaboratives (APCC) Program

Possible changes to the implementation of the APCC Program from 2009 – 2011 were discussed including the need to embed the quality improvement methodology in general practices and systemise this across Australia. The recommendation from the GPNLG was that there needed to be a transition strategy from the Improvement Foundation (Australia) to the network.

Meeting with departmental officials

GPNLG met with Rosemary Calder from the Department of Health and Ageing on day two. Key points include:

- Access to Allied Psychological Services (ATAPS) Review – the Department advised that a discussion paper will soon be released to the divisions network for their feedback with new program guidelines expected by 30 June 2009
- *headspace* Program – the Department advised that the success of the program is aligned to divisional support and that they welcomed feedback from the GPNLG on the program and its sustainability.
- Nursing in General Practice (NiGP) Program – the Department advised that they remain committed to overcoming the barriers to practices employing Practice Nurses and are keen to work with the network on solutions
- The Department suggested that the GPNLG makes a case to Government for infrastructure funding including local employment and service benefits.
- GPNLG raised the issue of workforce shortages for particular initiatives. The Department advised that they are working to increase capacity by growing the workforce. A recent COAG initiative is the establishment of a National Health Workforce Agency by 1 July 2009. Their role is to fund and purchase clinical training for undergraduates in all disciplines. This presents a prime opportunity for general practice to be more engaged in the clinical training years of nurses and doctors.
- GPNLG raised the issue of GP access to mental health education and training particularly in the area of Focussed Psychological Strategies. The Department is to advise the GPNLG on their plan to increase capacity to train in areas of need.

A range of strategic issues and operational matters put forward by members were also discussed including:

- Medicare Benefits Schedule (MBS) Reform
- National Co-Morbidity Grants Program
- AGPN Primary Health Care Position Statement
- Structural efficiencies e.g. Financial and Human Relations Business System.

For further information on the meeting outcomes please contact your State or Territory Based Organisation.