

## GENERAL PRACTICE NETWORK LEADERSHIP GROUP (GPNLG)

# COMMUNIQUE

National Health Reform was a key priority for the General Practice Network Leadership Group (GPNLG) when it met in Canberra in late November. Other areas for discussion included mental health, nursing in general practice, eHealth, chronic disease programs and the development of AGPN's 2011-2012 Federal Budget submission.

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**

GPNLG was briefed by a senior official from the Department of Health and Ageing on activities and next steps under the Federal Government's national health reform agenda. The briefing included details on the number of network members registering their interest in forming the first round of Medicare Locals and reference to the bilateral meetings currently underway between the Commonwealth and the states. The impressive work, energy and goodwill within the network was acknowledged, noting the wish of the Government to maintain and build on the best functions of the network while continuing support for, and engagement with, local general practitioners.

Feedback is sought from the network on Medicare Local draft boundaries. Released by the federal government, the draft boundaries have been developed on the basis of advice and mapping completed by independent consultants, input from state governments and the federal government's own modelling. On finalisation of Medicare Local selection criteria, the federal government will call for applications.

AGPN is proceeding to establish a transition team to commence the necessary work to support the network on a range of issues through the transition period with funding now approved by the Department of Health and Ageing.

GPNLG discussed issues central to the commissioning and function of Medicare Locals under the national health reforms. These include clinical and corporate governance, the interface between Local Hospital Networks (LHNs) and Medicare Locals and a focus on the type of services likely to transfer from the states under the reforms.

The significance of maintaining stakeholder engagement was also a focus of discussions, noting the activities that are occurring at a local, state and national level.

The group provided input into the key issues that will form part of AGPN's 2011-2012 Federal Budget submission which will encapsulate the aims and objectives central to the functionality and services provided by Medicare Locals and that will assist the Federal Government to achieve early wins under the health reform agenda. Priorities in this space are mental health, chronic disease and eHealth.

Health Workforce Australia (HWA) Chief Executive Officer, Mark Cormack updated GPNLG on the progress under the Federal Government's integrated regional clinical training networks. HWA will work at three levels, national, state and regional and will be informed by relationships with Local Hospital Networks and Medicare Locals. GPNLG noted the pivotal nature of the work of HWA in supporting the aims of the Government's health reforms.

### **Jurisdictional reports**

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

- Proposed models of care and service frameworks to support implementation in the areas of prevention and management of chronic disease, mental health and after hours care.
- Progressing discussion on national and state roles and functions in supporting national health reform.
- Mental health and the implementation of the ATAPs program.
- Challenges with the implementation of the COAG Closing the Gap initiative including workforce support and development strategies, lack of promotional resources, cultural awareness and cultural safety training.

**Mental Health**

GPNLG discussed the implementation of the Tier 3 component of the ATAPS program and consultations conducted by both the Department of Health and Ageing and AGPN. These consultations will inform arrangements for the future mental health infrastructure support for the network under the program.

**eHealth**

The eHealth draft strategy developed by AGPN was a focus of discussion by the group, with the strategy being an important first step in positioning the network as provider of choice in the rollout of primary care. AGPN sought feedback from the state based organisations on the draft strategy citing the critical nature of this issue in delivering tangible outcomes under national health reform.

**Nursing in General Practice (NiGP)**

GPNLG discussed the Nursing in General Practice (NiGP) program and its continuing role as a key initiative across the network. The recent NiGP workshop enabled the commencement of discussions around the vision and strategies for the program in the future delivery of primary health care services under the national health reform agenda.

**Lifestyle Modification Program (LMP) and Chronic Disease**

GPNLG were updated on the continuation of seed grant funding under the Lifestyle Modification Program (LMP). The group discussed the relationship between chronic disease and the LMP and the linkages with diabetes, noting the importance of promoting and maintaining a public message on these linkages.

**Other matters**

A range of strategic and operational issues put forward by Network Members were also discussed:

- Indigenous health and the COAG Closing the Gap initiative and the importance of engagement with the Aboriginal Community Controlled Sector.
- the strategy for advocating for a new initiative for rural and remote communities facing the emotional impact of drought, floods and bushfires and building on the current Mental Health Drought Initiative.
- a proposal to the Department of Health and Ageing on national investment in a General Practice Liaison Program to work as a single voice of general practice liaison professionals.

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