

GENERAL PRACTICE NETWORK LEADERSHIP GROUP (GPNLG)

COMMUNIQUE

The General Practice Network Leadership Group (GPNLG) met in Canberra at the end of last month. GPNLG consists of the elected Chairs and CEOs of the eight state and territory based organisations (SBOs) and the Australian General Practice Network (AGPN).

Network funding

The divisions funding formula and the impact continued uncertainty about future funding was having on divisions was a focus of discussion by GPNLG. AGPN continues to lobby the Commonwealth for a “no losers” approach to any changes in the core funding formula. The GPNLG reaffirmed its commitment to push for advice from the Department of Health and Ageing (DoHA) as soon as possible.

National health reform agenda – claiming the space

The GPNLG discussed opportunities to proactively and strategically position the Network as the key primary health care infrastructure for further health reform. The group will convene a one-day meeting in late May to further progress this discussion with the objective of finalising a background paper for discussion by SBOs with divisions at upcoming state and territory meetings.

eHealth

The group noted AGPN’s successful lobbying for continued e Health Program funding for a further 12 months, along with DoHA’s recognition of eHealth Support Officers role building the Network’s information management capacity. The new work program will align with the National eHealth Strategy and will focus on change management; delivery of eHealth messages to general practice; promotion and support of the new PIP eHealth incentive; and engagement with relevant eHealth organisations.

The secondary paper released by the National Health and Hospitals Reform Commission on a person-controlled electronic health record and the proposed response by AGPN was also discussed. Key points for the submission will be provided to AGPN from eHealth Support Officers.

Workforce development

The group discussed the fundamental role the Network has in workforce support and development spanning both the primary care workforce and the Network’s internal workforce. The group agreed that AGPN would develop a two-part document mapping: 1) what the Network is currently doing in workforce retention and support; and 2) sets out a position statement on the future role of the Network. This strategy will be used to identify the Network’s key priorities and will be disseminated for member consultation.

Senior officials from DoHA briefed the group on the transition of National Health Workforce Taskforce (NHWT) to the new agency, Health Workforce Australia (HWA). Further to this, Peter Carver from the NHWT presented more broadly to the group on the national health workforce reform agenda and the priorities of the NHWT and HWA in the short to medium term.

The group had the opportunity to hear from Christine Phillips, from The Australian National University, who presented on the key findings of the Australian General Practice Nurses Study. A key point raised was the evidence of a relationship between the practice nurse and their local division and the support they received.

Claire Austin delivered an overview of the focus of the Rural Workforce Agency Victoria (RWAV) including the potential role and opportunities for the Network in future workforce policy, practice and priorities. The joint project between RWAV and General Practice Victoria was outlined as positive evidence of the value in building partnerships and collaborating with other organisations in this space.

Indigenous health

Senior officials from DoHA briefed the Group on elements of the Council of Australian Governments *Closing the Gap* measures relevant to general practice and the Network. The partnership will invest \$1.6 billion in Indigenous health over four years to lower Indigenous disadvantage. The Commonwealth will contribute \$805.5 million to address three priority areas:

- Tackling smoking (chronic disease risk factors) - \$161m over four years
- Primary health care services that deliver (improving chronic disease management and follow up) - \$474m over four years
- Fixing the gaps and improving the patient journey (workforce expansion, training and support) - \$171m over four years.

As part of the workforce expansion and support component, a new Indigenous outreach workforce will be coordinated through the Network and Indigenous health organisations. The Network will be funded to employ up to 80 FTE Indigenous Outreach Workers (IOW) and up to 80 FTE Project Officers to work within divisions.

AGPN will work with Network members already active in the Indigenous health space in the coming weeks to further scope the role and function of the new positions and gather advice on the implementation strategy.

Principles for program funding negotiations

Principles and practices to guide future funding negotiations with the Commonwealth and other funders for new program implementation were reconsidered. The principles are based on the work of General Practice Queensland. Each SBO agreed to engage their member divisions on the proposed principles to get feedback and endorsement. The broad principles will then be promoted and adhered to by AGPN and SBOs in any program funding negotiation.

Other matters

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

- Establish an AGPN-SBO Chronic Disease Management and Prevention Network to enable a nationally consistent, coordinated and integrated approach to supporting the implementation of the chronic disease management and prevention activities through the Network
- Adopt a graded approach to support national General Practice Liaison whereby an existing staff member from each organisation will participate in meeting/s and invest time in the mapping of general practice liaison activity and models in each state and territory
- Undertake a scoping exercise to explore performance indicator monitoring, benchmarking and population health profiling to further enable Network members to target services delivered to members.

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