

# **National Transition Project**

## **State/Territory Project Plan**

**Version No: 1**

**Issue Date: 27 April 2011**

---



# Table of contents

---

<b>Introduction .....</b>	<b>4</b>
Purpose of document.....	4
Structure of document.....	4
Intended audience .....	4
<b>Management summary .....</b>	<b>5</b>
Project synopsis .....	5
Project background .....	5
Project stakeholders.....	7
Stakeholder analysis .....	8
Expected project results .....	11
Major roles .....	15
<b>Project scope and objectives.....</b>	<b>15</b>
Project objectives .....	15
Criteria for success .....	15
Project scope .....	15
<b>Planning considerations.....</b>	<b>15</b>
Timeframe constraints.....	15
Prerequisites .....	15
External dependencies.....	15
Assumptions .....	15
<b>Timeframe and milestones.....</b>	<b>15</b>
Project schedule baseline .....	15
<b>Budget and costs .....</b>	<b>15</b>
Project budget baseline .....	15
<b>Project organisation and management.....</b>	<b>15</b>
Project organisation .....	15
Roles and responsibilities .....	15
Project controls .....	15

---

# Introduction

## Purpose of document

This document outlines the actions that will be taken by GPV to support the transition of 29 Victorian divisions of general practice into Medicare Locals up to 1 July 2012. Actions outlined are those funded through the National Transition Project and those major actions that GPV would normally undertake during a period of intense change.

## Structure of document

This document covers the following key areas:

- Management summary
- Project scope and objectives
- Planning considerations
- Timeframe and milestones
- Budget and costs
- Project organisation and management

## Intended audience

The intended audience is all personnel who have an interest in ensuring a smooth transition for Victorian divisions into Medicare Locals. The primary audience includes:

- Victorian divisions
- The Australian Government Department of Health and Ageing (DoHA)
- AGPN, and
- The Victorian Department of Health (DH Vic)

The additional audience includes:

- The Victorian primary health care, acute care, and aged care sectors
- Victorian branches of professional associations for medical and allied health professionals
- The Victorian NACCHO affiliate, VACCHO
- The Municipal Association of Victoria
- Victorian branches of issue specific health NGOs
- Consumer/carer organisations, and
- Other organisations with an interest in primary health care

# Management summary

## Project synopsis

The objectives of the Victorian Plan for Transition Support are

1. To ensure all Victorian Medicare Locals are established on the basis of sound governance, with positive partnerships, strong clinician engagement and strong collaborative links with local communities
2. To have Victorian Medicare Locals well placed to work with state funded services and other organisations at the local, regional, and state level, to ensure the best use of available resources, and to avoid duplication between the roles of Medicare Locals and those of other key primary health care stakeholders.

The approach to be taken with transition support is to build on existing structures and relationships already in place (such as the regular meetings of the Victorian branches of the allied health peak bodies, division CEOs, the Victorian Primary and Community Health Network, and the Victorian General Practice Interest Group) to keep stakeholders informed and to assist divisions in meeting their transition support needs.

GPV has appointed a key point of contact for transition support and also integrates transition support across all teams and work areas (Policy & Consultation, Integration, Division Development, Population Health & e-health, GP Workforce and Education). The GPV management team oversees the work at its scheduled fortnightly meetings. Division CEOs have been consulted about their transition support needs and their responses form the basis of the plan. Ongoing consultation occurs through regular contact with the CEOs and Chairs of divisions and through contact with the range of other stakeholders.

GPV has established a Medicare Local Transition Advisory Committee involving division representatives, DoHA, Victorian Department of Health, the Health Issues Centre, Municipal Association of Victoria, and other stakeholders. This group meets frequently at this stage and will meet as needed in the next 18 months. The group advises GPV on transition progress and support needs.

GPV will facilitate access to AGPN's services and support for transition to Medicare Locals and work with the national transition support team to provide complementary services and information.

## Project background

Following the National Health and Hospitals Reform Commission report<sup>1</sup> in 2009 and the National Primary Health Care Strategy<sup>2</sup> in 2010 the Australian Government in conjunction with

---

<sup>1</sup> National Health and Hospitals Reforms Commission (2009) *A Healthier Future for All Australians* URL: <http://www.health.gov.au/internet/nhhrc/publishing.nsf/Content/nhhrc-report>

<sup>2</sup> National Primary Health Care Strategy External Reference Group (2010) *Building a 21<sup>st</sup> Century Primary Health Care System: Australia's First Primary Health Care Strategy*  
URL: <http://www.health.gov.au/internet/yourhealth/publishing.nsf/Content/report-primaryhealth>

the State and Territory governments signed a final COAG Heads of Agreement for the reform of the Australian health system in February 2011<sup>3</sup>. Among a range of measures to improve the Australian health care system this agreement stipulated that Medicare Locals (MLs) would be established throughout Australia to strengthen primary health care, building on the work of divisions, and that the State and Commonwealth Governments would develop a joint plan for primary health care in each jurisdiction.

Medicare Locals will be:

- Responsible for managing the primary health care needs of the population within a defined geographic region. Medicare Locals will
- Established as independent legal entities with strong links to their local communities, health professionals, service providers, and consumer groups enabling them to respond effectively to local needs.
- 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 of patients and communities; and
  - Making primary health care work as an effective system as part of the overall health system.

The implementation of Medicare Locals will be undertaken in three stages. The first tranche of Medicare Locals (approximately 15 across Australia) will begin operating in July 2011, the second tranche (approximately 15 across Australia) will commence in January 2012, with the remainder starting in July 2012. The process to select Medicare Locals is outlined in the DoHA guidelines released on 22 February 2011<sup>4</sup>.

As Victoria has a large state funded primary health care sector with substantial community health, local government and non government organisation involvement in primary health care the newly elected state government has shown a keen interest in the reform agenda and produced a Victorian response to the proposed Medicare Locals entitled 'Victorian response: Medicare Locals-primary health care'<sup>5</sup>. This document suggests that the boundaries proposed by the Commonwealth for Victoria need alteration in 5 areas so that instead of 15 Medicare Locals for Victoria there would be 20. The issue of boundaries and number of Medicare Locals is expected to be resolved by the Commonwealth by the end of April.

One challenge for Victoria is how the newly created Medicare Locals will fit in with existing health planning, integration and funding arrangements. For instance the advent of Medicare Locals has raised questions about the role and future of Primary Care Partnerships established by the State government in sub regions to improve service coordination, integrated health promotion and chronic disease management.

---

<sup>3</sup> COAG (February 2011) *Heads of Agreement: Health Reform*.

URL: [http://www.coag.gov.au/coag\\_meeting\\_outcomes/2011-02-13/docs/communique\\_attachmentA-heads\\_of\\_agreement-national\\_health\\_reform.rtf](http://www.coag.gov.au/coag_meeting_outcomes/2011-02-13/docs/communique_attachmentA-heads_of_agreement-national_health_reform.rtf)

DoHA (2011) *Guidelines for the Establishment and Initial Operation of Medicare Locals*

URL: [http://www.health.gov.au/internet/main/publishing.nsf/Content/grantITA2491011/\\$FILE/Medicare%20Locals%20Guidelines%20and%20Information%20for%20applicants.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/grantITA2491011/$FILE/Medicare%20Locals%20Guidelines%20and%20Information%20for%20applicants.pdf)

<sup>5</sup> Victorian Department of Health (2011): *Victorian Response: Medicare Locals and Primary Health Care*

URL: <http://docs.health.vic.gov.au/docs/doc/Victorian-response:-Medicare-Locals---primary-health-care>

The State Government response suggests that *'In time, resources that currently support the functions delivered by Primary Care Partnerships could be directed from the state to the Medicare Local.'*<sup>6</sup>

## Project stakeholders

Key stakeholders in Victoria are:

- Victorian divisions of general practice
- Victorian Department of Health, (DH)
- Department of Health & Ageing (State Office) (DoHA)
- Victorian Department of Human Services (DHS)
- Victorian Department of Education & Early Childhood Development (DEECD)
- Victorian Healthcare Association (VHA)
- Municipal Association of Victoria (MAV)
- Primary Care Partnerships Executive (PCPs)
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- Aged & Community Care Victoria
- Victorian Primary & Community Health Network (PHCN)
- Victorian branches of allied health professional associations
- Victorian branches of medical professional associations
- Service sector peak bodies; eg VAADA, Palliative Care Victoria, VICSERV, VCOSS, Pharmacy Guild
- Statewide service providers such as RDNS, RWAV
- Local Hospital Networks (particularly State-wide hospitals)
- Consumer and carer organisations (Health Issues Centre and Carer's Victoria)
- State branches of Non Government health organisations( eg Heart Foundation, Cancer Council Vic, Diabetes Australia Victoria)
- State-based organisations (SBOs) and AGPN

---

<sup>6</sup> Department of Health( 2011): *Victorian Response: Medicare Locals and Primary Health Care* p8  
<http://docs.health.vic.gov.au/docs/doc/Victorian-response:-Medicare-Locals---primary-health-care>

## Stakeholder analysis

Stakeholder	Needs	Importance <sup>7</sup>	Communications strategy	Measures for engagement success
Victorian divisions	<ul style="list-style-type: none"> <li>Information/advice</li> <li>Mediation</li> <li>Sounding Board</li> <li>Vision</li> </ul>	Critical	Phone contact, email, network meetings, State Forums, participation in local meetings, facilitation of local/regional meetings, Health Reform Updates. Resources/updates on website.	Victorian divisions and their partners are well informed re expectations of Medicare Locals
Victorian Department of Health	<ul style="list-style-type: none"> <li>Updates on issues arising</li> <li>Understanding of Commonwealth expectations</li> <li>Reassurance re inclusion of state funded sector and general practice</li> </ul>	Critical	Face to face meetings with Minister and senior executive, phone contact with senior executive, phone and meeting contact with Integrated Care Branch.	DH confident that Medicare Locals in Victoria provide a health system improvement
AGPN	<ul style="list-style-type: none"> <li>Updates on issues arising</li> <li>Information on progress and activities</li> <li>Commitment to work in partnership</li> </ul>	Critical	Participation in teleconferences and face to face meetings Email contact and reports Phone contact as required	Victorian divisions perceive AGPN and GPV working in a complementary way AGPN understands issues in Victoria
Victorian Medicare Local Transition Advisory Committee	<ul style="list-style-type: none"> <li>Updates on issues</li> <li>Understanding of Commonwealth and State expectations</li> <li>Opportunity to share and resolve concerns with GPV and each other</li> </ul>	Influencer	<ul style="list-style-type: none"> <li>Face to face meetings plus provision of email information,</li> <li>Follow up meetings with individual participants as needed</li> </ul>	Participants attendance rate Number of follow-up meetings/events
PCPs	<ul style="list-style-type: none"> <li>Updates on issues</li> <li>Understanding of Commonwealth and State expectations</li> </ul>	Influencer	Presentations to PCP chairs/CEOs meetings, regular contact with chair of chairs of PCPs, participation in chronic	PCPs working cooperatively with divisions on ML applications and

<sup>7</sup> Critical Stakeholders can stop the Project; Influencer can influence a Critical Stakeholder and Important Stakeholders are important to the Project however are neither an Influencer or Critical Stakeholder

Stakeholder	Needs	Importance <sup>7</sup>	Communications strategy	Measures for engagement success
	<ul style="list-style-type: none"> <li>Mediation as required</li> </ul>		disease management PCP group, updates re MLs in PCP news updates, regular contact with DH unit responsible for PCPs	implementation
Allied Health Professional Associations (VIC)	<ul style="list-style-type: none"> <li>Information for their members</li> <li>Understanding of Commonwealth &amp; State expectations</li> <li>Advice re how to participate</li> </ul>	Important	Presentations to members as requested, continuation of 6 monthly statewide meetings hosted by GPV, provision of short articles for their newsletters, respond to requests for information, introduction to Medicare Locals/divisions workshops for any interested individuals and for any sector as requested.	Participation in VMLTAC Evaluation of presentations at events Number of participants in introductory workshops
Statewide service providers	<ul style="list-style-type: none"> <li>Information</li> <li>Understanding of Commonwealth &amp; State expectations</li> <li>Advice re how to participate</li> </ul>	Important	Meetings and presentations as requested. Follow-up meetings as needed	State-wide service providers willing and able to provide data to Vic Medicare Locals re usage of services.
Victorian Aboriginal Community Controlled Health Organisation	<ul style="list-style-type: none"> <li>Information</li> <li>Understanding of Commonwealth and State expectations</li> <li>Advice for their members re how to participate in local ML consortia</li> </ul>	Important	Regular meetings and briefings Participation in VMLTAC	Participation in VMLTAC Engagement of Aboriginal Community Controlled Health Services (ACCHSs) in local ML consortia
Health Issues Centre	<ul style="list-style-type: none"> <li>Information</li> <li>Access to divisions and ML consortia for consumers and community engagement</li> </ul>	Important	Regular meetings and briefings Participation in workshops with GPV for divisions and ML consortia Participation in VMLTAC	Participation in VMLTAC Joint workshops/events with GPV Resources based on HIC statewide consumer

Stakeholder	Needs	Importance <sup>7</sup>	Communications strategy	Measures for engagement success
				participation framework adapted for ML consortia and used

## Expected project results

Project deliverable	Performance indicator	Timeframe for completion	Responsibility
1. Project governance	<ul style="list-style-type: none"> <li>Victorian Medicare Local Transition Advisory Committee established</li> <li>Meet AGPN reporting requirements</li> <li>Provide minutes of advisory group meetings within 14 days of meetings</li> </ul>		Transition Liaison Officer
2. Support for ML applicants	<ul style="list-style-type: none"> <li>Collate Division CEO needs assessment</li> <li>Record and respond to issues raised</li> <li>Facilitate access to AGPN resources including suggested timeframes, flow charts for transition, model constitution/s</li> <li>Provide terms of reference for committees in particular nomination committees, advisory groups</li> <li>Provide facilitation for local meetings of divisions and stakeholders and assist in accessing AGPN mediation services where required</li> <li>Collate and disseminate Q and As with DoHA re ITA</li> <li>Provide showcasing opportunities for divisions to learn from each other re how solved competing expectations</li> <li>Provide assistance to divisions in the rewriting phase for July 19 resubmission</li> </ul>	<p>Initial needs assessment completed February 2011, ongoing updates quarterly</p> <p>Ongoing resourcing and support</p> <p>CEO networks quarterly, Statewide Forums 6 monthly</p>	Transition Liaison Officer and GPV management and consultants
3. Change management support	<ul style="list-style-type: none"> <li>Provide information for division members that explains the changes</li> <li>Enlist VHIA expertise re human resource system (HR) changes and changing current arrangements</li> </ul>	<p>Ongoing through health reform updates</p> <p>Ongoing through consultancy, CEO networks</p>	Transition Liaison Officer and GPV management and consultants

Project deliverable	Performance indicator	Timeframe for completion	Responsibility
	<ul style="list-style-type: none"> <li>• Enlist Health Issues Centre (HIC) to advise re consumer/community engagement</li> <li>• Provide facilitation of staff, board meetings as requested</li> <li>• Develop Memoranda of Understanding with key peak bodies to support constructive partnerships, eg, with MAV</li> </ul>	and email list	
4. Stakeholder engagement	<ul style="list-style-type: none"> <li>• Develop MOU with Municipal Association of Victoria re respective roles of MLs and local government and disseminate.</li> <li>• Gather examples of incorporation of PCP functions into MLs for showcasing and dissemination to both divisions and PCPs</li> <li>• Work with statewide hospitals, DH and GPLs re examples of mechanisms for effectively linking hospitals and MLs</li> <li>• Encourage allied health organisations in Victoria to develop regional structures to match ML boundaries and provide case examples</li> <li>• Keep allied health organisations updated re developments in ehealth and importance of HSD</li> <li>• Work with DH and relevant quality organisations such as Victorian Quality Council, to encourage effective engagement in clinical governance structures and processes for Medicare Locals</li> </ul>	<p>September 2011</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>Transition Liaison Officer and GPV management and consultants</p> <p>Manager Integration and Program Consultant GPLO Transition Liaison Officer and GPV management and consultants</p>

Project deliverable	Performance indicator	Timeframe for completion	Responsibility
Building capability of Medicare Locals board and staff	<ul style="list-style-type: none"> <li>• Seek funding to support general practitioner participation in DH Lead Clinicians Group training</li> </ul>	November 2011	CEO
	<ul style="list-style-type: none"> <li>• Explore options for population health planning upskilling for ML staff with partners involved in planning, eg. MAV</li> </ul>	Mid 2011	Transition Liaison Officer
	<ul style="list-style-type: none"> <li>• Maintain provision of entry level governance training for directors of Medicare Locals</li> </ul>	Annual program	Transition Liaison Officer
	<ul style="list-style-type: none"> <li>• Explore options for provision of training and development in financial and management skills for ML staff</li> </ul>	November 2011	Transition Liaison Officer

<b>Reporting deliverable</b>	<b>Approval criteria</b>	<b>Timeframe for completion</b>	<b>Responsibility</b>
State plan and budget	Signed off by AGPN	2 May 2011	
1 <sup>st</sup> progress report to cover period from execution to 30 June 2011	Accepted by AGPN	31 October 2011	
2 <sup>nd</sup> progress report to cover period 1 July 2011 to 31 December 2011	Accepted by AGPN	30 April 2012	
Final project report to cover period 1 January 2012 to 31 May 2012	Accepted by AGPN	7 June 2012	
Audited financial report for period February 2011 to 30 June 2012	Accepted by AGPN	1 November 2012	

## Major roles

The following table details the major roles in the Project:

<b>Role</b>	<b>Name</b>	
<b>Victorian coordinator of transition</b>	John Rasa, CEO	
<b>Transition Liaison Officer</b>	Helen Threlfall	
<b>Relations manager with external stakeholders</b>	Lenora Lippmann	
<b>Policy analyst</b>	Louise Willis	
<b>Administrative Support</b>	Nicole Toon	
<b>Victorian Medicare Local Transition Advisory Committee</b>	John Rasa, CEO, GPV	
	Helen Threlfall, Transition Liaison Officer, GPV	
	Lynda Vamvoukis, CEO Central Highlands GPN	CEO Rural division
	Kristin Michaels, CEO Eastern Ranges GPA	CEO outer metro division
	Marianne Shearer CEO Melbourne East GPN	CEOs Urban division
	Maree Guyatt, Director, Integrated Care	Victorian Department of Health, (DH)
	Jon Evans, Director Health Strategy	Victorian Department of Health, (DH)
	Karen Large, Director Health Strategies	Department of Health & Ageing (State Office) (DoHA)
	Nigel Fidgeon, CEO, Merri CHS	Victorian Healthcare Association (VHA)
	Clare Hargreaves, Manager, Social Policy	Municipal Association of Victoria (MAV)
	Deryn Wilson	Municipal Association of Victoria (MAV)
	Jill Gallagher, CEO	Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
	Timothy Moore, Senior Policy Officer	Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
	Amanda Murphy, Chair of Chairs, PCPs	Primary Care Partnerships Executive (PCPs)
	Michael Janssen, CEO Mary Draper, Chair	Consumer and carer organisations (Health Issues Centre)
	Maurice Sheehan, CEO	Pharmacy Guild, Victorian Branch
	Cindy Higgins, Manager Victorian Branch	Australian Physiotherapy Association
Mark Smith, General Manager - External Relations	Royal District Nursing Service	
Harry Lovelock, Director Policy, APS	Allied Health Professionals of Australia (AHPA)	
Gerard Mansour, CEO	Aged & Community Care Victoria	

# Project scope and objectives

## Project objectives

The objectives of the Victorian Plan for Transition Support are

1. To ensure all Victorian Medicare Locals are established on the basis of sound governance, with positive partnerships, strong clinician engagement and strong collaborative links with local communities.
2. To have Victorian Medicare Locals well placed to work with state funded services and other organisations at the local, regional, and state level, to ensure the best use of available resources, and to avoid duplication between the roles of Medicare Locals and those of other key primary health care stakeholders.

## Criteria for success

Measurable outcomes of the success of the Victorian Transition Support Project are:

- Victorian Medicare Locals maintain clinician engagement
- Victorian Medicare Locals have broad participation from health and community service sector towards co-ordination and better integration of services
- Victorian Medicare Locals have community and consumer engagement re access to and quality of services
- Commonwealth and State programs currently provided by divisions are delivered by Medicare Locals

## Project scope

### Project inclusions

The projects' inclusions are:

- Activities associated with supporting divisions and their programs to be incorporated into the new organisations known as Medicare Locals.
- Activities identified by the Victorian Medicare Local Transition Advisory Committee which are consistent with achieving the objectives stated above.
- Activities associated with working with the full range of primary health providers and the state government to engage their support in the functioning of Medicare Locals in Victoria.

### Project exclusions

Activities excluded from the project are any activities for which GPV receives specific funding either from the State or Commonwealth government, and as per AGPN contract with DoHA.

# Planning considerations

## Timeframe constraints

The transition project at this stage is scheduled to finish on 30 June 2012. The final report is due with AGPN on 7 June 2012. The project completion date is 30 calendar days after the acceptance of the final report.

## Prerequisites

The fundamental aspects which must be in place at the start of the project and remain in place for the project to succeed are:

- Commonwealth Government continues to implement national health reform
- Council of Australian Governments National Health Reform Agreement

## External dependencies

Key project dependencies include

- Continued funding of the project by DoHA via AGPN
- Timely implementation of the primary health care component of the national health reform including
  - The release of the Invitation to Apply to the divisions network
  - Approval timetable and funding for Medicare Locals in tranche 1,2,3
  - Release of the final boundaries for Medicare Locals in Victoria
  - Victorian Department of Health willingness to encourage state funded services to work with divisions on the formation and functioning of Medicare Locals
- Co-operation with relevant partners.

## Assumptions

Key assumptions have been made in developing this plan as follows:

- The project will be initiated in January 2011 and run for 18 months;
- The establishment of Medicare Locals will be staggered over the period 1 July 2011 to 1 July 2012, with approximately 15 Medicare Locals Australia wide by 1 July 2011, approximately 15 Medicare Locals by 1 January 2012, and the remainder established by 1 July 2012. In Victoria this may mean we have 3-4 Medicare Locals in the first tranche, 3-4 in the second, and the remainder by 1 July 2012.
- It is likely there will be 15-20 Medicare Locals in Victoria with some having small populations.
- Victorian HACC funding is unlikely to be transferred to the Commonwealth in the near future.
- The Victorian health system is distinctive in that the primary health care sector is substantial and most state funded providers are employed through third party employers such as community health services, local government, non-government organisations etc. Therefore GPV will need to be very involved in facilitating understanding with a wide range of stakeholders within Victoria of 1) the role of Medicare Locals and their formation; 2) divisions' role in the transition process; and 3) general practice concerns re the transition.

- In addition any efforts to better coordinate primary health care and reduce demands on hospitals has to involve the state government as the major funder of primary health care services and manager of the state hospital system.
- Proposals to develop Medicare Locals will be led by divisions in collaboration with other partners wherever possible.
- Commonwealth core funding for divisions of general practice will be incorporated into Medicare Locals funding as they are implemented.

## Timeframe and milestones

### Project schedule baseline

See timelines located at [Appendix A](#).

## Budget and costs

### Project budget baseline

	2010-2011	2011-2012	Whole project
1. Project personnel & overheads inc travel	44,874	96,642	141,516
2. Change Management Forums for divisions and other stakeholders	16,376	16,358	32,734
3. Audit costs	-	750	750
4. Other			-
<b>Total planned expenditure</b>	<b>61,250</b>	<b>113,750</b>	175,000

All amounts are exclusive of GST. Costs are indicative only

## Project organisation and management

The aim of this section is to briefly outline the major roles of participants and their responsibilities to ensure that all lines of communication have been clearly defined and agreed.

### Project organisation



## Roles and responsibilities

The following table lists the roles and responsibilities covered in the organisation chart:

Role	Responsibilities	Links
Victorian Medicare Local Transition Advisory Committee	<ul style="list-style-type: none"> <li>To guide the process of engagement of key stakeholders and service providers to ensure that the introduction of Medicare Locals in Victoria is inclusive and forms part of a well informed change process</li> <li>to assist in aligning the transition planning and support activities of various parts of the General Practice Network and the wider primary health care sector</li> <li>to bring knowledge and experience of primary health care, the General Practice Network and the National Health Reform process to the introduction of Medicare Locals in Victoria</li> <li>to coordinate with Commonwealth and Victorian Governments' planning around the introduction of Medicare Locals.</li> </ul>	GPV Board
John Rasa, CEO	Victorian coordinator of transition <ul style="list-style-type: none"> <li>project governance including linkage with GPV board</li> <li>representation</li> <li>GPNLG liaison</li> <li>Victorian stakeholder communication</li> <li>Communication with State government</li> <li>Evaluation</li> </ul>	GPV board AGPN GPNLG National Transition Advisory Committee State Government Key stakeholders
Helen Threlfall	Transition Liaison Officer <ul style="list-style-type: none"> <li>Liaison with divisions and expert advice</li> <li>Chair advisory committee</li> <li>Progress reports</li> <li>Incorporation of AGPN and other tools and services into Victoria</li> <li>Communication with DoHA re division queries</li> <li>Mediation services as required</li> </ul> Convene State Forums and CEO networks	Advisory Committee Victorian divisions AGPN transition team External stakeholders
Lenora Lippmann	Relations manager with external stakeholders <ul style="list-style-type: none"> <li>Relations with Victorian allied health peaks</li> <li>Back up to transition officer</li> <li>Liaison with officers at state Department of Health</li> <li>Liaison with state-wide hospitals</li> </ul>	External stakeholders Department of Health State wide hospitals
Louise Willis	Policy analyst <ul style="list-style-type: none"> <li>Policy advice to CEO and Board</li> <li>Organiser of State Forums</li> </ul>	CEO
Nicole Toon	Administrative Support <ul style="list-style-type: none"> <li>Assist in issues register and providing relevant tools/documents on website</li> </ul>	Transition Liaison Officer

## Project controls

### Issue management

CEO, Transition Liaison Officer and Management team will maintain close overview of issues as they arise (fortnightly meetings), based on strong communication systems with CEO network, Chairs network, GPV board and stakeholders. The regular GPV health reform updates based on timely information and analysis will assist to prevent issue escalation. GPV will maintain close communication with AGPN to support shared understanding of issues and possible strategies to address them. GPV CEO and Transition Liaison Officer will inform GPV staff of progress and issues at fortnightly staff meetings so that messages are understood and disseminated.

### Change management

The key change management issues for the Victorian divisions and the new Medicare Locals relate to the continued provision of services and programs to general practice, and the retention of key staff with expertise in clinician engagement and change management in practice. Addressing these issues will be supported through ongoing consultancy and advice to divisions from the staff at GPV to the new Medicare Locals.

There are change management issues arising for GPV in working with community health services and local government as both have key roles in service provision for aged care, and local government has statutory responsibility for population health planning. In addition, GPV has to engage with PCPs and their members re change management as the advent of Medicare Locals is a threat and opportunity for them and their staff.

### Risk management

Regular proactive communication with CEO and Chairs network and with key stakeholders both through regular meetings and the Victorian Medicare Local Transition Advisory Group will facilitate risk identification and management. Key risks identified to date are:

- General practice will be disengaged from Medicare Locals, thus reducing their capacity to improve the health system
- Introducing a new system of planning and program implementation on top of an existing system is a complex undertaking. Medicare Local plans and programs may not meet the needs of Victorian stakeholders and community, and may duplicate current provision
- The Victorian Department of Health may not be convinced that the change to Medicare Locals will result in better primary health care and improved access to care, and may be concerned that general practice will be disengaged from Medicare Locals
- Key stakeholders may not be convinced that the change to Medicare Locals will result in better integration across primary health care and lead to improved health care system and better integration.

GPV plan and strategies (see above in key deliverables) focus on risk communication and stakeholder engagement, to address these key risks. The key message is that Medicare Locals should be seen as an opportunity.

### Quality management

GPV has identified the need to support effective corporate and clinical governance and these topics are the focus of the 2011 statewide GPV Forums. Both forums (May and October) will

involve bringing together national and state stakeholders to facilitate common understanding of the issues and the opportunities.

GPV will maintain its focus on support for quality management through these strategies:

- Promote linkage between the Victorian initiatives and those of the Commonwealth:
- Provide readily accessible, individual consultation with, and advice to, divisions
- Provide benchmarking across Victorian divisions in key areas of operations
- Liaise and consult with key stakeholders on behalf of Victorian divisions
- Manage effective communication to and between Victorian divisions
- Offer structured opportunities for building enhanced skills and experience for division staff
- Development of generic resources for use by Victorian divisions
- Provide state-wide perspectives and input at division managed local events for members and stakeholders
- Work with divisions in regional groupings
- Promote attendance by all new division/Medicare Local staff at program orientation workshops
- Consultation, policy and advocacy including:
  - Support for GP representatives on committees
  - Summarising and disseminating key policy documents
  - Collating responses from divisions to consultation
- Work within and between teams to share knowledge and approaches

## Management reporting

This section briefly covers the agreed management reporting process that will be followed throughout the life of the Project. The management reporting process will use a standard set of templates.

Document Name	Frequency	Author	Recipient
GPV Health Reform Updates	Fortnightly	GPV CEO	All Victorian divisions, key stakeholders
GPV e-Bulletin	Fortnightly	GPV CEO	All Victorian division CEOs and Chairs
Agenda and minutes of Coordination team	Fortnightly	Rotated according to roster	Meeting participants
Victorian Medicare Local Transition Advisory Committee Minutes	6 weekly	Research assistant	Participants
Progress reports to AGPN Transition Project	Tabled at national advisory committee meetings	Transition support officer	Participants
Regular verbal updates to AGPN (brief report prepared for file)	Fortnightly teleconference	Transition Liaison Officer	AGPN and SBO members of National Transition Project
Issues register	Tabled at Victorian Medicare Local Transition Advisory Committee	Transition support officer	Participants
Risk register	Coordination team meetings fortnightly	Transition support officer	Participants

**GPV Transition Support to Victorian Divisions: Project Baseline/Timechart**

<b>Deliverable</b>	<b>Staff Resp.</b>	<b>Staff involved</b>	<b>Mechanism</b>	<b>Timeframe</b>	<b>Comments</b>
Identification of a dedicated Transition project officer	Helen Threlfall			Jan 2011	
Establish inclusive planning and coordination structures	Co-ordination Group		Fortnightly meeting	February 2011	Planning for the transition project
Prepare a regional/state transition plan and coordination	Helen Threlfall, John Rasa	Fleur Smith		May 2011	Involves whole of organisation approach
Undertake support functions:	Helen Threlfall, John Rasa,	Lenora Lippmann, Megan Buick	Consultancy	Ongoing from January 2011	
<ul style="list-style-type: none"> <li>Liaison and point of contact</li> </ul>	Helen Threlfall, Lenora Lippmann as back-up		Dedicated GPV staff member/s to liaise with divisions – email, phone, face to face.	Ongoing from January 2011	

<ul style="list-style-type: none"> <li>• Identification of transition support needs</li> </ul>	(with AGPN) Helen Threlfall  Co-ordination Group and	Fleur Smith Megan Buick	Coordination with AGPN-led needs analysis (already partially complete – used in KPMG transition document) Survey divisions for additional needs from State (as opposed to national) level peak body	Ongoing	Revised needs assessment at each crucial stage, initial December 2010, revisions in February 2011, May 2011, expected that there will be more
<ul style="list-style-type: none"> <li>• Facilitate shared learning</li> </ul>	Co-ordination Group		CEO Networks State Forums Coordination with AGPN workshops (national) Regional workshops if required e-Bulletin and Health Reform Updates	Ongoing	
Change management support to divisions	John Rasa, Helen Threlfall , management team		CEO Networks State Forums Regional workshops if required e-Bulletin & Health Reform Updates	Ongoing	

Communication and coordination with national plans	Helen Threlfall John Rasa Fleur Smith Lisa Fairweather		GPNLG, National Transition Advisory Committee, Email CEOs & Chairs e-Bulletin & Health Reform Updates CEO Networks State Forums Board visits Internal to GPV staff	Ongoing	
Access to national resources outputs	Helen Threlfall	Terry Findlay, Kelly McTaggart, Jann Ridd, Jane Bacot-Kilpatrick	Teleconferences, email list serve	Ongoing	
Undertake stakeholder engagement and communication		John Rasa management Team, Megan Buick Louise Willis, Fleur Smith. Lisa Fairweather	State Forums Regular CEO/Management level meetings (DH Vic, DoHA Vic, RWAV, VHA) Regular network opportunities (eg VGPPA, GPIG, P&CHN)	Ongoing	

Align local and national planning processes and actions	John Rasa Helen Threlfall Fleur Smith			Ongoing as required	
Report progress against transition plan	Helen Threlfall Fleur Smith		Regular to AGPN	Ongoing as required	
Additional activities:	(as per AGPN funding agreement)				See briefing paper December 2010 based on AGPN Transition Support document: <a href="..\..\Gov\Meetings\Agenda~mins\20101210_brf_Funded_components_of_AGPN_Transition_Support_Proposal_D01FS.doc">..\..\Gov\Meetings\Agenda~mins\20101210_brf_Funded_components_of_AGPN_Transition_Support_Proposal_D01FS.doc</a>
Service Integration implementation (Primary care and acute care)	John Rasa, Lenora Lippmann, Megan Buick		Regular meetings at all levels in DH, meetings with networks, program design and funding, Leadership development for clinicians, Orientation programs for other stakeholders re Medicare Locals role, VMLTAC, communications	Ongoing	With Hospital networks, with GPLOs Focus on reducing hospital admissions and re-admissions, diabetes management and medication management Lead Clinician Groups education and development program

Governance Support	Helen Threlfall, John Rasa		GPV governance program, introduction and orientation to governance courses	Ongoing	
Leadership Development	John Rasa	Helen Threlfall	DH funded project re Lead Clinicians, CEO network and GPV Forums	Ongoing	
Workforce support & planning implementation	Helen Threlfall, John Rasa, management team		Co-ordination group, development of GPV workshop program to meet needs	Ongoing	GPV has an extensive workshop program, which will be modified over the transition period to address the training needs identified by the work with divisions and Medicare Locals. Needs identified to date include population health planning, stakeholder relations
eHealth implementation	John Rasa, Ross Nable	eHealth team	eHealth workshops, CEO Network, liaison meetings with relevant government and eHealth bodies	Ongoing	

[Return to Transition Plan](#)