



# Primary Source

## Medicare Locals - Transition

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### From the Transition Team's Terry Findlay

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As ever the Transition team are keen to hear from Network members' views on priorities for transition support. We can be contacted via email: [transition@agpn.com.au](mailto:transition@agpn.com.au).

We are now getting close to the announcement of Tranche 2/3 Medicare Locals although no firm date has been set by DoHA. It is well understood that an early decision would be helpful to give the maximum preparation time for Tranche 2 that are due to commence in January.

In the meantime applicants have learnt from the experience of Tranche 1 that where more than one Division is involved it is essential to agree the detailed implementation steps following the approval. DoHA has also learnt from the Tranche 1 process and approvals will be conditional upon final negotiations with the applicants.

The Transition team has also been busy with a number of initiatives moving forward significantly in the next few weeks. These are described below and further detailed information will be provided directly to MLs and Divisions.

It is time again to review the priorities of the Transition project as it moves into the final phase. Your feedback and the experience of Tranche 1 MLs is the most important contribution and we have been receiving this from a number of sources. This process will overlap with the beginning of the new National Medicare Local organisation therefore it is important to ensure that any relevant ongoing activity is consistent with its functions and included in its initial work program.

### Readiness Project

To identify and address gaps in capabilities required to undertake successful transition and to better understand how best to support transitioning MLs the AGPN National Transition Project is currently piloting a process of assessing transition readiness.



The readiness assessment process is underpinned by an initial framework of five draft capability domains and descriptions that begin to define and provide measures of the capabilities required over the short to medium term. These domains are:

- structure and governance,
- leadership and engagement,
- management and business,
- service planning and delivery,
- transition and change management.

The MLs that have so far participated in the pilot are from different states/ territories, have diverse ML models, distinctive geographical challenges (boundary variations, mergers, acquisitions etc), very different GPN histories, systems and processes and varying levels of human and financial capacity to transition. Clear themes of general capability needs have begun to emerge from the information gathered:

1. MLs' opportunities are strongly influenced by historical arrangements as a division of general practice
2. MLs that invested in and specifically recruited a transition leadership role were significantly further ahead in moving through the transition process in terms of having clear and agreed plans, governance processes and structures, role delineation, organisational structures and reporting mechanisms
3. Organisations that had experience of change appeared more comfortable with the change process and more aware of the work they would need to do to manage this process
4. The impact of culture (both internally and externally) is emerging to be a significant issue within MLs.

## **Leadership**

Leadership development is recognised as an important feature of both the transition to Medicare Locals and going operations. The question of what kind of national initiative may be useful for MLs has been exercising us over the last few months. A number of key factors needed to be taken into consideration:

- there is a high degree of variation in the needs of each ML
- traditional governance skills development is well catered for in the market
- leadership is exercised through the Board and senior management of a ML and this "team" is critical to success
- MLs are in different stages of establishment and therefore formation of their senior teams.
- MLs are being established in a unique and challenging environment
- leadership is one of a number of capacity areas that a ML needs to address
- the need to identify whether a national approach adds value for MLs and evaluating any initiatives.

AGPN has established a partnership with the Australian Institute of Management (AIM) to design and pilot an initial program of leadership development for Tranche 1 MLs. This program is aimed at the Board members and senior management teams of each ML.

The details of this leadership assessment and program are to be announced next week.

## **Integration update**

The Transition Team has been scoping what products would be useful to MLs as they strive to achieve their objective of “integrated and coordinated services”. Your views on what would be useful to you would be greatly appreciated [transition@agpn.com.au](mailto:transition@agpn.com.au). Firstly, we are looking to define integration and what this means for MLs and then look at what tools MLs may need in this area and how we can measure integration. We will be calling a roundtable soon to bring together ideas and to map what we can provide. Please let us know if you would be interested in participating.

## **Health prevention/health promotion update**

The Health Prevention/Health Promotion roundtable on 30 August proved very successful. This was jointly hosted with the Australian National Prevention Agency and you will see a short article in the up and coming Connect magazine coming out in November. The AGPN policy team is now working with ANPHA on a joint policy statement and the Transition team has started to develop the framework and a toolkit of resources for MLs. Key to these activities is the establishment of a small working party from MLs to be involved in this development work. The commitment includes attendance at a small number of teleconferences and involvement in the review of materials. The group will meet from October to January. Please let [transition@agpn.com.au](mailto:transition@agpn.com.au) know if you would be happy to sit on this group.

## **Clinical governance update**

The Clinical Governance working party has now completed the environmental scan and determined the outline for the toolkit for MLs. This is being put together by Professor Jeffrey Braithwaite and a first draft is expected very soon for the working party to review.

## **Knowledge Management**

In conjunction with GPNSW an investigation continues into the functional requirements and potential options for an industry wide solution. The options include private social business networks modeled upon social networking technology and processes. It is intended to undertake some pilots in MLs later in the year with a view to final recommendations early in the new year.

## **Human Resources**

Based on the experience of tranche 1 MLs it has been decided to contract an HR telephone advisory service, standard templates and education program for Divisions/MLs. Subject to further negotiation with relevant

providers, this service will become available before the end of October.

## **Employee assistance program**

The National Transition Team during its regular meetings with the SBO State based field officers, has become more and more aware of the need for some form of career counselling to support those whose current position may lead to redundancy and where career counselling would be helpful, or where some general counselling support might be of value.

It appears that whilst some Divisions and SBOs have existing Employee Assistance Programs provision, many don't. To this end the Transition Team has commenced negotiation to provide transition career support. The details are still being worked out, but are well advanced and we expect to make an announcement in the very near future.

## **Medicare Local moments...with Olivia Wood, CEO WentWest Limited**

### **What's the 'strong-point' for your Medicare Local?**

We are unique as we are the only primary healthcare organisation in Australia which is both a Medicare Local and Registered Training Provider for General Practice. This allows us to integrate the full spectrum of local general practice and primary health care services across the region.

We also have strong links with local community organisations including the Aboriginal Medical Service and the Local Health District who we have partnered with over a number of years to establish critical health services for our community including Healthone, Australia Better Health Initiative, Breastscreen, Cervical Screening, Headspace and SHAPE health and fitness program.

### **What will a Medicare Local mean for your area?**

For the local community and health professionals, Western Sydney Medicare Local is committed to connecting care and providing quality support and training services to facilitate a better patient experience.

### **What do you think will be that 'penny dropping' moment for communities with regard to Medicare Locals?**

Medicare Locals will know they are on the right path, when local communities recognise them as a connector of health services. As a Medicare Local, we have the responsibility to build a reputation for being community-friendly, responsive to local health needs, and committed to better health for the people of Western Sydney.

### **How will your Medicare Local change what is being done today to what will be done under the new primary health care regime?**

Our Medicare Local is focused on addressing the needs of Western Sydney by:

- **Expanding local preventative health programs.** We've broaden our *SHAPE health and fitness programs* so that high-risk patients can better access dietary education and exercise services.
- **Increasing local immunisation rates.** We've launched a campaign to increase immunisation levels among four year olds in the lead up to 2012 school year.
- **Localised planning groups.** Since July, we've launched six Local Primary Health Care Networks across the region. The Networks, made up of local GPs, allied health professionals, community groups and healthcare organisations to commence planning on areas of critical need.

**What's your best example of a program you are running now that exemplifies your Medicare Local?**

Our SHAPE program is a preventative health service which tackles the escalating rate of obesity and chronic disease in Western Sydney. Since its inception, over 400 high-risk patients have been referred into the service offering them access to dietary education and exercise programs under the guidance of allied health professionals.

Many of our patients come from areas of extreme disadvantage within the community and have had limited education on healthy lifestyle choices.

Through SHAPE, the Western Sydney Medicare Local is leading the way in improving health literacy in the region whilst also helping to prevent the rise of chronic disease.

Through the Medicare Local, SHAPE will continue to expand and offer a greater number of local residents the opportunity to address their approach to health and lifestyle. Western Sydney Medicare Local has already begun work on this expansion with 20 more programs on offer across the region in Term 4, 2011. This equates to an additional 240 patients accessing much needed guidance on diet and lifestyle.

**How important is it to have an overarching body to manage and monitor primary health care services for your region?**

Within our community, there is an existing a range of primary health care services including those provided by local GPs, allied health professionals, community groups and government bodies. The Western Sydney Medicare Local will help these services to better coordinate with each other, leading to more streamlined care for patients. It will also help to minimise the duplication of services and critical resources.

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