Attachment - AGPN summary response to proposed Medicare Local boundaries

State/Territory	Boundary change proposed	Other impacts/implications
New South Wales	The proposal to include Southern Highlands GPN as part of the Illawarra-Shoalhaven-Southern Highlands Medicare Local (ML 9) does not reflect current referral pathways and patient flows, geographic corridors or LHN boundaries. It is recommended that Southern Highlands GPN be part of South Western Sydney Medicare Local (ML 4) with the boundaries aligned to those of the LHN, but with a separate semi-autonomous local office situated in the Southern Highlands to manage the specific needs of that population. The inclusion of Maitland in the proposed Hunter Manning Medicare Local (ML 11) raises a potential risk. Maitland is currently a part of GP Access, including the direct provision of after hours general practice and psychological services to the Maitland community. Importantly, Maitland is also part of GP Access's trial of the person controlled electronic health record, one of the three lead sites nationally. The Government needs to be able to satisfy itself that any changes to GP Access boundaries do not put at risk the PCEHR lead site trial, which is a fundamental part of the overall reform agenda. The Far West Medicare Local (ML 17) will have a population of around 20,000. This does not accord	

	with the principle that Medicare Locals should serve a critical mass, and have sufficient economies of scale to respond to a region's health issues. The GPN concerned is currently supported with management services by the Riverina GPN. Until a suitable longer-term solution can be found for the Far West Medicare Local, it is recommended that this arrangement be continued under the auspice of the Murrumbidgee Medicare Local (ML 15). The proposal to include Tweed Valley GPN in the Gold Coast Medicare Local (ML 35) under a cross border arrangements is not supported. It will be critical to establish Medicare Locals in the first instance within NSW to align with LHNs. Cross border arrangements could be considered in the 2-5 year period following establishment. It is also noteworthy that Tweed is an active partner in planning for a northern coastal NSW with Northern Rivers and the two other GPNs in the region. Recommend Tweed Valley GPN be part of the North Coast Medicare Local (ML 12).	
Victoria	The GP Association of Geelong and the Otway Division of General Practice had previously advised of their preference to form a single ML. Under the proposals put forward there is concern that the population base for the proposed Great South Coast Medicare Local (ML 28) is considered too small, particularly given the exclusion of Colac. Rather than	Mallee Health Care Network is concerned that the proposed Lower Murray Medicare Local (ML 29) is considered too small for long-term viability. It reduces the population already served by the existing GPN from 106,000 to 67,000 which is counter to the principle of critical mass. In addition, the proposed boundary splits both an LGA and an

	any further changes at the margins, for longer-term sustainability, a single coastal Medicare Local for the region is recommended incorporating the proposed Great South Coast and Barwon (ML 26) boundaries. There is strong support for Central Goldfields Shire to be included within the proposed Grampians Medicare Local boundaries due to its close proximity to Ballarat when compared to Bendigo and hence the associated patient flows to Ballarat. V/line has reinstated the train service between Maryborough and Ballarat allowing more transport options for patients requiring Medical Specialist review in Ballarat. Other potential changes at the margins are highlighted in the submission from General Practice Victoria, with those identified by the partners in the proposed Hume ML particularly of note.	existing Aboriginal Community Controlled Health Service (which has four different centres in four distant towns). The inclusion of Swan Hill would increase the population base, however it is recognised that patient flows from Swan Hill are towards Bendigo.
Queensland	The overall view in Queensland is that ML boundaries should be aligned with LHN boundaries. If this principle were followed, it would correct current anomalies identified in the General Practice Queensland submission, for example in relation to the Sunshine Coast and Wide Bay, and the best result for Oxley and Inala in relation to South Brisbane and Ipswich. On specific issues, the proposed Central West-Mt	

	Isa-Gulf Medicare Local (ML 42) is not supported. While it is recognised that the proposed boundary would have a clear focus on rural and remote issues, it would lack capacity, critical mass, population and workforce bases to fulfil the proposed roles and functions of Medicare Locals. In addition, the recruitment of staff, particularly executive level staff, would be challenging in a remote location and would further confound this Medicare Local's capacity. It is recommended that this region is better supported by being part of a larger Medicare Local with Townsville and Mackay (ML 43). There are different views about whether there should be one or two MLs within the boundaries of the Metro North LHN. Whatever the decision on the number of MLs, the government needs to ensure that, as with GP Access in NSW, any changes which impact on the capacity of GPpartners does not put at risk its role as a lead PCEHR lead site.	
South Australia		The Barossa GPN and Adelaide Hills Division of General Practice believe there is merit that the integrity of their areas is maintained wholly within a rural model in order to reinforce support and services to rural communities of interest and to provide for both a greater critical mass and local targeting in rural South Australia. Consideration could be given to incorporating Barossa into the Yorke-Eyre-Far North Medicare Local (ML 49) and

		Adelaide Hills into the Murray-Mallee-Limestone Coast Medicare Local (ML 48).
Western Australia	The second-stage proposed boundaries divide the Peel region into two separate areas. There is a strong case to preserve the Peel region intact, at least in relation to the towns of Pinjarra and Waroona so that they can continue to relate to the health service networks that have been built up over several years. In addition, the boundary solution needs to ensure that these two towns are not cut off from the well established structures and supports they have built with the cities of Rockingham and Mandurah.	
Tasmania	A state-wide Medicare Local is supported	
ACT	A territory-wide Medicare Local is supported	
Northern Territory	GPNNT (and other stakeholders including AMSANT) do not support a geographic split into two Medicare Locals for the Northern Territory. There is no evidence offered for such a divide, there are considerable risks in a geographical split and such an arrangement is counter to the NT wide delivery model that is predominantly used by other partner organisations such as NT General Practice Education and community-based NGOs. The proposal is also counter to the significant work undertaken over the past few years to streamline and develop structural models for primary health care in the NT through the amalgamation of two GPNs, the SBO and the Rural Workforce Agency and the territory-wide models of	

	service delivery that have ensued. A territory-wide model that includes serving the APY lands is strongly recommended.	