

Tuesday 15 February, 2011

## Size does matter when it comes to Medicare Locals for Victoria

The Victorian community will be the biggest losers in terms of access to more integrated care if proposals to double the number of planned Medicare Locals in that State proceeded, Australian General Practice Network [AGPN] Chair Dr Emil Djakic said today.

"The ability of Medicare Locals to deliver on the roles identified for them is not about quantity – it's about quality and capacity to ensure individuals and the community gain access to integrated primary health care services," Dr Djakic said.

"It has been reported today that Victoria would prefer to in effect double its number of Medicare Locals from the planned 15 to up to 24 or 36 – an increase which would disempower the Victorian organisations and which would run counter to having a nationally consistent primary health care system," he said.

"The proposed number of 15 Medicare Locals for Victoria out of the 57 for the national system is the result of extensive research into the size and distribution of these primary health care organisations based on service delivery effectiveness, economies of scale and the ability to deliver proper primary health care reform, including reducing avoidable hospitalisations.

"To double that number in Victoria so that you have lots more smaller organisations, each with less money on average than their interstate counterparts, means that the Victorian primary health care system will be weaker and less effective than in other States and Territories.

"The proposed distribution of Medicare Locals across Australia has been designed to ensure each agency has the capacity to deliver better access to services and better processes to integrate and coordinate a variety of primary health care services and to link up professionals within the primary health care sector.

"Smaller Medicare Locals in Victoria will struggle to deliver improvements to the primary health care system in that state and Victoria will end up behind the eight-ball on service delivery.

"The Primary Health Care Organisation Boundary Modelling Project, or the Cranny Report, used the roles and functions of PHCOs and appropriate and well recognised planning criteria to develop the mapping of Medicare Locals.

"If we are serious about primary health care led reform it is vital that Medicare Locals are set up based on consistent national criteria designed to ensure they have the right capacity, capability and size to deliver what is expected of them.

"This proposal would result in a two-tiered system in what has been researched, designed and is ready to be implemented as a national scheme to improve the health and wellbeing of the Australian people," Dr Djakic said.

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