

**Saturday 12 February, 2011**

## **If the name doesn't fit, change the name – not the system**

The Federal Government is in danger of setting back primary health care reform because of its fixation with a Kevin Rudd anointed name, Australian General Practice Network Chair Dr Emil Djakic said today.

"The proposal for the development of primary health care organisations – dubbed Medicare Locals by the former Prime Minister – to plan, fund, coordinate and in some cases deliver primary health care services has been widely supported, including by the comprehensive inquiry conducted by the National Health and Hospitals Reform Commission and the National Primary Health Care Strategy," Dr Djakic said.

"Now at the eleventh hour there are suggestions more Medicare Locals are needed, despite all the rigorous work that has gone into designing the system because they may not be 'local' enough.

"Our clear message to the government is that if the name Medicare Local doesn't fit then change the name – not the system that is being built up to deliver on the Government's primary health care strategy.

"When a discussion paper on the proposed Medicare Locals was put out late last year, the submissions received on the concept were supportive, with few exceptions.

"These organisations are to build on the many successes of the General Practice Network which has been operating effectively to improve access to more integrated general practice and primary health care across Australia for many years.

"Our Network has been working with other stakeholders and potential partners to prepare for the introduction of primary health care organisations, with the first 15 to be in place from 1 July this year, a further 15 from 1 January next year and the remainder from 1 July next year.

"We have gone through almost two years of designing these organisations, what they will do, and how they will operate and be accountable. Very importantly we have also reached agreement on boundaries and population sizes which have been specifically designed to ensure they are of sufficient size to be cost effective in how they operate and to reorient the health system away from a predilection with hospitals and towards a stronger primary health care sector.

"We are organised and ready to go," Dr Djakic said.

"Creating more Medicare Locals will slow down reform and cause confusion. Stalling now will disrupt very advanced plans for transitioning the Network. It also will reduce the capacity to deliver real change in the Australian health system.

"There are more ways to ensure PHCOs are responsive to their local communities and service providers than by creating a larger number of what will inevitably be less effective organisations.

"The health care reforms are about shifting the centre of gravity from hospitals to general practice and the broader primary health care sector. Creating a larger number of what will be less capable organisations with a dilution of funding and capacity will stymie that reform agenda.

"It would make far better sense to change the name than it would to change the policy," Dr Djakic said.

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