

30 September 2010

Assistant Secretary
Primary Care Practice Support Branch
MDP 1051
Department of Health and Ageing
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Dear Ms Harms

Australian General Practice Network feedback on potential boundaries for Primary Health Care Organisations

The Australian General Practice Network (AGPN) welcomes this opportunity to provide comment against the *Framework for the Development of Primary Health Care Organisations in Australia* report developed by Carla Cranny and Associates, which outlines design criteria for the mapping of primary health care organisation (PHCO) boundaries and outlines preferred boundaries based on these criteria.

Background

AGPN is the peak national body representing a network of 111 General Practice Networks (GPNs) across Australia, as well as eight state based organisations (SBOs, collectively termed the Network). AGPN has been a strong supporter and advocate for the establishment of PHCOs as we believe, and international evidence attests, that regional organisations charged with driving better health outcomes for their populations, if given sufficient scope and capacity, can achieve this goal through the delivery of locally-relevant responses to identified local health needs.

Late in 2009, following indications from the Commonwealth Government that, as part of its proposed health reform, it would establish PHCOs across Australia and that these were likely to evolve from the current General Practice Network, AGPN commissioned Cranny and Associates to develop an independent report of possible PHCO boundaries. The work was commissioned to provide an objective view of where PHCOs might best be placed, building on the existing infrastructure provided by the Network. The purpose of the report was to stand as independent input into a broader discussion and consultation on PHCO boundaries. We are pleased that the Commonwealth has recognised the necessity of broader consultation around this independent planning advice and is using this report as the basis of initial consultations with stakeholders around boundary mapping for PHCOs.

Consultancy undertaken by Cranny and Associates in preparing this report included initial discussion with SBOs and, once drafted, the suggested boundaries were also discussed through presentations at state/territory Network forums in most jurisdictions. Some refinements were made at that point based on Network feedback. AGPN recognises this as initial consultation only and stresses the necessity to consider further feedback from the Network in finalising PHCO boundary proposals.

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Planning and design criteria proposed to support the mapping of PHCOs

The *Framework for the Development of Primary Health Care Organisations in Australia* report developed by Cranny and Associates identified a number of design principles and criteria that were utilised to form the scenarios proposed. Specifically, Cranny and Associates recommended that PHCOs be designed in accordance with the principle that form follows function, and with a focus on consideration of local service architecture and developing options that meet the needs of defined communities and populations. They also specified design criteria that they utilised as the foundation for boundary mapping. These criteria require that, where possible, proposed PHCO boundaries:

- align with Local Government Areas
- align with state and territory borders (unless regional communities of interest or patient flows provide sufficient reason as to why cross-border arrangements may better meet community needs)
- align with state health services and Local Hospital Network (LHN) boundaries
- reflect the primary health care service delivery environment by considering factors such as workforce availability and service accessibility which will be key determinants of the functions the PHCO will perform
- balance the need for local connectedness with the need to ensure critical mass to efficiently undertake the functions required of them

AGPN offers general support for these design principles and criteria as providing a sound and comprehensive basis from which to begin mapping PHCO boundaries. However, we emphasise the need, in specific instances, to take a flexible approach to the application of these criteria in order to ensure the needs of local communities will be best met. We further note:

- that the continuing significant role to be performed by state and territory Governments in the provision of primary health care and hospital-based services, as outlined in the Council of Australian Government National Health and Hospitals Network agreement, emphasises the practical benefits of, where possible, aligning PHCO boundaries with state and territory jurisdictions. AGPN does however recognise, as Cranny and Associates recommend, the benefits of accommodating defined cross-border communities within the one PHCO. Careful consideration of the benefits and challenges of such arrangements should be undertaken in partnership with key local stakeholders in each of the instances where cross-border PHCOs are proposed.
- to enhance coordination and integration of care, it is important to maximise alignment with state health services and particularly LHN boundaries. While there are likely to be instances where this is not possible, alignment of PHCO and LHN boundaries will enable the most efficient and effective means of ensuring that PHCOs and LHNs can work in partnership to ensure services are joined up, patients can access well coordinated care and that joint planning and projects can be pursued to realise better population health outcomes for local communities. In contrast, circumstances where two or more PHCOs are required to work to integrate with the one LHN may be unnecessarily burdensome and frustrating for all parties and result in the LHN partnering with different PHCOs in different ways. As further discussed below, AGPN believes that further consideration of how to best align LHN and PHCO boundaries across the country is required.
- it is critical to the effective operation of PHCOs that they are of sufficient size and scale to effectively and efficiently perform the responsibilities that are required of them. AGPN offers in principle support for the general population brackets for PHCOs proposed by

Cranny and Associates, although we note there may be some need in specific and limited circumstances to consider adjustments to these figures.

- it is critical that PHCOs remain locally connected and are engaged with their local communities and networks of primary health care professionals. This level of engagement will be necessary for PHCOs to effectively realise their objectives; to understand their communities and their needs and to partner with the community in developing and delivering local solutions.

To ensure sufficient local connectedness AGPN strongly supports the Cranny and Associates proposal to establish local branch offices and local primary health care service provider networks. It is preferable that the number, location, scale and focus of these local branch offices and local provider networks should be determined at the local level by the PHCO in consultation with local communities. Where possible these arrangements should build on existing networks and the current infrastructure of offices and services operated by the Network.

National boundary mapping

Some Network members have raised concerns that some or all of the proposed boundary options for PHCOs in their region do not sufficiently reflect the proposed planning criteria and that alternative options may offer better alignment with these criteria. For example, in independent submissions to this inquiry, Melbourne General Practice Network and North East Valley Division of General Practice have made this case regarding proposed options for their area. Likewise South Australia's networks have come up with a revised proposal which is supported by all Networks within the State.

AGPN believes that in some instances, there may be alternative options than those proposed by Cranny and Associates that provide a better fit with the general planning principles and criteria employed by Cranny and Associates. In most instances these are likely to be adaptations to one of the PHCO configurations proposed for that jurisdiction.

Ensuring that, where possible, PHCO boundaries align with LHN boundaries is also likely to require further refinement of the potential proposed boundaries. As the proposed LHN boundaries for states/territories where these are available, were released near the completion or following the completion of the Cranny and Associates report, it is likely that in many instances there has not been sufficient consideration of how best to align the borders of LHNs and PHCOs. Alignment of boundaries should be considered in finalising both PHCO and LHN boundaries. In some instances this will require adaptation to proposed boundary options.

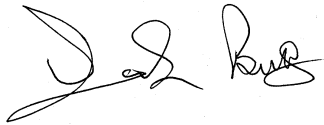
AGPN recommends that in finalising boundaries, particularly in contested or controversial instances, the perspectives of key local stakeholders are considered. The Network's SBOs have been working with GPNs in their jurisdiction to thoroughly consider the proposed PHCO boundaries for their state or territory with, in many instances, the ultimate goal of developing consensus state-wide perspectives on PHCO boundaries for their jurisdiction (as advised above, in South Australia a consensus position has already been agreed.) While full consensus may not be reached in all instances, as a result of these processes the SBOs have established effective mechanisms for working with all GPNs in their jurisdiction around consideration and negotiation of PHCO boundaries. SBOs can thus provide a useful portal through which the Commonwealth can further discuss and negotiate specific PHCO boundaries with GPNs as key stakeholders.

In summary, AGPN believes that Cranny and Associates have offered design criteria that provide generally sound principles on which to model PHCOs, although their application will need to remain flexible to ensure the specific needs of different jurisdictions are best met.

Further work is required to ensure specific boundaries in some jurisdictions offer the best fit for these criteria and for local contexts. At both local and state/territory levels, Network members have been engaging in ongoing consideration of best possible PHCO boundaries for their jurisdictions and are well placed to work in partnership with both Commonwealth and state/territory governments to finalise PHCO boundaries that offer the best fit with the criteria proposed, including greatest possible alignment with LHN boundaries.

Thank you for the opportunity to provide input to the PHCO boundary modelling process. We look forward to working with the Commonwealth in progressing the establishment of a national network of high-performing PHCOs.

Yours sincerely

A handwritten signature in black ink, appearing to read 'David Butt', with a stylized flourish at the end.

David Butt
Chief Executive Officer