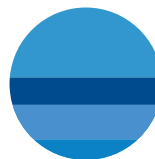
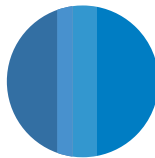
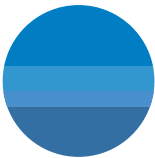
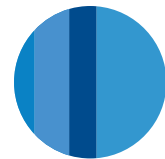




Australian Government



National Health Reform



IMPROVING PRIMARY HEALTH  
CARE FOR ALL AUSTRALIANS

## **Improving Primary Health Care for All Australians**

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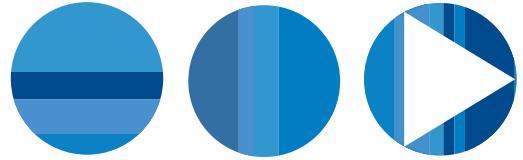
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THE COMMONWEALTH GOVERNMENT IS COMMITTED TO **IMPROVING AUSTRALIA'S HEALTH CARE SYSTEM** SO THAT ALL AUSTRALIANS CAN ACCESS **HIGH QUALITY SERVICES** THAT MEET THEIR NEEDS AND THE NEEDS OF THEIR FAMILY.

Primary health care is the part of the health system which Australians use the most. Over four out of five Australians will see a GP or other primary care health professional at least once a year.

Primary health care is delivered in the community, outside of hospitals. It covers a wide range of providers such as general practitioners, practice nurses, psychologists, physiotherapists, community health workers and pharmacists.

Under National Health Reform, the Commonwealth Government is aiming to shift the centre of gravity of the health system from hospitals to primary health care.

A strong primary health care system is crucial in ensuring that individuals and communities can get the health care they need when and where they need it.

A strong primary health care system helps patients better manage their health conditions in the community and prevent disease.

This results in fewer people using hospital services. And it helps to free up hospital beds and emergency departments to look after those who need hospital based care.

This booklet explains why primary health care is important, why it needs to be improved and what the changes will mean. It also provides further details on Medicare Locals, and their central role in improving the primary health care system.



# WHY WE NEED TO IMPROVE PRIMARY HEALTH CARE

Australia's health care system is one of the best performing systems in the world and has a well trained and dedicated workforce.

However, the Government needs to reform the system to meet the demands of an ageing population, increasing rates of chronic diseases such as diabetes, and to take advantage of improvements in medical and other technology.

Under the Commonwealth Government's National Health Reforms, the Commonwealth will fund 50% of growth in the efficient price and service provision in public hospitals.

This will provide a powerful incentive to the Commonwealth to ensure we make better use of primary health care services to ease the strain on our public hospitals.

Australia's primary health care system can be improved in a number of areas:



## **1. HAVING THE RIGHT WORKFORCE TO PROVIDE THE CARE PATIENTS NEED**

Despite increases in the number of medical practitioners in recent years, many parts of Australia are still experiencing shortages of the health professionals they need. Many people find it difficult to find a local GP or other primary health care providers including allied health professionals such as podiatrists and dieticians.

The number of practice nurses is growing, but current funding arrangements limit their role to particular tasks, rather than allowing them to be a part of a team managing a patient's care

## **2. HAVING THE RIGHT INFRASTRUCTURE TO ENABLE THAT CARE TO BE DELIVERED**

Primary health care is mainly delivered in more than 7,000 GP practices across Australia.

However, limitations in infrastructure make it harder for patients to access all the services they need in a convenient location, and harder for health care providers to work well together in teams.

## **3. IDENTIFYING AND ADDRESSING GAPS IN LOCAL SERVICES**

The primary health care system works well for patients when there is a GP there, and when they can get to a GP. However, there are often gaps in local services. For example, in some areas it is hard for patients to access after hours GP services, and many people living in residential aged care find it difficult to receive the primary health care they need.

Local communities can also have particular health needs, for example particularly high rates of diabetes – but there is currently little flexibility to match health services to those needs.

## **4. MAKING SURE THAT THE HEALTH SYSTEM WORKS FOR PATIENTS AND HEALTH CARE PROVIDERS – SO THEY KNOW WHAT IS AVAILABLE, HOW TO ACCESS IT, AND HOW DIFFERENT PARTS OF THE SYSTEM WORK TOGETHER**

Many patients have real difficulty in navigating Australia's complex health system. It can be particularly difficult for patients moving from one part of the health system to another. For example, when they are discharged from hospital, or when they need a range of health providers, such as a psychologist, dietician or physiotherapist.

Currently, no one is responsible for ensuring that each local community has the right mix of services to meet its health needs and it is difficult for patients to know whether things are working and, if not, who should fix them.

### **REAL IMPROVEMENTS CAN BE MADE IF WE ADDRESS THESE ISSUES BY MAKING SURE THAT:**

- Australians are able to more easily access the care they need, where they need it.
- Fewer people need to use hospital emergency departments or go into hospital as they would receive their care in the community.
- Local communities have health services that respond better to their needs.

# HOW WE ARE IMPROVING PRIMARY HEALTH CARE

THE COMMONWEALTH GOVERNMENT WILL **BUILD ON ITS NATIONAL HEALTH REFORMS** THROUGH REFORMS TO PRIMARY HEALTH CARE WHICH WILL SEE **KEY IMPROVEMENTS** DELIVERED SOONER AND WITH A GREATER FOCUS ON THE **SPECIFIC NEEDS OF LOCAL COMMUNITIES.**



## MEDICARE LOCALS

Medicare Locals are a central component of the Government's primary health care reforms.

General practitioners will remain the centre of the primary health care system and continue to work with individual patients to determine what clinical care they require – but Medicare Locals will take responsibility for the primary health care needs of each local community.

Medicare Locals will have a number of key roles in improving primary health care services for their local community:

- They will make it easier for patients to access the services they need, by better linking local GPs, nursing and other health professionals, hospitals and aged care, and maintaining up to date local service directories.
- They will work closely with Local Hospital Networks to make sure that primary health care services and hospitals work well together for their patients.
- They will plan and support local after hours face-to-face GP services.



- They will identify where local communities are missing out on services they might need and coordinate services to address those gaps.
- They will support local primary health care providers, such as GPs, practice nurses and allied health providers, to adopt and meet quality standards.
- They will be accountable to local communities to make sure that services are effective and of high quality.

These roles mean that, in all of the areas where the Government is improving primary health care, Medicare Locals will play a key part in:

- supporting the right health workforce for the local community
- assisting primary care providers to adopt new technology such as eHealth
- identifying and addressing gaps in local services
- better connecting local health services for patients and providers.

The Government believes that Medicare Locals are critical to driving improvements in primary health care as they will operate at a local level to support patients accessing the health services they need in their own community.

The Government will establish more Medicare Locals sooner. Under the new timetable:

- up to 15 Medicare Locals will be established by 1 July 2011
- a further 15 will be established 6 months later by 1 January 2012
- the remainder will be operational by 1 July 2012.

Establishing more Medicare Locals will ensure that each Medicare Local is responsive to their local community while being sustainable and retaining critical mass.

Medicare Locals will support the Government's plans to address each of the areas where Australia's primary health care system can be improved.

# THE RIGHT WORKFORCE TO PROVIDE THE CARE PATIENTS NEED



As part of National Health Reform, the Government is investing \$1.2 billion in training more GPs and medical specialists, and better supporting nurses and allied health professionals.

The Government is investing \$345 million to increase training places for GPs. This will deliver an additional 5,500 new GPs or GPs undergoing training over the next ten years.

The Government is also investing \$390 million to support nurses in general practices. This will allow general practices to employ practice nurses to the full scope of their ability, as part of the team within a practice managing a patient's care.

In addition, the Government is doubling the number of clinical training scholarships for allied health students – providing an extra 1,000 scholarships over a decade.

Medicare Locals will be responsible for working with local health care providers to ensure that the right mix of health professionals is available to provide the care required by the members of the community.



How a Medicare Local will help.

A Medicare Local identifies that too many patients are being admitted to local hospitals with foot conditions related to diabetes.

The Medicare Local works with local primary health providers so that a podiatrist is regularly available in the community and GPs refer their patients to the podiatrist before problems arise.

A photograph of a woman lying on a hospital bed, wearing a blue hospital gown. She is looking towards the right. Above her, there is a piece of medical equipment, possibly an X-ray machine, with a hand in a pink glove visible. The background is a plain, light-colored wall.

# THE RIGHT INFRASTRUCTURE TO SUPPORT THE BEST CARE

The Government is building GP Super Clinics across Australia to provide a wide range of health services in one convenient location – especially in areas where the population is growing, where there is high demand for health care services or identified workforce shortages.

The Government is investing \$650 million in 64 GP Super Clinics across Australia. As at mid February 2011 there were 29 clinics either operational, delivering early services or under construction.

The Government is providing about 425 infrastructure grants to general practices across Australia to expand and improve their services.

These grants support the expansion of general practices to allow, for example, practice nurses, diabetes educators, physiotherapists and mental health workers to work in new and upgraded facilities with the latest equipment.

As well as capital investments the Government is investing in information technology – electronic health records and new technology which will allow primary health care practitioners to deliver better and safer services. Improvements in technology will also allow more services to be provided within patients' homes allowing for greater convenience.

The Government is investing \$352 million to support Medicare rebates for online consultations for GPs and specialists,



The Strathpine GP Super Clinic commenced operations on 11 January 2010. To provide accessible services the clinic has long opening hours – until 7pm on weekdays and is also open at weekends. If people need care after hours then a deputising service ensures that patients have 24 hours access to care. Patients can access a large range of services in the one location including: diabetes education, mental health and psychological services, physiotherapy, podiatry, dietetics, exercise physiology, women and men's health, immunisation, health assessments and care plans, child health services, and Indigenous health services.

and incentives for GPs and specialists to participate in online services.

This could enable, for example, a patient with heart disease who usually travels to see their cardiologist, to videoconference at their usual GP practice instead.

The Government is also investing \$467 million to establish a secure personally controlled electronic health record system, which will improve the safety of care and reduce duplication and waste.

Medicare Locals will become key agents in driving technological change. They will support general practices and other primary health care providers to adopt eHealth, and the new telehealth initiatives.

# IDENTIFYING AND ADDRESSING GAPS IN LOCAL SERVICES

INDIVIDUAL LOCAL COMMUNITIES ACROSS AUSTRALIA HAVE **DIFFERENT HEALTH NEEDS** AND **DIFFERENT HEALTH SERVICES** AVAILABLE.

A key role for Medicare Locals will be to identify the health needs of their local community, and address gaps in local health services.

Two areas where many local communities are experiencing gaps in health services are access to after hours services and services for people living in residential aged care.

The Government is accelerating the investment it is making in after hours services. As each Medicare Local is established it will be provided with funding to plan, coordinate and support comprehensive face-to-face after hours GP services.

Each Medicare Local would use this funding, for example, to:

- compile local after hours service directories
- identify gaps in after hours services
- arrange local on-call rosters
- fund local GPs to expand their reach or extend their hours.

The Government is also establishing a national GP after hours advice line from 1 July 2011 so that everyone can get advice

after hours from a registered nurse and, if necessary, a GP over the telephone.

These reforms will mean that local communities across Australia will have better, more consistent access to after hours care – increasing convenience for families, and reducing unnecessary visits to hospital emergency departments.

To improve older Australians' access to care, from 1 July 2010 the Government increased incentives for GPs who provide services to people in aged care homes.

Complementing these increased incentives, from 2012-13 Medicare Locals will be provided flexible funding to target gaps in primary health care services for people in aged care.

In addition, over time Medicare Locals will be provided with more flexible funding so that they can target services to their local community's specific needs.

These initiatives give Medicare Locals a key role in funding services that complement the Medicare-funded services provided by GPs and allied health providers.



How improved after hours services will help.

During the night a two year old develops a temperature. The concerned parents call the GP after hours advice line where, following a conversation with a nurse, they are put through to a GP. The GP advises that they do not need to take the child to hospital but should see a GP as soon as possible. The Medicare Local has arranged a local roster so that a GP is available for the parents to consult after hours.

# MAKING THE SYSTEM WORK FOR PATIENTS AND PROVIDERS

GPs will remain the cornerstone of primary health care, providing clinical care for individual patients – but Medicare Locals will become responsible for ensuring the primary health care system meets the needs of each local community.

Medicare Locals will be expected to understand and identify issues such as:

- What the health needs of their community are.
- Whether the right health practitioners are available locally to treat them.
- Whether fewer people could be going into local hospitals, if more appropriate care were to be available in the local community.
- Whether the right services are easily available when people are discharged from hospital.

Medicare Locals will use this information to work with local primary health care providers to ensure appropriate care is being provided for the local community.

Medicare Locals will provide support to local primary health care providers to assist them to meet safety and quality standards, and to adopt best practice care.

Medicare Locals will be accountable to their local community through robust and transparent performance indicators.

These indicators will provide local communities with a clear sense of how well their local primary health care system and Medicare Local are performing.

Medicare Locals will report on areas including:

**Need**, including:

- local population and demography
- number of people with particular health needs, such as the prevalence of obesity or diabetes.

**Access to health services**, including:

- the number and local availability of doctors, nurses and allied health providers
- opening hours of GPs and other primary health care services
- availability of bulk billed GP services.

**Quality of local health services**, such as rates of accreditation

**Patient health outcomes**, such as local rates of preventable hospitalisations

How a Medicare Local will help.

A Medicare Local identifies that rates of childhood immunisation in a local community are particularly low. The Medicare Local works with GP practices and community health workers in the local area to promote immunisation to parents and families.





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All information in this publication is correct as of February 2011

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