

HEALTH REFORM FACT SHEETS

Primary Health Care Organisations

Health Care Fact Sheet 4

Information for General Practitioners (GPs) and general practice

Will PHCOs mean major changes for GPs and general practice?

The establishment of PHCOs will occur gradually and their development is not expected to lead to significant initial change for GPs and general practice. Regional PHCOs will play an important role in identifying the health care needs of their local communities and facilitating services to address those needs, especially in areas of market failure. Some of these services may be delivered through general practice, but the focus of PHCOs will be on service gaps, and they will not be in competition with existing GP services.

In many instances PHCOs will support GPs to deliver more comprehensive care by facilitating access to services that complement those currently provided by GPs, particularly around chronic disease care, including facilitating allied health and other support for people with chronic conditions, as identified in GP care plans. Overall, the main changes for general practice will be easier and more coordinated access to the complementary primary care services that patients need.

Will PHCOs pay GPs and general practices?

In the medium term this would be extremely unlikely. Practice funding is expected to continue largely as it is now – through MBS fee-for-service and practice and service incentive payments. PHCOs may work with general practice to deliver specific programs to address local service gaps or support better patient access to care for disadvantaged populations. Some practices may receive additional funding for services provided in this way but in general PHCOs will not directly fund general practice.

How will PHCOs engage with GPs?

GP engagement will be vital to PHCOs. PHCOs have been described by the Council of Australian Governments as "...the GP and primary care partners of Local Hospital Networks (LHNs)." PHCOs will have strong links to general practice and GPs and will operate with strong local governance, including health professional representation. Strong clinical leadership will be a key feature¹. AGPN's blueprint on PHCOs has emphasised that the general practice network is the ideal platform from which to build PHCOs precisely because of its universal engagement with general practice, which will remain the cornerstone of primary health care.

General practice support will also continue to be important and PHCOs will be responsible for ensuring continued levels of support to general practice. This will be provided by PHCOs through, for example, ensuring greater access for patients to the services they need; assisting patients with transitions out of hospital including, where needed, into aged care; better coordinating care between different health professionals and services; facilitating the provision of services to fill service gaps (such as after hours or mental health care services) and; providing more preventive care programs. All of this will support GPs and alleviate the pressure on GPs and general practice.

Will the relationship between a GP/general practice and their patients change?

The introduction of PHCOs will not impact on the doctor-patient relationship. GPs will still retain their fundamental connection with patients and their role in coordinating the clinical aspects of their patients' care. The planning and management of an individual patient's care will remain the responsibility of the GP. GPs will be better supported to effect this management through access to a greater range of primary health care professionals through more connected health care services coordinated by the PHCO. A key stated role for PHCOs is to facilitate access for patients with chronic conditions to allied health and other support, as identified in GP care plans. While this will support GPs in the care they provide to patients, it will not interfere in any way with the GP-patient relationship.

Will GPs/general practice lose autonomy if PHCOs undertake regional service coordination and service planning?

A GP's clinical autonomy will not be affected in any way by the proposed reforms. The services provided by a general practice to their patient population will remain largely unchanged and general practice will benefit from the coordination PHCOs provide around the service needs of their patient population. PHCOs may introduce programs to address particular service needs of local populations that are currently unmet – addressing service gaps is a key role for PHCOs. They may also offer practices a range of models of care provision within which they can work to enhance care for their patients. This could include through programs or incentives to encourage some general practices to provide or link with additional services. It will remain the prerogative of each practice whether they choose to take up such programs or incentives.

What are the main benefits of PHCOs for GPs and general practice?

GPs are integral to health care delivery. They are the frontline medical workforce and are strong advocates for patients – they want the best for them. Australia's health reform recognises this and will enable GPs to exercise this role even further. As part of the wider health reforms, PHCOs will enable GPs to:

- Have more opportunity to improve patient care. By bringing services and providers together and providing services to fill existing service gaps or inequities, PHCOs will allow GPs to offer their patients access to the full range of care services they need.
- Work more collaboratively with other health care providers to improve patient health as well as be more supported in their own GP roles. PHCOs will open the door for GPs to work more closely with nurses, allied health professionals, consultants and other members of the health care team within improved and redesigned care pathways for patients. A key role for PHCOs will be improved coordination and linkage of services and providers. This will occur both within primary health care and also with secondary care as PHCOs will work closely with local hospital networks. This means that access to the full range of support and care services for GPs' patients will be enhanced. It will ease transitions out of hospital and/or into aged care for patients as well as enable a greater focus on the management and prevention of chronic disease.
- Have a broader view over their community's health: while GPs will still be best placed to assess the needs of individual patients, PHCOs will have a major role in identifying the broader health requirements of the local population. PHCOs will work with practices in this role to support them in delivering care appropriate to the needs of the overall community. This could include PHCOs offering practices a range of models of care provision within which they can work to enhance care for their patients.
- Fully use their skills and/or learn new skills: In a more supported, collaborative team environment, GPs can operate to the full range of their abilities, leading the clinical care team and acting more as GP consultants. They can also provide strategic advice and be clinical leaders in clinical governance both at the practice and PHCO levels as clinical governance and leadership will be another significant area of work for PHCOs.