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Medicare Locals ‘fact sheet’ for National Primary Health Care Partnership members

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What are Medicare Locals?

Medicare Locals will be primary health care organisations.

The term "Medicare Local" is simply a name for these organisations. They will not act as Medicare offices and will not just deal with organisations or health professionals that provide Medicare funded services. They will aim to help improve the integration of all primary health (community based, first point of call) care.

What will be their main functions?

Medicare Locals will have a number of functions:

- Improve co-ordination between primary health care, hospitals and aged care.
- Assess the needs of their local communities, identify gaps in services and implement strategies to improve health services.
- Facilitate multi-disciplinary team-based health care for people with chronic conditions or complex needs.
- Assist patients and health professionals to navigate the health care system.
- Facilitate more accessible after-hours care.
- Support the implementation of health promotion and prevention activities.

Why are they being formed?

Medicare Locals are being formed to enhance coordination of primary health care in Australia. Although Australia's health system compares favourably with those in many other countries, services are fragmented and duplicated. There has also been too much emphasis on the treatment of illness in the acute/hospital settings causing unnecessary financial strain on the health system. Medicare Locals will support the provision of care in a range of community settings with the aim of keeping people healthy and minimising unnecessary hospital admissions.

This is particularly important in light of the rising burden of chronic disease and the need for a coordinated approach to management of these conditions.

How will they be formed?

Medicare Locals will be established in three tranches; July 2011, January and July 2012. They will be independent organisations, and not government bodies.

Medicare Locals will be formed from partnerships of local organisations and professionals. The initial proposals to establish Medicare Locals will be led by Divisions of General Practice in conjunction with key local partners. Medicare Locals will continue existing Divisions of GP activities but will expand their services to include a range of different functions. Organisations other than Divisions of GP can lead applications in later tranches. What ever organisation leads applications will require engagement of local partners, particularly partnerships with existing Divisions of General Practice and other primary health care organisations and services, in order to meet the criteria.

It is envisaged that Medicare Locals will reflect the range of organisational expertise needed to deliver an expanded suite of programs and services within defined Medicare Local boundaries and population catchments. Such combinations are expected to include Divisions of General Practice and, depending on the local community and range of other primary health care organisations and services, an Aboriginal Medical Service, a Primary Care Partnership, allied health service, non-government service provider and other appropriate organisations.

AGPN is currently working with all Divisions of GP who have indicated an interest in applying to become Medicare Locals. This information can be shared with NPHCP members to enable them to develop strategies of their own and hopefully facilitate involvement with Medicare Locals.

Importantly, there are currently 111 Divisions of General Practice but there is likely to be only 55-65 Medicare Locals, subject to decisions about boundaries by the Commonwealth Government.

Have their boundaries been determined as yet?

Yes, the boundaries for most states and territories have been finalised but there may be some changes before the final MLs are approved.

You can view the proposed boundaries at:

<http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/MedicareLocalsBoundaries>

Have Medicare Locals commenced operation as yet?

No, Medicare Locals have not yet started operations. There will be a group of 15 that will start in mid 2011, another 15 by January 2012 and the rest will commence operation in mid 2012.

This initial group of 15 Medicare Locals has not yet been selected. The Invitation to Apply was released on 22 February with a deadline for submissions of 5 April 2011 for the first group.

Many Divisions of General Practice are preparing themselves to apply to establish themselves as the first group of Medicare Locals.

Will all Medicare Locals be the same?

No, there will be differences in the way Medicare Locals operate and, in some cases, the way that they are governed. Medicare Local Boards will be skills-based and membership will involve local organisations.

Each Medicare Local will have its own unique challenges. For example, a Medicare Local in the Northern Territory will have different population groups, health needs and geography to deal with compared to a Medicare Local in the eastern suburbs of Sydney.

Furthermore, Medicare Locals will be independent legal entities and therefore will arrange their corporate activities and structures to suit their particular needs.

However all Medicare Locals must meet the criteria established by the Commonwealth Government and will be accountable for performance against a set of national standards.

How big will the populations be that Medicare Locals serve?

It is not yet finalised, but it is likely that Medicare Locals will service between 100,000 and 1,000,000 people. Rural and remote areas will have smaller catchments than metropolitan Medicare Locals.

Will Medicare Locals be the same as Divisions of General Practice?

No, Medicare Locals will not be the same as Divisions of General Practice. Although Medicare Locals will be carrying out the roles currently performed by Divisions, their scope will be expanded to include such things as population health planning, providing support to primary health care professionals, involving consumer groups, and have responsibility for integrating multi-disciplinary models of care. Divisions of General Practice will not be funded by the Government after July 2012.

Are Medicare Locals the same as GP Super clinics?

No, they are not. Medicare Locals will be primary health care organisations that aim to improve access to, and co-ordination of primary health care.

GP Super clinics are new practices set up to provide a range of integrated health care services including general practice 'under one roof'.

What positive benefits can primary health care professionals and consumers expect from Medicare Locals?

Potentially there will be a range of benefits for primary health care professionals and consumers. Some of these include:

- Improved links between a range of primary health care professionals
- The creation of new services where gaps are identified
- An opportunity to influence the delivery of local health care
- Improved chronic disease management in the community
- A greater focus on health improvement and prevention of illness

Who is considered to be a “primary health care professional”?

In the context of this fact sheet, a “primary health care professional” is considered to be any health professional who is accredited by their respective professional bodies (e.g. Australian Physiotherapy Association) and who is involved to some degree in the delivery of primary health care, which can be defined as: the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.

Why do primary health care professionals and consumers need to stay engaged with Medicare Locals?

Medicare Locals represent a potentially big change to the way primary health care is organised and governed in Australia.

The mandates of Medicare Locals will substantially differ from those of any other primary health care organisation, as Medicare Locals will fundamentally be responsible for the whole population and for embracing the whole primary health care sector – incorporating partnerships with the whole spectrum of health (and to some extent non-health) stakeholders.

Medicare Locals will have a significant influence on the planning and delivery of primary health care in the future. Primary health care professionals and consumers will need to ensure they are organised at a local level and engaged in Medicare Local processes and structures.

This reform is a great opportunity for primary health care professionals and consumers to really influence local health planning.

Where can I find out more?

<http://yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/featurednews-20110304>

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