

Member Communiqué

A Medicare Local for Tasmania

It has been over two months since the General Practice Tasmania Network first received the news that the Network was successful in its application to become a Medicare Local. The focus of the Network is on making the new organisation an effective and sustainable organisation that benefits the local and statewide provider communities. With an official start date of 1 November 2011, momentum across the Network has accelerated as the practicalities of preparing for such a transition are significant.

Across Australia, 62 Medicare Locals are being established by 1 July 2012. Although this reform initiative is motivated by a national reorientation of the health system towards primary care more broadly, Medicare Locals will continue to communicate, support and work with general practice as well as other primary health care professionals and their organisations. Medicare Locals in general are being tasked with improving the coordination and integration of primary health care in local communities, addressing service gaps and making it easier for patients to navigate their local health care system.

Recent Developments

During initial negotiations with the Commonwealth in July, a number of substantial revisions were requested in relation to the Medicare Local model originally proposed by the Network. The Network is now in the final stages of negotiating a model which retains the core ingredients of local responsiveness and GP centrality in patient care. The new model adopted by the Establishment Steering Committee (comprising the Chairs, Deputy Chairs and CEOs of each of the current Divisions) is that of a single organisation – Tasmania Medicare Local (TML) Limited – operating from three sites:

- a Southern site with a Central Office, and from which Southern local services will be delivered; and
- two additional branch sites, one in each of the North and North West regions of the State from which local services will be delivered.

TML will be governed by a statewide skills-based Board of Directors – it is not a representational Board where clinical professions are represented individually. Collectively, the Directors (both elected and appointed) will have professional and industry skills, as well as defined personal attributes.

Professional Skills include: strategy; policy development; financial performance; risk and compliance oversight; corporate governance; IT strategy and governance; executive management; and commercial expertise.

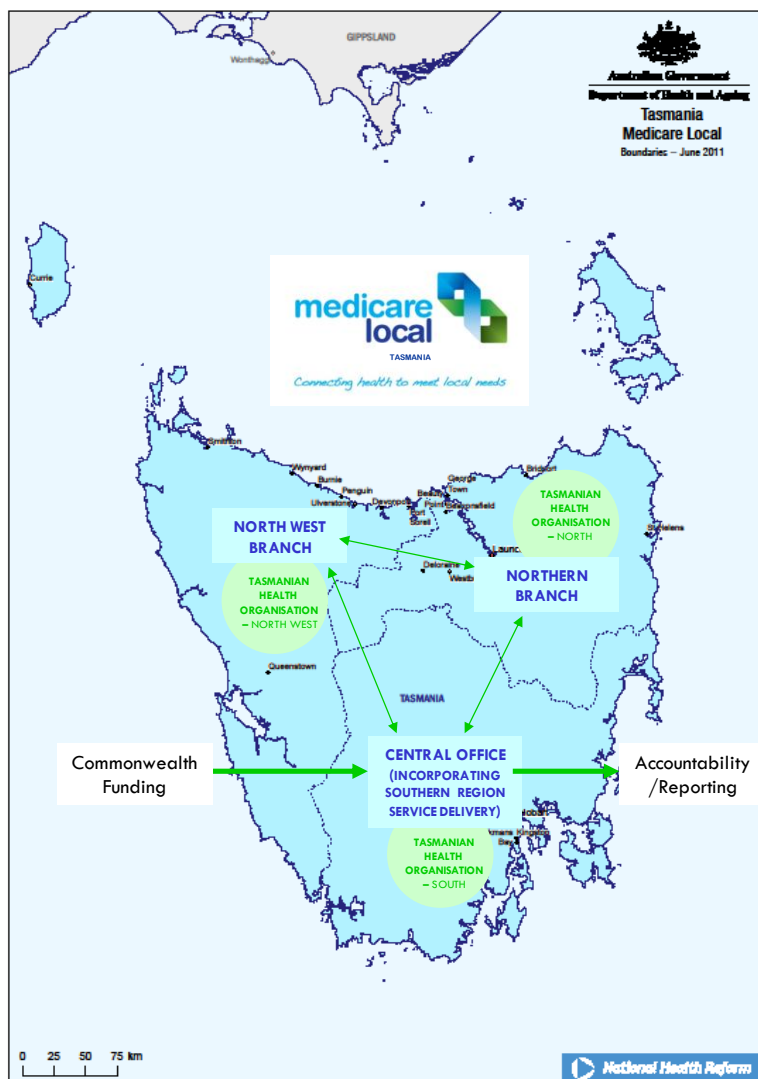
Industry Skills include: health policy, planning and delivery; clinical experience in primary health care; clinical governance; community and stakeholder engagement; and local knowledge.

Personal Attributes include: integrity (ethics); effective listener and communicator; constructive questioner; contributor and team player; commitment; influencer and negotiator; and critical and innovative.

Membership

It is planned that the existing Divisions will be foundation members of TML to ensure that extensive local corporate knowledge and a strong general practice voice are retained. Divisions are integral to the design and establishment of the new organisation and will be involved in planning and all aspects of its implementation. In future, membership will also be expanded to include organisations that work in close association with general practice, and with a demonstrated involvement in and commitment to primary health care in Tasmania.

The proposed model for TML is shown below with the new logo shown:



What will happen to my Division?

Most of the services currently provided by the three Tasmanian Divisions of General Practice will be provided through the branches of the new TML. Separate Commonwealth funding for the three Divisions will cease on 31 October 2011 and funding will be instead directed to TML. All contracts between the Commonwealth and the three Divisions will also be transferred to TML. Unpacking the implications of such a transition in relation to membership is currently a priority for the Network. For example, decisions concerning whether a Division will be retained as an independent entity or dissolved are being discussed by the existing boards of governance. Members can be assured that the Boards across the state are undertaking this process with due diligence.

Will the services that are currently provided by a Division continue to be offered?

The Network – through the Establishment Steering Committee and CEOs – is working to ensure that where possible there is continuity of services for current members. So in the foreseeable future, yes. There is an expectation that the role of Medicare Locals will expand the current activities performed by Divisions and the Network is committed to ensuring that services of the greatest value to general practice and primary care are maintained in the longer term. At this stage there is significant planning to be undertaken to map existing Divisional activities against the funded objectives of Medicare Locals and to prioritise against the available budget for the state.

Information

We will be communicating regularly with members to articulate what to expect before and after 1 November and what the implications of the transition are for general practice more specifically.

There is now a lot of groundwork for the Network to undertake in terms of transitioning current activities to the Medicare Local before the scope of business is expanded over the coming year.

- In the immediate timeframe (from now to 31 Oct) the focus will be on establishing the business/operational side as four organisations effectively merge (internal process and systems, governance and corporate structure, funding and accountabilities).
- In a more extended timeframe (from 1 Nov to 30 June 2012) the focus will be on expanding business (strategic and population planning, stakeholder engagement and partnerships, programs).
- In the longer term (1 July 2012 and beyond) the focus will be to implement new government priorities for Medicare Locals as determined nationally and through local needs assessment, and to seek resources to address local issues that may not be funded elsewhere.

For information about, the Medicare Local application process, policy, Medicare Local strategic objectives and functions, Commonwealth priorities for primary care, as well as the transition of the Network please contact your Division:



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