

Victorian Public Health and Wellbeing Plan

GPV welcomes the opportunity to comment on the Victorian Public Health & Wellbeing Plan. Divisions of general practice (also known as general practice networks or GPNs) will form the foundation of the new commonwealth-funded Medicare Locals through a process of transition during the period leading up to 1 July 2012. GPV is supporting our member divisions through this transition process and our comments in this submission relate to the need to link the state plan to the work of Medicare Locals, to help enable achievement of the Victorian plan's aims.

GPV welcomes the development of a Victorian plan that attempts to take a whole-of-government, whole-of-system and whole-of-life approach. Although the document acknowledges that the rollout of Medicare Locals will have implications for prevention efforts (p.9), GPV suggests that it is worth considering the roles of Medicare Locals in more detail, as they will be a vital mechanism to help engage a range of providers and contribute to achieving the aims of the plan. The Commonwealth is also seeking an increased focus on prevention and Medicare Locals "are expected to improve the focus on prevention and early intervention in primary health care."¹ Medicare Locals will bring together local primary health care players, including, but not limited to, general practice, and will have roles in population health planning, improving coordination for a better patient journey, improving service quality, and implementing programs. Medicare Locals will provide a link to general practices, which are otherwise very difficult to reach – there are approximately 1700 service sites in Victoria. Approximately 80% of the population visits a GP each year, and general practice is therefore an important service site to use for particular prevention activities.

The Plan acknowledges the PCPs' role in planning and coordination (p.29). GPV believes that many of the PCPs achievements in integrated chronic disease management and service coordination have been made possible through the joint efforts of the PCPs and divisions; without divisions, PCPs would not have been able to successfully engage general practice where appropriate. To continue the engagement of all relevant players, it will be necessary to involve the Medicare Locals, in which PCPs will be an important member. Medicare Locals offer engagement with general practice and private allied health and those patients who access them, as well as the possibility of alignment with those commonwealth-funded programs that have similar aims (for example lifestyle modification programs to help prevent diabetes).

Members of the public want to be able to access health services when they need them, and move between them safely and easily as appropriate, irrespective of the service's or practitioner's funding source. In its position statement on *Working with General Practice*, the Department has acknowledged the centrality of general practice as the first point of contact for primary medical care in the Australian health system; and articulated a vision for "a strengthened collaborative interface between the Department, state-funded services and general practice, resulting in more integrated service delivery and better health outcomes for Victorians."² To make this vision into reality, the Victorian Public Health and Wellbeing Plan needs to use general practice service

¹ Australian Government Department of Health & Ageing, 2011, Guidelines for the establishment and initial operation for Medicare Locals.

www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/featurednews-20110222b

² Victorian Government Department of Human Services, 2007, Working with general practice: Department of Human Services position statement, www.health.vic.gov.au/pch/gpp/position_resource.htm p.1

settings, in those instances where the evidence suggests that general practice is an appropriate site for prevention activities. This cannot be achieved through community health services alone, which deliver a small proportion of general practice services in Victoria (in addition to the other valuable work they do).

Medicare Locals will also work in partnership with local government on population health planning; and to address the priorities of Commonwealth and State governments. GPV and the Municipal Association of Victoria have developed a Heads of Agreement to provide a framework for councils and divisions of general practice to collaborate on the establishment and initial operation of Medicare Locals, and other matters of mutual concern in promoting improvements in local health and wellbeing. The document identifies the roles of councils and of Medicare Locals, and a copy is available on GPV's website at www.gpv.org.au.

The Plan gives a good overview of the role of health services in prevention, including the brief interventions in primary care, preventive services for early detection and preventive care, and a systematic approach to management, to prevent or delay development of complications and disability, and to maximise health-related quality of life. Over the past 10 years or so, there have been significant changes in general practice to strengthen a systematic approach to care. These include:

- Implementation of the national Immunisation Program
- recall and reminder systems that enable the practice to take a systematic approach
- implementation of MBS-funded items and Practice Incentives Program payments for preventive care and for secondary prevention (for example 45+ health check, annual cycle of care for diabetes and for asthma; health assessment items also have a secondary prevention aspect)
- increasing numbers of practice nurses, who provide particular services on behalf of a GP, including preventive health checks, as well as allowing practices to do more population based health
- implementation of the PEN Clinical Audit Tool, which enables practices to review clinical data on the practice population, identify those at risk of a particular condition, and make appropriate interventions, and to manage conditions that have been diagnosed, preventing further complications.
- Implementation of the Australian Primary Care Collaboratives, in which practices design and roll out small quality improvement projects, and collect and review standard, agreed clinical measures for secondary prevention/management of chronic disease (e.g. on blood pressure, HBA1C, cholesterol level, adherence to recommended medications, etc.)³

These areas need to be built upon to further strengthen the general practice contribution to prevention. Medicare Locals will play a vital role in this work. Although the Public Health and Wellbeing Plan acknowledges that preventive services are delivered by healthcare providers, including GPs, it would be helpful if general practices were named as one of the service sites where prevention activity needs to occur. GPV acknowledges that general practice is not the main site for health promotion and prevention in general, but it has an important role in some prevention activity.

Another relevant area of work is in preventing infectious disease. In the case of Viral Hepatitis, treatment following diagnosis also contributes to prevention. GPV has worked with some

³ Results of some 'waves' of the program, including the measures collected by all participating practices can be viewed at http://www.apcc.org.au/about_the_APCC/program_results/

divisions and other local service providers to develop a new model of integrated service delivery for Hepatitis C, to provide access to care in the community to people who were missing out on treatment. In this model, high-caseload GPs become the main care provider, with specialist support, instead of the specialist hospital-based clinic being the main provider (e.g. satellite Hepatitis Clinic in Swan Hill, with visiting medical specialist and specialist nurse). The program includes education and training, including for GPs to become credentialled Hepatitis C S100 prescribers. The model contributes to better access, because the target group are reluctant to access hospitals and/or find it difficult to travel to undertake the necessary treatment. It is also related to public health and prevention through increasing access to treatment for injecting drug users and contributing to reduced some people are unable to travel to the city hospitals to undertake the necessary treatment; a more cost-effective care model; and prevention of further transmission.

GPV looks forward to the release of the Victorian Primary Health Care Plan to complement the Public Health and Wellbeing Plan to articulate the role of primary health care providers, including the private sector, so that Medicare Locals can fully contribute to strengthening the Victorian health care system.



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