



Victorian Healthcare Association

Optimising health outcomes for all Victorians



GP SUPER CLINICS

-VHA BOARD ENDORSED POSITION STATEMENT 200804-

The Victorian Healthcare Association

Level 6 | 136 Exhibition Street | Melbourne | VIC | Australia | 3000
Tel: (03) 9094 7777 Fax: (03) 9094 7788 Email: vha@vha.org.au

www.vha.org.au
ABN: 54 004 228 111



Executive Summary

GP Super Clinics have the potential to improve community access to primary health care and to contribute positively towards the health of Victorians. However, there must be collaboration with existing frameworks of health service provision such as: community health, primary care partnerships and local government.

The VHA supports the application of operational guidelines by the Commonwealth Government to ensure that GP Super Clinics **do not concentrate their services solely on remedying sickness**. An important opportunity exists for these clinics to focus on *preventative care*, as a key part of their service model. Systematic implementation of GP Super Clinics must ensure quality, safety, equity, efficiency and sustainability of resources.

The VHA acknowledges that new approaches to health service delivery are necessary to ensure Australians continue to enjoy access to health services, when and where they need them. New approaches to prevention, primary health care and health workforce structures are needed to address contemporary health issues attributable to lifestyle, social disadvantage and ageing.

To fulfil these goals, GP Super Clinics must be based on sustainable business models and flexible funding packages that do not reward throughput at the expense of patient outcomes. This may mean the dismantling of existing siloed approaches to health care.

The Victorian Healthcare Association

Level 6 | 136 Exhibition Street | Melbourne | VIC | Australia | 3000
Tel: (03) 9094 7777 Fax: (03) 9094 7788 Email: vha@vha.org.au

www.vha.org.au
ABN: 54 004 228 111

The Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the major peak body representing the interests of the public healthcare sector in Victoria. Our members are public hospitals, rural and regional health services, community health services and aged care facilities



Objectives

The Commonwealth Government expects that GP Super Clinics will:

- Provide their patients with well integrated multidisciplinary patient centred care
- Respond to and reflect the needs and priorities of local communities, particularly the needs of Aboriginal and Torres Strait Islander people
- Provide accessible, culturally appropriate and affordable care to patients
- Support preventive care
- Demonstrate efficient and effective use of Information Technology
- Provide a working environment and conditions that attract and retain a skilled workforce
- Be centres of best practice care
- Operate with viable, sustainable and efficient business models
- Support the training and development of the future primary care workforce
- Integrate with existing local programs and initiatives

Policy Context

The Federal Government has committed \$223.2 million over four years to establish GP Super Clinics and boost primary health care capacity across Australia. In Victoria, this represents a commitment of \$16.5 million or 7.4% of funding.

Each GP Super Clinic will bring together general practitioners, practice nurses, visiting medical specialists, allied health professionals and other health care providers to better deliver integrated primary health care, tailored to the needs and priorities of the local community.

Clinics will be developed at the following locations:

Location	Funding	Comment
Berwick	Up to \$2.5 million	Community consultation expected by early 2009
Wallan	Up to \$1.0 million	Community consultation expected by early 2009
Ballan	Up to \$1.0 million	The VHA understands that this community has advocated for additional health services for some time and has well developed plans in place
Bendigo	Up to \$5.0 million	Community consultation expected in late 2008
Geelong	Up to \$7.0 million	Designed to be a teaching practice for registrars based on a model in which the GP is responsible for legal obligations such as writing scripts

GP Super Clinic National Program Guidelines

GP Super Clinics policy aims to improve the delivery of primary health care to Australian communities. However, some contradictions exist within the National Program Guidelines. The VHA applauds the goal of improved primary health care services but the current Medical Benefits Scheme system supports a throughput system. This approach works for some segments of the community but does not always facilitate the best outcomes for clients with complex health needs, such as newly arrived migrants or people with complex chronic care or mental health issues. To improve primary health outcomes these systemic funding and structural issues must be addressed.

The National Program Guidelines state that: "GP Super Clinics will be strongly encouraged to bulk bill" but does not articulate how this will be achieved. The National Program Guidelines also state that "GP Super Clinics will be viable, fully capable of operating without separate Commonwealth recurrent funding at the end of the four year funding period" (Department of Health and Ageing, 2008). Achieving sustainable business models and also providing integrated multidisciplinary care that is bulk billed may not be achievable under current MBS funding arrangements.

Significant public resources are being committed to the building of infrastructure under this project. As such, the VHA would like to see community participation in the governance of these organisations. The VHA is disappointed that the existing program guidelines provide little information about ongoing community participation in service governance and

development.

The development of local partnerships to facilitate improved service integration and referral pathways with other primary health care providers and the acute sector are important aspects to improving client outcomes. The National Program Guidelines provide insufficient guidance on how GP Super Clinics will be required to participate in partnerships external to their organisations and what strategies will be used to improve referral pathways.

Community Involvement

GP Super Clinics must allow clients and communities to play an active role in their health and wellbeing through culturally, geographically and socio-economically accessible services. Community involvement benefits both the service and the community and there is evidence that working with the community rather than on the community is a successful model (Kellehear, 2007, Milburn, 1995, Tett, Crowther and O'Hara, 2003, Whitehead, 1991). In Victoria, community ownership already plays an important role through community-managed health services.

The VHA acknowledges that GP Super Clinics are designed to be diverse, innovative and responsive services determined by locality. In Victoria, Community Health Centres (CHC) are already strategically located within communities. This enables and encourages access, interaction, social inclusion and community participation. CHC put into practice the Ottawa Charter declaration that "health is created and lived by people within the settings of their everyday life; where they learn, work, play and love". The VHA



believes collaboration with and learning from the CHC service model could add significant value to the implementation process for GP Super Clinics.

The provision of adequate services in any non-metropolitan area poses logistical and economic problems for health authorities (Palmer and Short, 1989). To achieve local solutions for local needs, the VHA believes strongly in the importance of local boards of management. This decision-making model ensures services are delivered to best meet the community needs - based on independence, community knowledge and leadership.

Policy Barriers

For GP Super Clinics to meet their stated objectives it is important that systemic barriers that exist currently within the Australian primary health care system are addressed. This includes:

- Improving access to primary health care services by addressing blockages to service access. This can be achieved by increasing the scope of services for which health professionals can access MBS funding. This may include increased access for allied health professionals, practice nurses and nurse practitioners
- Fee for service models work where episodic care is required. However, other funding models are needed where more complex needs exist and to increase access to preventative health programs. These models could include funds pooling, disability packages and block grants for chronic disease management.

Sustainable business models based on improved health outcomes rather than high throughput will only be achieved when *flexible* funding models exist. To achieve better patient outcomes the existing siloed approaches to health care must be dismantled.

Role of the Victorian Government

The VHA believes the role of the State Government in GP Super Clinics is unclear, especially in Victoria which already has a robust community health sector and a unique governance system that incorporates independent boards of management across the health system. An indication of the strength of Victoria's primary health care system is evident in the fact that Victoria receives only 7.4% of funding versus 12% in NSW and 18% in Queensland.

The VHA supports the plan to model the GP Super Clinic system around the needs of individual communities, rather than adopting a one-size-fits-all approach. This relies on investment in systemic infrastructure to identify population health needs and a funding system that facilitates adaptability.



VHA's Position

For GP Super Clinics to be successful the VHA advises:

1. Integration and collaboration

As another level of service delivery, GP Super Clinics must not operate in isolation. Rather they must engage and connect with current models and platforms of service delivery such as: community health, primary care partnerships, local government, acute services and the not-for-profit sector to facilitate integrated health care and health promotion that meets local community needs.

2. Viability

GP Super Clinics must be financially sustainable.

All Commonwealth monies payable cease on the fourth anniversary of the date of the agreement and are primarily for capital infrastructure. Small time-limited recurrent funding will be available to cover additional administrative costs associated with operating a GP Super Clinic. Effective business models must be implemented to ensure ongoing service delivery is of the highest quality and safety.

3. Access and need

The VHA supports the provision of care to those most in need. However, those in most need are often not the first to walk in the door. GP Super Clinics must, therefore, have the capacity to proactively target disadvantage and those in need.

4. Workforce

The VHA supports any initiative to develop the health workforce and encourages government investment in innovative models care, such as the use of nurse practitioners in these settings.

5. Innovation

The VHA notes that GP Super Clinics represent an approach at a national level that is not dissimilar to the structure of Community Health Services in Victoria. As such, GP Super Clinics are not seen as a panacea to access issues that exist within the Australian healthcare system, but provide an additional service platform to complement the existing system.

To systemically address the many factors straining our health system, initiatives must be developed within the traditional health system and other sectors.

These include:

- a. Flexible funding models
- b. Service integration
- c. Partnerships
- d. Improved urban planning initiatives - such as the development of healthy cities
- e. Reduction of social injustice and
- f. Improved access to education

6. Governance

The VHA believes best practice in governance arrangements across GP Super Clinics should incorporate the following:

- i. Community-based corporate governance structures should be a key element of each GP Super Clinic. Through such governance arrangements organisations are supported and guided to ensure effective performance of their stated goals. This adds value to local communities and increases the potential of GP Super Clinics to address the health needs and priorities of their communities.
- ii. Ensuring that GP Super Clinics meet community needs should be a priority of their governance arrangements. This should be achieved through engagement with local communities and local representation on boards of governance. Boards set the strategic direction, organisational policy directions and management performance expectations for the organisation (VHA, 2003).
- iii. Effective governance arrangements play a significant role in ensuring organisational compliance with laws and standards, particularly in the areas of quality and safety.
- iv. Clinical governance frameworks need to emphasise the range of systems and processes required to ensure the ongoing monitoring and review of quality and safety within an organisation. Effective clinical governance requires services to have an effective organisational system that includes: quality indicators that cover the quality and safety dimensions of effectiveness, appropriateness, acceptability, accessibility and efficiency. These systems must be monitored regularly and overseen by governing bodies through the provision of high level overview reports.
- v. Clinical governance is not about managing relationships between health professionals as stated in the National Program Guidelines but about shared responsibility for quality and safety within organisations and services. Nor is just about clinical performance and throughputs, but is about the clinical quality and safety of care provided to clients and consequently, client outcomes.

7. Connectivity

Information technology plays an important role in ensuring continuity of care. Ensuring that IT platforms are in place within GP Super Clinics, which integrate with platforms already in place across the health systems is vital to ensure a contemporary health care system.

References

- Department of Health and Ageing. GP Super Clinics National Program Guide, Canberra: Australian Government, Department of Health and Ageing, 2008
- Kellehear A (2007) Health promotion and palliative care. *Palliative Care: A Patient-centered Approach*;
- Milburn K (1995) A critical review of peer education with young people with special reference to sexual health. *Health Education Research*;10(4): 407-420
- Palmer GR, Short SD (1989) *Health care and public policy: an Australian analysis*. Macmillan, South Melbourne
- Tett L, Crowther J, O'Hara P (2003) Collaborative partnerships in community education. *Journal of Education Policy*;18(1):37-51
- Whitehead M (1991) *The concepts and principles of equity and health*. Oxford Univ Press



Level 6 | 136 Exhibition Street
Melbourne | VICTORIA | 3000
Ph: (03) 9094 7777
www.vha.org.au