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PHCOs: What might they mean for Victoria?

VHA Conference

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Bill Newton, CEO General Practice Victoria

How will PHCOs be formed?

- Where possible, Medicare Locals will be drawn from those Divisions of General Practice that have the capacity to take on the roles and functions expected under the new arrangements.

(A National Health and Hospitals Network (Red Book), p 40)

- The Commonwealth recognises the need for ongoing engagement and collaboration with States

(B6) in National Health & Hospitals Network Agreement 20/4/10

From COAG agreement

- Commonwealth and States will develop agreed implementation plan for services transferred to Commonwealth (B6)
- States will continue to operate transferred GP and primary services... the Commonwealth will not substantially alter delivery mechanisms, without agreement by the relevant state, for 5 years from 1/7/11 (B7)
- States “will not establish duplicate GP and PHCOs” (B23)

PHCO responsibilities (B26)

Aim: Easier for patients to navigate.. More integrated care.

- a) Work with local health professionals – services to collaborate so patients can access what they need easily
- b) Facilitate allied health care & other support for people with chronic conditions, as identified in GP care plan
- c) Identify groups missing out on GP and PHC, or local needs, and better target services to respond
- d) Work with hospital networks on pathways, transitions
- e) Deliver health promotion and preventive health programs
- f) undertake population level planning and potential funding roles in areas of market failure

What else do we know about PHCOs?

- Who will be their members?
- What governance?
- Will PHCOs be a network? What will it look like?
- Who will do the current work done by divisions?
- How do we extend practice-level support to allied health?
- How will PHCOs engage with the existing primary health care sector?

What GPV has been saying...

- Many of the existing strengths of the Victorian system require the continued involvement of other players, even with the creation of PHCOs :
 - The well developed sub-acute system in Victoria
 - Strong relationships with state health
 - Strong relationships with other private providers
 - Local government delivery of immunisation and HACCC
 - A strong culture of 'partnership' between agencies and services

GPV & VHA: Roles of PHCOs

- Implementation of a population health planning approach to PHC, including service planning, workforce planning and community development
- Improving PHC services' capacity for data collection, aggregation and use, including appropriate infrastructure
- Coordination of PHC services to provide connected care
- Strengthening and building the capacity of the existing PHC service delivery infrastructure, with the aim of improving access, effectiveness, efficiency and sustainability of services
- Supporting health services to improve safety and quality

The aim is to improve the health system.

Our advice

- Recognise the increased role of the states since COAG
- Understand that PHCOs will be new organisations
- Strengthen partnerships with all local stakeholders
- Continue to deliver on usual business, contracts, etc
- Be prepared for serious work in their regions when states start negotiations after COAG.

What next?

- Working Groups at State and Commonwealth departments
- Minister Andrews (12 May):
 - ‘rock solid guarantee’ that any reforms agreed to by Victoria will build on the Victorian system’s existing strengths in primary health care, to achieve the most integrated outcome possible.
 - ‘round table’ of Victorian PHC stakeholders to provide input to the Victorian Government’s negotiations with the Commonwealth.
- GPV Forum for Division Chairs and CEOs 21 May
 - Work with all Victorian divisions on developing a position on PHCOs that we will take to future negotiations.

Everyone is part of the solution

Come, let us reason together