



**Submission in Response to
Discussion Paper on Governance and Functions
of Medicare Locals**

**Prepared by
National Policy Office**

December 2010

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INTRODUCTION

COTA Australia is the national policy arm of the eight State and Territory Councils on the Ageing in NSW, Queensland, Tasmania, South Australia, Victoria, Western Australia, ACT and the Northern Territory.

COTA Australia has a focus on national policy issues from the perspective of older people as citizens and consumers and seeks to promote, improve and protect the circumstances and wellbeing of older people in Australia. This submission incorporates the views of our members collected through various consultation mechanisms.

COTA endorses the World Health Organisation's (WHO) definition of health as 'a state of total wellbeing, not just the absence of sickness. Health is everything about our lives—physical, emotional, spiritual, political, economic, social and financial'.

COTA has long called for a more integrated health system with a greater emphasis on improved access to high quality primary health care. We believe that to effectively meet the needs of older people, health services should have the capacity to provide a diverse array of flexible supports and care that are responsive to individual need. As the population ages and older people continue to live in the community for longer and with more complex care needs there will be greater demands on primary health care services both in quantity and complexity of the support and care that will be needed.

In our submission to the Productivity Commission inquiry into Caring for Older Australians we called for better linkages between the health and aged care systems and this extends to primary health care as well as the acute setting. Older people want to be have their changing health and care needs met by a responsive system and Medicare Locals will play a critical part in ensuring smooth transitions between health and aged care, both at home and in residential settings.

COTA supported the recommendations from both the National Primary Health Care Strategy and the final report of the National Health and Hospital Reform Commission which called for development of integrated primary health care services and the introduction of primary health organisations on a geographic basis. We welcome the COAG decision for the Commonwealth to take over 100 per cent funding responsibility for primary health care and support the development of Medicare Locals.

Our submission addresses the three key areas identified in the discussion paper.

ISSUES

What will Medicare Locals do?

COTA agrees that the proposed five functions for Medicare Locals cover the main areas of activity for enhancing primary health care services. To deliver on all these functions they will need to be adequately resourced and have most of the primary health care providers in the catchment area as members. They will need to ensure that their governance structures include participation by all health professionals, not just GPs

Our first issue is with which health services are to be included in the Medicare Locals responsibilities. For many older people living in the community rehabilitation or restorative care and community palliative care services are key services that need to be integrated with their ongoing primary health

care needs. We recommend that these should be included in the remit of the Medicare Locals in terms of planning and working towards the development of locally integrated services.

We would like to see more emphasis on the needs of older people to access primary health care, not just in residential care but in the community. If people are to successfully age in place they need the support of the primary health care service to help with management of chronic health conditions as well as pre and post acute care. The services needs to be flexible and responsive to people's changing needs and there needs to more attention paid to providing services in people's own homes when they are frail or have mobility problems that make attending at a surgery difficult. Medicare Locals are seen as having a role in getting primary health care into residential care and this could be extended to more community home visits.

We welcome the principle that says Medicare Locals will support initiatives that improve the prevention of disease. We think they must play a pivotal role in preventative health and that will require them to work closely with the new Preventative Health Agency and Public Health Services in the States and Territories Health departments. This relationship needs further development.

COTA see three main challenges for Medicare Locals. The first is the conflict between their role as a coordinator and support for the service providers in their area and what appears to be their growing role as a service provider themselves. This tension already exists with Divisions of General Practice and the breadth of proposed functions for Medicare Locals would seem to exacerbate this.

The second is that whilst Medicare Locals can identify needs in the community they are not able to directly control the supply of an adequate workforce to deliver on those services. This is not only in relation to General Practitioners but also allied health professionals and nursing staff. For many older people the main problem they identify at the moment with primary health care is inability to access it, with long waits for GP appointments, limited access to allied health professionals etc and there is nothing in the discussion paper about how that element of access is going to be addressed.

The third challenge is the fact that much of primary health care is currently delivered by private providers, e.g. GPs and allied health professionals, and so they cannot be forced into working with the Medicare Locals. There will need to be significant effort devoted in the early stages to maximising the membership of Medicare Locals and developing cooperative arrangements with service providers that do not necessarily want to be members.

COTA believes that it is important to look at the three way relationship between Medicare Locals, LHNs and the aged care system. This is particularly with regard to the proposed integrated "front-end" services for all forms of aged care, especially if they are to be effective in coordinating the transitions across primary, acute and aged care.

There needs to be joint planning across the three sectors and Medicare Locals could take a lead role in this process for both primary health care and aged care services. It may even be possible for the Medicare Locals to take on some of the aged care front end functions in terms of information provision and initial assessment for services.

What will Medicare Locals look like?

COTA agrees with the principles for the governance and organisation of the Medicare Locals as outlined in the discussion paper.

We would like to ensure that the governance structures are not dominated by the technical

decision makers. Whilst we support the principle of allowing local flexibility to meet local need COTA would like the principles to include more definitive statements about the need to have consumers in the governance structures.

This should also include the need for Medicare Locals to work closely with the state-based health consumer organisations and other consumer groups like COTA to access a pool of consumer representatives. There should always be more than one consumer representative, with diversity in terms of age, cultural background, etc – recognising this will depend on local circumstances.

We would also like to see a requirement on Medicare Locals to hold consumer forums, at least annually, to give a wider pool of consumers an opportunity to provide feedback and hear about developments within the area. Where there are significant minority populations effort should be made to ensure their views are included, either through separate feedback processes or facilitating their inclusion in the broader sessions.

As mentioned above we want Medicare Locals, LHNs and aged care front end services to work in a more coordinated way. We support some common membership and believe there needs to be some joint planning arrangements.

There would also need to be a formal cooperation agreement or memorandum of understanding that clearly outlines each organisation's areas of responsibility and how they will cooperate. Reporting on how these are working would be included in the report to the Commonwealth and National Performance Authority. This would include a 360 degree report with the other partners and consumers supplying assessments on how this is working.

The membership of Medicare Locals should be open to all providers of primary health care in the catchment area and Medicare Locals should encourage as broad a membership as possible. As discussed above one of the critical success factors will be their ability to have a high proportion of the providers in the area as members and participating in their programs.

COTA is also interested in how Medicare Locals would interact with Aboriginal Community Controlled Health Organisations (ACCHO) which traditionally have not participated in Divisions of General Practice. As a minimum we believe Medicare Locals that have an ACCHO in their catchment area should develop cooperative arrangements with that ACCHO so that they participate in planning processes and share innovations and initiatives to help close the gap in Indigenous health.

COTA believes Medicare Locals and LHNs should have common boundaries and these could then have been used as the catchment areas for the aged care front end services.

What is also not clear is what national coordination of Medicare Locals processes would be in place similar to the role currently played by the AGPN. COTA believes there should be some such mechanism so that Medicare Locals can share experiences and develop common tools and approaches.

How will Medicare Locals interact with patients and providers?

We have already discussed the need for consumers to be part of the governance structures and to hold regular consumer forums to provide feedback on what is happening and provide

input into the planning process.

We have also touched on the need for Medicare Locals to build strong relationships with their members and with providers who are not members. In this regard we think it is important that they establish some formal mechanism of cooperating with the aged care services, residential and community, in their catchment areas. Whilst it is hard to provide meaningful data on how such relationships are operating it would be useful to have some qualitative data, which as we indicated earlier should be included in all reports.

We support in principle the production of the Healthy Communities Reports and believe they should include health status and geographically-specific data about risk factors in the community (smoking, physical activity, nutrition). Potentially such information could be aligned with plans by local government and this would help to achieve the health equity objective. These reports should include a summary of consumer feedback.

We certainly support these reports being written in a way that makes them understandable to consumers. They should be widely available through a variety of sources and believe the Medicare Locals should ensure people know they are available and provide copies on request.

CONCLUSION

COTA welcomes the development of Medicare Locals as a key step towards a more integrated and person health care system. Overall we support the direction and principles for their development as outlined in the discussion paper.

We are keen to see more consumer participation in these organisations as a way of ensuring consumers' needs are addressed and their feedback acted on. In our submission we have outlined how this might be achieved both through formal governance arrangements and more widespread interaction with individual consumers and consumer organisations.

COTA looks forward to seeing the first 15 Medicare Locals operating in 2011 and believes that their role will evolve over time as all providers and consumers understand the opportunities they present to improve health and well being of all Australians.