

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Inquiry into Factors Affecting the supply of Health services and Medical Professionals in Rural Areas

11 May 2012

Question no: 2

OUTCOME 12: Health Workforce Capacity

Topic: FACTORS AFFECTING THE SUPPLY OF HEALTH SERVICES AND MEDICAL PROFESSIONALS IN RURAL AREAS

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*In relation to the make-up of Medicare Locals:*

The Chair and Senator Moore asked:

Every professional group feels as though they should have a role in Medicare Locals and that, if they are not in it, it is not going to be able to operate. Maybe if you look at *Hansard* and take it on notice to respond to that

Answer:

Medicare Locals are responsible for working with local primary health care providers to identify the health needs of their local areas, and develop locally responsive and integrated services. Specialists also have a role in contributing to key decisions about the design and delivery of local services through membership of Medicare Locals, and in participation in Medicare Local governance structures and advisory committees.

The Guidelines for the establishment and initial operation of Medicare Locals require governance arrangements to promote strong linkages with local health care professionals, Local Hospital Networks, and the community to ensure that services work with each other.

For example many Medicare Locals are setting up Primary Care Clinical Advisory Committees (or Governance Committees) to engage clinicians to develop patient flow and clinical pathways for their local communities. Clinicians also have opportunities to provide input into joint service planning and service integration and coordination, via community forums and other meetings being facilitated by Medicare Locals.

Medicare Locals are planning strong linkages between themselves, local health professionals and Local Hospital Networks. An example of this work is where the Metro North Brisbane Medicare Local has put Memorandums of Understanding in place with each of the hospitals in its local area, under which they agree to particular schedules of work each year. In 2012, the Medicare Local and the hospitals have agreed to jointly work on facilitating more seamless electronic communication of patient information between the hospitals and primary health care services.

The recent Australian Government's 2012-13 budget provision will also provide for continuing support for the involvement of clinicians in health reform through the delivery of three new complementary and interlinked strategies through the Commonwealth's Lead Clinicians Groups (LCGs) initiative. The three new strategies include: enhancing the role of the National LCH through its Terms of Reference; establishing a national Collaborative Clinicians' Network with state and national forums; and providing funds to the Australian Medicare Local Alliance (AMLA) to work with Medicare Locals and the National LCG to deliver projects that encourage cross sector collaboration.

The streamlined LCG initiative recognises the integral role of clinicians in the health system and will build on existing efforts to promote clinical leadership and engagement across the acute, primary and aged care sectors. This engagement will promote best practice and innovative models of integrated care at the local, state and national levels.