

How should GPPAC advise the federal health minister?

Jill Maxwell, General Practice Partnership Advisory Council, **Peter McInerney**, Rural Doctors Association of Australia

The General Practice Partnership Advisory Council (GPPAC) is an independent ministerial advisory body established in 1998. The Council was established to progress the recommendations of the 1998 General Practice Strategy Review and to address any other general practice issues placed before it by the Minister.

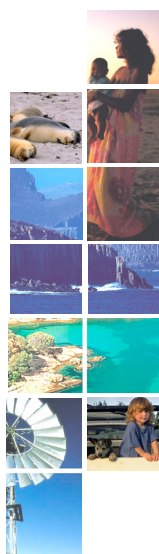
Members of GPPAC are ministerially appointed. The Council comprises general practitioners nominated by the peak general practice bodies, independent general practitioners selected by the Minister, and nominees of the Australian Consumers Association, Health Consumers of Rural and Remote Australia Inc (HCRRA) and the National Aboriginal Community Controlled Health Organisations (NACCHO). The Chair of GPPAC is Dr Jill Maxwell, an independent general practitioner from Adelaide. A list of all members of GPPAC is attached.

GPPAC's power point presentation at the 7th National Rural Health Conference will highlight GPPAC's current work and early advice to the Minister for Health and Ageing, particularly in relation to rural and remote general practice. Members of the GPPAC Executive will also be attending the conference and are very keen to hear the views of conference attendees about national policy objectives in general practice and more broadly primary health care. Our session at the conference will encourage audience participation. GPPAC wants to here your views on the future direction of general practice in Australia.

GPPAC 2002-03 builds on the Council's earlier contribution to implementing the 174 recommendations of the General Practice Strategy Review. To reflect the progress that GPPAC has achieved in implementing these recommendations and to meet its future objectives, the Council has recently undergone a significant restructure.

During 2002-03 the overall objective for GPPAC will be to provide advice to the Minister for Health and Ageing on short and longer term policy options and program development opportunities with the aim of addressing the needs of Australian consumers for accessible, viable and quality general practice. Specifically, GPPAC will address:

- improving general practice quality of care for complex and chronic conditions
- improving community access to quality general practice and primary health care
- improving integration and co-ordination of general practice with other health and community care services.



GPPAC TASKFORCES

In order to achieve these objectives, the Council has established two taskforces covering chronic disease management and integration of GP services, and improving access for consumers to quality general practice and primary health care.

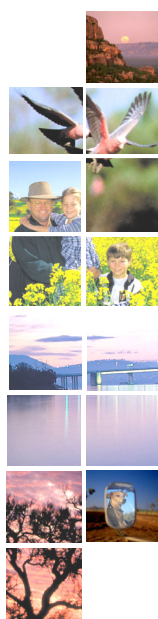
Each taskforce has identified a range of key questions and key result areas relevant to its goals and is currently analysing existing strategies and/or programs that are being implemented at the national level to assess their effectiveness in addressing these issues. The taskforces will aim to identify any gaps and/or opportunities in these strategies or programs as a basis for developing short, medium and longer-term options and advice for consideration through the full Council and subsequent advice to the Minister.

The role of the Chronic Disease and Integration Taskforce, chaired by Dr John Aloizos, is to improve the quality of care for people with chronic and complex conditions based on the evidence, where available, with due consideration to the need for improving integration and co-ordination of general practice with other health and community services. In preparing advice for the Council's consideration, the Taskforce is developing policy options in areas such as GP financing, education and training, screening, system capacity, patient linkages and primary health care integration. For example, the taskforce is analysing the numerous policy initiatives announced over recent Commonwealth Budgets to identify areas of current health policy that could be streamlined to improve chronic disease management and integration. The taskforce is also examining how practice structures and capacity could be developed to ensure that improved practice management leads to improved chronic disease management and health systems integration.

The Access Taskforce is chaired by Mr Tony Wade and its focus is on improving community access to quality general practice and primary health care. The taskforce's working definition of access is "people getting to GPs and GPs getting to people – particularly in rural/urban fringe areas" reflecting the fundamental challenges that need to be overcome. The first priority area to be addressed by the taskforce is the issue of availability of GPs and affordability of GP services to government, consumers and GPs. The taskforce recognises that from a GP perspective, affordability includes practice viability. To assist the taskforce in this task a series of consultations are being undertaken in early 2003 to canvas a wide range of views relating to the availability and affordability of GPs. GPPAC is particularly interested in how the primary health care system may be improved and, within the current climate of fiscal constraint, resources better allocated to achieve improved outcomes for consumers and providers of primary health care services.

GPPAC STANDING COMMITTEES

As part of the recent restructure, GPPAC has also maintained three key standing committees. These standing committees will concentrate on the important general practice program areas of the Divisions of general practice, Rural and Remote issues, and Quality, Research, Evaluation and Development (QRED). The focus of each standing committee is to develop strategic advice on program design, implementation and evaluation and to actively promote emerging issues for GPPAC's consideration.



The Division's Standing Committee recently made a submission to the "Review of the Role of Divisions of General Practice" reflecting GPPAC's position that the divisions of general practice provide the essential infrastructure through which many of the reforms in general practice and primary health care can be best achieved. GPPAC believes that investment is required in Divisions of general practice to achieve the competencies required in governance and operational management particularly in the areas of education and information management. This is essential if divisions are to lead, support and encourage:

- team-based approaches in general practice
- continuous quality improvement in general practice
- the capacity required across the primary medical care system to capture, transfer and analyse data and information to drive population health and chronic disease management
- partnerships with agencies that can provide specialised advice such as academic institutions.

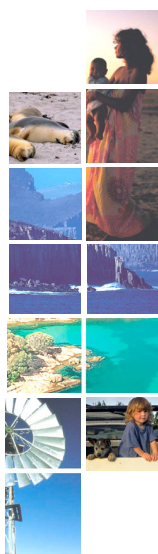
The Quality, Research, Development and Evaluation Committee of GPPAC provides strategic direction on ways to measure and enhance quality in general practice including:

- developing a quality framework for general practice
- promoting a research and evaluation culture in general practice
- increasing the use and acceptance of evidence, including evidence-based guidelines by general practitioners
- using a research and evidence base to identify and promote action around health priorities
- developing skills and support for general practitioners to increase their involvement in research.

As a result of the work of the Quality, Research, Development and Evaluation Committee to date, GPPAC has recommended to the Minister that as a first step in developing a national quality framework for general practice, an initial review of all quality related work in general practice should be undertaken and that the Royal Australian College of General Practitioners is the appropriate body to develop and co-ordinate the national quality framework.

GPPAC also believes that the encouragement of general practitioners to practice evidence-based medicine will be assisted by making the British Medical Journal's "Clinical Evidence" widely available to general practitioners. GPPAC has urged the Department of Health and Ageing to give a high priority to researching and evaluating the effectiveness of the use of the BMJ publication in the context of Australian general practice.

The Rural and Remote Standing Committee is chaired by Dr Peter McInernery who is the Rural Doctors Association of Australia's nominee on GPPAC. The Standing



Committee has agreed that that the following key issues should be considered as matter of priority:

- enhance and develop strategies for the survival of rural and remote procedural medicine in view of the issues surrounding medical indemnity and in view of the state/territory variance in approaches to medical indemnity
- identify viable models of rural and remote general practice
- address Aboriginal and Torres Strait Islander issues including exploring benchmarking across all funding that impacts on Aboriginal health, and progressing the rural nursing initiative
- facilitating the development of pathways to rural and remote medicine.

GPPAC views with concern the decline in rural procedural medicine and recognises that a national co-ordinated approach is required to address the issue. Therefore, GPPAC has recommended to the Minister that the Commonwealth urgently progress through the Australian Health Minister's Conference a national plan to:

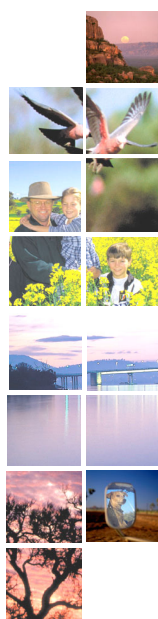
- maximise the safe use of rural facilities
- encourage the development and maintenance of procedural skills by rural doctors
- encourage the entry of new graduates into procedural practice
- measure the implementation of this at the national level
- encourage better co-operation between the various state health departments and the Commonwealth.

GPPAC'S UNIQUE POSITION

In promoting general practice and general practice issues, the Council has established and maintains strong links with many organisations involved in general practice and primary health care. Since the Council's establishment members co-opted by GPPAC to its taskforces and standing committees have contributed enormously in bringing a broad and diverse range of perspectives to all the issues that GPPAC addresses and this is continuing under the new structure.

Membership of each of the GPPAC standing committees and taskforces includes co-opted members from a range of organisations and interest groups and views on the development of options are being sought from a broad range of stakeholders. GPPAC will also continue to work in collaboration with all state and territory government jurisdictions to ensure general practice issues are considered when new policies and programs are being developed that will impact on general practice.

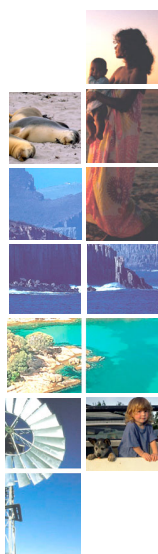
As a Partnership Advisory Council, GPPAC's role is to provide the Minister for Health and Ageing with advice on policy options that take into account the views of GP representative bodies, GPs, consumer organisations and NACCHO. The restructured Council continues to provide an effective vehicle for the primary health care sector and the community to canvass national policy and program issues and develop



options to enhance general practice into the future as a central contributor to well integrated and high quality health services for all Australians.

Consultations to date have been held at several major meetings including with a representative group of local GPs and professional bodies in association with the GPPAC meeting in Perth on 3 October 2002, at the Divisions' Forum in Brisbane on 10 November 2002 and at the RACGP Convention in Perth in October. Several particular areas of concern have emerged during these consultations and may be grouped into the following categories:

- general practice remuneration and financing including MBS rebates, PIP and EPC, and the falling bulk billing rates
- general practice workforce development including the lack of a viable workforce policy
- encouragement of research in general practice which is currently greatly under funded
- infrastructure development including practice capacity and capability and primary health care workforce training
- need to examine the viability and sustainability of several Commonwealth government programs such as the "More Doctors for Outer Metropolitan areas" compared with strong support for the More Allied Health Services and Practice Nursing in General Practice initiatives
- strong support for a more systems-based approach to chronic disease management and population health particularly prevention and early detection and the early implementation of the SNAP initiative
- encourage GP unity.



EARLY ADVICE

At the GPPAC meeting on 5 and 6 December, several "early" recommendations to the Minister for Health and Ageing were agreed addressing some of the critical national policy issues already identified through consultations and the early work of the taskforces and standing committees.

GPPAC has expressed concern that the planned "More Doctors for Outer Metropolitan Areas" measure will adversely impact on the delivery of quality primary health care in outer metro areas. Consequentially, GPPAC has recommended to the Minister that a systemic approach to workforce planning is needed which should include support for general practice centred multi-disciplinary teams. GPPAC has recommended to the Minister that the following be implemented to replace the planned "More Doctors for Outer Metropolitan Areas" initiative:

- extending the practice nurse initiative to the areas of workforce shortage identified in "More Doctors for Outer Metropolitan Areas" policy
- extension of "More Allied Health Services" initiative to the same areas

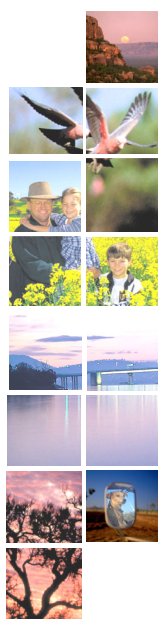


- development of a framework to enable medical graduates to complete a supervised six month term in general practice.

Another major area of concern has been the delivery of primary medical services to disadvantaged group such as the elderly and Indigenous groups.

GPPAC has recommended to the Minister that the issue of remuneration for GPs visiting patients in residential aged care facilities and aged residents in their own homes should be addressed urgently and that GPPAC should be involved in the consultation process of the review of pricing arrangements in residential aged care facilities. Further, a framework should be developed for the involvement of general practice with aged care and a series of aged care trials should be undertaken to explore ways to improve general practice services to older consumers.

GPPAC has urged the Minister to facilitate home-based palliative care by GPs, and in particular to address the problem of equitable access to necessary medications. GPPAC strongly supports the work being jointly undertaken by Quality and Priorities Branch and Mental Health and Special Programs Branch of the Department of Health and Ageing on the problem of equitable access through the PBS to medications for those people with a terminal illness being cared for in the community.



ATTACHMENT GENERAL PRACTICE PARTNERSHIP ADVISORY COUNCIL—CURRENT MEMBERSHIP

Independent Members

Dr Jill Maxwell (Chair)

Dr John Aloizos (Co-Deputy chair)

Dr Karda Cavanagh

Dr John Davis

Nominees of GP organisations

Dr Gerald Segal – Australian Medical Association

Dr Peter McInerney – Rural Doctors Association of Australia

Dr Julie Thompson – Australian Divisions of General Practice

Dr Jennifer Williams – The Royal College of General Practitioners

Dr Michael Jones – Australian Association of General Practitioners

Professor Max Kamien – Australian Association of Academic General Practice

Dr Jeanette Tait – Australian Federation of Medical Women

Dr Matthew Bryant – General Practice Registrars Association

Nominees of Aboriginal and consumer organisations

Ms Pat Anderson – National Aboriginal Community Controlled Health Organisation

Ms Margaret Brown – Health Consumers of Rural and Remote Australia

Mr Tony Wade (Co-Deputy Chair) – Australian Consumers' Association

