ADGP 2004-05 Federal Budget Submission

Divisions of General Practice: Bridging the Gap in Health Care

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Introduction

ADGP's Federal Budget Submission 2004-05 focuses on increasing Australia's investment in general practice and primary health care to achieve a high quality and efficient health system that meets the needs of all Australians.

This Budget Submission calls for a significant additional investment in Australia's primary health care sector and a re-orienting of our health system towards primary care. This must include ongoing work to increase the number of medical graduates choosing general practice as a career and increase medical students' experience in general practice both as undergraduates and during their internship. ADGP also calls for increased resources to enable GPs to work in primary care teams with practice nurses and allied health professionals.

Investing in general practice and primary health care will pay significant health and efficiency dividends, both in the short and long term. International research across 14 OECD countries has shown that a health system oriented toward the primary health care sector achieves more effective care, lower levels of mortality, less hospitalisation, lower costs and a more equitable distribution of good health throughout the community.

The Divisions of General Practice Network links 94% of GPs across Australia in a national structure that supports general practice and improves community access to primary care. The Divisions of General Practice Network is the key to integrating general practice with other sectors of the health system, both government and non-government, to deliver high quality care to the Australian community.

ADGP's Budget Submission focuses on a number of strategies to support Divisions and general practice to improve access to and quality of primary care. Specific examples include: expansion of the Nursing in General Practice program; strengthening links between GPs and aged care homes; supporting a primary care early childhood agenda; a national Division-led allied health program; resourcing for Divisions to build capacity and engage in research; a national GP-hospital liaison program to better link general practice with hospitals; and funding for the restructure of the Medicare Benefits Schedule to support more complex, longer GP consultations.

ADGP is also advocating for better coordination of health policy and funding across Commonwealth/State programs, including quarantined primary care funding through the Australian Health Care Agreements. ADGP strongly believes that all levels of government need to articulate a commitment to reducing cost-shifting and increasing their investment in primary health care.

A national primary care policy, as recommended in the recent Review of the Role of Divisions of General Practice, is necessary to allow the primary health care system to best meet the needs of the Australian people. As the only infrastructure bridging Federal and State/Territory funded health services, Divisions can make a significant contribution to the development and implementation of such a policy, ensuring a balance between national, state/territory and local priorities and the engagement of all primary health care providers.

ADGP's Federal Budget Submission 2004-05 articulates our vision for a health system that delivers high quality primary care to all Australians.

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ADGP 2004-05 Federal Budget Submission

Divisions of General Practice: Bridging the Gap in Health Care

Background

Australian Divisions of General Practice (ADGP) is the peak national body representing 120 Divisions of General Practice across Australia. About 94 per cent of GPs are members of a local Division of General Practice.

Divisions are funded by the Commonwealth to support general practice to deliver high quality care to the Australian community. General practice is the cornerstone of Australia's health system. Around 90 per cent of Australians visit their GP each year, and these visits are the gateway to the country's hospital, specialist and diagnostic services.

General practice plays a major role in childhood immunisation, diagnosis and management of chronic diseases such as asthma and diabetes, identifying and treating mental illness, delivering procedural care, including obstetrics, throughout regional and rural areas, and working with indigenous communities in remote parts of Australia.

Within the community, Divisions are central to the integration of general practice with other health sectors – pharmacy, hospitals, and community and area health services.

Through linking GPs in local areas, Divisions are the voice of general practice in the community, with the concerns and views of GPs in day-to-day practice being passed through local divisions to the ADGP, which in turn presents those views to Federal and State Governments.

ADGP is one of Australia's largest representative voices for general practitioners. As part of ADGP's representation program, grassroots GPs sit on approximately 60 key decision-making bodies in the health sector, having direct input into general practice financing, GP workforce and training, clinical practice improvement and practice management and other key areas influencing the future of general practice.

ADGP also coordinates a number of National Programs through Divisions of General Practice to improve the health of all Australians. ADGP's programs cover a broad range of primary care issues, including immunisation, youth health and practice nursing. These programs aim to strengthen primary health care through general practice to better meet the needs of the Australian community.

ADGP works collaboratively with other organisations, both government and non-government, to develop and coordinate national population health programs. Many of these programs are overseen by committees made up of GPs from Divisions and other stakeholders such as academics, allied health professionals and consumers. ADGP also works closely with the State-Based Organisations of the Divisions Network and individual Divisions to ensure that national programs meet the local needs of their communities.

Through supporting GPs and advocating on behalf of general practice, the Australian Divisions of General Practice has become a vital part of Australia's primary health care system.

Building Capacity in the Divisions Network

Increasing the capacity of the Divisions Network to support high quality primary health care should be a high priority for this Federal Budget. Without adequate funding Divisions will not be able to realize their full potential to contribute to Australia's primary health care system. Funding should be directed towards the following specific areas:

- Implementation of the recommendations of the Divisions Review, particularly those recommendations relating to a quality frameworks and accreditation;
- Financial support for Divisions to progress the recommendations;
- Governance training using recognised experts and development of appropriate resource materials;
- A leadership and management program for GPs and Divisional staff ***[Indicative cost: $12m over four years]***
- A Divisions' accreditation support program, to enable Divisions, particularly in areas of low accreditation uptake, to provide targeted support to un-accredited and reaccrediting general practices to assist them to meet the quality standards for accreditation ***[Indicative cost: $500,000 per year for two years];***
- Additional funding to ADGP to sustain its national representation program, which provides crucial grassroots GP input to the development and implementation of national health policy ***[Indicative cost: $250,000 per year (recurrent)].***

Integrating primary health care

Divisions play a vital role in linking general practice with other primary health care professionals and the rest of the health system. Adequate funding is required for a National Divisions Integration Program to support the Divisions Network, including local Divisions, State Based Organisations and their peak national body, ADGP, to provide a bridge between Commonwealth/State systems and primary care/hospital care. This program will deliver increased efficiencies and reduced duplication in health service funding and delivery.

Key elements of this program include:

Bridging the gap between GPs and allied health services: expansion of the **More Allied Health Services** ***program to urban areas***

The *More Allied Health Services* (MAHS) program has been successful in increasing access to allied health services to rural communities. It provides a flexible and locally-responsive model that involves the community in setting priorities for funding and service delivery.

An expansion of this program would provide urban communities with increased access to affordable ancillary health services, through general practice. The program would be run through Divisions of General Practice, coordinated nationally by the Australian Divisions of General Practice. The Divisions of General Practice Network is the only primary health

care infrastructure that is able to deliver a national community-based health program integrating general practice with other sectors of the health system.

Funding would be delivered on the basis of a needs assessment of the community, undertaken by local Divisions with GP, allied health worker and consumer input. Divisions would be required to meet minimum standards of service provision (such as basic dental care) and have to demonstrate that their proposed program would contribute to achieving Commonwealth health policy objectives. The State-Based Organisations of the Divisions Network would liaise between Divisions and State Governments to link with State-funded programs and leverage State health resources to enhance service delivery.

Divisions would be required to collect data on the allied health services provided under the program, which would be provided to Commonwealth and State/Territory health departments to enable better planning of primary health care policies and programs. Sufficient funding should be provided to enable the program to be comprehensively evaluated to assess health outcomes, consumer support, increase in access to allied health services and cost-effectiveness.

The program would provide an integrated approach to health care through Divisions of General Practice, linking general practice, allied health and other Commonwealth and State/Territory funded health initiatives and services. It would also enhance links between allied health services and relevant Commonwealth funded general practice programs, such as Enhanced Primary Care. It would provide all communities with increased access to ancillary services and ensure a more equitable funding of services between rural and urban Australia. The program would also allow for more flexibility in the way health services are delivered and encourage the development of more innovative financing and service delivery models.

Building Teamwork: Nursing in General Practice

It is clear that given the ageing of the population, the increase in chronic diseases and the shrinking GP workforce, the health care needs of patients will be best met by more than one health professional in a team approach to care. In order that the skills and expertise of nurses are used most efficiently and effectively in general practice, there needs to be some clarity of their role in the provision of primary care services.

Anecdotal evidence from many general practitioners in Australia who currently employ a practice nurse suggests that nurses involved, particularly in assisting in chronic disease management and health promotion programs, can improve the quality of care provided to patients and relieve the pressure on GPs. However, there has been limited research undertaken in Australia to develop best practice guidelines for the provision of nursing services in general practice.

There is currently little professional recognition of the role that nurses play in general practice in the provision of primary care services and limited career opportunities. Given the current and predicated future shortages of nurses in the workforce, these issues will need to be addressed in order to attract and retain nurses in primary care.

In making recommendations for increasing the role of nurses in primary care services in general practice, it should be noted that beyond the specific funding initiatives of the Practice Nurse Incentive Program 2001-2002 Budget Initiative, the current funding structures which require the GP to see all patients in order to claim the MBS payment, do not encourage a true team approach to care. The new practice nurse Medicare item in *MedicarePlus* will go some way to begin to address this issue, however more needs to be done in order for multidisciplinary care to become a viable option for general practice and ensure that a practice nurse is available to every practice in Australia.

There is a body of work that still needs to be undertaken in order to advance the role of practice nursing in line with the primary health care needs of the population and general practice. In order to achieve this funding is required for the Divisions Network to:

- Develop funding models for the provision of services provided by practice nurses;
- Develop a comprehensive implementation policy to support the expansion of the role of nurses in general practice;
- Facilitate research to produce best practice guidelines for the provision of nursing services in general practice;
- Enable all practice to access the practice nurse incentive payment; and
- Support the chief nursing organisations in their bid to improve the image of nursing in general practice and to create career opportunities for nurses in the general practice setting.

Bridging the gap between GPs and hospitals: A national GP-hospital liaison program

It is proposed that funding be made available for a national GP Liaison Officer (GPLO) Network through the Divisions of General Practice program infrastructure, to consolidate the GPLO network that has been developed through Divisions and build best practice in GP-hospital communication and integration. (AHCA working group recommendation 4.17).

Over the last ten years GPLOs have been employed by local health services, hospitals and Divisions of General Practice to facilitate improving the GP-Hospital interface. The two evaluations of the GPLO role by the University of NSW (CGPIS 2000, 2002) show that the role is seen as useful by hospital and Division stakeholders, and is associated with sites where there are more complex interfaces between GPs and hospitals.

GPLOs are instrumental in:

- extending the range of areas in which GPs and hospitals collaborate to provide effective care (including better communication);
- extending the reach of effective programs, both in terms of the uptake of programs across hospitals and the extent to which they are taken up by GPs and hospital staff within local areas.

This initiative has contributed to the more efficient use of resources as it reduces the number of hospital re-admissions, and reduces the doubling-up on prescriptions as GPs are more aware of the medications prescribed by the hospital for their patient.

Through the initiative of several of the GP liaison officers, an informal GPLO e-mail network has been established, a website developed and two national GPLO conferences organised. Formalising the network will enhance the capacity for GPLOs to facilitate the development of ongoing systems to link GPs and hospitals and improve GP-hospital integration as well as provide opportunities for GPLO contribution to and implementation of Commonwealth and State policy and program initiatives.

Funding is also required for building formalized primary care partnerships between GPs with other sectors of the health system at the state and regional level and for population health data collection and regional needs analysis to support local health planning.

[Indicative cost: $400,000 over two years]

Using technology to build communication bridges: Information Management in General Practice

Information Management (IM) in general practice focuses on the better management of information that can assist in promoting improved clinical, patient and practice outcomes.

It can provide additional functionality for general practice such as:

- Electronic data availability and exchange e.g. online pathology/radiology ordering and reporting; use of electronic forms (referrals, workers compensation, etc)
- Patient information databases e.g. patient registers including patient age, sex and disease; recall and reminder systems
- Electronic diagnosis and treatment support e.g. drug-drug interaction alerts; instantly accessible patient medication and clinical histories
- Practice administration and management e.g. electronic staff rosters/pays, billing and claiming; stock ordering on-line; GST Business Activity Statements
- Contribution to research activity e.g. adverse drug reporting; electronic contributions to approved clinical research activities.

With the recent focus on reducing red tape in general practice and in the pursuit of safe, quality care for the community, IM plays a foundation role in supporting better health outcomes. It has taken some years to increase the level of computerisation in General Practice to nearly 90%, however the clinical functionality and patient benefits are only now being realised – providing a continued, concerted, coordinated approach at the local level through Divisions will promote the exponential gains possible.

EXAMPLE
The GP Electronic Health Record Advisory Group has recommended that to promote and further the increased improve the safety and quality of patient care in general practice, focus is required on strategies to overcome barriers to uptake of effective utilisation of secure electronic health records by general practitioners. This includes minimum data requirements for electronic health records, including:
1. Allergies and sensitivities; 2. Current and past problems; and 3. Current medications/treatment. **These three data elements, if universally available electronically, will promote behaviour change and increased benefits of electronic decision support.**

It is proposed that funding be made available to enable the Divisions Network to establish a quality assurance framework in relation to management of data in General Practice. This would provide local support for general practice and the community, with capacity in each Division of General Practice in Australia to build on existing programs, support and quality outcomes achieved to date.

This would include:

- skills acquisition by GPs and practice staff in the use of their preferred clinical software;
- professional standards-driven support for reliable and robust practice (and divisional) networks;
- facilitation of improvement of data quality and utilisation of general practice data for improving service delivery and health outcomes;
- benchmarking to underpin continuing quality improvement.

Implementation of such a framework would require funding for facilitators based in Divisions of General Practice, using an approach similar to that developed and implemented by the National Prescribing Service (based on proven educational principles tied to a service agreement with individual Divisions outside their Outcomes-Based Funding arrangements).

The establishment of such a program would include:

- Development of core competencies and a core curriculum for GPs to optimally operate selected medical information packages.
- Development of a web-enabled self-paced modular educational resource incorporating skills acquisition and testing, with CPD points and leading to appropriate certification for successful completion. This would be developed in collaboration with software developers for specific products.
- Encouragement through financial incentives or PIP for GPs to undertake regular upskilling in the use of their preferred software package.

- Training of facilitators to work with GPs and practices to improve the quality of data held in GP databases and to support the adoption of Government initiatives such as Health*Connect*, Medi*Connect* and HIC Online.
- Collaboration with the Royal Australian College of General Practitioners to incorporate best practice management of GP electronic data in RACGP Practice Standards to ensure safety, reliability and privacy of electronic records.
- Establishment of data collation and benchmarking (through a tendering process with an academic organisation) to ensure data improvement and to collect GP data for specific purposes, such as monitoring of diabetes, cervical screening, asthma and mental health initiatives, medication use, practice demography and cardiovascular risk. The service could also be extended to Divisional databases to underpin OBF activities and to target areas for improvement.

[Indicative funding: $11M per annum, on a triennium basis.]

Expansion of CME Bookings to all Divisions

CME Bookings provides a consistent interface for identifying and booking training and upskilling opportunities for general practitioners. It is currently used by all Divisions in South Australia and numerous others in other States and Territories. A consistent national approach would facilitate cross-Divisional collaboration and efficiency.

[Indicative cost to expand this program to all Divisions nationally: $100k for one year]

Spanning Primary Health Care: Primary Care Divisions

A number of Divisions of General Practice have or are considering a move to become Primary Health Care Divisions, consistent with the recommendations of the Review. To take on this role, the level of support currently provided to GPs must be extended to all primary health care practitioners including:

- Nurses
- Practice managers and administrators
- Allied health professionals
- Aboriginal Health Workers (AHW)

Expanding services to include this group would substantially increase the target group for Divisions.

> ***EXAMPLE:***
>
> In Central Australia, the number of eligible nurses (excluding government employed professionals) is around 50, allied health professionals 15 and AHWs 70. There are similar numbers (excluding allied health) in services funded by the NT Department of Health and Community Services. For Central Australia, if all professionals excluding those employed by government are taken into account, it would increase the Division's client numbers from 70 to 255.

Support services to be provided to these practitioners would include:

- Professional development
- In service training on Commonwealth programs
- Developing networks
- Provision of orientation and mentoring programs
- Regular peer support programs.

Professional development

Funding would be required to provide professional development to nurses, allied health and AHWs. The funds would be used to engage an appropriately qualified trainer to provide and/or co-ordinate training. This would also require some funds to purchase skills based training. The amount necessary would be dependent on the size of a division client group.

In-service training on Government programs

Current funding should be increased to include additional in-service training for all PHC staff on Government initiatives. For chronic disease management, it may mean additional funds for initiatives directed at nursing staff to develop and implement systems and services that target patients with chronic conditions.

Developing networks

Additional funding is required to organise regular meetings for the other professionals, add to existing distribution networks to include those additional clients and to allow face to face meetings of network members.

Provision of orientation and mentoring programs

Orientation and mentoring is particularly important for rural and remote Divisions where staff may have to work in a cross-cultural environment under considerable pressure. Funding should be directed at developing an appropriate orientation program, linking new recruits to mentors and facilitating that mentoring activity, and providing ongoing access to counselling services.

Regular peer support programs

Activities such as weekend workshops, family support activities or social functions provide opportunities for health practitioners to exchange information, set up informal support networks and interact away from the community. These programs have been well received by GPs and such mechanisms will assist recruitment and retention of other professions. These programs will be particularly important in rural and remote Australia.

In summary, many Divisions are recognizing that the extension of support services to other professions is essential for the ongoing support of the PHC sector generally. Divisions now have proven strategies of support for GPs and an infrastructure that can be built upon to support these other professions. However, ongoing support for GPs is contingent on the other professions being available and accessible. Their needs are similar to those of GPs, normally manifested as workforce shortages, high staff turnover and an aging profession, but they are perhaps less widely acknowledged.

Managing Chronic Disease in General Practice

Over three million Australians, or nearly one in seven, suffer from chronic disease. The problem is likely to be one of the great health challenges for Australia and the world in the 21st Century.

Chronic Disease Management (CDM) in general practice involves appropriate prevention, early identification and best practice management strategies. As general practitioners are usually the first point of contact in the health system, they have a key role to play in the primary intervention, prevention, diagnosis and management of chronic disease in the community.

Funding of Divisions of General Practice to provide population health focused systems of care, including CDM, should be a focus of primary health care for the next millennium. Activities should address education, training and practice capacity building to support general practice (including primary health care delivered through Aboriginal Community Controlled Health Services), in improving care for people with chronic and complex conditions. Such activities must be pertinent to local morbidity loads and demographic profiles in the practice community, including:

- Education, training and support activities to identify education, information and training needs of general practitioners, practice staff and other relevant health service providers in the detection and management of chronic conditions.
- Capacity building and linkages to establish and develop linkages between general practices and other health care providers, consumers and local communities, government and non-government organisations to improve access to integrated care for people with chronic conditions.
- Professional development and quality assurance to assist general practice in the provision or facilitate appropriate access to, including raising awareness of, continuing professional development and quality assurance in chronic disease prevention and management.
- Chronic condition self-management (CCSM) education and training to assist people in:
    - managing and monitoring their symptoms;
    - maintaining a healthier lifestyle;
    - better managing their treatment regimes and the impacts of their illness;
    - communicating effectively with their family and/or carer and their health provider; and
    - more effectively using health and community services.

[Indicative cost: Outcomes will be achievable with funding of $11M per annum, on a triennium basis].

ADGP also supports in principle the findings of the Attendance Item Restructure Working Group (AIRWG), which has concluded that an appropriately funded seven-tier MBS item structure in place of the current four tier structure would enhance quality of care by providing incentives for longer consultations, which have been demonstrated to improve health outcomes, particularly for those with chronic and complex care needs.

[Indicative cost for full implementation of the 7-tier MBS structure: approximately $800M per annum].

Building Bridges in Aged Care

Increasing linkages between general practice and aged care homes is the key to improving the care of older Australians and reducing unnecessary hospitalisations.

GPs are currently under-resourced to care for people in aged care homes and there are few systematic links between general practice and the aged care sector. Funding is needed for Divisions to work with aged care providers to improve facilities for GP care in aged care homes. This must include increased involvement by GPs in clinical governance in aged care homes and support for GPs as part of an aged care team. It must also include support for aged care homes to provide space for GPs to examine patients privately and safely and to establish appropriate IT systems to enable seamless communication of patient information among the GP, aged care provider, pharmacist, carers and others involved in residents' care.

Funding should be provided:

- To Divisions to support better linkages between general practice and aged care homes;
- To improve the quality of medical care in aged care facilities, including IT support and physical infrastructure; and
- As increased rebates for GP consultations in aged care facilities.

Building on Better Mental Health Care

One in four Australians will experience an episode of mental illness at some point in their lives and GPs are an important source of treatment, referral and advice for people with mental health issues. Supporting Divisions in strengthening the role of GPs in mental health care is an important part of improving access to mental health care for the community. The following areas should be funded as a priority:

- Expansion of the allied health component of Better Outcomes, including the provision of child and adolescent psychological services;*
- A mental health promotion and prevention agenda for general practice including a depression awareness campaign and funded prevention and early intervention measures for young people;*
- Trialling and evaluation of alternative financing models that improve access by young people to primary mental health care;*
- A program to link Divisions with *MindMatters* schools, building on *MindMatters* Plus GP Initiative;*
- MBS reform and other incentives to promote improved consultation, liaison and shared care between private psychiatrists and general practice;
- GP liaison positions to strengthen links, referral pathways and discharge planning between public mental health services and general practice;

- GP mental health peer support programs; and
- A national system of urgent clinical support by psychiatrists.

* These measures are supported by the National Divisions Youth Alliance as part of an early childhood and youth platform.

Investing in early childhood and youth

General practice has a key role in giving children a healthy start in life and facilitating their emotional and social wellbeing. General practice also has a key role to play in providing advice and referral pathways to parents experiencing difficulties with their children.

If we are serious about building healthier children, families and communities, we must support general practice to assist with promotion and prevention targeting the health of children and young people.

ADGP proposes the following measures to improve the health and wellbeing of children and young people in Australia:

- Development of alternative financing models that improve access by young people to general practice and primary health care; and
- A national program delivered by Divisions at the local level to support GPs to assist families with children with behavioural, emotional and developmental problems. ***[Indicative funding: $4m over 4 years]***

Bridging public health and primary care

Investing in Immunisation

The success of the national vaccination program over the last five years is evidenced by the increased immunisation rates of children in the one to five year old age groups and the decrease in vaccine preventable diseases. Divisions of General Practice have contributed significantly to the increased rates by supporting GPs and their practice staff in implementing national strategies at a local level.

ADGP supports the full funding of the Australian Recommended Vaccination Schedule for children to ensure the continued success of Australia's vaccination program. ADGP is concerned that there may be a fall in immunisation rates which would have ramifications for the public health of the community and undermine the hard work done in Divisions to raise immunisation rates.

A priority for the Budget should be the full funding of the Australian Standard Vaccine Schedule for children, including the following:

- Pneumococcal cognate vaccine
- Injectable polio vaccine
- Varicella (chicken pox)

[Indicative cost: $125m a year for four years]

Building a Health Promotion and Prevention Agenda

An important, but currently under-resourced, role of Divisions of General Practice is to promote health and wellbeing and prevent the development of disease and disability in the community. The Divisions Network has the infrastructure to respond to local needs in relation to health promotion through delivering health promotion and prevention programs targeted specific community needs.

Supporting health promotion and prevention in general practice through Divisions would increase the health of the community and reduce expenditure elsewhere in the health system. A 0.5 FTE at both Divisional and SBO levels for a Divisional health promotion program would achieve significant outcomes.

[Indicative cost: $4m a year (recurrent)]

Building Divisional Research Capacity

ADGP proposes that funding is needed to encourage and strengthen research and evaluation expertise within Divisions including:

- Development and production of a Divisions Journal as a forum for the dissemination and sharing of Divisional research activity. ***[Estimated production costs: approximately $140,000 for one year]***;
- An awareness raising campaign to promote the role of research and data use in Divisions and to increase links between Divisions and University Departments;
- Research up-skilling by both GPs and Division staff, especially regarding evaluation and research development opportunities;
- Consultation with Divisions and grass roots GPs to determine relevant topics to inform the research agenda and research priorities;
- A 20% loading on program funding to allow comprehensive evaluation of project outcomes, including health outcomes where possible;
- Access to statistical software such as SPSS (Statistical Software Package for Social Sciences) to enhance and expand statistical analysis of programs and projects. ***[Estimated set-up cost per organisation for a five-user licence for SPSS: approximately $20,000 plus an annual renewal fee of approximately $2,500:00]***;
- Building research and evaluation expertise within Divisions, including providing access to relevant Bibliographic Databases including full-text online journals and library resources to build the research capacity of Divisions ***[Indicative cost: $145k a year for two years]***; and
- Establishment of relevant population health data resources and databases within Divisions.

Building bridges between Divisions and Indigenous health services

ADGP recognizes that the signing and launch of the MoU between NACCHO and ADGP is a significant event for both organisations.

It represents a true partnership; one which has been developed through understanding, patience, cooperation and collaboration. It also recognises the important role each

organisation plays in supporting and advocating on behalf of their own constituents, but acknowledges that together the two organisations can have a major impact on addressing the inequities in the delivery of primary health care to Indigenous communities.

Preliminary discussions between NACCHO and ADGP have identified four key areas to progress over the next 12 months:

1. In line with the original proposal, and consistent with Recommendation 13 of the Review of the Role of the Divisions of General Practice:
   - To establish a consortium of Divisions of General Practice and Aboriginal Community Controlled Health Services, under the auspices of NACCHO and ADGP; and
   - To identify models of best practice for ways in which the Divisions network and the Aboriginal community controlled health sector can engage and work together to improve health services and health outcomes for Aboriginal and Torres Strait Islander peoples.
2. NACCHO and ADGP to work collaboratively with the General Practice Partnership Advisory Council (GPPAC) on a proposal for improving general practice engagement in Aboriginal health;
   - To implement a partnership model jointly auspiced by the Divisions Network and the ACCHS sector to enhance the quality of primary medical care provided to Aboriginal patients in general practice, with the direct aim of fostering its provision within a comprehensive primary health care context.
3. To increase the level of general practice accreditation in Aboriginal Community Controlled Health Services to the national benchmark by supporting Divisions of General Practice to work with Aboriginal Community Controlled Health Services::
   - To develop accreditation standards for Aboriginal Community Controlled Health Services, based on the RACGP standards;
   - NACCHO and ADGP to collaborate with the RACGP and AGPAL to develop accreditation standards for Aboriginal Community Controlled Health Services that provide for incremental accreditation tied to access to incremental Practice Incentive Payments on achievement of each stage of accreditation. This would provide incentives to achieve accreditation and merit-based financial assistance to progress to the next phase of attaining full accreditation.
4. A well person's health check for children (birth to 15 years of age):
   - Based on the adult well person's health check, a Medicare item would be made available for all Aboriginal and Torres Strait Islander children from birth to age 15 as a means of addressing the higher burden of preventable disease and mortality at an earlier age in this population.

ADGP also proposes that funding is made available to assist Divisions in engaging the Indigenous sector to work collaboratively towards supporting quality multidisciplinary approaches to care for Aboriginal and Torres Strait Islander peoples by "mainstream" general practices.

Investing in rural Australia

Divisions play a vital role in supporting rural general practitioners and other primary health care providers to care for rural communities. Australians living in rural areas have lower levels of access to health care and have higher rates of mortality and morbidity. [REF] Increased funding for rural Divisions will strengthen their role in supporting GPs and other health care professionals caring for rural communities. In particular, funding should be directed towards:

- Infrastructure funding to increase access to allied health and GP services for remote communities *[Indicative cost for a light aircraft for the Pilbara region: $1.2m for one year]*;
- Housing for visiting specialists (through the *Medical Specialists Outreach Assistance Program*), allied health professionals (through the *More Allied Health Services* program) and locum / short-term GPs; and
- Expanding the MSOAP, MAHS and practice nurse programs to increase access to health care for rural communities.

Building bridges with the community

Engaging the community in the work Divisions has the potential to deliver better primary health care that is consistent with, and responsive to, community needs. There are a number of different models for community engagement, that will reflect the local circumstances and strategic priorities of the Division. ADGP proposes that funding is made available to facilitate the involvement of community representatives in Divisions, as recommended in the Review, including the development of:

- guidelines and best practice models; and
- training and support requirements.