Australian Government

Department of Health and Ageing

Aged Care General Practice Panels Initiative
Report on the Review of the Initiative
March 2006

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With cover letter L. McGlynn.

Aged Care GP Panels initiative – 12 Month Review

Background

The Aged Care GP Panels initiative, introduced as part of the Australian Government's *Strengthening Medicare* package, started on 1 July 2004. The Panels initiative aims to improve access to General Practitioner (GP) services for residents of aged care homes and to enable GPs to work with aged care homes to assist with quality improvement strategies for the care of all residents.

During implementation, the Department committed to review the program, following 12 months of operation. This recognised that Aged Care GP Panels was a new program for Divisions and that minor adjustments to the program arrangements might be needed to resolve unanticipated implementation issues.

What the data shows

Overall, progress is good for the Panels initiative. All Divisions of General Practice currently have panel arrangements in place. Nationally, as at 1 July 2005, 267 Panels were operating, with 1379 GPs. 1760 out of a total of 3029 aged care homes in Australia (including multi-purpose services) are currently participating. The number of participating aged care homes is expected to increase over time. Since December 2004, the number of panels has increased by 58% and GP numbers have increased by 59%. The coverage of Aged Care homes has increased by 60% (refer to table below).

	Number of Panels *(Figure 1)*	**Number of GPs participating on Panels** *(Figure 2)*	**Number of Aged Care Homes with Panels** *(Figure 3)*
1 July 2004 – 31 December 2004	169	870	1100
1 January 2005 – 30 June 2005	267	1379	1760
Change Over Time	58% increase	59% increase	60% increase

Source: Divisions of General Practice. Standard Data Item forms

Since the program commenced in July 2004, the number of aged care services provided has increased from 1,754,688 services in 2003-04 to 1,849,418 services in 2004-05. This is an increase of 5.4% over 12 months. Additionally, in the first year of the program, the number of GPs providing services increased from 12,278 GPs in 2003-04 to 12,480 GPs in 2004-05, an increase of 202 GPs (refer to table below).

Financial year	**Number of aged care services ****	**Number of GPs providing aged care services**
1 July 2003 – 30 June 2004	1,754,688	12,278
1 July 2004 – 30 June 2005	1,849,418	12,480
Change Over Time	5.4% increase	A increase of 202 GPs

Source: MBS data. Department of Health and Ageing

**Data is based on date of processing

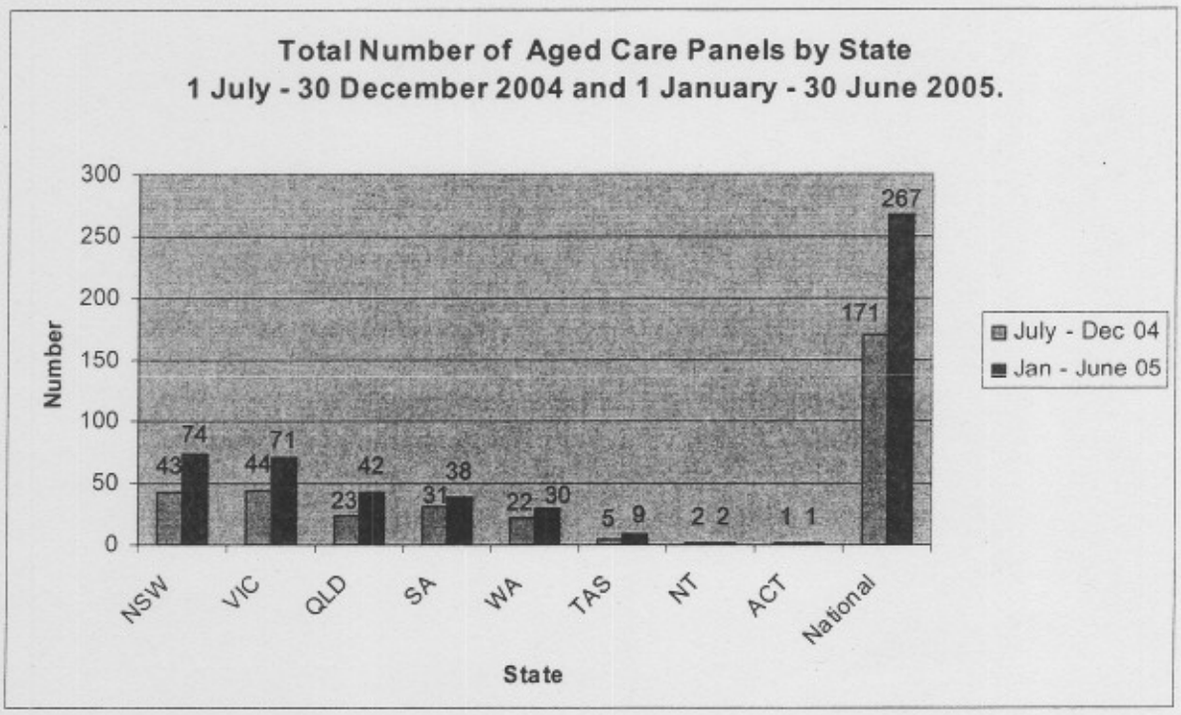

Figure 1 – Total Number of Aged Care Panels by State

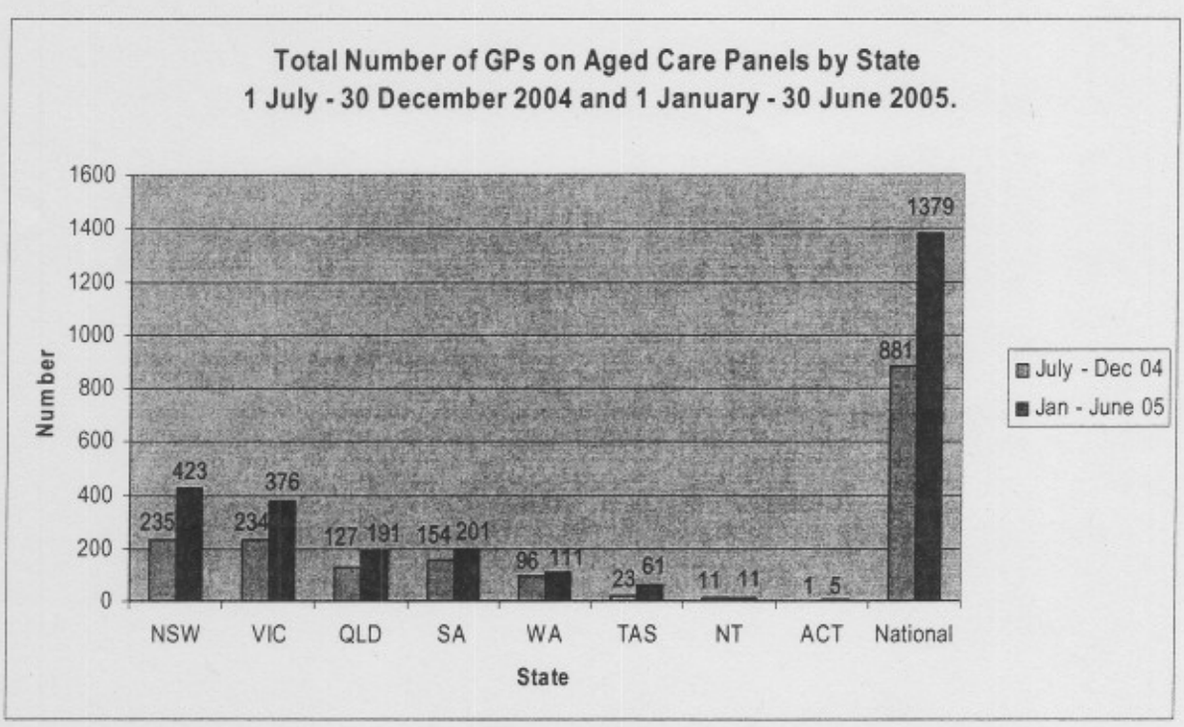

Figure 2 – Total number of GPs on Aged Care Panels by State

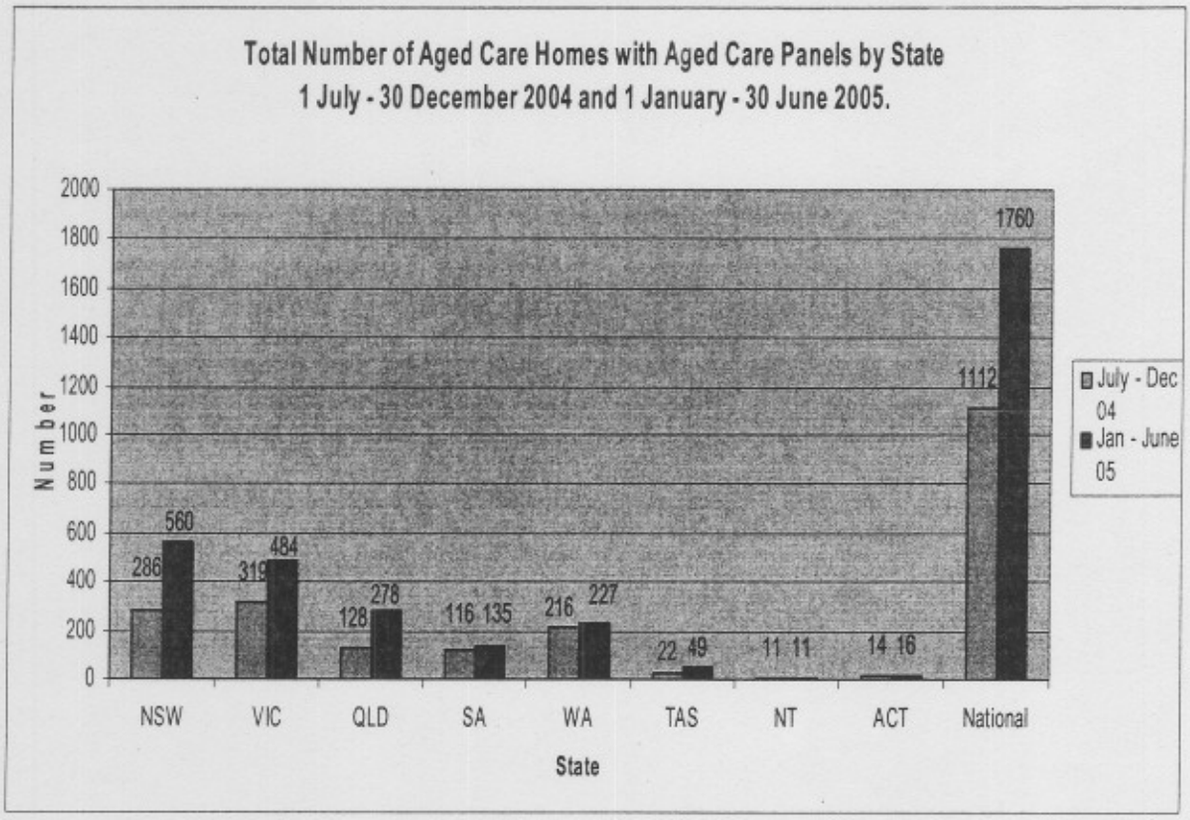

Figure 3 – Total number of Aged Care Homes by State

12 Month Review

In line with the terms of reference for the review, the Department identified possible improvements in the program arrangements through consultation with the Divisions network throughout the first 12 months of the Panels initiative.

A discussion paper was drafted based on the issues raised and the paper was circulated widely to key stakeholders, including the Divisions network.

The paper outlined four key issues to be considered as part of the review process. These were:

1. **The funding split between GP remuneration & Division support activities**
2. **Performance Indicators**
3. **Participation of Geriatricians**
4. **Good Models and Good Practice**

Submissions were received from key stakeholders, including the Divisions network, and other interested parties and these responses were collated.

Issues

- **The Funding Split:** There was widespread agreement for refining the funding conditions with some concerns raised to ensure that GPs controlled the GP remuneration stream. As such, it was decided that GP remuneration would now be able to be used flexibly at the discretion of local GP Panels.

- **Performance Indicators:** There were differing responses to this issue. Most respondents (Divisions of General Practice) did not choose any of the options, but provided an alternative – to delete the Aged Care GP Panels' indicators. This was, however, not deemed a suitable option, as the performance information provided would not have allowed appropriate evaluation of the initiative. As a result, a reduced set of Aged Care GP Panels performance indicators was developed, eliminating duplication with the National Quality and Performance System (NQPS), and reducing unnecessary reporting requirements on Divisions of General Practice.

- **Participation of Geriatricians:** There was widespread support for both options included in the discussion paper: (1) enhancing the role of geriatricians; and (2) remote membership of panels by geriatricians. It was agreed that the Department will allow greater use of geriatricians for those Divisions where geriatricians are available to participate. Both options will be enacted through revised program guidelines.

- **Good Models and Good Practice:** There was widespread support for enhancing the role of State Based Organisations under the initiative. However, many submissions queried whether SBOs weren't already funded to provide this function. It was agreed that both options included in the discussion paper would be implemented if appropriate. The Department committed to working with the ADGP to communicate good models and good practice to the Divisions network.

Recommendations

1. **GP remuneration funding can be used flexibly at the discretion of local GP Panels.**

2. **The number of Aged Care GP Panels performance indicators for Divisions is reduced from 14 to 8 performance indicators in order to eliminate duplication and reduce unnecessary reporting requirements for Divisions.**

3. **Program guidelines are reviewed to allow for greater participation of geriatricians, where possible, within the Aged Care GP Panels initiative.**

4. **The Department works with the ADGP to communicate good models and good practice to the Divisions network and to reduce duplications of work/output by Divisions.**

Actions

- Contract variations were offered to Divisions in December 2005 to give effect to the outcomes relating to the funding split and the performance indicators.
- The program guidelines are currently being reviewed and revised as appropriate to reflect the changes from the 12 month review.