Structural Efficiency update

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Divisions Review Report

- ensure that size and boundary alignment of divisions are not obstacles in adopting the directions recommended in this report;
- ensure that the size and boundary alignment of each division optimise its effectiveness and efficiency
- The Government response supports the review's view.

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Issues (1)

- Poor match to boundaries of health and local govt services with which divisions work
- Poor match to data collection areas and population health statistics
- Too few or too many practices for optimum delivery of effective programs

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Issues (2)

- **Low funding of small divisions**
  - **High ratio of admin/overheads to program activity**
  - **Low GP engagement because of limited services**
  - **Part-time management and staff**
  - **Limited training for directors**
  - **Undeveloped systems and internal processes**
  - **Little capacity to attract funding from state health departments**

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Structural Efficiency (SEWG)

- 5 meetings 18 Jan to 7 June
- 2 Checklists for use of boards
  - To divisions in June
- Draft Report on divs' experiences of
  - Amalgamation
  - Boundary changes
  - Formal agreements
  - Joint work, shared staff, etc
- Discussion at state meetings & forums

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Info/aids for divisions

- Options for change (or not)
- Checklists
- Summary of divisions' experiences with amalgamation and other options

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Option 1: No change

- Division assesses itself as able to function effectively and deliver outcomes for members and DoHA
- No action required

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Option 2: Boundaries

- Minor adjustments:
  - match local boundaries; remove shared postcodes;
- Substantial adjustments:
  - match other boundaries; possible reduction of large divisions to make neighbour(s) more viable and enable greater engagement with practices.

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Option 3: Joint work

- with neighbour(s) or other organisations
  - Informal arrangements between neighbours
  - Formal agreement to share staff, programs and funds, or purchase services from each other.

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Option 4: Amalgamation

- Division unlikely to deliver outcomes for members or DoHA
  - amalgamation with a single neighbour to make one viable division
  - amalgamation of several neighbours to create more viable divisions on different boundaries (eg four become three; three become two)

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Checklists

- Self-assessment
- Boundary alignment

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Self-assessment

- We are well placed to meet and report on the new national Performance Indicators
- We have the capacity to deliver local services to our GPs and community
- We are able to achieve accreditation by June 2008

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Boundaries

- Our Divisional boundaries align with relevant local boundaries
- We have enough general practices and population to enable a wide range of programs and services to be delivered
- We have good linkages with other health service providers

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Consultant's report

- Summary of divisions' experiences with amalgamation and other options
- Case studies
- Contact lists

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