

Review Implementation Committee (RIC)

Bill Newton, CEO GPDV

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Members

Chair

- David Learmonth, FAS, Primary Care Division

Primary Care System

- Dr Karda Cavanagh, Board member, NICS
- Dr Paul Hosie, GP, Ballina NSW
- Prof John Humphreys, Rural H Research, Monash, B'go
- Dr David Rosenthal, Rural Curriculum, Flinders Uni

Divisions' Network members

- Dr Margaret Culpan, Chair, N&W Qld Div
- Bill Newton, CEO, GPDV
- Dr Rob Walters, Chair, ADGP
- Andrew Waters, EO, Kimberley Division

DoHA members

- Sue Kerr, State Manager, NSW
- Lisa McGlynn, Divs Budget and Performance

Observers

- Liesel Wett, Acting CEO, ADGP
- Gail Yapp Dir, Divs Development, DoHA

ToRs

Provide advice to DoHA on

1. quality & performance system for the Div Prog
 - a methodology for establishing national performance indicators and benchmarks;
 - monitoring and assessing performance;
 - establishing a rolling review process;
 - mechanisms for a peer review panel;
 - identifying high performance;
 - establishing a high performance funding pool;

ToRs

- promoting capacity building, best practice, knowledge sharing and peer support; and
 - establishing mechanisms to assist lower performing Divisions.
2. the implementation of new funding arrangements, including any transitional arrangements; and
 3. mechanisms to encourage amalgamations and alignment with State regional health boundaries;
 4. other implementation matters as advised by the Department

[illegible]

[illegible]

Communication

- Clear and timely communication with the Divisions Network and primary care sector by
 - commune after each meeting,
 - existing forums and mechanisms for consultation,
 - web-based discussion and feedback on key issues.

Priority 1: PIs

- Performance Indicators for divisions
 - 8 Domains
 - principles within which performance indicators will be developed
 - consultancy to provide expert advice on development of a performance framework and indicators.

Domains for PIs

- Supporting general practice within a changing primary care environment
- Improve access
- Encourage integration and multi-disciplinary care
- Focus on prevention and early intervention
- Better manage chronic conditions
- Support quality and evidence based care
- Ensure a growing consumer focus
- Support recruitment and retention of an appropriate primary care workforce

Principles 1

PIs must

- reflect Govt expectations of Div Network,
- contribute to, and be informed by broader primary care and health performance frameworks;
- consider the roles of the Divs in Gov't response;
- show what Div Network contributes to health system, local, state, national
- recognise diversity in Divisions, esp rurality;
- recognise Divs have very different baselines for measuring performance
- be further developed over time

Principles 2

- reflect range of activities appropriate to Divs' local circs & need;
- feed into systematic process to
 - identify and reward high performers and
 - identify and support under performance;
- be based on health outcomes where possible

Principles 3

- follow normal requirements in terms of:
 - achievable, specific and measurable;
 - realistic and as simple as possible to collect;
 - valid and the most appropriate measures of the outcomes;
 - use established outcomes and indicators where they exist;
 - recognise the variance in the nature of Divisions;
 - evidence based, practical and meaningful; and
 - address things Div Network members can influence.

Priority 2: Boundaries etc.

- More efficient structure, size and boundaries
- information sheet for Divisions will outline
 - principles,
 - intended outcomes,
 - processes for divs to access support for business cases
 - examples

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- **Any questions?**