This paper summarises the views of Victorian divisions given by a Forum of divisions' Chairs on 16 May following the circulation of a paper on the government's response by GPDV.

To facilitate discussion at the Forum GPDV grouped some key components of the government's response to the review under the following headings, which are used in this paper:

1. Quality improvement, streamlined reporting & national performance system
2. Rewarding high performance & performance funding pool
3. Boundaries and amalgamation
4. Consumer and community engagement
5. Funding
6. Membership
7. Roles of SBOs and ADGP in the Divisions Network

Overview

Victorian divisions feel positive about the Government's response and wish to be fully involved in planning the implementation of the proposed changes. It is only through consultation with the Divisions Network at all levels that an effective implementation program can be developed. Victorian divisions observe that the Program is working well in Victoria and are ready to share their experiences with divisions and SBOs in other states.

Background: Victoria's response to the Report of the Divisions' Review (Oct 03)

GPDV consulted with divisions about its initial submission and presentation to the Review Panel in December 2002, and then responded to the Report of the Divisions Review in October 2003, following consultation with division board representatives.[1] We responded to each individual recommendation, but our key messages included:

- Support for a national primary care policy, which describes how divisions fit into the national context.
- That the structure and governance arrangements of divisions and of the divisions' network, should be determined by the members.
- Support for accreditation, and concern about how rolling audits relevant to divisions that have already met accreditation standards, as assessed by an external, independent assessor.
- The need for more resources if all the review recommendations are to be successfully implemented.

1. Quality improvement, streamlined reporting and national performance system

Accreditation

Victorian divisions and GPDV welcome the government's support for accreditation (response p.27; recommendation 11 on p.34).

- Voluntary accreditation is an effective way to improve quality. It also has the potential to streamline reporting, as external accreditation should satisfy at least all governance and financial accountability performance indicators. In Victoria two divisions and GPDV have already become accredited; six divisions are currently preparing for formal accreditation and a number of others have expressed interest.
- We need to ensure that divisions that choose to move to external accreditation immediately are not burdened by a requirement to go through other preliminary steps to accreditation mentioned in the report (including peer review). Victoria will be able to make an important contribution to ADGP's development of the quality system, as divisions and the SBO already have experience in this area.
- Accreditation with a nationally recognised body such as QIC, ISO or ACHS should be an acceptable form of accreditation for divisions. Divisions should not need to become accredited with more than one acceptable accreditation body, nor compelled to move to any new system that may arise from DoHA's contract with ADGP.

[1] GPDV's submissions are available on the website, at www.gpdv.com.au/policy/; under Submissions.

National key performance indicators for reporting to DoHA

The Government response suggests that performance indicators will be developed across a range of areas and that these will be developed by the department in consultation (rec. 9, p.33) but gives no details.

- Victorian divisions are concerned that DoHA may impose inappropriate performance indicators with minimal consultation. It is essential to involve the Divisions Network in the design of the PIs.
- It is important to ensure that there is a match between the performance indicators used as part of accreditation standards, and those used for reporting to DoHA (including through the annual survey of divisions administered by PHCRIS), if the government's commitment to streamlining contracts and reporting arrangements (p.5) is to be realised.
- Divisions that obtain external accreditation (and are thereby classified as high performing) must experience more streamlined reporting requirements as a result.

Rolling reviews *(p.20; p.26; rec 11, p.34; rec.33, p. 39),* **Peer review** *(p.27)*

The lack of detail in the government response makes it hard to comment on these proposals.

- The focus of rolling reviews needs to be clarified. It is not clear whether they are to be
  - comprehensive reviews of individual divisions, their performance, accountability, etc; *or*
  - focussed on a particular theme, approach or intervention in order to evaluate the broader successes or need for improvement in one area across all divisions.
  - the example given, of assessing the effectiveness of GP education as a strategy (across all divisions), is quite different from a review of an individual division (which may more closely resemble an external accreditation review).
- We would support reviews of particular strategies or topic areas, to allow all divisions to implement approaches that are most likely to be effective. We would have concerns that organisational 'rolling reviews' may simply duplicate organisational reviews carried out by external accreditors, in divisions that are pursuing accreditation.
- Peer reviews may work well (although it is not clear how they will function), but may not be necessary for those divisions that are pursuing, or have attained, external accreditation.

2. Rewarding high performance & performance funding pool (p.19; p. 28; rec. 11, p.34; rec. 13, p.34)

- If this approach is used to trial ways of promoting best practice, it is important to ensure there are mechanisms for sharing the findings and promoting wider adoption where appropriate. As ADGP comments, this has not always happened with the previous Innovations Funding Pool. The dissemination of the results may require extra resourcing, particularly as the funding pool is not likely to be large.
- The focus of projects funded this way should not be on assisting and mentoring "under-performing" divisions (this is a support role of SBOs, at the request of the division), but on promoting best practice and developing the evidence base for better health care.
- Victorian divisions and GPDV would have reservations about the operation of what are effectively state quotas (as is common, sometimes unofficial, practice) when allocating funding for high-performing divisions, given that Victoria is likely to have a higher proportion of high-performing divisions than the national average.[2]
- In line with GPDV's position that on principle it does not compete with divisions for funds, we suggest that ADGP and SBOs should not be eligible for the high-performance fund. Some resources would be necessary for SBOs in order to provide mechanisms at the state level for sharing learnings, and encouraging adoption of best practice where new models, funded through this pool, are tried by individual divisions and found to be successful.

[2] This claim is partly based on the likelihood of a significant proportion of Victorian divisions being accredited by 2005 (see section discussing accreditation above) and some of the findings of PHCRIS' Annual Survey of Divisions for various program areas.

Victorian divisions and GPDV have reservations about the removal of indexation funds from all divisions in order to fund 'high-performing' divisions:

- This approach may lead to pockets of excellence, but in the national Divisions' Program, this is not the aim; rather, the ultimate aim is improved health outcomes across all areas, for all members of the public according to need, in all division catchments.
- The effect may be to create a two- or three-tier classification of divisions and destroy the unity and solidarity of the Network
- Reducing the resources to divisions that are not 'high-performers' makes it even harder for them to improve.
- It risks increasing the gap between 'high' and 'low' achievers and is not the best motivation for change and improvement.
- From a population health perspective the rewarding of high-performing divisions can be seen as counter-productive. Extra funds should go to divisions that need to improve their population health performance, not to well-funded divisions that are already doing well.

3. **Boundaries and Amalgamation** (p.20; recs. 17-19, p.35-6)

- Alterations to boundaries and amalgamation of divisions are separate but related issues.
- Alignment of boundaries with state/territory health regions would assist coordination and integration work to improve continuity of care for patients, across many program areas. Alignment with data collection areas would make population health planning and evaluation possible.
- The issue of boundary changes is contentious because divisions' funding is based on the population within a division's area. Loss of territory means a loss of funding.
- GPDV has previously stated that adjustments to divisions' boundaries or amalgamations should only be attempted as part of a national realignment based on agreed criteria, not through a series of one-off disputes.
- The fact that this is a long-standing issue for DoHA, first raised in September 1998, indicates its difficulty. Its inclusion in the government's response suggests that divisions now have the opportunity to propose realistic and practical criteria for changes to boundaries or amalgamations of divisions. Victorian divisions and GPDV are ready to contribute to these criteria.
- Collaboration between divisions may be as effective a solution as formal amalgamation in some cases.

4. **Consumer and community engagement** (p.23; rec. 23, p.37; p.16)

- Victorian divisions welcome the government response. GPDV has consistently argued[3] that engagement with the local community/consumers is an essential part of every division's work, and that simply mandating consumer representation on a board of management is not the best way to achieve meaningful, effective two-way engagement and could be criticised as tokenistic.
- We would suggest to ADGP and DoHA that the most effective way of including non-GP members of divisions' community of interest may include their participation on a broad range of working structures, rather than necessarily forming part of the governance structure.
- When community and consumer representatives are involved in divisions' activities they must have an effective support structure.

5. **Funding** (p.18-9; recs 29-34, p.39)

- Victorian divisions welcome the four-year funding contract cycle (although this will not remove uncertainty when it comes to additional program funding, such as current CDM funding, particularly where it forms a substantial proportion of divisions' income).
- A secure four-year funding contract does not address the real issue which is the level of funding. If the Divisions' Program is indeed a key initiative of the government, it should be adequately funded. The expected $9 billion surplus suggests that funds could be provided.
- GPDV is concerned about an effective reduction in resources for divisions (eg. loss of CDM and IM funding, reduced indexation) with no compensating increase in the Program's budget.

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[3] See GPDV's Policy Issues Paper no. 20, Consumer-Community Connections; and p.5 of part 2 of GPDV's submission to Divisions Review at www.gpdv.com.au/policy/

- The ARIA formula needs modification to be suitable for application to divisions' funding but it is not possible to propose changes without having details of how ARIA will affect rural loadings for Victorian divisions. Divisions called on 16 May for an analysis of the effect of ARIA on Victorian rural divisions.
- ADGP's comment about Regional Resource Allocation must be given serious consideration if the Divisions' Network is to realise its potential

6. **Membership** (of division board: p.23 & recs. 23-4, p.37; general membership and service provision to members: recs. 20-22, p.36-7)

- GPDV has previously argued[4] in relation to these Review recommendations:
  - that imposing a change to membership would not be likely to achieve best governance for divisions, and may risk the GP engagement that is necessary for the effective functioning of divisions.
  - that DHS and DoHA mail-outs to all GPs can be onerous and costly, but worthwhile. The wishes of a small number of practices in the catchment area (not to be members of divisions) may make this recommendation difficult to implement (and may now contravene divisions' privacy policies developed under state and national legislation). Costs will need to be negotiated with state health departments for the distribution of information by divisions.
- The strength of the Divisions Network is in its diversity and there are many ways to ensure that divisions are working for general practice, rather than only for GPs.

7. **Roles of SBOs and ADGP in the Divisions Network** (p.25; recs. 25 & 27, p.38)

Victorian divisions and GPDV welcome the Government response that it expects the network to structure itself efficiently and effectively to achieve Program aims (rec. 25, p.37) and that it recognises SBO roles to engage state and territory health departments to achieve greater integration and coordination in health care delivery ; and to build capacity and performance in divisions (rec. 27, p.38).

- The Government's response places a responsibility on ADGP, SBOs and divisions to negotiate working relationships that function effectively at national as well as state levels.
- Recent events in WA show that it is essential for the SBO role to be specified as one of providing support, advocacy, information and representation for divisions, rather than as having a purpose separate from divisions.
- Victorian divisions and GPDV take the view that supporting and enhancing divisions' capacity and facilitating information exchange between divisions is a role of the SBO, rather than one to be taken over by 'high-performing divisions' that may act as 'mentors.' Although we support divisions learning from each other, which is one of the keys of our statewide workshops program for divisions and our encouragement of regional groupings of divisions, we are aware from previous experience this can be burdensome for 'high-performing' divisions.
- Victorian divisions on 16 May strongly stated that SBOs and ADGP must clarify their roles and improve their working relationship as a matter of urgency.

[4] GPDV response to report of the Divisions Review, www.gpdv.com.au/ReviewOfDivisions/Resources/03107DivsReviewResponse.pdf

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