Policy Issues Paper no. 11
October 1999

DDAC's Draft Principles of the Divisions Program

This paper originated as a briefing paper for GPDV Board about the *Draft Principles for the Divisions of General Practice Program*, produced by the Divisions Development Advisory Committee (DDAC) and circulated by DH&AC to all divisions for comment. It contains some discussion of issues arising from the principles and a list of specific points. A copy of the 13 Draft Principles is at page 4.

As the DDAC document was received by GPDV only in the second week of October, it was impossible to include significant discussion of it in the Board meeting held the same week. However, the Board did decide at its 15 October meeting to send the briefing paper out to divisions immediately, to help in their deliberations.

GPDV board will discuss its response to the *Draft Principles* by teleconference on 28 October and is keen to receive feedback from divisions before then, to gain an overview of Victorian divisions' views. Please contact Louise Willis, Policy Officer at GPDV if your division would like GPDV to consider your input on this matter.

Introduction

An evaluation report on the divisions' review pilot completed for DEAG in August 1998, led to the decision that a set of principles for the Divisions Program should be articulated. Hence the new DDAC was to develop some key principles for the Divisions' Program to provide a clear basis for future evaluation activities. These principles would also underpin the work of divisions.

A copy of the *Draft Principles* with a letter from Carolyn McNally inviting comment from divisions was sent on 29th September 1999 (following a decision of the DDAC meeting on 18 August). GPDV was omitted from the mailing list, and we discovered that the *Draft Principles* had been distributed when contacted by concerned divisions. DH&AC emailed the document to all SBOs this week. Responses are sought by 29 October.

Specific, detailed points relating to the *draft principles* are listed on page 3. Below is some discussion of key issues and points for the Board to consider.

Discussion

While principles should form the basis of implementation guides, rather than vice versa, it is useful to examine the DH&AC May 1999 *Implementation Guide* for its statements regarding the aims of the Divisions' Program and the Commonwealth's expectations of divisions, to see whether there is a change of direction implied in the *Draft Principles*, so that divisions can consider the reasons for and implications of such changes.

A clear, concise statement of the main purpose of the Program is not only useful, but essential for clear thinking about general practice policy, divisions' planning, implementation and evaluation. Statements of core, developing, emerging roles for Divisions and a range of principles (some of which apply to general practice rather than the Divisions' Program) do little to ensure any national unity, unless they are firmly based on, consistent with, and build upon, a clear statement of the purpose of the Program.

From the Implementation Guide (May 1999)

The main aim of the Divisions of General Practice Program is to: improve health outcomes for patients by encouraging GPs to work together and link with other health professionals to upgrade the quality of health services delivery at the local level. (Implementation Guide)

The Commonwealth is seeking the following outcomes from the DGPP:

- improved evidence based patient care
- a sustainable and effective network of divisions of general practice, which
  - support the implementation of general practice reforms and strategies
  - provide a link between GPs and local health policy planning initiatives and
  - facilitate integration of general practice with other health care providers
- general practice involvement in addressing population health issues
- effective and ethical use of public resources
- provision of performance information which focuses on activities that are achieved by divisions within the four quadrants of activity of the Program (population health, services by GPs to patients, services by divisions to members, and infrastructure) to provide a nationally consistent picture of the DGPP's achievements."

The following questions need to be answered:

- Is the "main aim" statement above still the position of DH&AC or not?
- Is the GP role in local health planning policy activities with other partners intentionally omitted? (*stated in Commonwealth expectations summarised above*) If so, why?
- Are GPs to develop and manage local programs in their area?
- Is the reduced emphasis on working with others towards a more integrated health system intentional? (*stated in Commonwealth expectations above)* If so, why?
- Is an underlying principle that a partnership of GPs/Commonwealth/community is best placed to improve the quality of general practice? If so, should it be stated in these principles?

The issue of integration, in particular, should be addressed in the principles, as its presentation as an optional extra (under no. 12) is completely at odds with the view that integration is the ultimate aim of the Divisions Program as well as the generally stated positions of DH&AC (including Liz Furler at a number of recent events) and all other stakeholders including academics, DHS and others across the health system.

The *Draft Principles* also suggest a greater emphasis on access and equity issues to be addressed by divisions. GPDV Board has previously acknowledged that "improved access to health services has always been and remains an aim that is central to the Divisions Program." (response to Health Inequalities Paper by Access SERU et al, August 1999). The same GPDV response also acknowledged the difficulty in identifying and delineating GPs' roles and divisions' roles in this work, given other structural barriers to access and equity.

Conclusion

While divisions and GPDV would be likely to welcome some clearer statements of the purpose of the Program, and its underlying principles, in order to assist divisions in their planning, priority setting, evaluation and any discussion of policy issues, some concerns arise from the *Draft Principles* as they stand.

GPDV board needs to consider:

- requesting an extension of the deadline for response, given the delays in distribution and the importance stated by DDAC that divisions and other stakeholders should be involved.
- distributing these briefing notes to Victorian divisions in case they are useful to boards' deliberations
- which of the issues contained in this paper the Board wishes to emphasise in a response to DDAC.

Specific points on Draft Principles

- Strongest statement to date of need to address access and equity issues. (no.2; no.6,7 and perhaps 8.)
  No. 2: includes details that make it more that a statement of principle.

- Less emphasis in these principles than previously on working with others across the health system. This is a major change of emphasis and not reflected by current statements by DH&AC.
  no.12: "collaboration across the different health care sectors is desirable." Integration of GPs with the rest of the health system is often seen as one of the key aims of the Divisions Program. Here, it is reduced to an optional extra.

- "community or population health" (No. 3) Does this suggest the two terms are synonymous, or that divisions can choose one or the other? Unclear.

- no. 1: divisions… *"**utilise** and enhance* the skills, knowledge and expertise of GPs to improve the health of the Australian population." This statement gives the impression that divisions use up some resource belonging to GPs, rather than contributing to the life/work of a GP and providing resources to him/her.
  Also, the point should be GP ***contribution*** to improve health – health improvement is not solely a general practice responsibility (nor attributable to it).

- Omits principle that GPs/Commonwealth/Community partnership is best placed to improve the quality of general practice. This is one of the underlying assumptions for establishing the Divisions' Program. The document does however acknowledge importance of consumers and the community as active partners in planning, implementing and evaluating divisional activities (no. 8).

- Another issue omitted is that local GPs, informed by consultation, determine the priorities for attention at the local level within the contraints of the divisions' funding program. This may be implied but is not stated here. Divisions are locally owned and directed by GPs.

- No. 3 "optimising individual patient care" should be "patient care provided and co-ordinated by GPs" to keep it specific.

- "accountability and transparency of decision making" (no.13) are mentioned only as "desirable."

- Principles 9 and 10 (importance of the local) are closely related.

- No. 9 would be better expressed as "many aspects of GP ***enhancement*** are likely to be…"

DDAC - Draft Principles for the Divisions of General Practice Program

Purpose of the Principles

- Inform priority settings for the Divisions of General Practice Program; and
- Support the evaluation of the Divisions of General Practice Program.

Key Principles

1. Divisions of General Practice utilise and enhance the skills, knowledge and expertise of general practitioners to improve the health of the Australian population.

2. The principle of equity endorsed is that of equal access for equal need where access is defined in terms of individuals' perceptions of the heights of the barriers they face and need is defined as capacity to benefit. In meeting needs, health gains might be weighted more highly where the recipient groups are disadvantaged such as Aboriginal and Torres Strait Islanders, the poor, those in poor health and those living in remote and possibly rural areas. Age might also be a basis for discrimination. A list of disadvantaged groups will be drawn up after consulting with divisions.

3. Divisions both generally and individually are built on the principle of concern for improving community or population health through optimising individual patient care and through other means at their disposal.

Other Principles

4. General practitioners will be better able to fulfil their professional roles when supported by, and are in communication with, their peers.

5. General practice is a key feature of the Australian health care system and as such it is desirable that it has a voice able to advocate for the professional standing of general practice and general practitioners.

6. Divisions should support general practitioners in their role as advocates for patients in the health care system.

7. Divisions have a role in advocating for health related disadvantaged groups.

8. Consumers and the community should be active partners in planning, implementing and evaluating divisional activities.

9. Many aspects of general practice are likely to be managed better at a relatively local level rather than more distantly, eg education, training, implementation of guidelines, and the establishment of systems of care.

10. National programs need to be tailored for local circumstances.

11. Efficiency (making the best use of the resources available) in general practice is desirable.

12. Collaboration across the different health care sectors is desirable.

13. Account and transparency of decision making in Divisions of General Practice are desirable.