

## **ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS**

### **Answers to Questions on Notice**

#### **Do you receive any Commonwealth funding? If so, how much?**

The RACGP only receives funding from the Commonwealth for specific projects developed and/or delivered in collaboration with the government, usually through the Department of Health and Ageing.

#### **What level of consultation on the National Health and Hospital Network have you had with the Department of Health and Ageing? Over what timeframe has the consultation taken place?**

Although the RACGP has provided continued feedback and input regarding health reform over the past 2 years, true consultation with the RACGP and the general practice profession regarding the National Health and Hospitals Network has been limited.

To date, the RACGP has not received written feedback and little communication from either the government or the Department of Health and Ageing regarding its recommendations to the National Health and Hospitals Reform Commission and the Primary Health Care Strategy, with both consultation processes underpinning COAG agreements.

#### **What level of consultation on the National Health and Hospital Network and Medicare Locals have you had with the Australian General Practice Network? Over what timeframe has the consultation taken place?**

There has been little consultation with AGPN regarding the Primary Health Care Organisations (named 'Medicare Locals' by the government), however it should be noted that it is the role of the government to consult regarding Medicare Locals, not AGPN.

RACGP has welcomed the strengthening of primary health care services, at a regional level, including the direct investment in patients' health at a local level. Both general practitioners and their patients value continuity of care after hours. In rural communities this can be particularly important where the GP is also responsible for the procedural care of a patient.

However, the RACGP also notes with concern that there appears to be a shifting of resources regarding after hours care and other programs. The College believes that Medicare Local coordination of key programs – including after hours general practice care – should not be at the expense of funding for general practices. As a matter of principle, the RACGP believes that the Medicare Local coordinating programs should build on the current high quality care delivered by general practitioners, as opposed to removing vital resources from general practices, and redirecting the funding to Medicare Locals.

The College is keen to work with government to ensure the work of Medicare Locals complement the important work of GPs.

#### **Please elaborate on your concerns that the National Health and Hospital Network could introduce aspects of the British NHS to Australia and the potential impact on patient choice of GP if this were to occur?**

The RACGP has concerns regarding Primary Health Care Organisations, as currently proposed, for a number of reasons. Firstly, there is little detail available as to exactly what role the Primary Health Care Organisations will have in primary health care.

Additionally, as mentioned above, there also appears to be a shifting of resources from general practices to Medicare Locals. If Medicare Locals are to coordinate the delivery of care within regions, as stated by the government, then there should be additional funding to support this function, rather than removing funding from general practices.

Further to comments made at the Senate hearing, the RACGP does not believe a UK style NHS model in Australia is desirable, however it is not the understanding of the RACGP that a NHS model is necessarily being proposed. The predominant problem such a system would potentially cause would be to make care for patients with multiple chronic, complex illnesses more difficult to accomplish due to funding difficulties.