



Australian Government

Department of Health and Ageing

**Discussion paper for the development of the
*Regionally Tailored Primary Health Care
Initiatives through Medicare Locals Fund***

December 2011

1. Purpose of the consultations

From 1 July 2011, the Australian Government Department of Health and Ageing has established the *Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund* (the Fund), to help improve administrative arrangements and provide greater flexibility to respond to emerging health and ageing priorities.

The Department is developing guidelines which will underpin the operation of the Fund and articulate the Fund's objective and priorities, operating parameters, eligibility criteria and compliance requirements. This discussion paper has been prepared to provide stakeholders with an opportunity to provide comment on, and contribute to, the development of the Fund guidelines.

2. Background

2.1 Establishment of Flexible Funds

In 2010, the Australian Government commissioned a review of the administrative arrangements in the Health and Ageing portfolio. As a result of this review, the Government decided to implement a range of changes which will result in a more efficient portfolio with a more flexible approach to the funding of health and ageing priorities.

One of the changes, effective progressively from 1 July 2011, is the consolidation of 159 existing health and ageing programs into 18 larger, flexible funds. The new funds will reduce red tape by simplifying and streamlining administration processes, and provide greater policy flexibility to respond to emerging issues and anticipate change. Over time, many grant recipients who are currently reporting against multiple funding agreements will move to an arrangement where they operate under a single agreement.

Funding recipients receiving grants for ongoing services will generally continue to be funded under existing agreements until at least 30 June 2012, or until their funding agreements expire, whichever is later, unless other arrangements are negotiated. This lead time is enabling the Department to work closely with grant funding recipients and other key stakeholders on implementation arrangements, including the establishment of the Fund guidelines, and timelines for new grant rounds.

Under these new arrangements, Fund guidelines and the approach to Fund management will emphasise the need for high quality, evidence-based activities that demonstrate relevance to contemporary health challenges and identified priorities, as well as a focus on value for money.

In addition to the *Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund*, the other Funds being established are the:

- *Chronic Disease Prevention and Service Improvement Fund;*
- *Communicable Disease Prevention and Service Improvement Grants Fund;*
- *Substance Misuse Prevention and Service Improvement Grants Fund;*

- *Substance Misuse Service Delivery Grants Fund;*
- *Health Social Surveys Fund;*
- *Aged Care Workforce Fund;*
- *Aged Care Service Improvement and Healthy Ageing Grants Fund;*
- *Single Point of Contact for Health Information, Advice and Counselling Fund;*
- *Practice Incentives for General Practices Fund;*
- *Rural Health Outreach Fund;*
- *Aboriginal and Torres Strait Islander Chronic Disease Fund;*
- *Health System Capacity Development Fund;*
- *Health Surveillance Fund;*
- *Quality Use of Diagnostics, Therapeutics and Pathology Fund;*
- *Health Workforce Fund;*
- *Indemnity Insurance Fund; and*
- *Health Protection Fund.*

It is anticipated that Medicare Locals may be eligible to apply for funding through these other funds (where appropriate), through competitive grants processes.

2.2 The Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund

The Government has allocated almost \$1.5 billion over the next four years to the *Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund*. It consolidates funding for Medicare Locals for the delivery of a range of initiatives and over time, will provide them with greater flexibility to respond to evolving priorities identified by the Commonwealth, and Medicare Locals in conjunction with their local communities.

Programs that were consolidated into the Fund from 1 July 2011 are as follows:

- Primary Health Care Organisations – Medicare Locals.
- Improve Access to After-hours Care - Funding to Medicare Locals to ensure availability of face-to-face after hours services.
- General Practice After Hours Program.
- Workforce Support for Rural GPs Program.
- Rural GP Locum Program.
- Rural Primary Health Services Program.
- Medicare Plus Better Aged Care Residents (Aged Care Access Initiative) – Allied Health component.
- Primary Health Care Organisation Support – Improving Access to General Practice and Primary Health Care Services for Older Australians.

Decisions around the future allocation of funding for specific activities and programs will be made in accordance with the objective and priorities of the Fund, which are discussed in Section 3, below.

2.3 National Health Reform

The establishment of the *Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund* is taking place at a time of significant change in the organisation, funding and delivery of health and aged care.

Australia's health care system faces significant challenges due to the growing burden of chronic disease, an ageing population, workforce pressures, and unacceptable inequities in health outcomes and access to services.¹ Chronic diseases place an enormous demand on the health system, with more than 50 per cent of consultations with general practitioners (GPs) attributed to people with a chronic condition, such as heart disease, cancer or diabetes.²

Through National Health Reform, the Australian Government is aiming to shift the centre of gravity of the health system from hospitals to primary health care. A strong primary health care system is essential to providing patients with the health care they need when and where they need it, to help patients better manage their health conditions in the community and prevent disease.

The *National Primary Health Care Strategy* identifies the necessary areas for reform to ensure the development of a strong and effective primary health care system. These reforms include improved regional integration, increased investment in health infrastructure, and structural and financial improvements to the primary health care system. The strategy also identifies key priority areas to be addressed in implementing primary health care reform including:

- improving access;
- better managing of chronic conditions;
- increasing the focus on prevention; and
- improving the quality, safety and accountability of primary health care services.

Complementing these developments, the Council of Australian Governments (COAG) National Health Reform will allow the Australian Government and state and territory governments to work together on system-wide policy and state-wide planning for general practice and primary health care services. The reforms to be introduced through this agreement will help equip the Australian health system to meet future challenges, including being able to better respond to the needs and priorities of local communities.

¹ National Health and Hospitals Reform Commission, 2009. *A Healthier Future for All Australians – Final Report of the National Health and Hospitals Reform Commission*. Available at: <www.yourhealth.gov.au>.

² Australian Institute of Health and Welfare, 2006. *Chronic diseases and associated risk factors in Australia*, AIHW: Canberra. Available at: <www.aihw.gov.au/publications>.

National Health Reform will deliver a health system that will ensure future generations of Australians enjoy world class, universally accessible health care.

2.4 Medicare Locals

A key component of the Australian Government's National Health Reforms is the establishment of a new nation-wide network of Medicare Locals.

Medicare Locals are primary health care organisations, established to coordinate primary health care delivery and tackle local health care needs and service gaps. They will work with general practice, allied health and community health care providers to drive improvements and greater integration in primary health care and ensure that services are better tailored to meet the needs of local communities.

The first group of 19 Medicare Locals commenced on 1 July 2011. A further 18 will be established from 1 January 2012, with the remaining 25 starting from 1 July 2012.

Medicare Locals will have a number of key roles in improving primary health care services for local communities. They will:

- make it easier for patients to access the services they need, by linking local GPs, nursing and other health professionals, hospitals and aged care, and maintaining up to date local service directory information;
- work closely with Local Hospital Networks to make sure that primary health care services and hospitals work well together for their patients;
- plan and support local after hours face-to-face GP services;
- support the implementation of initiatives that improve the prevention and management of disease in general practice and primary health care;
- identify where local communities are missing out on services they might need and coordinate services to address those gaps;
- support local primary care providers, such as GPs, practice nurses and allied health providers, to adopt and meet quality standards; and
- be accountable to local communities to make sure services are effective and of high quality.

While Medicare Locals may use different approaches to meet the needs of their community, they will all strive to meet the same strategic objectives, which are outlined at **Attachment A**.

Stakeholder engagement and collaboration

A key focus for Medicare Locals will be building partnerships and establishing relationships with consumers and the broader community. This includes the full range of local public and private health professionals and services such as general practitioners, pharmacists, practice nurses, allied health professionals, aged care providers, state-funded health services and

Aboriginal Community Controlled Health Services, as well as Local Hospital Networks, local Lead Clinician Groups, and the single entry to aged care.

All Medicare Locals will establish local consultation structures and advisory groups to engage with Local Hospital Networks, health professionals and consumers. These structures will improve the planning and coordination of services at the local level, support the delivery of a range of primary health care initiatives by addressing service gaps and inequities, and improve collaboration between practitioners and service providers across the health system.

Medicare Locals will be responsible for the identification of the health needs of their local areas and the development of locally responsive services. In order to do this, Medicare Locals will be required to undertake needs assessments, and conduct joint service planning with local health care professionals to identify where local communities are missing out on services, such as a lack of after hours primary health care, services for aged care recipients, or carer support, or shortages of exercise physiologists, physiotherapists, psychologists, and other allied health professionals.

2.5 Medicare Locals National Body

For all Medicare Locals to evolve into high performing organisations, it will be important for Medicare Locals to be supported at the national level. The transition of Medicare Locals from existing primary health care organisations such as Divisions of General Practice into new organisations, with broader roles, will require significant national and local change management. Medicare Locals will also need support to ensure they are able to meet their objectives.

A National Body will be established from 1 July 2012 to assist Medicare Locals to function effectively and efficiently, to achieve their objectives and to work as a cohesive network that can be responsive to evolving Commonwealth priorities.

The Commonwealth is responsible for managing the establishment and ongoing operation of Medicare Locals. The National Body will work closely with the Commonwealth to disseminate information and guidance to the Medicare Local network as a whole and also work closely with Medicare Locals to lead and support them so that they can achieve their objectives.

The National Body will have responsibility for coordination, capacity building and sharing of best practice across the Medicare Local network. It will operate at the interface between Medicare Locals and the Commonwealth and will assist the Commonwealth in the dissemination of information and direction to Medicare Locals in relation to standard setting, monitoring and compliance for Medicare Locals. The National Body will be required to build effective relationships across the primary health care sector including general practitioners, allied health professionals and consumers, as well as other health sectors such as the acute care sector and aged care sector.

In the first instance, the National Body will have a coordination and capacity building function providing national support to Medicare Locals. Over time, the role of the National Body may change as the Medicare Local Network evolves and builds capacity.

The specific objectives, roles and functions of the National Body are detailed in **Attachment B**.

3. Fund objectives and priorities

3.1 Fund objective

The proposed objective of the *Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund* is to help make it easier for all Australians to navigate their local health system, through the provision of funding and support for Medicare Locals to improve access to, and the coordination and integration of, primary health care in their local community.

To achieve this objective, the Fund will allocate:

- targeted 'core' funding to all Medicare Locals and the Medicare Locals National Body, for both their initial establishment and ongoing operational costs; and
- other, 'non-core' funding for the delivery of a range of primary health care initiatives and services to support and assist all Medicare Locals in meeting their strategic objectives.

3.2 Fund priorities

To achieve the Fund's overall objective, the proposed priorities of the Fund are to:

1. promote, facilitate, and improve access to appropriate primary health care services;
2. support primary health care providers and organisations to deliver safe, high quality services to consumers;
3. encourage and promote innovative responses to health needs and priorities, including health promotion and prevention measures, use of evidence-based strategies, the robust evaluation of activities, and the sharing of learnings;
4. assist primary health care organisations and providers with the uptake and integration of new technologies, such as e-health and tele-health initiatives, to improve the delivery, safety and quality of health services;
5. develop, and support the implementation of, inclusive health care initiatives that are appropriately targeted to meet the needs of a range of identified client groups; and
6. provide education, training, and other support for Medicare Locals to build their capacity over time to deliver on their strategic objectives.

Further detail on these proposed Fund priorities is at **Attachment C**.

3.3 Consumer Centred Care

It is expected that all of the activities implemented to address the Fund priorities will be developed from a consumer centred perspective.

Consumer centred care is health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Consumer centred care is increasingly being recognised as a dimension of high quality health care in its own right, and there is strong evidence that a consumer centred focus can lead to improvements in health care quality and outcomes by increasing safety, cost effectiveness and patient, family and staff satisfaction.

The key principles of consumer centred approaches include:

- treating patients, consumers, carers and families with dignity and respect;
- encouraging and supporting participation in decision making by patients, consumers, carers and families;
- communicating and sharing information with patients, consumers, carers and families; and
- fostering collaboration with patients, consumers, carers, families and health professionals in program and policy development, and in health service design, delivery and evaluation.³

3.4 Working in partnership

It is not expected that Medicare Locals will be able to address all of these priorities working in isolation. It will be essential that Medicare Locals work proactively to build partnerships and establish relationships with consumers, carers and the broader community, as well as the full range of local health professionals and health care organisations.

Where Medicare Locals seek to implement sub-contracting arrangements for the delivery of specific services or initiatives, it is a requirement that a competitive, open and transparent process is undertaken.

4. Fund scope

The Fund is intended to be broad in scope and flexible enough to support the wide range of activities identified above. The funding committed to particular Fund priorities and supported activities may vary over time to take into account:

- availability of funding;

³ Australian Commission on Safety and Quality in Health Care, 2011
<http://www.safetyandquality.gov.au/internet/safety/publishing.nsf/Content/PCCC>

- evidence of the effectiveness, efficiency and appropriateness of Fund activities; and
- emerging primary health care challenges.

5. Access to the Fund

It is expected that as existing funding lapses, Medicare Locals will become the main funding beneficiaries of the *Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund*. Other organisations may also be funded where appropriate, to achieve the objective and priorities of the Fund.

5.1 Medicare Local ‘core’ funding

Initially, the Fund will allocate targeted ‘core’ funding to all Medicare Locals, to cover the general administrative overhead costs associated with operating and maintaining Medicare Locals. These costs may include, but are not limited to: staff salaries, utilities, rent, travel expenses, reporting functions, communications activities, and Board attendance fees. Over time, ‘core’ funding will be integrated with ‘non-core’ funding to all for greater flexibility.

The allocation of ‘core’ funding to Medicare Locals is based on a funding formula that takes into account the characteristics of each Medicare Local community, such as rurality, socio-economic status, population age profiles, Aboriginal and Torres Strait Islander populations, and low English speaking proficiency.

Core funding will also be allocated to the Medicare Locals National Body, for its establishment and ongoing operation, and to support Medicare Locals in meeting their strategic objectives (in accordance with the objectives for the National Body outlined in Section 2.5, above).

5.2 Other (‘non-core’) funding

‘Non-core’ funding will be provided to all Medicare Locals for the delivery of a range of primary health care initiatives and services. Non-core funding may also be provided to other organisations as required, to support and assist Medicare Locals in meeting their strategic objectives.

All existing funding from the programs being consolidated into the *Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund* has been included in the new Fund.

Existing grant recipients will continue to be funded until 30 June 2012, or until their current agreement(s) expires, whichever is later.

As such, the level of ‘non-core’ funding available is limited in the initial years of the Fund, as existing contractual agreements are fulfilled, but will increase over time.

To provide Medicare Locals with the support needed to successfully establish themselves as new primary health care organisations, part of the ‘non-core’ funding available in 2011-12

and 2012-13 will be allocated to fund the following national Medicare Locals infrastructure activities:

- the establishment of a new accreditation framework for Medicare Locals, including the development of accreditation standards that are specifically tailored to the unique role of Medicare Locals;
- the development of a new online reporting system for Medicare Locals;
- eHealth infrastructure support payments to Medicare Locals, to support the implementation and uptake of the Personally Controlled Electronic Health Record (PCEHR) and other new eHealth and tele-health initiatives, and to facilitate improved patient registers, data collection and reporting activities;
- funding to Medicare Locals to assist in the extension of support services and activities beyond general practice, to the full range of primary health care organisations;
- communication activities, appropriately targeted to a range of stakeholder groups, to promote improved understanding and awareness of the role of Medicare Locals, and to support stakeholder engagement with their local Medicare Local; and
- capability development, training and support – a range of activities to improve the capacity of Medicare Locals, and primary health care organisations in their communities, to participate in continuous quality improvement activities, population health and service planning, etc.

Over time, it is proposed that Medicare Locals will have the flexibility to identify how they will use their integrated 'core' and 'non-core' funding to meet their strategic objectives. This will be informed by Commonwealth priorities, their local needs assessment, joint health care planning activities, and stakeholder consultations, including with consumers.

As Medicare Locals are established and build their capacity to manage flexible funds, it is proposed that they will be able to 'pool' their 'core' and 'non-core' funding, so that efficiencies in the management of the organisation and administration can be re-directed to increase the level of funding available for activities and services to support their local primary health care system.

5.3 Fund under-expenditure

Funding allocations will be monitored throughout the year with potential under-spends identified and allocated to activities identified as being the most appropriate method of meeting the objective and priorities of the Fund.

From time to time, the Australian Government may direct additional or supplementary funding to services under the Fund. For example, providing targeted services to areas where evidence shows that there is a need.

6. Approaches to funding

Funding from the *Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund* will be allocated through a number of mechanisms. The Department proposes to undertake the following activities to achieve the objective and priorities of the Fund:

- **'Core' funding to Medicare Locals** – targeted funding for all Medicare Locals and the Medicare Locals National Body, as described in Section 5.1, above.
- **'Non-core' funding** – targeted funding for all Medicare Locals to undertake activities to meet their strategic objectives, as described in Section 5.2, above.
- **Procurement of services** – the Fund will be used for the procurement of specific services, where required, which directly support the objective and priorities of the Fund.

7. Proposed contractual arrangements

Funding to Medicare Locals and the Medicare Locals National Body will be provided through a funding agreement which specifies the terms and conditions of funding, as well as performance expectations. All existing program funding to Divisions of General Practice will be directed through Medicare Locals and over time this will be absorbed into a single funding agreement with each Medicare Local, and a single funding agreement with the Medicare Locals National Body.

Non-Medicare Local funding recipients are not required to have a prior funding relationship established by the Department, but must be a legal entity to be eligible for funding.

Successful applicants will be required to enter into a funding agreement or alternative contractual arrangement with the Commonwealth (represented by the Department). A copy of the proposed contractual arrangement will form part of any material that forms the basis of a procurement process under this Fund.

MEDICARE LOCALS STRATEGIC OBJECTIVES

Medicare Locals are a key part of health system reforms and are integral to delivering National Health Reform.

Funding will be provided to support the skills and capacity required of each Medicare Local to achieve, and over time build upon, the five strategic objectives described below.

Objective 1: Improving the patient journey through developing integrated and coordinated services

To achieve this objective Medicare Locals are expected to:

1. work to make the health system function seamlessly for patients, through links with Local Hospital Networks, so that primary health care is a part of an integrated health system;
2. establish processes to engage effectively with patients, clinicians, Local Hospital Networks, local Lead Clinician Groups, once established, and other stakeholders to identify and remedy service gaps and breakdowns in service integration and coordination;
3. work with patients and the local clinical community to develop, monitor and maintain high patient care standards and integrated and coordinated clinical pathways to improve access to services, including after-hours services and telehealth services, provided in the most appropriate setting, and connectedness between services in the local area; and
4. improve patient awareness of the availability of services by maintaining and ensuring access to relevant and current service directories.

Objective 2: Provide support to clinicians and service providers to improve patient care

To achieve this objective, Medicare Locals are expected to:

1. proactively engage with practitioners across the spectrum of primary health care provision;
2. provide practice support to improve the uptake of best practice in primary health care;
3. integrate varied provider types and models of care to reflect optimal care coordination; and
4. assist primary health care providers to meet safety and quality standards of service delivery, including monitoring and providing feedback to providers on their performance.

Objective 3: Identification of the health needs of local areas and development of locally focused and responsive services

To achieve this objective, Medicare Locals are expected to have the appropriate expertise in data collection and analysis, strategies and referral pathways to:

1. maintain a population health database including community health and wellbeing measures, provide input to population health profiles, and undertake population health needs assessment and planning;
2. actively participate in the performance and accountability framework of the Government's health reforms;
3. undertake detailed analyses of primary health care service gaps and identify evidence-based strategies to improve health outcomes and the quality of service delivery in local area populations, including for disadvantaged or under-serviced population groups;
4. conduct joint service planning with Local Hospital Networks and other appropriate organisations; and
5. facilitate a reduction in inappropriate or inefficient service utilisation and avoidable hospitalisations.

Objective 4: Facilitation of the implementation and successful performance of primary health care initiatives and programs

To achieve this objective, Medicare Locals are expected to:

1. improve the focus on prevention and early intervention in primary health care;
2. improve service delivery, clinical efficiency and efficacy, and drive appropriate service utilisation;
3. coordinate the delivery of local area primary health care reform initiatives; and
4. ensure the seamless transition of programs and services from existing Divisions of General Practice operating within the local area, including transfer of funding, staffing and corporate knowledge.

Objective 5: Be efficient and accountable with strong governance and effective management

To achieve this objective, Medicare Locals are expected to have:

1. appropriate company, board and senior management structures and processes – to manage risk, ensure compliance with all legal and fiduciary responsibilities, ensure financial viability and accountability, and to attract and retain essential skills across the extent of corporate and primary health care expertise;
2. capacity to drive more efficient utilisation of health and administrative resources – including through contract management, resource allocation and acquittal, budget

management, and contributing to efficiency and equity across health sectors in the local area;

3. sufficient capacity and expertise to effectively and efficiently manage flexible funding to target services to their local community's specific needs;
4. mechanisms to appropriately integrate information relating to clinical priorities and governance – including links with Local Hospital Networks and local Lead Clinician Groups once established;
5. appropriate data collection, performance monitoring and reporting processes – including a commitment to participating within a nationally consistent performance framework and monitoring of definitive outcomes related to Medicare Locals' core business requirements;
6. decision making processes that are responsive to local health care needs and accountable across the spectrum of the local community and primary health care providers; and
7. capacity to remain flexible and responsive to evolving circumstances.

MEDICARE LOCALS NATIONAL BODY

The objectives, roles and functions of the National Body include:

1. **To act as a lead change agent for the Medicare Local network**, including:
 - i. to operate at the interface between Medicare Locals and the Commonwealth assisting in the dissemination of policy directions, instructions and information from the Commonwealth to Medicare Locals;
 - ii. assist in the integration of Medicare Locals with Local Hospital Networks (LHNs);
 - iii. assist the Commonwealth to monitor, evaluate and build evidence in relation to primary health care strategies, programs and services;
 - iv. establish relationships and communication pathways across the primary health care sector, creating an opportunity for consultation and information exchange across the Medicare Local network, general practitioners, allied health professionals and consumers;
 - v. promote integration with other parts of the health system including the acute care sector, aged care sector and the social care sector;
 - vi. assist in the identification of opportunities to evolve the direction of Medicare Locals to align with national policy needs;
 - vii. generate policy and program solutions for consideration by the Commonwealth and assist in the roll out of new network wide approaches; and
 - viii. develop and support the Medicare Locals brand across service providers.

2. **To support Medicare Local performance**, including:
 - i. assist Medicare Locals to achieve the Medicare Local strategic objectives;
 - ii. assist Medicare Locals in transitioning to the new arrangements;
 - iii. encourage a culture of inter-professional learning and support for multidisciplinary teams and practice improvement;
 - iv. implement organisational development strategies including expertise development in key areas of core Medicare Local business;
 - v. support the planning for systems innovation, program and service development, for example, supporting eHealth, information management and data capture and analysis to develop and deliver an effective eHealth system;
 - vi. assist the Commonwealth to facilitate negotiated solutions to disputes within, or between Medicare Locals; and
 - vii. assist the Commonwealth in the development and promotion of a performance (excellence and improvement) culture, including evaluation.

PROPOSED FUND PRIORITIES

1. Promote, facilitate, and improve access to appropriate primary health care services.

Medicare Locals have a key role to play in helping to ensure that access to the local health care system is as integrated and seamless as possible. Access can be considered from a number of perspectives, such as:

- the location of, or distance to, appropriate health services, particularly for Australians living in rural and remote communities;
- the hours of operation of primary health care services, including access to care outside of normal working hours. Medicare Locals will be expected to successfully improve, and maintain, access to effective and accessible face-to-face primary care services during the after hours period;
- access to primary health care for older people receiving aged care support, whether they live independently, or in a Commonwealth-funded Residential Aged Care Facility (RACF);
- accessibility of information about health services in easy-to-understand formats, and locally relevant languages. This will help consumers to access the right service, in the right place, at the right time;
- the cultural safety and appropriateness of health services;
- inability to access primary health care services, due to insufficient providers or services, or lengthy waiting times;
- the physical accessibility of health services facilities (e.g. ramps, height-adjustable beds, etc.); and
- equity – ensuring that those most in need are able to access the support and services they require.

This Fund priority links to the Medicare Locals strategic objectives 1 and 3.

2. Support primary health care providers and organisations to deliver safe, high quality services to consumers.

Medicare Locals must proactively engage with practitioners across the spectrum of primary health care to ensure:

- the provision of safe, high quality services, including providing support to achieve organisational accreditation;
- health care providers are appropriately trained and qualified (through National Registration Boards, or professional associations);
- the uptake of best practice; and
- supporting quality improvement activities, including providing feedback on performance (e.g. childhood immunisation rates).

Medicare Locals may also undertake a range of other activities to support continuous quality improvement and a strong focus on the delivery of safe primary health care services.

This Fund priority links to the Medicare Locals strategic objectives 1, 2 and 4.

3. Encourage and promote innovative responses to health needs and priorities, including health promotion and prevention measures, use of evidence-based strategies, the robust evaluation of activities, and the sharing of learnings.

Medicare Locals will identify the health needs of their local community through the completion of comprehensive needs assessments and joint service planning activities. From this basis, Medicare Locals will be encouraged to implement innovative solutions to meet local needs.

Medicare Locals should ensure that activities are robustly evaluated, to contribute to building the evidence base, and enable the sharing of information and findings across the Medicare Locals network.

There should also be a strong focus on health promotion and illness prevention as a priority for action.

This Fund priority links to the Medicare Locals strategic objectives 1, 2, 4 and 5.

4. Assist primary health care organisations and providers with the uptake and integration of new technologies, such as e-health and tele-health initiatives, to improve the delivery, safety and quality of health services.

Activities to address this priority may include providing support for general practices and other primary health care organisations to implement the Personally Controlled Electronic Health Record (PCEHR), and the Tele-health initiative, as part of the National Digital Economy Strategy.

The uptake of other Information Management/ Information Technology products, such as data extraction tools and clinical audit software, may also be supported through this priority.

This fund priority links to the Medicare Locals strategic objectives 1, 2, 4 and 5.

5. Develop, and support the implementation of, inclusive health care initiatives that are appropriately targeted to meet the needs of a range of identified client groups.

Medicare Locals are responsible for ensuring local primary health services are inclusive and accessible by all groups in the community. Particular groups that may require additional assistance to engage with local health services may include:

- Aboriginal and Torres Strait Islander communities;

- rural and remote communities;
- people from Culturally and Linguistically Diverse backgrounds;
- people with a disability, and their carers;
- people who are experiencing homeless, or are at risk of homelessness;
- low socio-economic groups;
- people with a mental illness; and
- older people receiving aged care support, and their carers.

It should be noted that this list is not exhaustive, and activities under this priority should be informed through consultations with the local community, and reflected in the Medicare Local needs assessment.

This fund priority links to the Medicare Locals strategic objectives 1, 3 and 4.

6. Provide education, training, and other support for Medicare Locals to build their capacity over time to deliver on their strategic objectives.

Medicare Locals will require appropriate support and assistance to evolve into high performing, efficient and accountable organisations. The types of activities to be supported through this priority may include:

- development of the Medicare Locals accreditation framework, and training and educational support to assist Medicare Locals through the accreditation process;
- governance training and leadership development opportunities for CEOs and Board members;
- engagement of consultants to help build the capacity of Medicare Locals in specific areas, as required;
- establishing data collection and support systems; and
- evaluation of the Medicare Locals program, to identify areas for development.

This fund priority links to the Medicare Locals strategic objective 5.