



AASW
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**Australian Association
of Social Workers**

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*Response from the Australian Association of
Social Workers (AASW) to the Review of
Medicare Locals*

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© Australian Association of Social Workers
National Office – Canberra Level 4,
33-35 Ainslie Place CANBERRA CITY ACT 2600
PO Box 4956
KINGSTON ACT 2604
T 02 6232 3900
F 02 6230 4399
E advocacy@asw.asn.au
www.asw.asn.au

Enquiries regarding this submission can be directed to:
Senior Manager, Social Policy and Mental Health:
Stephen Brand
Email: stephen.brand@asw.asn.au
Phone: 02 6232 3900
AASW Chief Executive Officer:
Glenys Wilkinson
Email: ceo@asw.asn.au

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Introduction

The Australian Association of Social Workers (AASW) is the key professional body representing more than 7000 social workers throughout Australia. Social work is the profession committed to the pursuit of social justice, the enhancement of the quality of life, and the development of the full potential of each individual, group and community in society. Professional social workers work across the health and welfare sector and are well represented in the primary health care sector.

The AASW appreciates the opportunity to contribute to the Review of Medicare Locals. The establishment of Medicare Locals has been an important development. In this transitional and formative phase they have commenced making an important contribution to the primary health care domain, building on and consolidating the achievements of the Divisions of General Practice and commencing the process of establishing innovative and integrated responses to primary health care needs. They provide an important and focused means of attending to the community's health needs and should be supported to continue to promote quality primary health care informed by a population health perspective and the social determinants of health.

1. The role of Medicare Locals and their performance against stated objectives

Medicare Locals across Australia have commenced the process of developing a response to and implementing all five stated objectives. It is acknowledged that some have made progress across all five while others have focused on particular objectives. It is also noted that some of these objectives have mainly involved a continuation of established areas of operation previously undertaken by Divisions of General Practice while others have required the establishment of new primary health care parameters and, therefore, have required more focus on the developmental and implementation phase. These Medicare Locals are undergoing their development in response to the guidelines, for example undertaking population analyses to inform the particular direction of programs and in some circumstances retargeting programs so that they provide locally focused and responsive services. In this early phase, the Medicare Locals with which the AASW has had contact provide evidence that they are achieving and building towards a positive performance against the stated objectives.

2. The performance of Medicare Locals in administering existing programs, including after hours

While social workers contribute to a number of the programs delivered by Medicare Locals (and are employed within many Medicare Locals in clinical, administrative, management and policy positions) the AASW has a particular interest in the Mental Health program area and in particular the Access to Psychological Services (ATAPS). The performance of Medicare Locals in administering Mental Health programs has been, on the whole, a positive development related to the scope and quality of programs provided and, therefore, the increased access for clients serviced by these programs. Medicare Locals

have also enabled an increased diversity of service responses and employment models matching the service delivery form with population needs. Thus some Medicare Locals deliver Mental Health programs directly, some have outsourced them to a range of community organisations and some have adopted a hybrid model. Allied health professionals, including social workers, are well represented across all these models. In some circumstances utilising these responses has enabled a stronger adherence to primary health care values and principles.

3. Recognising general practice as the cornerstone of primary care in the functions and governance structure of Medicare Locals

This objective has been strongly met. GPs have been solidly recognised by Medicare Locals as a cornerstone of primary health and strongly embedded into the functions and governance structure of Medicare Locals. The AASW acknowledges the importance of this response. In addition the AASW acknowledges that Medicare Locals have played an important role in promoting the contribution of allied health practitioners in governance structures. This is including Allied Health representation on Medicare Locals' Boards and in membership, and encouraging an Allied Health presence and employment across all governance structures to ensure a well-functioning and representative Medicare Local organisation.

4. Ensuring Commonwealth funding supports clinical services, rather than administration

Most Medicare Locals are meeting the required guideline that 85% of funds be allocated to clinical services, which is an important and necessary achievement. While there are a number of situations where delays and some restrictions on expenditure have occurred, this is due to the impact of new structures being developed in the transition between Divisions of General Practice and Medicare Locals and therefore part of the changeover phase.

5. Assessing processes for determining market failure and service intervention, so existing clinical services are not disrupted or discouraged

In some program areas, for example Access to Psychological Services (ATAPS), Medicare Locals have introduced and developed processes to assess whether contractors are delivering the required services, meeting program guidelines and monitoring whether mechanisms of quality assurance are being utilised to ensure that clinical services are being delivered within reporting parameters. This is an important development. They have introduced important best practice procedures, such as clinical governance processes and standards for private contractors and employed staff.

6. Evaluating the practical interaction with Local Hospital Networks and health services, including boundaries

The interaction with Local Hospital Networks and health services varies across Medicare Locals. There are situations where this is being implemented well and innovative and responsive models of care and service delivery have been developed. There are a number of significant and important examples of this practice, particularly in the implementation of the Access to Psychological Services (ATAPS) Tier Two specialist services provided to at-risk groups. In these situations mental health practitioners are based, for example, in a range of co-located settings providing responsive practices to young people, the indigenous community, people who are homeless, and those at risk of suicide. Collaborative working relationships have been initiated and integrated shared care relationships developed with GPs and other health providers. Allied Health providers are highly represented within these locations and responses.

7. Tendering and contracting arrangements

The tendering and contracting arrangements that have been created through the development of Medicare Locals have been an exciting and important opportunity for Allied Health professionals, including social workers, to participate in an open market process. It has also introduced transparency to many employment and contractual processes. This inclusion of a broader cohort of specialist mental health workers has provided service users with an increased choice of specialist and experienced workers able to respond to their needs. It has also introduced a workforce with skills to respond to direct service interventions, community development, and program and policy responses.

8. Any other related matters

Medicare Locals have provided the opportunity for a range of service users to receive tailored and responsive services within an integrated primary care context. It has promoted many examples of good practice to enhance and deliver services to clients who previously have fallen between service systems. It is providing mechanisms that ensure information is now being collected about the services clients are receiving, which increases community accountability. It is promoting opportunities for professional development, networking and training for individual practitioners and for organisations. It is providing a model of multi-disciplinary care and teamwork.

Medicare Locals are in a prime position to develop, deliver and monitor integrated care that addresses social determinants of health. They are in an excellent position to identify and respond to the links across health, social and community issues and co-ordinate the delivery of these programs. Medicare Locals are in a prime position to create and promote links between private, public and not-for-profit service providers. They are in a prime position to 'host' and implement State and Federal initiatives and to be the leaders in policy and program development. They are also well placed to take a leadership role and to champion new directions and utilise research and evaluation approaches to existing programs.

The AASW applauds the achievements of Medicare Locals to date and supports their continued growth and opportunity to consolidate their provision of quality primary health care to Australians across the life span and for social workers to continue to contribute to these accomplishments.

Submission prepared by
Dr Deborah Absler