

**medicare  
local**

**GIPPSLAND**



*Connecting health to meet local needs*

**Australian Government  
Review of Medicare Locals**

**Gippsland  
Medicare Local**

**23 December 2013**

## **Gippsland Medicare Local – Submission to the Review of Medicare Locals**

Established just over a year ago (1 July 2012), Gippsland Medicare Local Ltd. (GML) has moved rapidly through its start up phase and is now focused on a program of activities to improve the health of people across the region. The nine members of the board, chaired by Dr Nola Maxfield, bring a balance of medical/technical and community advocacy skills to the leadership and strategic direction of GML. The GML Board has set in place a strong corporate governance framework to ensure the efficiency and effectiveness of the organisation.

Delivery of GML services is under the direction of CEO, Mr. Peter Quigley, a committed “Gippslander”; Mr. Quigley is an experienced and highly credentialed management and leadership professional. GML’s small team of health professionals is deployed across the region with services delivered from offices in central, south and east Gippsland.

### **Gippsland Population**

Located in eastern Victoria, Gippsland covers an area of almost 44,000 sq kms, or approximately 20% of the area of the state. The region extends from the Great Dividing Range in the north, to the Bass Strait coastline in the south, and from the NSW border in the east to the Latrobe region and Phillip Island in the west and south west.

The size of GML’s area of operations is graphically demonstrated by the fact that it is a 428 km road journey from Gippsland’s western border to Mallacoota in the far east.

The population of Gippsland is diverse and dispersed. While there are major regional urban centers in the Latrobe Valley, over 40% of the population live in a wide range of coastal and rural villages. Twelve percent of the population is born overseas.

East Gippsland and Wellington shires are relatively remote with sparse, small populations. East Gippsland also has an Aboriginal population almost five times the Victorian average. Forty-three percent of households have low incomes.

Gippsland’s population is projected to grow to more than 300,000 by 2026, an increase of 20% or 50,000 people. This growth will not be uniform. The south-western end of Bass Coast and Baw Baw will see the most growth, with more than 26,000 people needing to be accommodated by the end of 2026. This means that Bass Coast will have grown in population by more than 45 per cent and Baw Baw by 34 per cent on 2009 figures. Accompanying this projected growth there will be a significant increase in people aged over 60, including many who will retire to the region. Gippsland’s population aged 65 and over is projected to increase from 41,100 to 85,300 by 2026 when it is projected that 27.9 per cent of the population will be older than 65 years, with the number of people aged over 85 doubling during this period<sup>1</sup>.

### **Gippsland’s Health Needs**

GML commissioned, Dr Margaret Stebbing, from Monash University Department of Rural and Indigenous Health, to conduct a desk top review of available population health

---

<sup>1</sup> Gippsland Regional Plan 2010

related data for the Gippsland Region to inform the 2013 Primary Health Care Needs Assessment, priority setting and reporting processes (Attachment 2)<sup>2</sup>.

Dr Stebbing's review noted that Gippsland rates the lowest of all Victorian regions on a number of health indicators, including:

- smoking (highest rate in the state)
- male life expectancy
- psychological distress, and
- rates of disability.

Gippsland has the highest rate of low birth weight babies and children at developmental risk, and the highest rate of drug and alcohol clients. The rate of inpatient separations is the highest of all Victorian regions, while private hospital utilisation is the lowest. GP attendances are slightly below average, while emergency department presentations and primary care type presentations are the highest of all regions. The regional rate of participation in screening for breast cancer is higher than the Victorian average while cervical cancer and bowel cancer screening rates are slightly lower.

In September 2012, GML hosted three sub-regional forums to which a range of health service organisations were invited. These forums identified a number of priorities for GML to consider.

GML undertook three key research-based consultations – one in the field of child mental health, one in the area of Aboriginal health, and another in the field of after hours primary care – to inform its Child Mental Health Service, its Care Coordination and Supplementary Services Strategy and its after hours planning. Each of these involved consultation with affected consumers.

GML participated in the Gippsland Health Services Partnership – the key venue in which the local public hospitals, the local community health centres and representatives of local government meet to discuss health service planning and development.

The challenges to improve the health and well being of the population of Gippsland are well identified and understood by both health professionals and the wider community. The establishment of GML was timely and welcomed.

### **Health Services in Gippsland**

Gippslanders are serviced by:-

- Sixty-two (62) general practices, seventy (70) percent of which provide 'after hours' primary medical care
- Ten Local Hospital Networks (LHNs), five of which have no staff doctors and are, thus, interdependent with local general practices, especially in the after hours period

---

<sup>2</sup> A snap shot of the health care needs of the population and the health service system in Gippsland

A desktop review of available data - May 2013 - Dr Margaret Stebbing PhD (Epidemiology), MPH, Dip. App. Sci. Nursing. Population Health Academic Monash University Department of Rural and Indigenous Health School of Rural Health

- Seven hospitals with the major tertiary hospital (Latrobe Regional Hospital) being over 4 hours driving time from Mallacoota in the east. A private hospital is located in Morwell.
- Nine Community Health Services
- Five Aboriginal Community Controlled Health Organisations, three of which are small and more remote
- Five Bush Nursing Centres.

Due in part to population dispersal, but also because of the low average population sizes per centre, Gippsland's health system depends on a number of inter-dependent general practice / hospital networks. These are particularly important in providing high quality urgent and after hours care.

The communities of Gippsland are also supported by a range of private allied health practitioners. GML is developing a profile of allied health private practices in its catchment.

### **Role of Gippsland Medicare Local**

The role of GML as detailed in its constitution is to promote the health of human beings through the prevention and control of diseases in human beings by improving primary health care and ensuring that primary health care services are better tailored to meet the needs of Gippsland communities.

GML enacts its role in three (3) spheres of influence:

1. Within primary health care – by supporting clinics and professionals provide high quality care, by funding services that fill identified gaps, by working with local services on coordination and by collaborating on longer term planning. An example of the success of GML's facilitation role is the childhood immunisation coverage in the region (over 95% of under 5's)
2. At the hospital interface – by facilitating the development of improved patient pathways (most notably in mental health), by funding complementary community services in LHNs, and by acting as a trusted informant of the primary health sector (e.g. about issues such as anti-microbial stewardship)
3. At the interface with key sites where the social determinants of health can be addressed – by increasing its collaboration with primary schools and sports clubs in small communities (as these are often the site for health interventions in the absence formal health services), and by supporting strengthening local coalitions within communities that are progressing health initiatives (e.g. community gardens).

### **GML Membership**

GML membership has grown strongly and now stands at 161 bringing together a high proportion of the primary health care clinicians from across Gippsland with a diverse range of knowledge and interests in health care. GML has maintained strong relationships with the stakeholders who transferred from the three former Gippsland Divisions of General Practice and is now a presence within key regional networks and at local community forums.

## **GML Services**

Following research, consultations and a formal prioritisation process, GML committed to its current suite of programs and services.

Programs delivered by GML include:

- Support to clinicians and service providers
- Continuing professional development
- Indigenous access to mainstream general practice
- Aged Care initiatives
- Immunisation support and resources
- eHealth initiatives
- Mental health programs.

See Attachment 1. GML 2013 Annual Report for program and service details.

While the objectives detailed in GML's 2013-14 business plan are common to Medicare Locals throughout Australia, the actions and deliverables are specific to the Gippsland environment.<sup>3</sup>

## **Conclusion**

There is a clear opportunity to improve the effectiveness and harmonise the delivery of primary health care services across the Gippsland region.

GML is working with the support of general practice, allied health and community health care providers to drive Gippsland-wide improvements and greater integration in primary health care and ensure that services are better tailored to meet the needs of local communities.

This work has just begun. Dr Nola Maxfield, chair of the GML Board, noted in the 2013 Annual Report that *"We look forward to our second year of operation and into the future as we consolidate and strengthen our organisation's influence in the quest for better health outcomes across Gippsland"*.

## **For further information contact:**

Mr. Peter Quigley  
Chief Executive Officer  
Gippsland Medicare Local  
0499 600 334  
peter.quigley@gml.org.au

---

<sup>3</sup> <http://www.gml.org.au/wp-content/uploads/2012/05/GML-Business-Plan-13141.pdf>

## **Attachment 1**

Gippsland Medicare Local 2013 Annual Report

## **Attachment 2**

A Snap Shot of the Health Care Needs of the Population and the Health Service System  
in Gippsland