

**Draft Minutes of VPCHN meeting
10 December, 2008 – 10:30am-12:30pm
GPDV 2nd floor, 458 Swanston Street, Carlton**

1. Welcome

Name	Representing	
Mark Smith (chair)	MS	Royal District Nursing Service (RDNS)
Bill Newton	BN	General Practice Victoria (GPV)
Jenny Macmillan	JM	Australian Institute for Primary Care (AIPC)
Rob Macindoe	RM	Victorian Healthcare Association (VHA)
Mark Sullivan	MK	Victorian Healthcare Association (VHA)
Sara Duncan	SD	Victorian Healthcare Association (VHA)
Sam Biondo	SB	Victorian Alcohol And Drug Association (VAADA)
Denise Ferrier	DF	Vic Department of Human Services (DHS)
Kathleen Maltzahn	KM	Women's Health in the North (WHN)
Amanda Murphy	AM	Primary Care Partnerships (PCPs)
Meredith Kefford (minutes)		

2. Apologies

Derryn Wilson	DW	Municipal Association of Victoria (MAV)
Janet Laverick		Vic Department of Human Services (DHS)

Agenda Item	Detail	Actions / Outcomes
3.	<p>Minutes of last meeting</p> <ul style="list-style-type: none"> o Accepted • Discussion on format and use of minutes <ul style="list-style-type: none"> o Agreed that the minutes should be detailed enough for members not at the meeting to get a sense of the issue. Tabular format is good. o Also, given that the members are organisational representatives, the minutes may be used to inform others of the issues and outcomes. o Minutes should therefore be readily accessible and timely. 	<p>JM to provide minutes to Network chair within one week of meeting if possible.</p> <p>On approval from Chair, minutes to be circulated to members and put on website as draft, then confirmed/amended at next meeting</p>
4.	Business arising	
4.1	<p>GP and Community Health Forum follow up</p> <ul style="list-style-type: none"> • VHA working group report • SD reported MBS workshops are not yet finalised. 	SD to send Jenny information re workshops when finalised
4.2	<p>ATO tax ruling update</p> <ul style="list-style-type: none"> • SD reported. Legislation was passed with bilateral support. CHS need to move to Corporations Act by 31 March. The ATO has indicated that it is satisfied that CHCs will qualify for tax deductibility under the new arrangements. • It was felt that this issue has strengthened the CH sector in Victoria, particularly in rural areas and been useful in broadening the understanding of both state and federal politicians. 	

	<ul style="list-style-type: none"> • The Network thanked SD and the VHA for hard and effective work on the issue. 	
4.3	<p>Commonwealth Policy issues</p> <ul style="list-style-type: none"> • PHC Strategy Discussion Paper and Preventative Health Taskforce Report: see item 4.5 • MS reported that COAG discussion on aged care/disability/mental health has been deferred to 2009. RDNS has prepared letters to COAG with their concerns about the process and directions of the proposed reforms. • This led to discussion on the lack of understanding from Commonwealth staff of issues broader than their directly funded services. Frequent and often total changes of staffing add to the difficulty of having them appreciate the complexities and variations across states/territories and programs including HACC. • A recurring challenge for Victoria is to achieve an understanding and appreciation from the Commonwealth that our primary healthcare sector has developed over a long time into a different, stronger, more robust and co-coordinated system than in most other states. While much could improve, changes need to build on the existing strengths and successful components, which may not be applicable to other states/territories. The current level and quality of care in Victoria should not be reduced by policy/organisational changes introduced nationally. 	<p>Network members to take all opportunities (e.g. Letters, submissions, meetings) to highlight specific Victorian issues and concerns about the impact of Commonwealth reforms on healthcare in Victoria.</p> <p>MS to provide to JM and BN letters raising some of these issues and COAG contacts.</p> <p>Jenny to draft letters for Network and Network member organisations to send to COAG about these concerns. JM to sign Network letter if agreed following circulation.</p>
4.4	<p>Community Transport</p> <p>Derryn Wilson not present to discuss.</p>	Re-agenda for next meeting
4.5	<p>Towards a National Primary Health Care Strategy: Discussion paper. Submissions due 27 Feb 2009</p> <ul style="list-style-type: none"> ○ Members reported on their organisations' responses: <ul style="list-style-type: none"> ○ GPDV: will be feeding in to the AGPN consultation and response, with a separate submission on specific Victorian issues. Bill is concerned that the discussion paper focuses overwhelmingly on GPs without recognising the potential for partnership approaches such as in Victoria. Also equates 'regional' with 'local' – important difference. ○ PCPs: Response will emphasise the Victorian experience of partnership approaches eg in chronic disease management and health promotion. PCPs will be requested to provide examples using a template. ○ VHA: had one consultation meeting, another in Feb. Submission will respond to the questions as well as high-level general comment on over-emphasis on GPs, siloed approach, need to recognise and allow for variation, workforce issues etc. Alternative case studies will be included. ○ Women's Health: meeting Monday to discuss. Response will include the need to explicitly recognise violence as a primary health issue. ○ DHS: Primary Health Branch is collating responses across DHS. DF reported general support for reform and a view that the funding model is fundamental. ○ General points: 	<p>Members to provide draft and final responses as they are available to JM and to Meredith (who will draft the Network response) ASAP.</p> <p>Member organisations to encourage a strong response from Victoria, emphasising these points and those in 4.3.</p>

	<ul style="list-style-type: none"> ○ The paper is very GP focussed and siloed in approach, and fails to recognise alternative approaches eg. GP Superclinics as the only example of coordinated and comprehensive approach. What about model of Community Health Centres? ○ There is little recognition of the causes of poor health, and the impact of social and economic factors on health outcomes. ○ The model of care is basic to reform, and this is not addressed. Collocation of services in itself does not achieve better care. ○ A different funding model (not fee for service) is needed to improve quality of care for complex/chronic disease: comprehensive assessment, treatment planning and coordination are generally not funded. Nor is preventative care. The MBS approach has wrong incentives. ○ Significant improvement will require additional resources not just reform of existing. Moving resources from acute to PHC unlikely. ○ Workforce issues need to be addressed including reform of training health workforce – long term view. ○ Agreement that reform is needed and general support for a model of regional organisations for planning/purchasing of primary health services. Such bodies would need to: <ul style="list-style-type: none"> ○ be independent of service providers ○ have defined scope and focus ○ have clear accountability requirements that drive the required outcomes, not just throughputs/activity ○ involve consumers ○ Need to ensure standards not set at the lowest common denominator ○ Reforms in Primary healthcare will impact other service sectors, and cannot be considered in isolation: acute, mental health, disability, aged care. 	
4.6	<p>Preventative Health Taskforce Report: submissions due 2 Jan</p> <p>It was agreed this was a far more focussed report, with much valuable information. However, many of the same comments apply for the PHC Strategy paper: eg the importance of integrated approaches and partnerships, and Victoria's experience to date, and failure to recognise the importance of acknowledging and addressing the social factors underlying poor health.</p> <p>The focus on three specific conditions (alcohol use, tobacco use and obesity) is useful in providing good data, but turns the focus away from a comprehensive community development approach.</p>	Meredith to draft response consistent with minutes and relevant points made in the PHC Strategy discussion paper.
5.	<p>New business</p> <p>Meeting schedule for 2009.</p> <p>Wednesdays are a problem for some members. It was agreed it was worthwhile investigating the best option for future meetings.</p>	JM to survey members on the best day/time for meetings in 2009.
6.	Standing items	
6.1	<p>Care in your community (CiYC)</p> <ul style="list-style-type: none"> • No discussion 	

6.2	VPCHN (the Network) membership <ul style="list-style-type: none"> No discussion 	
6.3	VPCHN conference <ul style="list-style-type: none"> MS reported that a discussion with Derryn about the option of a joint conference revealed that it would not meet the needs of either group. It was therefore decided to abandon that idea and proceed with a Network conference based on the earlier proposal. 	Conference group to meet and report back to Network
6.4	Australian Journal of Primary Health Care <ul style="list-style-type: none"> No discussion 	
6.5	National Network <ul style="list-style-type: none"> No discussion 	
6.6	Research Project <ul style="list-style-type: none"> No discussion 	
7	Other Business <ul style="list-style-type: none"> Commonwealth Dental Program: Mark Sullivan reported that AHHA has been discussing a compromise position with the Commonwealth, whereby the dental program for people with chronic disease would be retained, but the cost significantly reduced by cutting out some of the expensive items that are not available through other public dental programs; for example, Implants and cosmetic work. <p>Network organisations are encouraged to lobby politicians of all parties to support this.</p>	Mark to send material to JM for circulation as a basis for letters, meetings etc.
8	Next Meeting To be notified. Merry Christmas and happy new year!!	