



SCHOOL OF HEALTH SCIENCES

From Divisions to Medicare Local to Primary Health Network: Tasmania's Journey

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Why we did the study

- Two decades of unique Divisional growth, relationships and experiences, and changing federal drivers and relationships
- Major changes in the State health agency (statewide/regional/statewide/purchaser-provider)
- Need to salvage positive of the past
- Need to limit 'reinventions of the wheel'

How we did the study

- In depth interviews with key players past and present and champions of change
- Balance of rural and urban, GP and non-GP, Boards, staff and partners
- Not an evaluation but a narrative of the building blocks making up the TML and future PHN
- Strong support from TML at Board and senior management levels

What we found (relating to colloquium theme)

- Improved primary health service integration
- Restrictive structural, funding and reporting frameworks
- Loss of GP collegiality
- Rural GP strength of purpose but concern about sustainability of rural services
- Dichotomy of responses to major additional funding through the Tasmanian Health Assistance Package (THAP)
- Importance of leadership at all levels

Recommendation:

Primary Health Networks need to have funding flexibility to enable innovative approaches which target and meet local need. Similarly, reporting requirements, while ensuring accountability, should have broad criteria for success, and these, in rural and regional areas, should aim at sustainable and appropriate services. Soft hands, broad horizons!