The NT has two parallel systems of primary health care delivery:

- a ‘mainstream’ system centred around private practitioners based in urban centres
- Aboriginal PHC in remote and urban centres delivered by a mix of Aboriginal Community Controlled Health Services (ACCHSs) and the Department of Health.

This structural separation has been reflected in different funding arrangements and different models of care. There has been duplication, gaps, poor integration of different parts of the PHC system and, at times, forced competitiveness between provider groups.

The federal health reforms offered an opportunity to bring these divergent systems together to maximise the resources, knowledge and skills of the three service delivery groups in the NT, with the vision of improved health and wellbeing for all Territorians.

Three partners with different perspectives came together as equal members of a new company to form the NT Medicare Local with a mission to lead the development and coordination of an equitable, comprehensive primary health care system driven by community needs.

Aboriginal Medical Services Alliance NT, the NT Department of Health, and the General Practice Network NT formed a partnership that is unique in Australia, and that aims to:

- address the complex challenges and opportunities for the delivery of comprehensive PHC services in the NT
- include the active partnership and engagement of ACCHSs and
- improve sharing of expertise.

The partners shared a commitment to genuine reform and improvement of primary health care that includes:

- a system-wide equity-based approach to resource allocation
- developing consistent regional models of health service management with community engagement, sustainability and capacity
- mechanisms for engaging public health and PHC practitioners in regional health service planning and development
- agreed definition of ‘core comprehensive PHC services’
- health service performance indicators, including the NT Aboriginal Health KPIs
• system-wide continuous quality improvement
• well-developed functions of the Rural Workforce Agency
• proven engagement with PHC providers and consumers.

A further unique aspect of the NT model is the mandated inclusion in its independent skills-based board of at least three directors of Australian Aboriginal descent. A Community Advisory Committee and an Aboriginal Health Committee are also constitutionally mandated.

The NT Medicare Local has been built to reflect the real story of health need and service provision in the Northern Territory.

**Recommendation:** Medicare Local structures and governance should be closely tailored to the needs of the local community.