

Primary Care Partnerships Program

Frequently Asked Questions: 11 October 2021

OFFICIAL

PROGRAM UPDATE

QUESTION	DEPARTMENT OF HEALTH RESPONSE
What advice is being updated regarding the status of the Primary Care Partnerships (PCP) Program?	<ul style="list-style-type: none">• PCP high-value functions will be transitioned into Local Public Health Units (LPHU) by 1 April 2022.• The department will engage VicPCP in codesigning the transition process, which will involve increased formal engagement of PCPs.• The codesign process will identify high-value functions to be retained and strengthened. It will also develop processes to retain and refresh local partnerships, including alliances with Aboriginal organisations and communities.• The department has funded VicPCP to provide change management and support services for PCPs and their staff.
Why is this change occurring? Does this reflect the final state for the PCP Program?	<ul style="list-style-type: none">• The establishment of LPHUs offers a unique opportunity to improve population health outcomes for local communities.• This change will ensure PCPs' high-value functions, funding and staff expertise are best positioned to meet the current and future health promotion and prevention needs of Victorians.• It represents the department's decision on the final outcome of the PCP Program in response to the 2020 KPMG Review.• The change is consistent with '<i>Option four: Re-commission core functions through alternative arrangements</i>' as outlined in the 2020 KPMG Review's recommended options for future investment.• The department is ensuring the transition of PCP high-value functions, staffing and funding into LPHUs is aligned with broader public health directions.
What are the benefits of this change?	<ul style="list-style-type: none">• This change will help improve health outcomes for local communities by consolidating resources, skills, knowledge and governance across a catchment area.• It provides a clear transition pathway and certainty for PCP staff, members and auspice organisations regarding transition arrangements, retention of high-value functions and PCP Program staff employment.• It offers consistent governance structures and authorising environments to influence system level change.• It leverages health reform opportunities with a renewed focus on place-based population health prevention.

	<ul style="list-style-type: none"> • It embeds a clear health promotion and prevention role in the future development of LPHUs. • It strengthens the role of health services in responding to local health promotion and prevention needs. • It builds on the role of Primary Care and Population Health Advisory Committees in health services.
How will this change impact LPHUs?	<ul style="list-style-type: none"> • The transition of PCP functions into the LPHUs will provide an increased focus on place-based health promotion and prevention. • As all LPHUs are currently focussed on their crucial role in responding to the COVID-19 pandemic, LPHUs are not required to take any action at this time. • The process for transitioning PCPs will be determined during transition planning in consultation with LPHUs and VicPCP. At an appropriate time, LPHUs will be fully engaged to ensure effective transition.

PCP TRANSITION

QUESTION	DEPARTMENT RESPONSE
How will the transition of PCP functions to LPHUs occur?	<ul style="list-style-type: none"> • The department will work with VicPCP to develop and implement a transition plan with each PCP. • Transition planning advice and resources will be provided to each PCP to support: <ul style="list-style-type: none"> – the transition of staff currently employed under the PCP Program, ensuring no job loss – organisational change management, including assistance to help staff through the process – the transition of projects that are currently in progress – the transfer of existing budget, including accumulated funding – continuity of the PCP's high-value functions. • The final transition plan will involve two phases: <ul style="list-style-type: none"> – the 'transition out' phase, representing the finalisation of current PCP agreements, activities and functions. – the 'transition in' phase, representing the transition of the PCPs' high-value functions into LPHUs.
When will the transition to LPHUs occur?	<ul style="list-style-type: none"> • The transition of PCP functions to LPHUs is planned to be completed by 1 April 2022. • The transition of individual PCPs' organisational components into their respective LPHUs may differ, according to their local circumstances.
What is the role of each PCP's existing governance group during transition?	<ul style="list-style-type: none"> • An appropriate transition governance arrangement will be developed as part of the overall transition plan. • PCPs' existing governance groups will be expected to continue to support staff and the transition process up to 31 March 2022 in line with current funding. • PCPs' existing governance groups will have oversight to ensure accountability for the proper transition, transfer and disposal of all aspects relating to the PCP Program.

What are the design principles of the transition?	<ul style="list-style-type: none"> • In consultation with VicPCP, the department will commence transition planning to new arrangements. • The co-design process incorporates the following design principles: <ul style="list-style-type: none"> – retention and strengthening of high-value PCP functions – alignment of prevention effort – place-based implementation plans with clear objectives and consistent mechanisms for outcomes measurement – retention of established local partnerships, including alliances with Aboriginal organisations and communities – continued support for catchment and placed-based health promotion work.
Will PCP staff responsibilities change?	<ul style="list-style-type: none"> • Once the transition planning process is complete, staff responsibilities will be aligned with the objectives established under the new arrangements.
How is the department ensuring PCP staff jobs are secure? Will PCP staff continue to be paid under the same award?	<ul style="list-style-type: none"> • Further advice will be supplied relating to employment transition arrangements for staff who are fully or partially funded by the PCP Program or external sources.
What will happen to PCP personnel records?	<ul style="list-style-type: none"> • All personnel records will be transferred to the new provider.

FUTURE PCP WORK, REPORTING AND PERFORMANCE

QUESTION	DEPARTMENT RESPONSE
What work should PCPs undertake between now and March 2022?	<ul style="list-style-type: none"> • PCPs are expected to continue to undertake planned activities to deliver the outcomes identified in their strategic plans. • PCPs are also expected to work with the department to help develop a plan to transition their high-value functions to LPHUs.
What support is available for PCPs to assist in the transition process?	<ul style="list-style-type: none"> • The department has funded VicPCP to provide change management and support services for staff and organisations. • VicPCP will provide further advice on these supports via existing network and communication mechanisms.
What reporting requirements is the department expecting of PCPs for 2020–21 and 2021–22?	<ul style="list-style-type: none"> • For the 2020–21 period, PCP reporting requirements have been revised. The updated requirements are available at https://www2.health.vic.gov.au/primary-and-community-health/primary-care/primary-care-partnerships/pcp-reporting • PCP Program reports should be submitted by 30 September 2021. • Further advice about PCP Program reporting requirements for 2021–22 will be provided in future.

CONTACT US

- Regular updates will be provided through VicPCP.

- Formal announcements will be communicated directly to all PCPs and posted on the department's '[Review of PCP program](#)' webpage.
- Should you require further information:
 - email pcp.transition@health.vic.gov.au
 - contact your local area contact
 - contact VicPCP.