

**MID NORTH COAST DIVISION OF
GENERAL PRACTICE**

Annual Report

2012 - 2013



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Held on 24th November 2012

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Dr Ian Arthur

This year has been a very quiet one for the MNCDGP as the committee have been waiting to assess what role the Division should play with the establishment of the North Coast Medicare Local (NCML) and the loss of any government funding for the Division.

The Division did however provide funding for allied health staff to allow Dr Aggarwal's Parkinson's Disease Clinic to continue

The Division also provided funding to assist the NCML run the hugely successful ALS Course in June 2013 and has provided input to the NCML on the needs of the members of our Division. .

Next year the committee of Dr Ray Jones, Andrew Heslop, and Dr Ian Arthur have ambitious plans in place to provide education to GPs, practice nurses, practice managers and reception staff in Diabetes, Drug and Alcohol Medicine and other areas of educational need as requested by Division members.

A Survey Monkey has been sent out to guide the committee in planning educational events and a programme of educational events for 2014 will be discussed at the AGM.

Ian Arthur



THE MID NORTH COAST DIVISION OF GENERAL PRACTICE

MINUTES OF THE 19th ANNUAL GENERAL MEETING HELD ON SATURDAY 24th NOVEMBER 2012 FROM 5.30 TO 6.30PM AT UNSW RURAL CLINICAL SCHOOL, COFFS HARBOUR

1. ACKNOWLEDGEMENT OF COUNTRY & WELCOME TO DELEGATES

Dr Helena Johnston, of the Mid North Coast Division of General Practice opened the meeting at 5.35pm. There was not a quorum present at the opening of the meeting but Dr Johnston was advised that one more member (which would complete the quorum) was due to arrive shortly. The decision was taken to start with the formalities of the meeting in the meantime. Dr G. Mayze, the final member to make the quorum arrived at 5.55pm.

2. PRESENT AND APOLOGIES.

Members Present: Dr I. Arthur, Dr C. Chan, Dr A. Joannou, Dr H. Johnston, Dr R. Jones, Dr J. Kramer. Dr G. Mayze (arrived at 5.55pm).

Attended: Ms S. Findlay, Ms G. Mayze, Mr A. Miller, Ms S. Seccombe,

Apologies: Dr S. May

3. SPECIAL BUSINESS

Report – Medical Director

Mission Statement: The MNCDGP will support General Practice in its role as a provider of primary health care in the Mid North Coast community. The Division will liaise with other organisations to provide and advocate for a comprehensive level of primary health care to the community.

How did we do that? By providing opportunities for:

- members of the general practice team (education and support)
- employing allied health professionals such as psychologists, physiotherapists and dieticians to be part of the primary health care team (an increasing part of Division work).
- Representation: through promoting and coordinating GP representation at medico-political meetings affecting this Division. The Division conveyed members views to regional, state and national forums via the Division Board.

Programs Along the Way:

- Aged Care Access Initiative (ACAI)
- Australian Primary Care Collaborative Program
- Better Outcomes for Mental Health
- Chronic Disease Collaborative
- Chronic Disease Management
- Closing the Gap - Improving Aboriginal Access to Primary Health Care Project
- Community Liaison
- EEG Technician
- Immunisation
- Maybe Baby Project
- MSOAP: Dermatology, Neurology, Parkinson's Clinic, Psychiatry, Respiratory
- National Prescribing Service
- Palliative Care Multidisciplinary Team (MDT)
- Physiotherapy and Occupational Therapy
- Rural Primary Health Service: Diabetes Education
- Rural Primary Health Service: Psychology
- Spiritual & Pastoral Care
- UNSW "No Smokes North Coast"
- Youth Health
- "Why Weight" /Lifestyle programs

Times they are a changing:

- April 1 2012 –Funding to the Division ceased and transferred to the Medicare local
- What does this mean for the GPs in the ML footprint?
- Have GPs noticed any changes?
- Do they have any concerns?
- Are they just doing what they have always done and got on with the job of managing their patients?

Differences or Similarities -who leads the way?**Divisions**

- The Divisions of General Practice were established in the 1992/93 Federal budget.
- The objective being to provide infrastructure and project funding to enable GPs to develop local networks, and
- improve integration of the health system and help meet local needs.

North Coast Medicare Local

- Medicare locals established April 2012
- The role of Medicare Locals is to build on the achievements of the Divisional structure
- Improve the primary care system by focusing care on the person – making sure that every person and their family can access the care that they need, when and where they need it.
- They will work with local primary care providers to improve the capacity and quality of their services, and will identify and close service gaps.
- They will also make sure that care delivery is connected, improving the experience of care for patients and clinicians.

What do Medicare Locals do?! Vahid Saberi, Tony Lembke

Federal Imperatives for MLs

- After Hours Services
- (PIP model)
- Mental Health programs
- Aged Care Services
- Ehealth records
- KPIs (Key performance Indicators)
- Expand Primary Care initiatives/involvement
- (All while pulling together 4 distinct entities ,the HR, Financial and IT systems and standardize Programs and trying to ensure Equity)

What's been happening at the Board level

- Networking
- Representing
- Seeing how the NCML restructures, and addresses its progress towards its vision
- Facilitating service delivery where NCML has not had the chance to catch up with the local needs

Why does the Board need to remain?

- Only organisations can be members of North Coast NSW Medicare Local.
- In order to be eligible for membership of North Coast Medicare Local, organisations must be able to satisfy the following criteria:
 - The entity is a corporation, incorporated association or a registered business; and
 - The entity clearly demonstrates its role as a key regional stakeholder in primary care; and
 - The proposed member is nominated for membership by an existing member; and
 - The entity supports the objects of North Coast Medicare Local.

??Resources

- Limited Funds –(Focus on support for GP's participating in ML meetings /focus Groups)
- Education Support
- Maintain communication lines
- Consider technology use –MNCDGP web site to communicate ??
- Interest groups to work together to ensure briefs to "Head Office " are relevant to local needs
- Strategic group to develop plan for next two years
- Ensure the Organisation stays viable –advocate for ML to support attendance and liaison with GPs

TOTAL CASH RESERVES **\$543,154.00**

BROKEN DOWN AS FOLLOWS:

MNCDGP FUNDS **\$226,748.00**

Funds set aside to cover unforeseen expenses in relation to employees transitioned to the North Coast Medicare Local and run the MNCDGP for a period of time.

MNC SPECIALIST CLINIC FUNDS **\$274,080.00**

Funds set aside to cover unforeseen expenses in relation to the specialist clinic to continue the provision of services.

NORTH COAST GP TRAINING FUNDS **\$40,821.00**

Funds to provide education and support to GPs, Medical Students, etc.

SPIRITUAL CARE FUNDS **\$1,505.00**

Can Medicare Locals Help GPs look after their patients or will GPs facilitate MLs

“a primary care home model, with patients receiving ongoing , comprehensive care through the same GP or the same practice”

Dr Tony Lembke - November 2012

So where CAN the Division fit now?

- Listen
- Network
- Advocate
- Get Involved
- Provide feedback
- Ensure the “Local” stays in Local

4. DECLARATION OF DELEGATE AUTHORITIES

As there was now a quorum, Dr H. Johnston advised that the meeting could now commence formally. Dr Johnston asked that all delegate of authorities be declared. None had been received. The ballot box for the position of Coffs Area Board Director was unsealed and checked by Mr A. Miller to ensure that no delegations had been mistakenly sent in as votes.

5. MINUTES OF PREVIOUS ANNUAL GENERAL MEETING AND BUSINESS ARISING

Proposal: *That the minutes of the previous Annual General Meeting be accepted as a true and accurate record.*

Moved: *Dr J. Kramer*

Seconded: *Dr R. Jones*

Against: *0*

Abstentions: *0*

Motion carried unanimously.

No business arising.

6. NOTICE OF MEETING

Was accepted as read in the correspondence sent out to members in accordance with company law on 26th October 2012.

7. FINANCIAL STATEMENTS & REPORTS

Mr A. Miller, Auditor, reported that all of the Mid North Coast Division of General Practice assets had been transitioned over to the North Coast Medicare Local. All funds had also transferred across except for \$190,000.

No qualifications in the audit report.

The only issue to be considered is regarding whether or not an auditor needs to be appointed. This question will be determined by what business form the Division takes. If the Division operates for a whole year with under \$250,000 as a limited company and a charity recipient, an auditor is not needed. In this case, a financial report does not have to be distributed to all members only to those who have requested it.

Proposal: *That the Treasurer's report and Auditor's statement be accepted as read.*

Moved: *Dr I. Arthur*

Seconded: *Dr G. Mayze*

Against: *0*

Abstentions: *0*

Motion carried unanimously.

8. APPOINTMENT OF AUDITOR

Proposal: *That a decision be made at the next Board meeting about whether an auditor is appointed or not.*

Moved *Dr I. Arthur*

Seconded *Dr G. Mayze*

Against: *0*

Abstentions: *0*

Motion carried unanimously.

9. SPECIAL BUSINESS (CONTINUED FROM ITEM 3)

Due to quorum issues, the report had been given earlier in the meeting, but now that all were present, Dr H. Johnston now asked if there were any questions.

- C. Chan asked if the Division had enough funds to remain solvent.
- S. Seccombe reported that the Mid North Coast Division of General Practice was solvent.
- H. Johnston detailed that \$500,000 remained in the Division's name and no other entity could access these funds.
- Dr I. Arthur added that the costs of operating the Division will be minimal as there will not be any overheads, eg. Office rent etc.
- Mr A. Miller confirmed that the funds were more than sufficient to operate as solvent for 12 months.

10. DECLARATION OF DIRECTORS

There being more than one nomination for the Coffs Harbour Representative on the Board of directors a vote had been necessary. The votes were counted and read out by Mr A. Miller as follows:

Dr I. Arthur 14 Votes

Dr A. Joannou 8 Votes

Dr J. Kramer 9 Votes

Therefore the new directors of the Mid North Coast Division of General Practice are:

Dr Ian Arthur

Dr Andrew Heslop

Dr Ray Jones

All present joined Dr H. Johnston in thanking Dr J. Kramer for the many, many years of service through the Division and personally to General Practices in the area.

Proposal *That the above proposed nominations be accepted and that the ballot papers be destroyed by Mr A. Miller.*

Moved *Dr G. Mayze*

Seconded *Dr J. Kramer*

Against: *0*

Abstentions: *0*

Motion carried unanimously.

11. MEETING CLOSE

There being no further business the Annual General Meeting was declared closed at 6.15pm.

AGM Chairman: _____

Dated: _____



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