

National Health Co-op



Consumer owned healthcare: Why a public service mutual approach?

National Health Co-op (NHC) was formed as a consumer owned co-operative in 2006 to provide affordable and accessible health care services to the West Belconnen community on the northern fringe of Canberra. Since opening its first clinic in 2010, it has grown to over 30,000 registered patients supported by 60 medical and administrative staff across five full-time medical centres located in Charnwood, Belconnen, Kippax, Evatt and Chisholm^{1,2}.

Before NHC, the community had difficulties accessing locally based General Practitioners (GPs); often their books were closed to new patients, involved significant waiting times or did not bulk-bill. The limited availability, accessibility and affordability meant that seeing a GP often involved travelling to other neighbourhoods, accessing non-bulk-billing doctors or more frequent visits to the local hospital emergency department. This impacted both on the financial sustainability and wellbeing of the local community, one of the most disadvantaged areas in the Australian Capital Territory (ACT).

To address these shortcomings, a group of concerned residents established the NHC, a unique model of affordable and accessible health care where the community are members of the co-operative. As a member they each have a share in NHC which entitles them to one vote at the annual general meeting³. More importantly, community members receive high quality, affordable and accessible health services in their local community. GPs receive improved working conditions, training and more rewarding relationships with their clients.

NHC is a public service mutual (co-operative)¹ built on the principals of sustainability, equality and affordability. It is an example of a community driven solution providing a more encompassing level of health care than for-profit competitors. Research to date demonstrates that a focus on patient centred care delivers improved health outcomes due to increased accessibility to health services⁴, increased patient satisfaction and reduced aggregate health care spending⁵ and a reduction in hospital admissions⁶.

NHC stands as a powerful example of the ability of the public service mutual to harness the expertise and resources of both experts and the local community to tackle what otherwise seem to be entrenched and systematic failures of public service delivery. It demonstrates the importance of planning to define the problem and to ensure the mutual appropriately addresses members' needs. Importantly, NHC has not relied on significant investment from government – indeed, one of its key lessons is for mutuals to seek diversity in capital raising. Funding from members and co-operative and mutual banks may be a more efficient way to start rather than waiting government funding.

A In the on-line version, a link will be provided to the introduction section which will provide a definition and overview of public service mutuals and the three types: consumer, producer (including employee) and enterprise owned co-operatives.

A Public Service Mutual or co-operative is 'an organisation which wholly or in part delivers public services through a cooperative or mutual governance structure, whereby members of the organisation are able to be involved in decision-making, and benefit from its activities, including benefits emanating from the reinvestment of surpluses⁵.'

In Australia we have categorised co-operatives into three main groups – consumer, producer or employee and enterprise co-operatives. They can also be a combination of all three.

Getting to see a GP - the demand for a new solution

The inability of many Australians to afford or be able to access quality primary health care through a GP has attracted significant attention in our community. Australia's general practice industry, while working well in some communities, does not provide accessible, available, appropriate and affordable health care in many parts of Australia⁶.

The National Health Performance Authority's report into the responsiveness of Australia's health care services found the general practice industry lacks alignment with the personal health needs of communities – resulting in localised gaps between need and supply. As a result, areas where need for services is highest (those areas with lower average health) are not receiving an equitable share of services¹⁰.

Up until the 1990s, Australia's general practice industry comprised of sole proprietor GPs and small scale practices with close ties to meeting community needs^{11,12}. Today, only 10 per cent of doctors operate sole practices with over 42 per cent operating with between five and nine doctors¹³. The three largest listed health care providers, worth over \$2b each have been successful in scaling a business model built

on increasing the efficiency of general practices by maximising the number of patient consultations (also known as throughput), reducing costs and recruiting experienced GPs by acquiring smaller practices. This model is called the corporatisation of GP medicine¹⁴.

The focus on patient throughput is often referred to as 'six minute medicine' for bulk-billed medical practices, which is in part driven by the Medicare fee structure. It favours high patient throughput at the expense of personalised continuity of care^{15,16}. This consolidation of GPs from surrounding areas into large scale centres also leaves patients with fewer options and results in reduced affordability, accessibility and choice¹¹.

This gap in service provision is also predicted to increase over time, with an estimated shortfall of 2,700 qualified GPs in Australia by 2025¹³. There are also concerns of a shortage in internships and prevocational and vocational training places, potentially leaving many graduates stranded without the training needed to complete their studies and become a doctor¹³.

To address the increasing corporatisation of medicine in Australia and better meet the needs of patients, a different approach is needed.

The National Health Co-op story

Choosing a public service mutual approach

NHC evolved from a group of concerned residents seeking to address the chronic shortage of affordable, accessible and available GPs in their local community in Canberra. Reaching the point of opening the first medical centre's doors was a slow and measured process. The group's journey, which took approximately five years from the initial public meeting to recruitment of the first GP, was necessary to bring a

high level of rigour to everything the co-operative did. The health industry is a tightly regulated environment. This created a significant amount of pressure on the entrepreneurs to meet regulatory requirements and to demonstrate to the ACT Government that a community owned co-operative health centre was needed and would be a success.

Community leaders identifying the need

In the early 2000s, there was an acute shortage and access to both GPs and bulk-billing GPs in the ACT. In North West Belconnen, the GP per capita ratio was nine times greater than the national average⁷. The low proportion of bulk-billing in the area made the problem worse given a 67 per cent unemployment rate, lower median incomes and high levels of social housing in comparison to the national average⁷.

As a stop-gap, the community sought alternate means, including using hospital emergency departments for routine medical issues. This was exacerbated by the rapid closure of four medical centres in North West Belconnen, which increased routine and emergency presentation rates by 27 per cent in the three years prior to 2004. This increased usage placed pressure on the resources of the local hospitals, increasing waiting times by over an hour for patients⁷.

Reports of the severity of the problem began to surface at the primary school Parent and Citizens committee, Neighbourhood Watch meetings, and the local chemist who observed an increase in the number of frustrated clients who were unable to see a GP^{18,7}.

"Doctors don't have to bulk-bill in the ACT region because they can charge more due to the high demand and low supply. There is no incentive for clinics to take on more doctors because the supply will increase but demand remains the same."

Adrian Watts, Managing Director



Planting the seeds – the first community meeting

A group of concerned citizens came together to find a solution. These entrepreneurial citizens were local pharmacist Brian Frith, Neighborhood Watch member Roger Nicoll, and primary school Parents and Citizens Committee member Michael Pilbrow. Together they organised an initial community meeting in 2004 with concerned residents, business people and grass roots community groups. The three entrepreneurs formed the Charnwood Community Health Committee.

Fortuitously, the entrepreneurs learned of the Westgate Health Co-op just before the first community meeting. Westgate, a community owned co-operative, had proven to be a highly successful solution to the lack of bulk-billing health services in disadvantaged suburbs in Melbourne's west¹⁹. Excited by the substantial growth and success of Westgate, the entrepreneurs used their own resources to bring the CEO of Westgate Tim Budge to the ACT to present the model at the first community meeting. Westgate provided an exciting option during a time when the community was scrambling for a solution.

"We had done plenty of research into different models and were really excited by the co-op model. Our driver wasn't to start a co-op, we were thinking how do we deliver health outcomes for the community."

Michael Pilbrow, Co-Founder and Director

The success of Westgate in a comparable situation gave the committee the confidence that the co-operative model was a serious solution to bring GPs and medical services to disadvantaged communities. In November 2006 the West Belconnen Health Co-operative Ltd was born.

Developing the initial business plan

In early 2005, the committee prepared and distributed a household survey designed to quantify the community's access to GPs and their willingness to pay a membership to a bulk-billing, co-operative owned medical centre. The survey responses confirmed the committee's understanding of the problem. The responses also confirmed that patients were willing to pay an annual fee of \$30 if their trips to a GP were always bulk-billed⁷.

From this insight into community needs, the Committee developed an extensive feasibility study and business plan to provide robust evidence that the health co-operative would be commercially viable and meet the needs of the community. Extensive research was undertaken, including an overview of community concerns, demographic information and the health and medical profile of North West Belconnen. The feasibility study built a profile of the community needs such as GP workforce shortage, existing services provided, access to GPs and the health status of the community.

Once the entrepreneurs demonstrated a co-operative health centre was feasible, they set about to develop the business plan which included:

- purpose of co-operative including vision, mission and objectives;
- overview of the co-operative including services to be provided, customer segments, legal entity and structure, staffing, partnerships and timeframes;

- financial estimates; and
- management plans to address risks, quality, communication, funding, monitoring and evaluation.

Approximately two years passed between the initial draft feasibility study and business plan, which was finalised in 2008. In addition to its own expertise, the committee drew on the expertise of experts and stakeholders. These were instrumental in bringing rigour, knowledge of co-operatives and finances to move from the initial idea through to opening its doors in 2010. These included pro-bono consultants David Bailey and Anne Davis of Professional Management Solutions who contributed financial feasibility assessments and advice. The ACT Government provided \$15k of funding support through ACT Health to prepare the feasibility study and business plan.

David Bailey in particular was perhaps the most critical of all stakeholders. He brought credibility to the project given his experience in establishing medical centres and understanding the regulatory and compliance requirements of running a centre. He gave stakeholders confidence that the co-operative had the right expertise to succeed and this helped to secure funding and recruit GPs. He also provided insights into the development of the feasibility and business plans ensuring they had the depth and accuracy of information. This provided stakeholders with confidence in the financial viability of the co-operative.

"It's fair to say without David we wouldn't have been able to convince anyone they could pull it off. We could present well as a community group, but without David we couldn't get that higher level of stakeholder confidence. He added a lot of credibility and subject matter expertise. I can't stress enough how important it was to have someone with so much expertise at that early stage."

Michael Pilbrow, Co-Founder and Director

Opening the doors

In 2009, the co-operative – now known as NHC - recruited its first GP and was able to open the doors on its very first centre in 2010 with 100 members. Of the approximately \$600,000 required to open the centre, the Federal and ACT Governments provided \$200,000 each. Capital Chemist – the business of Co-Founder and Chairman Brian Firth – provided the remaining \$200,000 as an in-faith loan.

“My business partners and I made the decision to support the establishment of the NHC to address the need we were seeing every day in our role as local pharmacists. I am a firm believer of supporting the local community that has supported my business.”

Brian Firth, Co-Founder and Chairman

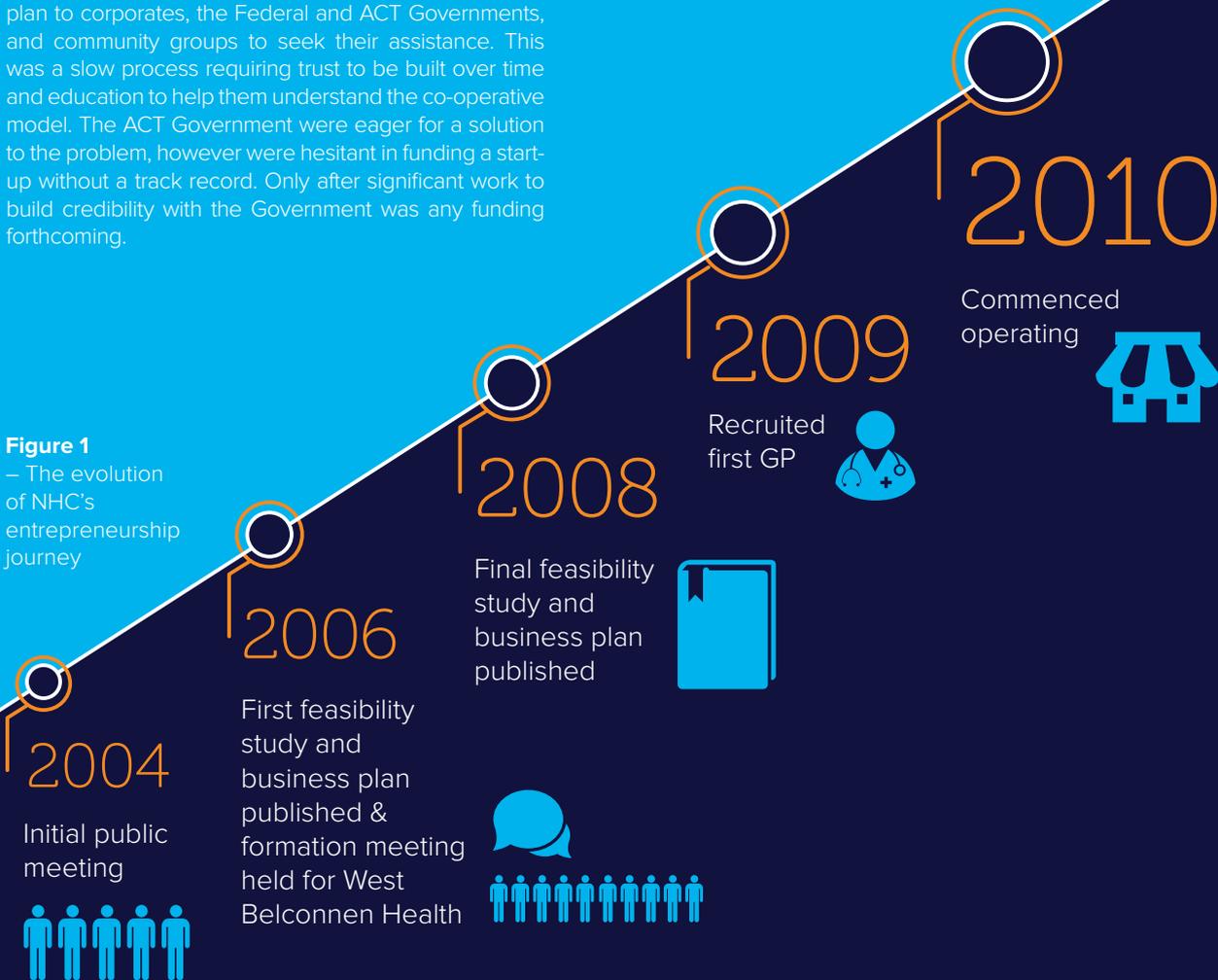
The process of fundraising took a considerable time. The Committee presented the feasibility study and business plan to corporates, the Federal and ACT Governments, and community groups to seek their assistance. This was a slow process requiring trust to be built over time and education to help them understand the co-operative model. The ACT Government were eager for a solution to the problem, however were hesitant in funding a start-up without a track record. Only after significant work to build credibility with the Government was any funding forthcoming.

A landlord assisted NHC by keeping a prospective building for the centre available for five years until they were able to recruit the first GP and begin fitting out the centre.

Future clinics have been opened using alternative sources of funding, The Chisholm clinic, the fifth such clinic opened, was funded by the Bendigo Community Bank who provided \$100,000 in conjunction with \$100,000 from NHC. The ACT Government matched these commitments with \$200,000.

Today, NHC has grown to over 30,000 registered patients who receive 100,000 consultations annually. This represents approximately 8 per cent of the ACTs population - making NHC the largest provider of bulk-billing in the Territory¹. NHC is supported by 60 medical and administrative staff across five full-time medical centres and three part-time centres. This success is a testament to the vision of the founding co-operative entrepreneurs.

Figure 1
– The evolution of NHC’s entrepreneurship journey



Leadership and prospective member engagement

NHC has always been a grass roots initiative maintaining strong links with the community, from the initial meeting, to surveying the community through, to registration and operating NHC today.

During the five years to establish NHC, maintaining engagement with the community and managing their expectations was not always easy, especially during periods when the project slowed for different reasons. Members of the committee would often be stopped in the street and asked how the co-operative was progressing. Five years can seem like a long time for a community in need of more affordable and accessible health services. While time consuming, the extensive community engagement undertaken by NHC helped to ensure NHC met the needs of the community.

NHC is governed by its Board, which currently consists of seven Directors and comprises the three original entrepreneurs. NHC had to be incredibly strict about having the right governance structure in

place that meets legal requirements and has financial integrity. This has been vital in ensuring NHC remains responsive to member need and is not captured by a minority.

The day-to-day management of NHC is overseen by the Managing Director and the administrative team, with the Medical Director responsible for the clinical operations. The Management team work closely with key government, business and community partners. Attracting and retaining GPs with technical expertise and alignment to its purpose has been critical in growing the capabilities of NHC.

In addition to the Annual General Meeting, members are engaged through their GPs in co-developing the care they receive, the type and level of service that best meets their needs and monitoring the impact of programs over time.

“The difficulty arises because the idea of the co-operative was a vehicle for the community’s frustrations with the health system and lack of GPs. During those tough times the steering committee had to always remember that the community was the reason they started down the path. The lesson is to be available and put yourself out there.”

Michael Pilbrow, Co-Founder and Director



How NHC works

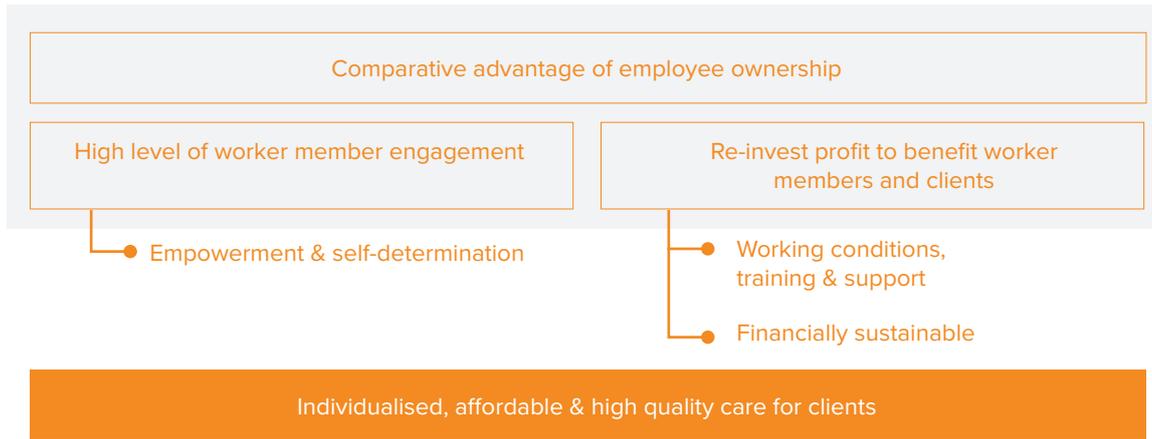


Figure 2:
The governance and management structure of NHC

In meeting operating costs, the primary source of revenue is from member fees and provision of services.

Annual membership of the Co-op is available for individuals at \$10 per month or \$100 annually. Commonwealth concession card holders receive a 50 per cent discount and children under 18 years of age receive free cover under their parent or

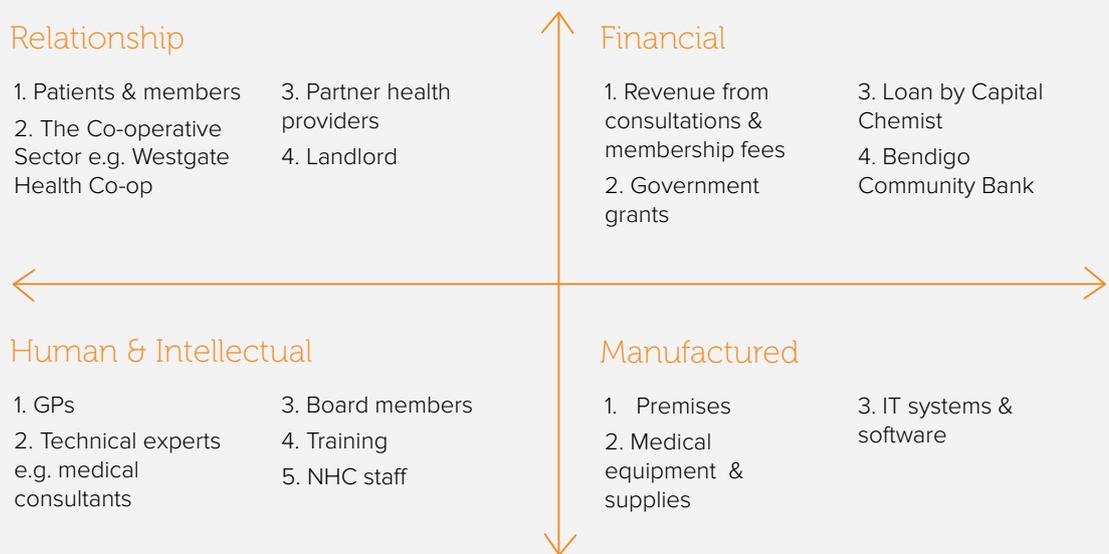
guardian's membership. Free membership is available to community members in need and is assessed on a case-by-case basis in partnership with local community service agencies.

In FY14, NHC operated its way into positive equity, registering a profit and generating a turnover of \$5.1M - a growth of 34 per cent on the previous year's turnover.

Resources to support growth and development

The success of NHC is in part due to its ability to harness a range of resources both internal and external to the co-operative. Figure 4 describes the different types of resources utilised by NHC including financial, relationship, human, intellectual and manufactured resources.

Figure 3:
The resources used by NHC to develop and grow



The success of NHC

As a not-for-profit consumer owned co-operative, NHC is able to meet the needs of both the community and its GPs and help them achieve greater health outcomes. It does this through three key mechanisms, which are distinct to co-operatives and are not found in other non-profit models:

1. Member engagement: NHC evolved from a desire to meet the local community's health needs. Member engagement has been at the heart of developing the proposition, providing patient centred care and operating NHC on a day-to-day basis. This high level of engagement also extends to GPs acknowledging the link between the service provided by GPs to their autonomy, training and working conditions.

2. Re-invest profit: NHC is owned by the community for community benefit. This means that profits are re-invested back into the co-operative to continually improve health outcomes of its members, provide GP training and development and to save for future health investments.

3. The Co-operative Principles: NHC endorses the seven co-operative principles and values accountability and transparency, innovation, justice,

respect and responsiveness. These seven principles are used as a framework to guide the rights and responsibilities of patients who visit NHC centres (Patient Rights & Responsibilities Charter)¹⁷.

These mechanisms create comparative advantage over corporate medical centre operators in the ACT and nationally.

"We chose a co-op due to the financial and legal rigour. We didn't want to be a not-for-profit; we wanted to be profitable but to re-invest that surplus into the community. We also wanted to capture in the DNA of the organisation the community concept. The co-operative had less chance of being captured by a small group, like in an association or by a single shareholder. Every member would always have the same say and all members the feeling of having a say."

Michael Pilbrow, Co-Founder and Director

Benefits to members of the co-operative

1. Patient centred care

NHC provides the community with independence and control over the health services provided in their local community.

As a consumer owned co-operative, NHC places the utmost attention on providing patient centred care which is respectful and responsive to the needs and values of its members. The needs of its members come first. When NHC sees evidence of an emerging clinical need within the community the organisation will invest in resources to ensure an encompassing level of care – such as hiring dietitians when incidences of diabetes increase. These types of investments are made on the genuine need of patients and members, which in turn result in improved health outcomes for the members.

2. Affordable, accessible and available GPs

NHC focuses on the needs of the community by providing members with affordable, accessible and available medical and allied health services.

NHC operates as an extension of the community. The onus is on the community to support the co-operative by becoming a member, attending its centres and participating in the Annual General Meeting. Individual

membership fees provide NHC with revenue to invest to provide both higher quality and a broader range of services. Non-members are charged for general practice medical services at commercial rates.

"We are the community so the benefit is having a say in whether we have doctors or not. Because the community are the owners the onus is on the members and owners to make the co-op a success. It formalises the process of support from the community."

Adrian Watts, Managing Director

3. Investment in more and better services

NHC has developed a financially sustainable and scalable model of high quality health care to meet patients' needs.

Since opening its doors, NHC's policy has been to invest in the continuous improvement of health outcomes and expansion rather than saving for a rainy day. This strategy has led to the successful expansion from one centre to five full-time and three part-time centres in the ACT.

Shared value created

1. Responsive to community needs

NHC's success today emanates from a community action for a bottom up, demand driven response to an identified community need. Maintaining a connection with the community and remembering the reason for founding the co-operative has ensured the community has remained invested in the success of NHC. Without the unwavering support of the community, NHC would not have been able to expand its operations to provide medical services across the ACT.

Re-investing profits into the co-operative has provided NHC with a significant point of difference to its competitors. For example, in the case of corporate medical centres, profits are more likely to be distributed to shareholders who are external to the business. However, NHC is able to re-invest profits to improve services as well as expand into neighbouring communities to help provide accessible and available health care.

"Our GPs aren't told how to work or what to be billing."

Adrian Watts, Managing Director

The NHC also uses resources to support the wider community including its provision of GPs to vulnerable and homeless people through the Uniting Care Early Morning Centre in Canberra city, engaging a specialist diabetes educator and employing bulk-billing psychologists.

2. Training and development of GPs

NHC provides a pathway for non-vocationally registered GPs to receive training and a supportive work environment and thereby attracting doctors to the local community.

The NHC operating model is optimised to support its doctors to provide high quality services. One way is to support the development of its GPs through weekly meetings. For two hours once a week, GPs meet in all of the medical centres to conduct professional development and debrief on current patient trends and needs. This represents an investment from both the NHC and GPs in enhancing patient outcomes.

NHC's niche approach to recruiting non-vocationally registered doctors has enabled them to avoid the intense competition for registered GPs and develop their own quality GPs internally. NHC provides clinicians with opportunities to achieve specialist qualifications. In the case of those with limited or provisional registration, NHC assists them to achieve general registration on their way to completing their fellowship. Approximately 80 per cent of NHCs GPs were non-vocationally registered when they joined the co-operative.

"A lot of doctors come into the country but they aren't able to get the training and oversight and meet the high accreditation standards. The co-op takes the opposite approach [to corporates] because we want more GPs in the community, so we are happy to train and supervise these doctors. This niche is what makes us really successful."

Dr Joe Oguns, Medical Director

3. Better health outcomes

While NHC monitors and evaluates member health outcomes on a patient-by-patient basis, they are yet to measure the social and economic improvements to the community as a whole. However, research on health outcomes indicates that:

"...patient-centred care improves patient care experience and creates public value for services. When healthcare administrators, providers, patients and families work in partnership, the quality and safety of health care rise, costs decrease, provider satisfaction increases, and patient care experience improves. Patient-centred care can also positively affect business metrics such as finances, quality, safety, satisfaction and market share²⁰."

Patient centred care and integrated health services has been shown to result in fewer hospital admissions and re-admissions, better medical outcomes and improved quality of life²³.

Overcoming challenges

NHC has overcome a range of challenges to be a growing success today.

Theme	Challenge	Mitigation
Community engagement	The community had high expectations and needs during the five year establishment phase	As a co-operative, member engagement was essential to bringing members along the journey from the initial meeting to opening its doors. The Committee regularly held community update meetings and went out of their way to be accessible to the community.
Competition	NHC faces significant competition to attract and retain GPs	NHC has developed a model to attract GPs by providing much needed training and registration opportunities. They also provide a supportive and engaging workplace where GPs are involved in operational decision making, share insights and learnings every week and are provided with competitive salaries. They also provide GPs the opportunity to build lasting relationships with members and provide continuity of service without the same level of financial pressures as large for-profit corporate medical centres.
Limited awareness of co-operatives	Prospective members and stakeholders have limited understanding of co-operatives	To address the low levels of awareness and understanding of co-operative health centres, the committee invited the CEO of Westgate to present the model at a community meeting, highlighting the benefits to both community and government
Credibility	The Committees' limited experience in the health industry impacted on their credibility to operate a financially viable practice	The Committee drew on key people such as Westgate CEO, Tim Budge, and David Bailey to provide their insight and expertise to help establish the NHC. They provided credibility particularly in demonstrating the financial viability, meeting compliance requirements, establishing a co-operative governance structure and recruiting GPs.
Funding	Initial reliance on Government funding to establish NHC	NHC initially focused on receiving Government funding from both the ACT and Federal Government. However, NHC believe this wasted a lot of time engaging and building trust and confidence in the model. In hindsight, NHC believes seeking private funding from (co-operative) banks and the local community would have been a more efficient exercise and potentially reduced the time to establish NHC.

Table 1:
The key challenges faced by NHC and how they have been overcome

In early 2015 David Bailey transitioned from CEO into the newly created role of Chief Development Officer. This signals a renewed focus on the sustained expansion of NHC within Canberra and beyond¹.

'Continuing the growth of the NHC is fundamental to our ongoing sustainability and our objective to delivering affordable medical and related services to the community¹.

NHC is a firm believer that the community can become part of the national health movement. Managing Director, Adrian Watts believes that the way forward for NHC is to strengthen international collaboration, given the scale of co-operative health in Brazil, Canada, USA and Europe. International experiences can assist NHC continue to grow and maintain an organisational focus on health outcomes.

Learnings for establishing a consumer owned co-operative

1. It will be difficult: Starting a health co-operative can be a long and arduous journey. It requires a group of highly passionate people, the help of experts, funding and a high level of engagement with members to develop a successful co-operative.

2. Seek out experience: As a first point of call “talk to someone who has been through the process as the co-op movement is willing and able to assist.” (Adrian Watts, Managing Director) Consider exactly what type of expertise your team requires and find the right people who share your passion. Their experience will be invaluable.

3. Define the need: The problem needs to be examined from multiple angles to understand the drivers and scale of the problem and the impact on key stakeholders. This will provide insights into what the community will be willing to support.

4. Don't rely on public funding: The Committee lost ground seeking public funding based on the principle that the Government should be helping a community organisation delivering health outcomes. Seeking public funding requires significant resources, can be distracting from other work and opens the organisation up to critique on exactly how the funding is used. Focusing on accessing funding from co-operative banks and members may be an easier approach.

5. Remember why you started: It's important to always remember your members are the owners of the co-operative and you are there to serve their needs first. You can't shut your doors on them when it gets too hard.



Bibliography

1. **Brian Frith.** *Chairman's letter to members: Appointment of Adrian Watts as Managing Director.* Canberra: National Health Co-op, 2015.
2. **National Health Co-op.** Welcome. [Online] 2015. [Cited: 1 April 2015.] <http://www.nhc.coop/>.
3. **West Belconnen Health Co-operative.** *Model Rules.* Canberra: West Belconnen Health Co-operative, 2006.
4. **National Health Co-op.** *Response to Government changes to Medicare.* Canberra: National Health Co-op, 2015.
5. **Business Council of Co-operatives and Mutuals.** *Public Service Mutuals: The case for a Third-way for delivering public services in Australia.* [Online] 2014. [Cited: 30 March 2015.] <http://bccm.coop/policy-agenda/research/public-service-co-operatives-mutuals-white-paper/#.VRyi4a0cS70>.
6. **Humphreys, J., Mathews-Cowey, S. and Weinand, H.** "Factors in accessibility of general practice in rural Australia." *The Medical Journal of Australia.* [Online] 1997; 166(11):577-580. [Cited: 2 May 2015.] <https://www.mja.com.au/journal/1997/166/11/factors-accessibility-general-practice-rural-australia..>
7. **West Belconnen Health Co-operative.** *Feasibility Study and Business Plan: West Belconnen Community Health and Wellbeing Centre.* West Belconnen: West Belconnen Health Co-operative, 2008.
8. **Australian Bureau of Statistics.** Health Services: Use and Patient Experience. [Online] 2011. [Cited: 12 May 2015.] <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features-20Mar+2011#haveyoursay>.
9. **Harrison, Christopher M, Britt, Helena C and Charles, Janice.** *Better Outcomes or Better Access – which was better for mental health care?* 3, 2012, *The Medical Journal of Australia*, Vol. 197, pp. 170-172.
10. **National Health Performance Authority.** *Healthy Communities: Australians' experiences with access to health care in 2011–12.* Sydney: National Health Performance Authority, Commonwealth of Australia, 2013.
11. **Department of Health and Ageing.** *State of Corporatisation: A report on the corporatisation of general practices in Australia.* s.l.: Medicare Financing and Analysis Branch, 2012.
12. **IBIS World Australia.** *General Practice Medical Services in Australia.* Sydney: IBIS World Australia, 2015.
13. **Health Workforce Australia.** Health Workforce 2025 - Doctors, Nurses and Midwives Vol 2. *Health Workforce Australia.* [Online] 2012. [Cited: 12 May 2015.] <https://hwa.gov.au/our-work/health-workforce-planning/health-workforce-2025-doctors-nurses-and-midwives>.
14. **Sydney Morning Herald.** *Corporate push shakes up doctor-patient relationship.* Sydney: Sydney Morning Herald, Oct 8 2010.
15. **Australian Medical Association.** The health of general practice. [Online] 2014. [Cited: 14 May 2015.] <https://ama.com.au/ausmed/health-general-practice>.
16. **The Australian Financial Review.** *GPs split over 'six-minute medicine'.* Sydney: The Australian Financial Review, Jan 16 2015.
17. **National Health Co-op.** Values and Principles. [Online] 2015. [Cited: 18 May 2015.] <http://www.nhc.coop/values-principles/>.
18. **EY interviews.** 2015.
19. **Westgate Health Co-op.** About the Co-operative. [Online] 2014. [Cited: 30 March 2015.] <http://www.westgatehealth.coop/index.php/about-us>.
20. **Australian Commission on Safety and Quality in Health Care.** Patient centred care: Improving quality and safety by focusing care on patients and consumers. Discussion paper - For public consultation. *Australian Commission on Safety Quality in Health Care.* [Online] 2010. [Cited: 5 May 2015.] www.safetyandquality.gov.au.
21. **Leveratt, Mandy.** *Rural and Remote Australia - Equity of access to health care services.* s.l.: The Australian Health Consumer, 2007, *The Australian Health Consumer*, Vol. Two, pp. 16-18.
22. **Australian Medical Association of Western Australia.** *General Practice in primary care: Responding to patient needs.* s.l.: Australian Medical Association of Western Australia, 2008.
23. **Allied Health Professionals.** Dietitians. [Online] n.d. [Cited: 18 May 2015.] <http://cdm.ahpa.com.au/HealthcareProfessionals/AlliedHealthProfessionals/Dietitians/tabid/152/Default.aspx>.
24. **National Commission of Audit.** *7.3 A pathway to reforming health care.* Canberra: Department of Finance, 2014.
25. **Derby, Mark.** *Building a Better Australia – the Official IYC 2012 Year Book.* Sydney: 2012 IYC Australia, 2012.
26. **MergerMarket.** *DealScope.* s.l.: MergerMarket, 2015.



Published by

Business Council of Co-operatives and Mutuals
GPO Box 5166, Wynyard 2001
www.bccm.coop
ACN: 148863932



BUSINESS COUNCIL
OF CO-OPERATIVES AND MUTUALS



**Building a better
working world**

This communication provides general information which is current at the time of production. The information contained in this communication does not constitute advice and should not be relied on as such. Professional advice should be sought prior to any action being taken in reliance on any of the information. Ernst & Young disclaims all responsibility and liability (including, without limitation, for any direct or indirect or consequential costs, loss or damage or loss of profits) arising from anything done or omitted to be done by any party in reliance, whether wholly or partially, on any of the information. Any party that relies on the information does so at its own risk. Liability limited by a scheme approved under Professional Standards Legislation.

Funded by the Australian Government
Department of Social Services

GET MUTUAL 
How to set up and run a co-operative

www.getmutual.coop