

Brief overview and analysis of measures of interest to the Network

The 2011/12 Federal Budget has been formulated in a political and economic environment where the Government is committed to bringing the Budget back into surplus in 2012/13. The forecasts are that they are on track to achieve this goal. This has meant that considerable fiscal restraint has been brought to bear on this year's Budget across all portfolios.

Recognising that considerable investment in primary health care in the order of \$1.7 billion was made in last year's Budget coinciding with the announcement of Medicare Local primary health care organisations, AGPN did not expect that this year's Budget would include a significant health platform, with the exception of mental health.

AGPN's 2011/12 Federal Budget submission advocated for the continuation and maintenance of several programs vital to underpinning the Network's capacity to support the reform agenda, as well as new investments in targeted priority areas such as mental health, coordinated care and prevention.

The Gillard Government has been clear from the outset that a second term priority in health was mental health. As expected, the highlight in the Health Budget has been the delivery of a five year \$2.2 billion mental health reform package comprising:

- major expansion to ATAPS
- leading care coordination measures in which GPNs and Medicare Locals will play a key role
- enhanced child and youth primary mental health care services
- enhanced social support measures such the Personal Helpers and Mentors Program

A further feature is major continuing investment in regional and rural infrastructure with announcements of several grants under the Health and Hospitals Fund regional priority round.

Both these measures recognise the importance of improving services and support in these two important areas of health care access. Other minor measures are outlined below but they have little direct impact on the Network.

The mental health package in particular has been resoundingly welcomed by most stakeholders. As the following analysis indicates, there is a major leadership role in the mental health care arena for AGPN, SBOs and GPNs as we transition into the Medicare Local Network. Along with the After Hours measure, this area of primary health care development is very much going to be 'proof of concept' for Medicare Locals. The Network's leadership role in these two major areas will be the subject of discussion at upcoming Network events including the Chairs and CEOs meeting on 15 June.

The final element of interest is the Strategic Review of Administrative Arrangements in the Health and Ageing portfolio. As outlined below, this offers the potential for streamlining administration, reducing overheads and red tape and greater flexibility for the recipients of DoHA funding.

Topic area:	Strategic Review of Administrative arrangements in the Health and Ageing Portfolio
Budget summary	<p>The budget contained the Government's response to the strategic review of the Department of Health and Ageing. In 2010, the Government initiated the review of the Health and Ageing portfolio to examine resource alignment with management of the health and ageing agenda. (See web link 1 below)</p> <p>Review outcomes include consolidation of 159 programs into 18 broader programs (the Department has about 350 programs). There are no reductions in program funding to recipients: rather the intent is to reduce red tape and administrative overheads by consolidating programs, having a single set of guidelines, and move to a fewer number of agreements with stakeholders with larger, more flexible funding pools. This does not affect existing contracts – while the new program structure will come into effect from 1 July, there will be an extension for existing grants expiring before 30 June 2012.</p> <p>Many Network related programs will now be in a new program titled:</p> <p>Regionally Tailored Primary Care Initiatives through Medicare Locals Fund (regionally refers to MLs being regional rather than this program dealing with non-metropolitan areas). Programs to be consolidated under this new program are:</p> <ul style="list-style-type: none"> - General Practice After Hours Program - Improving access to after hours services: funding to Medicare Locals to ensure availability of face-to-face after hours services - Medicare Plus Better Aged Care Residents (Aged Care Access Initiative) – Allied Health Component - Primary Health Care Organisations – Medicare Locals - Primary Health Care Organisation Support – Improving Access to Primary Health Care Services and General Practice for Older Australians - Workforce Support for Rural GPs Program - Rural Primary Health Services Program - Rural GP Locum Program <p>Please note from this that the Workforce Support for Rural GPs Program has been continued.</p> <p>The full list of consolidated programs is at the second web link below.</p>
Relevant web-link(s):	<p>http://www.health.gov.au/internet/budget/publishing.nsf/Content/673376782D27CBEACA257881000680FD/\$File/2011-12_Health_PBS_05_StrategicReview.pdf</p> <p>http://www.health.gov.au/internet/budget/publishing.nsf/Content/673376782D27CBEACA257881000680FD/\$File/2011-12_Health_PBS_38_Appendix1StrategicReviewConcordance.pdf</p>
Implications for the Network/MLs	<p>Potential for streamlining of administration, reduced overheads and red tape, greater flexibility.</p> <p>Continuation of Workforce Support for Rural GPs Program a welcome outcome.</p>
Follow up actions:	<p>Further negotiation of what administrative changes mean for program design, performance indicators, monitoring and reporting, etc.</p>
Funding opportunities?	<p>Nil at this stage.</p>

Topic area:	Mental Health
Budget summary	<p>The mental reform package announced in the 2011-12 Federal Budget includes a \$2.2 billion package over 5 years. This funding envelope is comprised of new money and savings offsets due to changes to the Better Access program. Guided by the outcomes of the evaluation of the Better Access program, these include:</p> <ul style="list-style-type: none"> • Reducing the Medicare rebate for GP mental health care plans reflecting the time usually taken to complete a plan while maintaining an incentive for GPs to complete mental health skills training • Capping the total number of sessions provided by allied health providers to ten rather than 12, reflecting the intent of Better Access is to provide brief interventions. <p>The key components comprise:</p> <ul style="list-style-type: none"> • \$571.3 million/5 years for better coordinated services for severe and debilitating mental illness. This measure includes: <ol style="list-style-type: none"> 1. \$343.8 million to engage care facilitators to provide coordination services and a single point of contact to link clinical and non-clinical care services (this builds on the original Flexible Care Packages announced in the last Budget) 2. \$227.6 million to expand Support for Day to Day Living and the Personal Helpers and Mentors to provide support for people with serious mental illness and respite (including \$50 million for PHAMS workers to specifically help people with mental illness who are on disability support and who are also working with employment services to re-enter employment) • \$220.3 million/5 years to strengthen primary health care and better target services to those most in need. This measure includes: <ol style="list-style-type: none"> 1. A doubling of funding to the Network for ATAPS: an extra \$205.9 million to expand ATAPS to address the needs of high need populations including children, Aboriginal and Torres Strait Islander people, and other socioeconomically disadvantaged communities 2. \$14.4 million to establish a single mental health online portal to provide one-stop access to evidence-based on-line therapy • \$491.7 million/5 years to boost services for children and young people. This measure includes: <ol style="list-style-type: none"> 1. \$419.7 million to expand headspace and Early Psychosis Prevention and Intervention Centres (EPPIC) centres. This brings the number of headspace services nationally to 90 (an additional 30) and will deliver 16 new EPPIC centres with matched funding from States and Territories 2. \$11 million to move the 4-year-old health check to a 3-year-old health check 3. \$61 million to expand the family mental health support services from 40 to 80 • \$12.2 million/5 years for the establishment of a new National Mental Health Commission within the Prime Minister's portfolio to drive a more accountable and transparent mental health system

Relevant web-link(s):	http://budget.australia.gov.au/2011-2/content/download/ms_health.pdf
Implications for the Network/MLs	<p>The overall package is oriented towards further strengthening a comprehensive primary mental health care response.</p> <p>The original FCPs announced in the 2010 Budget will be rolled out, as already committed by the Government, through the first tranche of Medicare Locals. This additional funding of \$343.8 million for coordinated care and flexible packages will be allocated via a process using Medicare Local boundaries and is expected to be drawn from Medicare Locals, along with other non-government organisations where this is most appropriate.</p> <p>The Network (GPNs and Medicare Locals) will be well positioned to take an ongoing lead role in administering and facilitating the provision of care coordination to people with serious mental illness provided they have established strong and sustainable partnerships with the NGO sector, PHAMS workforce and other key community organisations.</p> <p>GPNs /Medicare Locals will be responsible for administering the expansion of ATAPS. This will also require strong partnerships with community organisations and state funded mental health services to address service gaps. A key role in all the additional enhancements for GPNs and Medicare Locals will be to facilitate linkages, coordination and service integration across sectors and organisations.</p> <p>A further implication will be the need to build capacity within the GPN and Medicare Local network to drive a coordinated and integration regional solution to primary mental health care. This will include the need for investment in workforce development, clinical support, clinical governance and service development.</p>
Follow up actions:	<p>AGPN will:</p> <ul style="list-style-type: none"> • Submit a proposal to Government seeking funds to develop national frameworks for clinical governance and credentialing of the ATAPS workforce; workforce development, education and training; resources to assist with service development; tools to assist with partnership development all of which will have the capacity to be customised and applied at the local level • Convene a planning forum with the NGO and social care sector to consider models for the delivery of coordinated clinical and non-clinical services • Work closely with the Department of Health and Ageing to develop the funding and operational guidelines for ATAPS and care coordination • Meet with child developmental and mental health experts to consider how the three year health check can integrate with new systems of care • Work with stakeholders to develop innovative service delivery models that improve access for hard to reach groups • Meet with headspace to explore integrated models of primary mental health care services for young people • Advocate arrangements for delivery of expanded ATAPS and coordinated care services in the primary mental health care environment that allow for clinical leadership, coordination of services and partnership development to be seen as a legitimate funding component of service delivery over and above service provision and administrative support in order to support a quality program • Developing a policy blueprint to form a primary health care sector contribution to the ten-year Roadmap for Reform of Mental Health
Funding opportunities?	See above.

Primary Health Care — Medicare Locals and after hours care

\$45.1 million over four years to bring forward the establishment date for 15 Medicare Locals to 1 January 2012. This measure also provides for the fast-tracking of reforms to after hours GP services by funding each Medicare Local to plan and arrange for the provision of after hours services in their region. In association with this measure, funding has also been allocated to extend the retention of the After Hours PIP until 1 July 2013. Overall this funding will support general practices to provide more after-hours primary health care, and reduce pressure on emergency departments. Further information can be found at:

http://www.budget.gov.au/2011-12/content/bp2/html/bp2_expense-12.htm as well as in the Prime Minister's press release of 11 February 2011: <http://www.pm.gov.au/press-office/better-deal-patients>

Supporting regional health: Health and hospitals fund - regional priority round

\$1.8 billion over six years from the Health and Hospitals Fund (HHF) to support the development of health infrastructure in regional areas.

Sixty-three grants have been awarded through this funding to improve the provision of health care in regional areas. This includes funding to primary care infrastructure, mental care facilities, Indigenous health care infrastructure and enhanced sub-acute care services as well as funding to enhance elective surgery capacity and Emergency Department facilities.

National Immunisation Program:

Prevenar 13® vaccine - catch up program

\$40.7 million over four years to fund a catch up program for 12-35 month olds, providing access free of charge to the Prevenar 13® vaccine through the National Immunisation Program. Prevenar 13® protects against 13 strains of pneumococcal disease, and will replace an existing pneumococcal vaccine, Prevenar®. Prevenar 13® will consequently be listed on the National Immunisation Program [NIP]

listing of Menitorix®

\$0.3 million for administrative costs associated with listing Menitorix® under the National Immunisation Program (NIP). This vaccine will replace the Haemophilus influenzae type B vaccine and Neisseria meningitidis (meningococcal C) vaccine, which are currently scheduled as individual doses for 12 month olds.

Immunisation – continued funding

\$4.1 million over four years to continue, on an ongoing basis, the Australian Government's program of national influenza surveillance systems established in response to pandemic (H1N1) 2009.

\$15.0 million over four years to maintain the *Human Papillomavirus (HPV) Vaccination Program Register*, established to monitor vaccinations of females meeting certain eligibility criteria, and support the existing ongoing *National HPV Vaccination Program*.

National Bowel Cancer Screening Program — continuation

\$138.7 million over four years to continue the *National Bowel Cancer Screening Program*. This will provide all Australians aged 50, 55 and 65 years the opportunity to undergo bowel cancer screening using a faecal occult blood test.

Diagnostic Imaging

\$104.4 million Diagnostic Imaging Review Reform Package.

From 1 November 2012, GPs will be able to request MRI services for all patients under 16 years of age for clinically appropriate indications. The Government will extend MBS eligibility to all MRI units operating outside major cities from 1 November 2012, and at the same time, Medicare ineligible MRI units operating in major cities will receive MBS eligibility for MRI services for the staging of rectal and cervical cancer and the screening of breast cancer in women under 50 as well as the new GP requested services.

From 1 November 2013, GPs will also be able to request MRI services for all patients over 16 years of age for clinically appropriate indications. The extension of requesting rights for these items is contingent on the development and dissemination of clinical guidelines by the Royal Australian College of General Practitioners and the Royal Australian and New Zealand College of Radiologists.

Improved access to specialist medical services through telehealth

From July 2011, Medicare rebates will be available for online video consultations across a range of medical specialties. Patients in remote, regional and outer metropolitan areas will be able to videoconference with specialists in cities or major regional centres on referral from a medical practitioner. The patient may be accompanied by their GP or a nurse practitioner, midwife, Aboriginal health worker or practice nurse during the video consultation.

MBS rebates will be available for the participating specialist and the GP, nurse practitioner or midwife attending the patient. Practice nurses and Aboriginal health workers will also be able to provide these services on behalf of eligible medical practitioners through the use of videoconferencing.

Further information about all of these measures can be found at:

http://www.budget.gov.au/2011-12/content/bp2/html/bp2_expense-12.htm