

ADDITIONAL FAQs DIVISIONAL REPORTING¹

Q. Can I report all the requirements for the GP Aged Care Panels Program in the National Planning and Reporting Pro forma or should I include an attachment that considers the additional requirements listed on page 26 of the Handbook listed as:

- a) a comprehensive report on progress made toward achieving program outcomes, outputs and performance indicators
- b) identification of barriers experienced and future challenges expected
- c) actions taken or proposed to overcome those barriers and challenges
- d) a succinct executive summary
- e) operational information
- f) a description of outcomes, achievements and activities against each of the performance indicators

A. The revised proformas (sent to all Divisions and SBOs by PHCRIS on 20 December 2006) are sufficient to meet all the reporting requirements for GP aged care panels. The only exception to this is the Standard Data Items which have been provided to you separately by your state/territory office of the department in the GP Aged Care Panels Standard Data Item Form.

The following information explains how the reporting requirements listed in the Handbook are met in the revised pro forma:

- a) a comprehensive report on progress made toward achieving program outcomes, outputs and performance indicators - is represented by the entire section of the report for Priority Area 3 ? Access.
- b) identification of barriers experienced and future challenges expected - to be included in the 'notable challenges and key contributing factors' cell within the Reflections Section
- c) actions taken or proposed to overcome those barriers and challenges – to be included in the section 'What did the Divisions learn from the strategic approaches used' in the Reflections Section
- d) a succinct executive summary - will form part of the overall new executive summary section
- e) operational information - will form part of the responses within the program indicators
- f) a description of outcomes, achievements and activities against each of the performance indicators - is represented by the entire section of the report for Priority Area 3 ? Access.

Q. We were recently notified of changes to the Aged Care GP Panel program indicators. Based on these changes, what do we now need to report on for our 6 monthly report due in February 2006?

A. Based on feedback from the Divisions network and the Department's commitment to reviewing program level indicators, the Aged Care Panel performance indicators have been reduced to streamline reporting for Divisions as well as to reduce any duplication between these indicators and the National Quality and Performance System performance indicators. The recent contract variation (sent to Divisions through State/Territory Offices) articulated the changes to the Aged Care GP Panels performance indicators. Divisions will now only need to report against the following Aged Care GP Panel indicators (in addition to the compulsory NQPS performance

¹ This information has been provided by the Australian Government Department of Health and Ageing.

indicators):

Objective One - Improved access to appropriate medical care for all aged care residents

Performance indicator:

1. Aged Care Homes advise that access to GP services has improved (Source: 2004 Aged Care Homes Survey - Questions 1 & 2)

Objective Two - Increased participation of GPs in aged care initiatives aimed at improving quality of care

Performance indicators:

2. Proportion of Aged Care Homes that have general practitioner involvement in their quality improvement activities (Source: 2004 Aged Care Homes Survey - Question 6 & Descriptive comment from Division required)

3. Aged Care Homes satisfaction with the outcomes of general practitioner involvement in their quality improvement activities (Source: 2004 Aged Care Homes Survey - Questions 7 & 8)

Objective Three - GPs and Divisions working more effectively with Aged Care Homes

Performance indicators

4. Aged Care Homes advise that Aged Care GP Panel is undertaking work to address key concerns (Source: Divisional Reporting on this one not required - this question was not included in the 2004 Aged Care Homes Survey but has been included for the next Aged Care Homes survey to be conducted in early 2006).

5. Key priorities to address needs within the Divisions boundaries have been identified (Source: Descriptive comment from Division required).

6. Aged Care GP Panel is operational (Source: Descriptive comment from Division required).

7. Transparent and accountable processes for the Aged Care GP Panels member selection and appointment is established and maintained (Source: Descriptive comment from Division required).

8. The Aged Care GP Panel model is built on and amended in light of the Initiative development (Source: Descriptive comment from Division required).

With the aim to ensure a smooth transition for Divisions to the reduced set of Panels PIs, the Planning and Reporting document was amended and now includes the reduced set of performance indicators that Divisions have to report against for the Aged Care GP Panels initiative. The updated planning and reporting document was recently sent to Divisions by PHC RIS. The only other report Divisions are required to submit under the Panels initiative is the Standard Data Item form (provided 6 monthly).

Q. The Aged Care GP Panels schedule includes a requirement for Divisions to identify the Aged Care GP Panel and the Divisions of General Practice streams of funds separately and account for the expenditure of the funds broken down by line item. The financial template only allows one cell to record the Commonwealth funds - DoHA provided for Aged Care GP Panels. I have been advised that I cannot make changes to the financial template we have to use. How can I ensure that I meet this contractual requirement?

A. The financial template cannot be changed as it includes specific formulae through the spreadsheet. As Divisions cannot amend the template, Divisions should record the whole amount of aged care funds provided by the Commonwealth - DoHA in the

spreadsheet cell provided. However, Divisions should account for both funding streams separately through their everyday accounting systems and ensure that audited financial statements separate the funding streams as well.

Q. A number of the Aged Care GP Panels indicators (noted above) require information from the Aged Care Homes Survey. How do we report against these indicators?

A. At this time, Divisions should use the information from the 2004 Aged Care Homes Survey publication provided to the Divisions network in August/September 2005. If specific information has not been provided for your Division (due to the small size of some Divisions), please use the appropriate state average.

The Department is currently in the process of engaging an independent consultant to undertake the Aged Care Homes Survey for the period 1 July 2004 to 31 December 2005. The results from this survey will be available for Divisions for the 12 month reporting process.

Q. The reporting table provided for N_IMM 3.1 requires Divisions to supply the immunisation data for each practice in the Division. Is it suitable to provide just the Division average? If I provide individual practice data, how do I use this table for a large number of practices when it is designed for input for only 6 practices (though further columns could be added to fit about 10 practices)?

A. In order to report against this indicator, Divisions must provide the data for each practice. This information is available from ACIR (many Divisions already receive this data) and an information sheet on how to apply for this information through ACIR has been provided to all Divisions.

In order to make the table more user friendly for those Divisions with large numbers of practices, an alternative format has been developed and can be downloaded from the planning and reporting support pages on the PHCRIS website (<http://www.phcris.org.au/divisions/reporting>). If your Division has more than 10 practices to report on then this alternative format will be more suitable.

Q. Why has the Department supplied data with data reference periods that do not align to the reporting period for the 6 month report?

A. Due to the time frames associated with the provision of data to the Divisions network, the Department was not able to source data that aligned with the reporting period for the 6 month report. This was in part due to the time lags associated with the release and processing of data from Medicare Australia, and the need to develop and review the data package prior to its release to the Divisions network. The Department will aim to improve the alignment of the data reference periods with the Divisions network reporting period for the 12 month report.