Australian Divisions of General Practice

2006 Federal Budget

Brief overview and analysis of measures of interest to Divisions of General Practice

Topic area:	COAG mental health

Budget summary:

The 2006-07 Budget delivers a commitment of $1.9 billion to improve services for people with a mental illness, their families and carers via a whole-of-government package. These comprehensive and multi-faceted measures are the Australian Government's commitments to the COAG mental health package as announced by the Prime Minister and provides a solid place for mental health care in primary and community based systems of care. In summary, the primary health care related components of the package includes:

- better access to psychiatrists, psychologists and GPs through the Medicare Benefits Scheme with an emphasis on the provision of team-based care and increased training options for GPs to improve their detection of mental illness and quality of services ($538.0 million over 5 years)
- increased mental health allied health services in rural and remote areas via an expansion of ATAPS/MAHS style models of service delivery ($51.7 million over 5 years)
- funding for eligible private psychiatry practices, general practices and other appropriate organizations including Aboriginal and Torres Strait Islander Primary Care Services to employ specialist mental health nurses to provide support services to patients with severe mental illness ($191.6 million over 5 years)
- specialised mental health training for health workers in Indigenous communities ($20.8 million over 5 years)
- funding for telephone counselling, self-help and web-based support programmes including an expansion of Lifeline
- new early intervention services for parents, children and young people targeted to primary and pre-school settings supported by a range of new primary care supports available to meet the mental health needs of young people ($28.1 million over 5 years)
- expanding suicide prevention programmes ($62.4 million over 5 years)
- funding for 900 new personal helpers and mentors based in the non-government sector to assist people with mental illness who are living in the community to access the range of treatment, income support, employment and accommodation services they need ($284.8 million over 5 years). This measure will be administered by the Department of Families, Community Services and Indigenous Affairs.

Relevant web-link(s):

http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2006-hmedia2.htm

Other resources:

COAG Communique – 10 February 2006

http://www.coag.gov.au/meetings/100206/index.htm

Reports from the Senate Inquiry into Mental Health

http://www.aph.gov.au/senate/committee/mentalhealth_ctte/index.htm

Implications for Divisions:

- Significant expansion of ATAPS/MAHS style mental health services – expect a continued role for Divisions in service administration and coordination
- Anticipate a dedicated role for Divisions in rolling out renewed mental health education and training opportunities for GPs and in providing

support and orientation to practices regarding the new range of primary mental health care measures

- Opportunities for Divisions to tender to house and link personal helpers mentors with primary health care providers in collaboration with local NGO agencies
- Opportunities for Divisions to support expanded school-based mental health programs with access to early referral pathways
- Anticipate a primary health care focus to future suicide prevention strategies

Follow up actions:

Much of the detail about how these measures will be implemented is yet to be established. ADGP has been invited to have early discussions with the Department about the implementation of these measures, and their linkages with existing programs such as *Better Outcomes*. We will also liaise with other key national organisations such as the APS and RANZCP to discuss viable models of care.

We will also commence work on a number of short discussion papers for consultation with the network on how various components might work in the general practice context eg. the role of mental health nurses.

We will also seek an early meeting with senior officials and Ministerial Advisers with the Department of Families, Community Services and Indigenous Affairs to provide an orientation to the Divisions network and its capacity to support community-based programs linked to primary health care.

Funding opportunities?

Yes – see implications for Divisions

Topic area:	**Developing the Health Workforce to respond to Community Need**

Budget summary:

a) COAG Health Services - ***Aligning services in rural and remote areas*****.** $7.6 million over four years to better align funding for health services in under-serviced rural and remote areas. From mid-2006 the Commonwealth, states and territories will each consolidate and streamline their respective funding for nominated health programs in agreed rural and remote communities with populations of less than 7,000.

Relevant web-link(s):

Other resources:

Implications for Divisions:

This Budget component concerns the following Commonwealth funded programs: Rural Health Strategy, Regional Health Services, Multipurpose Services, Medical Specialist Outreach Assistance Program, More Allied Health Services, and the Rural Private Access Program. The separately consolidated funding from Commonwealth, State and Northern Territory governments will be provided to local auspicing bodies, which will have the flexibility to purchase those health services most needed by the respective community.

Follow up actions:

ADGP will commence discussions with the Department of Health and Ageing regarding the arrangements and implications for consolidating these funds. ADGP will also be lobbying government for Divisions to be recognised as the local auspicing bodies of choice due to their links with general practice and existing primary care networks, and their ability to be responsive to local community needs and to hold funds independently.

Funding opportunities?

Yes - further information being sought by ADGP

Budget summary:

b) COAG Health Services – ***Improving Access to Primary Care Services in Rural and Remote Areas.*** $3.0 million over five years (2005-2010) to provide Medicare funding for non-admitted GP services in rural and remote communities of less than 7,000 population that face a medical workforce shortage. Private GPs currently receiving state remuneration for treating emergency patients and for outpatient services in small and remote hospitals will be able to claim Medicare for these services.

Relevant web-link(s):

Implications for Divisions:	Improved access to hospital and support services may assist in the recruitment and retention of GPs to these areas.
Follow up actions:	None
Funding opportunities?	No
Budget summary:	c) COAG Health Workforce – ***More Australian- trained doctors and nurses***. $250.0 million over four years to train more doctors and nurses as announced in April 2006. This will include provision of 400 new medical school places per year, and an extra 1,000 new higher education nursing places per year.
Relevant web-link(s):	

Implications for Divisions:	None
Follow up actions:	None
Funding opportunities?	No

Topic area:	**Continuing the Fight against Drugs and Alcohol: DrinkWise**
Budget summary:	The alcohol industry has acknowledged its responsibilities to change drinking cultures through measures such as the clear labelling of standard drinks on alcohol containers and through strengthening the Alcohol Beverage Advertising Code. DrinkWise Australia is an independent, self-governing organisation established by the alcohol beverages sector to focus on promoting responsible drinking. This funding of $5 million in 2005-06 provides Government support for DrinkWise to develop education and campaign activities using industry experience in promotion and advertising. The industry is making a substantial financial commitment to these activities.
Relevant web-link(s):	www.health.gov.au/internet/budget/publishing.nsf/Content/budget2006-hfact30.htm
Other resources:	Fact Sheet 30: DrinkWise
Implications for Divisions:	None
Follow up actions:	None required
Funding opportunities?	No

Topic area:	**Continuing the Fight against Drugs and Alcohol: National Safe Use of Alcohol Strategy**
Budget summary:	A Government-supported awareness campaign will promote a more responsible drinking culture. The campaign will follow the review of the Australian Alcohol Guidelines by the National Health and Medical Research Council, to assist people to make informed and responsible decisions about their alcohol consumption. The Government has committed new funding of $25.2 million over four years to update the Australian Alcohol Guidelines and conduct a national alcohol education and information campaign.
Relevant web-link(s):	www.health.gov.au/internet/budget/publishing.nsf/Content/budget2006-hfact29.htm www.health.gov.au/internet/budget/publishing.nsf/Content/budget2006-hfact42.htm

Other resources:	Fact Sheet 29: National Safe Use of Alcohol Strategy Fact Sheet 42: Lifescripts – increased funding
Implications for Divisions:	Divisions may have opportunity for health promotion activities around safe use of alcohol at the local level. This links with the Lifescripts program which promotes a framework for GPs, practice nurses and staff in the general practice setting to bring lifestyle risk factors, including alcohol use, to the fore in their engagement with patients. GPs and other primary health care workers are well-placed to deliver brief, effective interventions for people drinking at at-risk levels.
Follow up actions:	None required
Funding opportunities?	Potential

Topic area:	**Reducing Substance Abuse (Petrol Sniffing)**
Budget summary:	The key directions in the budget are to improve access to, and responsiveness of mainstream health system, with a key feature of new brokerage services in urban areas. The continued roll out the petrol sniffing strategy in Central Australia and focus across government and the health sector to improve service delivery and outcomes The Commonwealth has committed a total of $55.2 million over four years.
Relevant web-link(s):	
Other resources:	
Implications for Divisions:	This Budget component will commit a total of $55.2 million over four years. The program will benefit individuals, families and communities in the central desert region and two other regions. The central desert region covers an area of around 280,000 square kilometres.
Follow up actions:	ADGP will follow up and determine which other two regions will benefit from this program.
Funding opportunities?	Further information being sought by ADGP

Topic area:	**Improving Indigenous Health Worker Employment**
Budget summary:	The program is designed to create a more sustainable career pathway for Indigenous staff employed in the health services area under the Community Development Employment Programme (CDEP). It is estimated that the average salary of these workers could more than double and assist them in developing career in indigenous health. The Commonwealth has committed $20.5 million over four years for 130 CDEP places for Aboriginal and Torres Strait Islander people working in Indigenous health services.
Relevant web-link(s):	
Other resources:	
Implications for Divisions:	There may be scope for Divisions to support the development of career pathways.
Follow up actions:	ADGP will undertake a watching brief on the roll out of this program.
Funding opportunities?	No

Topic area:	**Promoting Health Throughout Life** Promoting good health, prevention and early intervention (Australian Better Health Initiative)
Budget summary:	The Australian Government's commitment to the COAG Health Services agenda. This initiative is the largest initiative in the budget that ADGP understands will directly flow to the Divisions Network. Over $250 million will be provided over five years from 2005-06 to promote good health and reduce the burden of chronic disease. The states and territories across Australia have committed to matched funds of $250 million – taking this initiative, placed directly in primary health care, to $500 million. This will include: ***- Promoting healthy lifestyles*** Encouraging healthy lifestyles before people become ill – including rolling health promotion campaigns, national school canteen guidelines, and school and local community-based programs. *- Early detection of lifestyle risks and chronic disease* New Medicare item number – health checks on patients about 45 years of age with identifiable risk factors (previously announced in COAG announcements) ***-More support for health lifestyle changes*** Increase counselling and education on how lifestyle issues, such as nutrition, physical activity, by various providers including GPs, nurses and allied health professionals, state health and non-government services
Relevant web-link(s):	http://www.health.gov.au/internet/budget/publishing.nsf/content/2006-2007-1
Other resources:	N/A
Implications for Divisions:	ADGP understands this initiative, ABHI, which includes healthy lifestyles, supporting the early detection of lifestyle risks and chronic disease, supports lifestyle and risk modification, and encouraging active patient self-management of chronic disease, will fall strongly in the domain of the Divisions Network. This includes direct funding to the Network for a significant proportion of the funding in this announcement, to improve better access to services, including better and clearer referral pathways for patients with chronic disease management.
Follow up actions:	ADGP will request an urgent briefing, including clearer communications to the Divisions Network on these important chronic disease management, and service delivery initiative.
Funding opportunities?	Yes - significant.

Topic area:	**Promoting Health Throughout Life** Other Measures
Budget summary:	***- Palliative Care in the Community*** This measure is a continuation of the nationally led program of activities that directly improves palliative care services for Australians with a terminal illness, and provides support for their family and carers. This initiative is continued funding, plus CPI ($62.8 million) over four years. The initiative particularly supports those living in rural communities. Currently, ADGP coordinates funding to a pilot group of eight rural Divisions to implement local palliative care programs.

	- Lifescripts: Increased Funding This measure commits an additional $2.7 million over the next four years to maximise the take-up of the programme an further refine training bringing funding for the Initiative to 45.5 million. Currently, ADGP and SBOs have been supporting the implementation of Lifescripts through interested Divisions.
Relevant web-link(s):	http://www.health.gov.au/internet/budget/publishing.nsf/content/2006-2007-1
Other resources:	N/A
Implications for Divisions:	ADGP is confident that the existing rural palliative care program can be expanded across rural Divisions nationally.
Follow up actions:	ADGP will request a briefing with the Department in the coming weeks to identify the role for the Divisions Network in these important and expanding initiatives.
Funding opportunities?	Yes – significant to rural Divisions (for palliative care) and some potential for the network with regard to Lifescripts.

Topic area:	**Supporting Medicare: Improving Access to Medical Treatments**
Budget summary:	$690 million over four years to improve access to medical services and treatments. This measure covers a number of areas. Those of most relevance to Divisions, general practice and primary care are: ▪ $176.5 million over five years for new and revised listings to the Medicare Benefits Schedule including: - Aboriginal and Torres Strait Islander children's free annual health check - Comprehensive health assessment for immigrants under the *Humanitarian Programme* after they receive residency in Australia - Case conferencing by doctors for geriatric and rehabilitation medicine to older patients - Comprehensive eye examinations for certain children ▪ Continued funding for several initiatives: - More Doctors for Outer Metropolitan Areas ($64.5 million in 06-07) - GP participation in Home Medicine Reviews (HMRs) - Medicare item ($41.6 million over four years) - Bulk-billing Incentives for GPs in Areas of Workforce Shortage (AWS) and lower than average bulk-billing rates ($41.6 million from 06-08) ▪ Minor new listings on the Pharmaceutical Benefits Scheme (PBS) for certain drugs relevant to the treatment of cardiovascular disease, colon cancer, myeloma and hepatitis C ($85.6 million over four years).
Relevant web-link(s):	http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2006-healthindex.htm
Other resources:	Fact sheets 50, 51, 52, 53 and 55.
Implications for Divisions:	No direct implications for Divisions. However Divisions may need to be aware of the measures to inform practices and Aboriginal Medical Services (AMSs) in their area as relevant. Divisions can also continue to promote general practice and community pharmacy collaboration regarding HMRs.
Follow up actions:	None envisaged at this stage
Funding opportunities?	No

Topic area:	**Improving National Health Systems** Supporting the COAG commitment to a National Health Call Centre Network
Budget summary:	This measure includes the development of national systems for better health service delivery and includes the creation of a National Health Call Centre Network. Health call centre development, which will provide callers with round-the-clock (24/7) phone access to nurses who will asses patient's health needs. This will be available to anyone, anywhere in Australia. The Call Centre Network will act to direct people to appropriate care, assisting to ease the demand on emergency departments and general practice. This is part of the Government's contribution to COAG Health Services package, announced 10 Feb 2006.
Relevant web-link(s):	http://www.health.gov.au/internet/budget/publishing.nsf/content/2006-2007-1
Other resources:	
Implications for Divisions:	This Budget component is part of a broader commitment to health by COAG. It is ADGP's understanding that consultation will occur with the Divisions Network as to how this initiative will be rolled out, and integrated with existing GP after hours services arrangements.
Follow up actions:	ADGP will continue to work with the Department of Health and Ageing, and Prime Minister and Cabinet (COAG) on this initiative.
Funding opportunities?	No, not to ADGP's understanding.

Topic area:	**Improving National Health Systems** Establishing the foundations for a National Electronic Health Records System
Budget summary:	Health information currently exists in different formats, in many locations, including handwritten clinical notes, to some electronic formats. This may lead to inappropriate or uncoordinated treatment, medication errors and duplication of tests or procedures. A national electronic health records system will improve safety for patients and increase efficiency for healthcare providers. This will allow patients to have more control over who can access their medical records. This forms a further component of the Government's contribution to the COAG Health Services package, announced 10 Feb 2006.
Relevant web-link(s):	http://www.health.gov.au/internet/budget/publishing.nsf/content/2006-2007-1
Other resources:	
Implications for Divisions:	This is a significant investment in the development of an electronic health record – including the development of the National e-Health transition Authority (NeHTA). A key role of an EHR system will be the integration of primary health care to the acute care sector. ADGP sees a future role for Divisions in both a leadership role, and a participatory role in forming the development of such a system.
Follow up actions:	ADGP will continue to link closely, and provide solutions to the tools to be developed by NeHTA, and linkages to primary care.
Funding opportunities?	No, not at this point.

Topic area:	**Improving National Health Systems** Australian Childhood Immunisation Register – redevelopment scoping study
Budget summary:	Currently, the Australian Government manages a register which monitors childhood vaccination coverage rates and reports on the Immunisation status of all Australian children aged seven years and up. This budget initiative will explore a-whole-of-life register for Australians which may include information on adult vaccination, including tetanus, influenza and pneumococcal. It is a scoping study, investigating the feasibility of such a register. This budget measure will also consider the options for inclusion of other Government funded population health registers, such as the bowel cancer screening register, and the Australian Donor Organ register.
Relevant web-link(s):	http://www.health.gov.au/internet/budget/publishing.nsf/content/2006-2007-1
Other resources:	
Implications for Divisions:	None at this stage, although the Divisions Network may see impacts in future years, should the outcomes of the scoping study suggest a move to a whole-of-life register. Divisions currently receive Immunisation funding to support general practice with the current ACIR and Immunisation schedules.
Follow up actions:	ADGP seeks to meet with the Department (Population Health Division) to explore the role of the Network in the scoping study, and any future general practice and Divisional implications.
Funding opportunities?	No

Topic area:	**Investing in Aged Care Services in our Communities**
Budget summary:	▪ $24.2 million over five years to improve arrangements for aged care assessments and access to home and community care services ▪ $20.1 million over four years to the Aged Care Assessment programme to continue age-related growth indexation ▪ 19.4 million over four years for a community aged care viability supplement in rural and remote areas ▪ $24.2 million continued funding over four years for care services in retirement villages
Relevant web-link(s):	http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2006-ageingindex.htm
Other resources:	Fact sheets 8 9 10 and 11.
Implications for Divisions:	No direct implications for Divisions. However, more consistent and timely aged care assessment processes will help GPs and others working in Residential Aged Care Facilities (RACFs) such as through the GP Panels programme. The viability supplement for aged care services in rural and remote areas whilst not directly benefiting Divisions may assist with some of the workforce issues in RACFs in such areas.
Follow up actions:	None currently envisaged.
Funding opportunities?	No

Topic area:	Investing in Security and Quality of Care of Older Australians
Budget summary:	***Increased spot checks for residential aged care homes*** Visits by Aged Care Standards and Accreditation agency will increase. These spot checks will focus on care standards and provide an incentive for the consistent delivery of high quality care. ***Police checks for Community Visitors Scheme Volunteers*** A main initiative of Government in improving the safety and security of older people living in aged care homes. Police checks will be required for all staff in residential and community aged care services directly subsidised by the Government, and all Community Visitors Schemes.
Relevant web-link(s):	http://www.health.gov.au/internet/budget/publishing.nsf/content/2006-2007-1
Other resources:	N/A
Implications for Divisions:	Only as they relate to GP Aged Care Panels initiatives.
Follow up actions:	ADGP will request a briefing from the Department of Health and Ageing (both Health and Ageing sections) to ensure there will be little impact on the Divisional work on GP Aged Care Panels. The role of GPs in this budget initiative is unclear, however, ADGP will act swiftly to ensure communication to general practice via the GP Aged Care Panels is actioned.
Funding opportunities?	No.

Topic area:	Investing in Australia's Aged Care Staff Skills Base
Budget summary:	***Community care workforce – additional training*** This budget measure provides for a preference by supporting training to ensure that community care workers have the right skills to deliver quality care in the community. Community care workers will now be able to access training opportunities to those already provided for residential aged care workers. ***Encouraging best practice*** This initiative will work with groups of aged care homes, researchers and educators to define and implement the most up to date, evidence based practices for clinical assessment, medication management, wound management etc. ***Aged care nurses scholarship programme*** Funding for an additional 1000 aged care nursing scholarships over 4 years. ***Aged care workers support*** This measure has been designed to enable aged care workers in smaller aged care homes to upgrade their skills and encourage more people to work in aged care in rural and isolated locations.
Relevant web-link(s):	http://www.health.gov.au/internet/budget/publishing.nsf/content/2006-2007-1
Other resources:	N/A
Implications for Divisions:	Only as they relate to GP Aged Care Panels initiatives.
Follow up actions:	ADGP will request a briefing from the Department of Health and Ageing (both Health and Ageing sections) to ensure there will be little impact on the Divisional work on GP Aged Care Panels.
Funding opportunities?	No.

Topic area:	Meeting the Special Needs of Older Australians
Budget summary:	This area includes several measures. Those of most relevance to Divisions / general practice include: ▪ $15.1 million over four years for additional Aboriginal and Torres Strait Islander aged care places ▪ $134.2 million over four years for capital assistance for rural and remote aged care home providers ▪ $152.7 million over four years to improve the care of older patients in public hospitals, particularly those living longer term in smaller rural hospitals ▪ Continued funding for psychogeriatric support services ($23.7 million over four years) and for the National Seniors Productive Ageing Centre ($1.1 million over four years).
Relevant web-link(s):	http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2006-amedia4.htm
Other resources:	Fact sheets 12, 13, 15, 17 and 20.
Implications for Divisions:	None directly but overall measures may generally assist in the provision of care and services to older Australians with subsequent impacts on the health of local communities.
Follow up actions:	None currently envisaged
Funding opportunities?	No