Federal Budget 2005-2006

Brief Overview and Analysis of Measures of Interest to Divisions of General Practice

Area:	**Pharmaceutical Benefits Scheme** Medicine mix-ups combated
Budget Summary:	This budget component includes a continued role of the National Prescribing Service as the key Quality Use of Medicines Program of the federal government. Funding of $94.6 million over four (4) years has been reappropriated to the NPS to continue to enhance the provision of advice and support to doctors and pharmacists, and to expand consumer activities. This is an increase of $30.6M to the NPS. An additional $6.3 million over four years for the National Return of Unwanted Medicines initiative via the National Medicines Disposal Program. This takes NPS funding to over $100 million over the four year cycle.
Relevant Web-link(s):	www.health.gov.au/budget2005 Fact Sheet 3
Implications for Divisions:	This budget initiative seems to imply that the NPS Divisions Facilitator Program will continue at current funding levels.
Further actions required:	ADGP will discuss with NPS the continued role of the NPS Facilitator Program, funded by the NPS to Divisions, to ensure all Divisions who currently receive NPS funding continue to receive funding to continuing or increasing levels.

Area:	**Pharmaceutical Benefits Scheme** Generic Medicines: Information Campaign
Budget Summary:	Consumer campaign, to assist consumers to better understand the choices they have in selecting medicines, through a public information campaign. To be implemented via the National Prescribing Service (NPS). Target audiences will be prescribers, pharmacists and consumers. Information highlights will include the safety and quality of generic medicines and communicating the 'choice' of generics to consumers. This is linked to the changes in the regulations to pharmacy dispensing labels.
Relevant Web-link(s):	www.health.gov.au/budget2005 Fact Sheet 3
Implications for Divisions:	ADGP believes that as the NPS will be involved in the implementation of this campaign, Divisions may be included as key stakeholders in delivery of key messages to general practice.
Further actions required:	ADGP to follow up with the NPS on strategies for implementation and associated resourcing, if appropriate, via Divisions.

Area:	**A firmer footing for Medicare** Round the Clock Medicare: investing in more after-hours GP services.
Budget Summary:	New funding of $555.8 million over five (5) years from 2004-05. - $449.6 million over 5 years for higher Medicare rebates for after-hours GP services. This began on 1 Jan 05. - $106.2 million over 5 years for three new grants programs to support after-hours general practice infrastructure: * $20.6 million over 4 years for operating subsidies, to a maximum of $200,000 a year for new and recently established after hours GP services * $66.5 million over 5 years for start-up grants of up to $200,000 over 2 years and for the Medicare costs for new after-hours GP services; and * $19.1 million over 4 years for supplementary assistance to after-hours services in outer suburban and regional areas to ensure their viability.

- Provision of recurrent operating subsidies to a max. amount of $200,000 a year for new and recently established after-hours GP clinics and medical deputising services including
  - 10 new services in 2005-06
  - 15 new services in 2006-07
  - 5 new services in 2007-08

These subsidies will be open to 'standard hour clinics' that want to extend their operation, deputising services or new dedicated after-hours services. Services will be located in local communities or close to hospitals and health care facilities, where communities are able to access them easily and thus gain benefit from ther,
In addition, funding for up to 30 services over the next four (4) years of one-off start-up grants of up to $200,000 will be available (2 year periods) to assist existing general practices, dedicated after-hours clinics and medical deputising services to remain open after hours.
Finally, at least 100 grants will be available of up to $50,000 a year to local practices, medical deputising services, and cooperatives of local GPs that are currently operating a rostered after hours surgery-based or call-out service.

Relevant Web-link(s): www.health.gov.au/budget2005

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Implications for Divisions: This funding, whilst a pre-election commitment announced in January 2005, may have a significant impact on Divisions and the role Divisions have in supporting both local general practices and the communities they support.

As approximately $113 million is allocated for 05-06 financial year, funding applications and guidelines will need to be released shortly to the network to enable Divisions and other groups as specified to 'apply' for the funding opportunities available.

As soon as this information is available ADGP will communicate these initiatives, in collaboration with SBOs, and associated funding application processes to Divisions.

Further actions required: ADGP to follow up with the Programs Branch, Primary Health Care Division of the Department of Health and Ageing as to the immediate actions as a result of this initiative, and communicate these as soon as practicable to the Divisions Network.

Area:	**A firmer footing for Medicare** Helping people manage their medicines
Budget Summary:	This budget measure, to a total of $7.4 million in 2005-06 will include the continuation of the GP component (Item 900) of the Home Medicines Review Program. Funding for the HMR/ MMR Facilitator program is subject to negotiations of the 4th Pharmacy Agreement.
Relevant Web-link(s):	www.health.gov.au/budget2005 Fact Sheet 3
Implications for Divisions:	None at this stage – MMR program still requires the finalisation of negotiations via the Pharmacy Guild of Australia and the DoHA, and the sign off by both parties of the 4th Pharmacy Agreement.
Further actions required:	ADGP to continue to lobby both DoHA and PGA for a positive outcome for Division regarding the continued funding for the MMR Facilitator program.

Area:	**A firmer footing for Medicare** 100 percent Medicare
Budget Summary:	This was a pre-election promise that was implemented from 1 January 2005. Medicare rebates for GP consultations increased from 85 percent to 100 percent of the Medicare Schedule Fee.
Relevant Web-link(s):	www.health.gov.au/budget2005 Fact Sheet 3
Implications for Divisions:	None at this stage – except to ensure GPs are aware of the new budget changes.
Further actions required:	None

Area:	**Funding Boost for immunisation** Essential vaccines – improved advice and support; Essential vaccines – childhood varicella vaccination program; and Essential vaccines – replacement of oral polio vaccine with inactivated polio vaccine
Budget Summary:	Three new initiatives – most will begin in November 2005, but were announced on 7 March 2005.

	Improved advice and support Funding to be improved for the policy arm of Immunisation advisory structures with $12.8 million over four (4) years to 2008-09 for the Immunise Australia Program. This includes funding for the Australian technical Advisory Group on Immunisation (ATAGI) to continue its work. *Childhood varicella vaccination program* $77.2 million over the five years from 2004-05 for varicella (chickenpox) vaccine for children of 18 months of age. A catch-up program is also available for adolescents 10-13 years who have not received the chickenpox vaccine or who have not had the disease. *Replacement of oral polio vaccine with inactivated vaccine* $61.6 million over four years from 2005-06 to replace oral polio vaccine with inactivated polio vaccine to eliminate the possibility of people contracting vaccine-associated paralytic poliomyelitis. Introduction of this vaccine will not result in an increase in extra injections being given because a number of combination vaccines are available that contain this vaccine.
Relevant Web-link(s):	www.health.gov.au/budget2005 Fact Sheet 4
Implications for Divisions:	Role for Divisions in continuing to support GPs to ensure appropriate information is communicated to GPs and their practice staff, including practice nurses on Immunisation schedule and funded vaccines.
Further actions required:	ADGP to follow up with DoHA on issues relating to Division's funding. This is ongoing funding, with specific funding amounts announced post budget (May each year).
Area:	**Mental health**
Budget Summary:	A new youth mental health initiative ($69 million over 5 years) to support the health system in the detection, early intervention and management of young people with mental health problems including those with complex needs related to substance abuse. Expanded funding for *beyondblue: the national depression initiative* ($39.6 million over 5 years) Expansion ($42.6 million over 5 years) and continuation ($102 million over 4 years) of the *Better Outcomes in Mental Health Care* Initiative
Relevant Web-link(s):	www.health.gov.au/budget2005

	Factsheet 2
Implications for Divisions:	The role of the Divisions Network in supporting the implementation of all facets of *Better Outcomes* is firmly acknowledged by the government. It is expected that Divisions will receive funding to continue and expand allied health services. Under the youth initiative, it is expected that general practice will receive training and support in the management of mental health and addiction issues.
Further actions required:	The Department of Health and Ageing is hosting a planning workshop for *Better Outcomes* in July 2005. ADGP will advocate for priority to be given to expanding allied health services to be accessible to more GPs and to include targeted child and adolescent services, to ensuring rural and remote Divisions are better supported with access to GP training and appropriate models of allied health service delivery, and that Divisional capacity to support the expansion and embedding of the initiative is funded. High prevalence, high burden disorders in young people are depression, anxiety and substance use. These are common presentations in primary care. ADGP will continue discussions with the Department of Health and Ageing and the Parliamentary Secretary for Health and Ageing regarding the youth mental health initiative to ensure it is widely accessible to young people through primary care pathways. ADGP is in discussions with *beyondblue* about a number of partnerships, including co-hosting an inaugural primary mental health care conference in late 2005.
Area:	**Drug and Alcohol**
Budget Summary:	Indigenous Communities Drug and Alcohol Initiatives ($8.0 million over 4 years) National Tobacco Campaign ($25 million over 4 years) Smoking and pregnancy ($4.3 million over 3 years).
Relevant Web-link(s):	www.health.gov.au/budget2005 Factsheets 1 and 4
Implications for Divisions:	The National Tobacco Campaign will primarily be targeted at youth but messages will also be aimed at parents. The campaign will aim to strengthen young people's resilience and capacity to embrace young people's lifestyles.

	The smoking and pregnancy initiative will encourage doctors to advise pregnant women about the damage caused by smoking. For better uptake and sustainability, there is potential to link these programs in the primary care setting with existing or soon to commence Divisional programs such as ante-natal shared care programs, youth mental health initiatives MindMatters Plus GP and Lifestyle Prescriptions. It is possible that those Divisions with well established relationships with Aboriginal Community Controlled Health Services and other relevant agencies or innovative projects such as *Managing the Mix* could deliver or integrate in locally tailored activities under the Indigenous Communities Drug and Alcohol measure.
Further actions required:	ADGP will actively explore linkages with existing Divisional programs and these measures with the Department of Health and Ageing.
Area:	**Aboriginal and Torres Strait Islander Health**
Budget Summary:	Primary Health Care Access Program ($40 million over 4 years) Healthy for Life Program ($102 million over 4 years) Indigenous Communities' drug and alcohol initiatives ($8 million over 4 years) (see also drug and alcohol) Fringe Benefit Tax supplementation for ATSI organisations ($59.7 million over 4 years)
Relevant Web-link(s):	www.health.gov.au/budget2005 Factsheet 5
Implications for Divisions:	The Primary Health Care Access Program will establish four new primary health care clinics in communities where they are currently not available and provide the primary health care staff need to staff them. There is scope for Divisions to support the strengthening of local Indigenous primary health care infrastructure by assisting with establishment, recruitment and training and encouraging collaborative care arrangements.

Healthy for Life is a new program which will focus on improving access to early and regular ante-natal and child health care.

The FBT supplementation will allow Aboriginal and Torres Strait Islander organisations, especially in rural and remote areas, to retain doctors and other professionals.

Further actions required:

The ADGP Board has identified Aboriginal and Torres Strait islander health as a priority. We are developing a proposal for government for funding to support the implementation of a number of activities under the MOU we hold with NACCHO, including a child health check MBS item number which would be an incentive for early intervention under *Healthy for Life*. We will seek an early meeting with the Office of Aboriginal and Torres Strait Islander Health to discuss a role for Divisions in Healthy Life. We will also encourage and support Divisions to work locally with the Aboriginal community controlled health sector to strengthen primary mental health care services in Aboriginal communities.

Area:

Population health / Chronic disease

Budget Summary:

<u>Improving care and management of diabetes</u>

$44.2 million over the next four years to continue the existing National Integrated Diabetes Program.

The National Integrated Diabetes Program aims to improve the care and management of people with diabetes through general practice by:

- providing support to GPs for earlier diagnosis and better management of people with diabetes;
- supporting Divisions of General Practice to work with GPs to remove barriers to better care for people with diabetes; and
- supporting changes in the practices of health professionals to provide better care for people with diabetes.

Funding will also be available through the Medicare Benefits Schedule for GPs to provide chronic disease management – including care plans and reviews for patients with diabetes.

Asthma Management .

Funding of $27.1 million is being allocated over the four years from 2005-06 to continue the current Asthma Management Program.

In addition, funding of $27.6 million over four years has been allocated to the Medicare Benefits Schedule to enable GPs to provide chronic disease management for patients with asthma, using new Medicare items developed in response to GP concerns about red tape. These new items will be available from mid 2005.

Relevant Web-link(s): www.health.gov.au/budget2005

Factsheet 2

Implications for Divisions: Divisions will play a key role in education programs for GPs, practice nurses, allied health professionals and practice staff on the requirements of the new (revised) Medicare items for multidisciplinary care plans and chronic disease management plans, including support with the development of practice systems to streamline the use of these new items.

Further actions required: ADGP will negotiate with DoHA on behalf of the network for funding for divisions to facilitate the required education and support programs to assist GPs, and other practice staff members in these initiatives to better manage people with chronic disease.

Area: **Practice Nursing**

Budget Summary: Pap smears in rural areas: new Medicare rebate

As advised in early 2005 Pap smears taken by practice nurses on behalf of GPs in regional, rural or remote areas will be eligible for a Medicare rebate – in line with the Australian Government's 2004 election commitment.

More practice nurses: for areas of need and rural Australia

The Australian Government will continue to support general practices in rural areas, and other areas of need, through grants to employ practice nurses. The grants are made available to practices enrolled in the Practice Incentive Program (PIP). Funding will be provided also to train and support nurses and to encourage smaller and more remote practices to participate in this initiative. Funding of $129.7 million will be provided over the four years to 2008-09.

The role of the nurse in general practice will also be enhanced by other programs being introduced by the Australian Government. These include new roles for practice nurses - as contacts for domestic violence victims, and in providing cervical screening to women in rural and regional areas.

www.health.gov.au/budget2005

Fact sheet 3

Implications for Divisions:

Continue to support GPs and practice nurses interested in claiming this item to access accredited training for nurse pap smear providers including ongoing (refresher) education and training in this area.

Divisions will be required to continue to provide practice nurse support programs that assist practices to employ more nurses; provide networking and support activities for practice nurses and facilitating ongoing education and training programs. In particular, divisions will be ideally placed to facilitate training for practice nurses in rural and regional areas to be a referral point for people experiencing domestic violence.

Further actions required:

Support will be provided for Divisions through the SBOs to facilitate training opportunities for practice nurses required to undertake pap smears on behalf of the GP. ADGP will provide national leadership and support to SBOs in undertaking this program.

ADGP will continue to advocate for the role out of this item number to all practices and will continue to support initiatives that enhance a broader role for practice nurses.

ADGP recognises the importance of support and mentoring programs that will continue to build the capacity of the division's network to support nursing in general practice. In line with this ADGP will evaluate, seeking feedback form the network, the current new program provided through ADGP and SBOs to build the capacity of divisions to deliver support services for practice nurses including education and training opportunities. ADGP will seek continued funding for the network for ongoing practice nurse support and education programs.

ADGP will continue to lobby for the role out of the practice nurse PIP to all practices.

As previously advised ADGP recognises that the domestic violence initiative has wide implications for both practice nurses and practices such as: what is a feasible role for the nurse in identification of an

approaches to dealing with domestic violence; access to existing support services in rural and remote areas; how confidentiality is required to be treated in the practice; and the expectations the community may have of practices that do not currently employ a nurse to provide the service. ADGP will seek further briefings about this initiative and will consult the network as more information becomes available.

Area:	**Rural and remote health workforce: high quality care**
Budget Summary:	$17.2 million over 3 years (to 07/08) for education and training under the National Rural and Remote Health Support Services Program. The program aims to: ▪ Remove major barriers to recruiting and retaining rural and remote area health workers ▪ Continue funding postgraduate scholarships and training posts for rural medical, nursing and allied health professionals through the Rural Health Support Education and Training (RHSET) Program. (For other rural initiatives see also practice nursing)
Relevant Web-link(s):	www.health.gov.au/budget2005 Factsheet 3
Implications for Divisions:	There may be implications for rural / remote Divisions in terms of increased workforce support requirements.
Further actions required:	None at this stage

Area:	**Aged care - Dementia**
Budget Summary:	Several initiatives on dementia have been funded including: ▪ Extended aged care at home places ($225.1 million over 4 years) ▪ Dementia training initiative $25.0 million over 4 years for residential care workers and other community service workers The main initiative with potential impact on Divisions is: ▪ The dementia education and support program - $11.9 million over 5 years. This funding will help support dementia assessments in rural and remote areas, ensure ongoing information and advice for people caring for those with dementia and ensure that rural Aged Care Assessment Teams can obtain training and employ staff with dementia expertise.
Relevant Web-link(s):	www.health.gov.au/budget2005

Implications for Divisions: There is potential for the development of an educational package for GPs to assist them in the earlier identification and diagnosis of dementia in the elderly (and to differentiate it from depression, with which it can often be confused).

Further actions required: ADGP is currently in discussions with Alzheimer's Australia regarding the possible development of an education package about dementia for GPs.

Area: **Cancer: Bowel cancer screening**

Budget Summary: New overall funding of $189.4 million over 5 years (08-09) for the *Strengthening Cancer Care* initiative to reduce the burden of cancer. This comprises a number of initiatives in the following areas:

- Better coordination of cancer care
- Enhanced cancer prevention
- Support for those living with cancer
- Support for professionals
- More cancer research

The main initiatives with implications for Divisions are:

1. Bowel cancer screening program - $43.4 million over 3 years for the phased roll-out of a national bowel cancer screening program. (Includes $7.8 million for the previous pilot program.)
   - From mid 06, people across Australia aged 55 or 65 years will be offered a bowel cancer screening test

2. Improving professional development for cancer professionals, counsellors and general practitioners - $3.3 million in 05-06 to:
   - Develop effective CPD modules for treating priority cancers and
   - Provide advice / counselling to patients and families

Relevant Web-link(s): http://www.health.gov.au/internet/budget/publishing.nsf/Content/health-budget2005-hbudget-hfact1.htm

Implications for Divisions: The bowel cancer screening pilots were successfully implemented through Divisions and they provide the appropriate structure for the continued implementation of the national program.

Similarly, Divisions provide the best structure for the roll-out of CPD programs to educate GPs about the latest treatments for the priority cancers (eg breast, bowel and prostate) as well as programs regarding the provision of cancer counselling and advice to patients and families.

Further actions required: ADGP will shortly discuss the implications of these initiatives on Divisions with the Government.