

Overview and analysis of measures of interest to the Network

General Overview

The new health funding announcements in the 2010 Federal Budget have a strong focus on general practice and primary health care – they deliver on a range of initiatives which have been central to the agenda being pursued on behalf of the General Practice Network.

The budget provides funding appropriations of \$7.3 billion over five years to implement the commitments made by the Australian Government to the COAG National Health and Hospitals Network (NHHN) Agreement and other recent health reform related announcements such as funding for additional GP and specialist training places and alternative payments for GPs to improve the health outcomes of voluntarily enrolled diabetes patients. Around \$2.2 billion over four years of this funding is earmarked for primary health care initiatives, making the 2010 Budget the most primary health care oriented Budget we have seen for some time.

The Budget is the culmination of the Government's first term health reform agenda and pulls together its response to the three major reviews commissioned into the Australian health system:

- the report of the National Health and Hospitals Reform Commission (NHHRC): *A Healthier Future for all Australians*
- A draft of Australia's First National Primary Health Care Strategy: *Building a 21st Century Primary Health Care System*
- A National Preventative Health Strategy: *Australia: The Healthiest Country by 2020*.

The summary policy document, *A National Health and Hospitals Network for Australia's Future: Delivering Better Health and Better Hospitals*, can be downloaded from [http://www.health.gov.au/internet/yourhealth/publishing.nsf/Content/report-redbook/\\$File/HRT_report3.pdf](http://www.health.gov.au/internet/yourhealth/publishing.nsf/Content/report-redbook/$File/HRT_report3.pdf). It contains a description of each measure, an overview of delivery milestones, a summary of the funding appropriations for each measure and a response to the NHHRC final report.

The Budget delivers funding to establish the primary health care organisations of the future, evolving from the General Practice Network, as the vehicle for major health system reform, led by general practice and primary health care. Building on that reform, the budget provides for:

- expanded GP and primary care services, especially **after hours GP services**
- more support for nurses particularly **practice nurses** and aged care nurses
- personally controlled **electronic health records**
- **infrastructure** funding to invest in more GP Super Clinic style services as well as expand existing GP clinics
- more **training places** for GPs
- new investments in **prevention** including world-leading action in tobacco control
- new investments in primary **mental health** care including ATAPS and **headspace** expansion as well as continuation of the Mental Health Support for Drought Affected Communities Initiative
- investment in the development of **sub-acute 'step up, step-down' services**

All these measures implement several policies that AGPN, on behalf of the Network, has advocated for over the past two years in the Primary Health Care Position Statement - *Care That Puts People First*, as well as in *Connecting Care*, the blueprint for primary health care organisations (PHCOs) and our submissions to the Federal Budget.

The Budget package also includes financing to establish the various governance arrangements for the National Health and Hospitals Network. This includes expansion of the Australian

Commission on Safety and Quality in Health Care and establishment of the Independent Hospital Pricing Authority and the National Performance Authority.

The Department of Health and Ageing is establishing a Transition Office to ensure implementation across all the NHHN measures occurs in a well coordinated and timely fashion. The Department is also commissioning an independent strategic review of its capability to ensure it has the skills and structure to fulfill its ongoing and new functions under the reform agenda.

A particular note about transition of the general practice network to PHCOs

The budget papers advise that in 2010-11, the Australian Government, through the *National Health and Hospitals Network*, will provide funding to establish primary health care organisations – announced as a network of *Medicare Locals* in the Budget papers. PHCOs will be independent legal entities, with strong links to local communities, health professionals, service providers and non-government organisations. They will promote regional integration, one of the key building blocks in the National Primary Health Care Strategy.

The budget papers advise that PHCOs will make it easier for patients to navigate their way through the health system. They will improve the planning and coordination of services at the local level, support the delivery of a range of primary health care initiatives, including addressing service gaps and inequities, and improve collaboration between practitioners and service providers across the health system. *Medicare Locals* will also improve patients' access to after-hours primary care services.

The budget papers state that the first PHCOs are expected to commence operations in mid-2011. In many instances and where possible, PHCOs may be drawn from Divisions of General Practice with the capacity to take on the roles and functions expected of PHCOs.

The budget papers go on to say that over the next few years PHCOs (*Medicare Locals*) will replace the current Divisions of General Practice Network. Commencing in 2010-11, transitional arrangements will be put in place to support the network during the health reforms, and to ensure a smooth transition for programs and services to be delivered through the new PHCOs.

Pending the transition to PHCOs, the Australian Government, through the General Practice Network, will continue to provide core funding to the Divisions of General Practice Network for the continued delivery of existing programs such as the General Practice Immunisation Incentive, Workforce Support for Rural General Practitioners and COAG initiatives to address diabetes, mental health and drug and alcohol use.

The following is a summary of the main headline measures in the Budget of relevance to general practice and the Network, a brief analysis of implications for the Network and an indication of follow up steps AGPN will be taking on each measure.

Individual measures of relevance to primary health care and the Network

Topic area: **General Practice and Primary Care**

Establishing independent Primary Health Care Organisations and improving access to after hours care

Budget summary

Provision of total funding over four years of \$290 million to establish a network of independent primary health care organisations (PHCOs), called "Medicare Locals" in the budget announcement, as part of the new National Health and Hospitals Network. This includes \$60 million one-off transition funding (with about \$10 million expected to be available in 2010-11) and \$230 million in recurrent funding over the four years – this recurrent funding to be ongoing and on top of the current funding to Divisions.

The budget initiative has been combined with the new After Hours Program, which includes funding of \$126 million over the next four years, to give a combined total of \$416.8 million. The following figures combine the two programs, and clarification will be sought on the breakdown over the next few days.

Funding provision for both the PHCO transition and the after hours program commences in 2010-2011 with \$14 million (some of the extra funding on top of the PHCO transition fund is expected to be directed to the National Call Centre Agency to expand its role). Funding provision in successive years is indicated to be \$66.6, \$156.5 and \$179.7 million respectively. The first PHCOs are expected to commence operations in mid-2011 and are to be drawn, where possible, from existing Divisions with the capacity to take on the expected PHCO roles and functions.

Much of the commentary on PHCOs reflects the National Primary Health Care Position Statement and the network blueprint. The PHCOs will have similar, but extended roles to current Divisions. They will play a strong role in promoting regional integration, one of the key building blocks in the National Primary Health Care Strategy. They will also improve the planning and coordination of services at the local level, improve collaboration between practitioners and service providers across the health system and support the delivery of a range of primary health care initiatives, especially addressing service gaps and inequities. Like existing Divisions, PHCOs will be independent legal entities, with strong links to local communities, health professionals, service providers and non-government organisations.

The PHCOs will also be responsible for improving patients' access to after-hours services. This is being used as an example by government of the kinds of added values which PHCOs can bring to local communities.

Relevant web-link(s):

[http://www.health.gov.au/internet/budget/publishing.nsf/Content/2010-11_Health_PBS_sup1/\\$File/Outcome%205%20-%20Primary%20Care.pdf](http://www.health.gov.au/internet/budget/publishing.nsf/Content/2010-11_Health_PBS_sup1/$File/Outcome%205%20-%20Primary%20Care.pdf) (Page 215)

Other resources:

[http://www.health.gov.au/internet/yourhealth/publishing.nsf/Content/report-redbook/\\$File/HRT_report3.pdf](http://www.health.gov.au/internet/yourhealth/publishing.nsf/Content/report-redbook/$File/HRT_report3.pdf) Chapter 6

Implications for General Practice Networks

PHCOs will, over the next few years, gradually replace the current Divisions Network. Transitional arrangements will be put in place, commencing in 2010-11, to support the network to transition to PHCOs as part of Australia's wider health reforms. Funding will also be available to support this transition and to

Topic area: General Practice and Primary Care

Establishing independent Primary Health Care Organisations and improving access to after hours care

ensure a smooth changeover for programs and services to be delivered through the new PHCOs. Pending the transition to PHCOs, core funding will continue to be provided to the Network to support delivery of currently agreed targeted initiatives.

Potential implications under a PHCO system

The transition to PHCOs will be a gradual process. The Network needs to be ready to move quickly however, given that transition is due to commence in the 2010-2011 financial year. PHCOs will extend Divisions beyond their current roles to encompass a greater population health and service planning role. This will provide significant opportunity for Divisions to impact the delivery of primary health care in Australia. Funding for PHCOs will be in addition to current funding for the Network – the government has agreed that PHCOs should build on what Divisions currently do ie. The government is committed to ensuring current services remain in place and that additional funding is provided to enable PHCOs to carry out any additional functions.

Follow up actions:

AGPN will continue to support and lead the Network through this transition. As part of this work, AGPN is currently progressing a PHCO transition plan through a consultancy with KPMG and is also close to finalising work on PHCO boundaries. AGPN will continue to keep the Network informed and involved in ongoing developments regarding PHCOs. AGPN will also continue discussion with government regarding the transition.

Funding opportunities?

Significant funds will be available to support the establishment and ongoing operations of PHCOs. As PHCOs are anticipated to be drawn from existing divisions, this implies that requisite funds will flow to the Network for this work.

Topic area: A personally controlled electronic health record system for all Australians**Budget summary**

\$467 million over 2 years to fund an opt-in secure personally controlled electronic health record system.

Funding will support infrastructure, governance and standards development with a focus on delivering early benefits for patients and health care providers. These are the foundation steps required to successfully deliver the electronic health record.

From 1 July 2012 electronic health records will be made available to Australians who choose to register for one.

Implementation of the system will initially focus on people who have the most contact with the health and hospital system. These include complex and chronic patients, older Australians, Aboriginal and Torres Strait Islander peoples and mothers and their newborn children.

Relevant web-link(s):

[http://www.health.gov.au/internet/yourhealth/publishing.nsf/Content/report-redbook/\\$File/HRT_report3.pdf](http://www.health.gov.au/internet/yourhealth/publishing.nsf/Content/report-redbook/$File/HRT_report3.pdf) Chapter 10

Other resources:**Implications for General Practice**

It is expected that primary health care systems, including those in general practice will be among the first to be able to populate an electronic health

Topic area: **A personally controlled electronic health record system for all Australians**

Networks	<p>record.</p> <p>General Practice and the broader primary health care sector will require support in order to adopt foundation infrastructure such as Healthcare Identifiers and prepare their clinical systems and IM processes for populating the electronic health record.</p> <p>With a long history of driving computerisation and adoption of eHealth in General Practice, General Practice Networks are well placed to provide this 'change and adoption' support.</p>
Potential implications under a PHCO system	<p>Establishing the personally controlled electronic health record system will require the participation of a number of lead implementation sites.</p> <p>PHCOs are an obvious choice as a lead implementation site given their broad primary health care coverage and their integration with the local hospital networks.</p>
Follow up actions:	<p>AGPN to seek clarification as to whether this funding includes augmenting the eHealth Support Officer network with a further 60 change agents at GPN level.</p>
Funding opportunities?	<p>Establishment and data population of the personally controlled electronic health record system will require practitioner support activities at the General Practice Network level.</p> <p>This closely aligns with AGPN's Federal Budget Submission suggestion to augment the existing eHealth Support Officer Network with 60 eHealth change agents at GPN level at \$31 million over 3 years.</p>

Topic area: **General Practice and Primary Care**

Improved primary care infrastructure

Budget summary	<p>\$ 355.2 million investment over three years for the construction of around 23 new GP Super Clinics and to upgrade and extend approximately 425 existing general practice and primary health care facilities to improve team-based care and extend the delivery of GP Super Clinic style services across Australia. Clinics may include capacity for services provided by visiting medical specialists, as well as capacity and opportunity for clinical training and education. GP Super Clinics will also be open for extended hours.</p> <p>Funds will be available through infrastructure grants which will be offered through a mix of direct and competitive funding arrangements. Grants will particularly benefit communities with high levels of chronic disease, and sub-populations with significant health care needs, such as children and the elderly. Commencing in 2010-11 DoHA will implement funding processes with health professionals or organisations, non-government and community organisations, and other eligible parties. The existing National Rural and Remote Infrastructure Program will be continued.</p> <p>This program was lobbied for by United General Practice Australia, which involves AGPN, the AMA, RACGP, ACRRM, RDAA and GPRA.</p>
Relevant web-link(s):	<p>http://www.health.gov.au/internet/budget/publishing.nsf/Content/2010-11_Health_PBS_sup1/\$File/Outcome%205%20-%20Primary%20Care.pdf (pages 214 - 215)</p>
Other resources:	<p>None</p>

Topic area: General Practice and Primary Care

Improved primary care infrastructure

Implications for General Practice Networks There may be a role for Divisions and PHCOs to apply for infrastructure grants in areas of needs, as has occurred with Superclinics. Divisions/PHCOs may also play a role in working with practices around models of care to be provided in the expanded General practice/primary health care facilities

Potential implications under a PHCO system As above – with this role potentially increasing for PHCOs.

Follow up actions: AGPN will continue to work with government regarding this initiative and will keep the Network informed on further developments.

Funding opportunities? Potential fundholding role for Divisions/PHCOs who win Superclinic tenders. Potential funds will also flow to general practices and other PHC facilities who make successful grant applications under this measure.

Topic area: Boosting Australia’s Health Workforce

More nurses in general practice

Budget summary \$390.3 million over four years to support almost the equivalent of 4600 full time practice nurses in general practice.

For the first time, GPs in urban areas will be eligible for funding to help employ practice nurses.

Annual incentive payments of \$25,000 per full time GP for a registered nurse and \$12,500 for an enrolled nurse will be made available to eligible accredited general practices from 2010-11.

This measure includes a weighting for rural and remote practices (up to 40% in the most remote practices) and is capped at a maximum of 5 FTE GPs (ie. \$125,000 for a metropolitan practice with five or more GPs).

By 2013-14, approximately 4,537 general practices will receive more funding – worth \$31,500 on average per practice.

AGPN has been lobbying for an extension of the PNI payment to metropolitan practices for several years.

Relevant web-link(s): http://www.budget.gov.au/2010-11/content/glossy/health/html/health_overview_01.htm
or <http://www.health.gov.au/budget2010>

Other resources: N/A

Implications for General Practice Networks Support role for the network in assisting general practice to access the incentive payment and support in employing practice nurses.

Potential implications under a PHCO system As above.

Follow up actions: AGPN to follow up with workforce branch (nursing and allied health section) to

Topic area: Boosting Australia's Health Workforce

More nurses in general practice

bed down 3 year agreement for Nursing in General Practice program.

Funding opportunities?

Further funding for general practice. Potential associated additional funding support through the NiGP program.

Topic area: Boosting Australia's Health Workforce

Valuing our aged care nurses

Budget summary

\$103.1M to better support nurses working in aged care settings. Including:

- \$59.9M to provide incentive payments to existing aged care workers to upgrade their qualifications
- \$21.0M to fund an additional 600 enrolled nurse training places and 300 registered nurse scholarships over four years – for aged care nurses to upgrade their skills
- \$18.7M to trial new models of care to expand and improve the role of nurse practitioners in aged care
- \$3.5M to explore regulation of personal care workers and assistants in nursing in aged care, through the National Registration and Accreditation scheme.

Relevant web-link(s):http://www.budget.gov.au/2010-11/content/glossy/health/html/health_overview_01.htm

or

<http://www.health.gov.au/budget2010>**Other resources:**

N/A

Implications for General Practice Networks

Links through the Aged Care Access Initiative (ACAI) with expanded nursing teams.

Potential implications under a PHCO system

There may be links to the role of the nurse practitioners in aged care and PHCOs (working collaboratively with a series of practices)

Follow up actions:

AGPN to consult with DoHA to identify opportunities for the network.

Funding opportunities?

Unknown at this stage.

Topic area: Boosting Australia's Health Workforce

Support for nurses and allied health professional to train and work in rural areas

Budget summary

\$34.1M over 4 years for rural locum programs to support 3,000 nurses and 400 allied health professionals to take leave to attend CPD.

\$6.5M to provide 400 additional clinical training scholarships over 4 years for allied health students in rural and regional areas.

Relevant web-<http://www.budget.gov.au/2010->

Topic area:	Boosting Australia's Health Workforce Support for nurses and allied health professional to train and work in rural areas
link(s):	11/content/glossy/health/html/health_overview_01.htm or http://www.health.gov.au/budget2010
Other resources:	N/A
Implications for General Practice Networks	Potential promotion and linkages through the Nursing in General Practice program.
Potential implications under a PHCO system	PHCOs may potentially coordinate these programs at the local level.
Follow up actions:	AGPN to explore partnerships with existing locum service providers/ new providers to identify processes for those within local regions to be eligible to access the funding.
Funding opportunities?	None known at this stage.

Topic area:	Boosting Australia's Health Workforce Mental health nurses
Budget summary	\$13.0M over 2 years to employ 136 mental health nurses.
Relevant web-link(s):	http://www.budget.gov.au/2010-11/content/glossy/health/html/health_overview_01.htm or http://www.health.gov.au/budget2010
Other resources:	N/A
Implications for General Practice Networks	Support role for the network in assisting general practice to access the new nursing workforce. There may also be a roll to link into existing mental health services in a tiered approach.
Potential implications under a PHCO system	As above.
Follow up actions:	AGPN to seek further information from DoHA.
Funding opportunities?	None known at this stage.

Topic area:	Boosting Australia's Health Workforce Training more Doctors
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Topic area: Boosting Australia's Health Workforce

Training more Doctors

Budget summary	<p>This is a previous announcement.</p> <p>\$640M to deliver an additional 5,500 training places for Gps, 680 medical specialists and 5,400 pre-vocational general practice program (PGPPP) training places over the coming decade.</p> <p>Funding is to:</p> <ul style="list-style-type: none">- double the number of places for medical graduates to training to become a GP to 1,200 a year by 2014- more than double the current number of places for medical graduates undertaking training to become specialist doctors in private, community and rural settings from 360 to 900 by 2014- double the number of places available for junior doctors to experience a career in general practice before they become a fully fledged doctor to 975 places a year by 2014.
Relevant web-link(s):	<p>http://www.budget.gov.au/2010-11/content/glossy/health/html/health_overview_01.htm</p> <p>or</p> <p>http://www.health.gov.au/budget2010</p>
Other resources:	N/A
Implications for General Practice Networks	Support role for placement of GP registrars. Work in collaboration with local RTPs.
Potential implications under a PHCO system	As above.
Follow up actions:	AGPN to follow up GPET on processes and links to networks and in the future, PHCOs.
Funding opportunities?	Through the Nursing in General Practice Program.

Topic area: Boosting Australia's Health Workforce

More allied health professionals

Budget summary	<p>\$5.3M to support up to 1,000 allied health workers to take leave and attend training to update their skills.</p> <p>\$6.5M for 1,000 additional clinical training scholarships for allied health students in the areas of physiotherapy, podiatry and dietetics.</p>
Relevant web-link(s):	<p>http://www.budget.gov.au/2010-11/content/glossy/health/html/health_overview_01.htm</p> <p>or</p> <p>http://www.health.gov.au/budget2010</p>
Other resources:	N/A
Implications for	See below.

Topic area: Boosting Australia's Health Workforce

More allied health professionals

General Practice Networks**Potential implications under a PHCO system**

Potential coordination role for PHCOs.

Follow up actions:

AGPN to meet with the relevant workforce section to explore links to MAHS programs.

Funding opportunities?

None identified at this stage.

Topic area: General Practice and Primary Care

Coordinated diabetes care

Budget summary

This is a previous announcement.

Total funding of \$449 million over 4 years to reduce the health impacts of chronic disease on patients and the broader community through commencement in 2010-11 of a nationally consistent chronic disease program for people diagnosed with diabetes.

From July 2012, patients can voluntarily enrol with their general practice for proactive management of their diabetes and other primary health care needs. Incentives will be available for GPs to achieving targeted levels of health care and outcomes as part of this initiative. The Government's new funding will cover services required for patients, including the cost of routine GP visits for ongoing primary health care, and chronic disease care provided by the patient's GP and allied health professionals.

Relevant web-link(s):

[http://www.health.gov.au/internet/budget/publishing.nsf/Content/2010-11_Health_PBS_sup1/\\$File/Outcome%205%20-%20Primary%20Care.pdf](http://www.health.gov.au/internet/budget/publishing.nsf/Content/2010-11_Health_PBS_sup1/$File/Outcome%205%20-%20Primary%20Care.pdf) (Pages 216 – 217)

Other resources:

Previous AGPN and other release around the diabetes announcement.

Implications for General Practice Networks

Potential role for Divisions and/or PHCOs in the delivery of packages of care for eligible patients under this initiative. There may also be a role for the Network to work with DoHA and other stakeholders to provide input into the new program, including development of a standardised assessment tool, voluntary patient enrolment system, new services arrangements, performance framework and allocation of funding to general practices.

Potential implications under a PHCO system

Government has stated that PHCOs are likely to fundhold to support practices to access allied health providers under this measure.

Follow up actions:

AGPN will continue to discuss this initiative with DoHA and keep the Network updated on progress.

Funding opportunities?

Potential for Divisions/PHCOs to hold funds to coordinate/implement this program through general practice and primary health care.

Topic area: Taking Action to Prevent Disease & Keep Australians out of Hospital

Focus on prevention rather than cure

Budget summary	<p>\$872 million investment previously appropriated from COAG's National Partnership Agreement on preventive Health.</p> <p>The initiative will tackle lifestyle related risks that cause chronic disease, with a particular target on smoking and especially on the current high Indigenous smoking rates.</p> <p>The overall target is to reduce adult daily smoking rates from 16.6% to 10% by 2018. Other measures to achieve this goal also include:</p> <ul style="list-style-type: none">- An increase on tobacco excise by 25% above normal CPI adjustments- Legislation to mandate plain packaging cigarettes- Implementation of the largest yet national public education campaign on smoking
Relevant web-link(s):	<p>http://www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/national_partnership/national_partnership_on_preventive_health.rtf</p>
Other resources:	
Implications for General Practice Networks	<p>See below.</p>
Potential implications under a PHCO system	<p>Medicare Locals (PHCOs) will have a strong role in prevention and will work closely with the new Australian National Preventive Health Agency that the Commonwealth is proposing to establish. Overtime, in conjunction with the Preventative Health Agency, Medicare Locals will also drive an increased focus on local community based approaches to preventative health, by identifying and managing risk factors in local communities. In conjunction with this Agency PHCOs will also:</p> <ul style="list-style-type: none">- Ensure national guidelines are implemented and that national guidelines and standards are informed by local experiences- Local prevention measures are informed by up to date evidence
Follow up actions:	<p>AGPN will follow-up further regarding the Network's relationship with the proposed new Australian National Preventive Health Agency and collaborative working.</p>
Funding opportunities?	<p>The work of the new Agency and Medicare Locals will be supported by significant Government investment in research</p>

Budget summary

Savings to taxpayers of \$2.5 billion over five years through negotiation of health agreements that will deliver better value for money and continue to provide Australians access to essential medicines.

Savings will help fund the Government's \$7.3 billion investment in health and hospital systems as part of the National Health and Hospitals Network.

Key features of the Fifth Community Pharmacy Agreement are:

- Freeze on the pharmacy dispensing fee indexation in 2010-2011 and 2011-2012 (saving to taxpayers of \$1.0 billion over five years).
- Ensuring PBS medicines are available within 24 hours no matter where people live. (\$968.7 million allocated).
- Funding of improved services to consumers, including medication reviews, provision of dose administration aids, and to fund pharmacists to identify and resolve patients' medication related issues.
- Safer prescriptions, through \$82.6 million in e-prescription incentives.
- Patient charter that outlines the roles and responsibilities of the pharmacist and pharmacy, and the expected level of patient care.
- A total investment of \$15.4 billion, to ensure pharmacies will continue to dispense medicines to all Australians and provide a range of programs and services.

More value for money from the PBS

The Memorandum of understanding (MoU) negotiated with medicines Australia will ensure that taxpayers get a better deal on PBS medicines, and provide the pharmaceutical industry with certainty.

The MoU will save taxpayers about \$1.9 billion over five years, particularly by extending price disclosure to take advantage of discounting of off-patent medicines including generics. (i.e. this means that when the prices drop through competition, the price the Government pays for PBS medications will also drop.

The Government will also fund a \$10.0 million generic medicine awareness campaign to assure consumers that different brands of the same medicine have the same clinical effect.

Aboriginal and Torres Strait Islander Programs:***Section 100 Support allowances to remote Area Aboriginal Health Services****

- \$14.4 million allocated. The allowance is paid to approved pharmacies and approved hospital authorities to improve the quality use of medicines by clients of remote Aboriginal Health Services that participate in the S100 supply arrangements.

QUM framework to support rural and urban Aboriginal health Services*

- \$11 million. The allowance will enable pharmacies to work with rural and urban Aboriginal health Services to improve the quality use of medicines by clients of those services that participate in the Council of Australian Government's PBS co-payment measure.

Aboriginal and Torres Strait Islander Pharmacy Workforce*

- \$3.5 million. The program focuses on strengthening and supporting the

Aboriginal and Torres Strait islander pharmacy workforce which in turn will provide improved, culturally appropriate pharmacy services for the Aboriginal and Torres Strait Islander patients

* The design of the Program will be considered in the context of the findings of evaluation of the corresponding program under the Fourth Agreement

Relevant web-link(s): <http://www.health.gov.au/budget2010>
<http://www.guild.org.au/content.asp?id=2809>

Other resources: NA

Implications for General Practice Networks Divisions may be involved in new programs such as electronic prescriptions, medication continuance, medicines use reviews, staged supply of medicines, supply and PBS-claiming from a medicine chart in a nursing home, and clinical interventions.
Education, and support for General Practice Networks.

Potential implications under a PHCO system As above.

Follow up actions: AGPN will continue to work with and strengthen its relationship with the Pharmacy Guild.

Funding opportunities? N/A

Topic area: Mental Health

New **headspace** youth friendly services and extra funding for existing **headspace** sites

Budget summary New **headspace** and youth friendly services:
\$79 million over four years to deliver up to 30 new **headspace** youth friendly services and provide extra funding for the existing 30 **headspace** sites. This will improve access to support early intervention services for young Australians aged 12-25 with, or at risk of mental illness. Around 20,000 more young people each year will get help once the 30 new sites are fully established.
The location of the 30 additional sites will be identified by the Commonwealth in consultation with state and territory governments and key stakeholders. Areas that **headspace** does not currently reach – particularly areas with high levels of mental illness or social disadvantage – will be prioritised. **headspace** sites will work with Primary Health Care Organisations (PHCOs) to ensure strong referral pathways and care coordination.
Telephone and web-based mental health services for young people will also be expanded. These modes of delivering services have proven to be effective in reaching and supporting young people. Approximately \$3 million per year will be provided to expand these services. They will complement the services that will be provided through the new and expanded **headspace** sites.

Relevant web-link(s): <http://www.health.gov.au/budget2010>

Topic area: Mental Health

New **headspace** youth friendly services and extra funding for existing **headspace** sites

Other resources: N/A

Implications for General Practice Networks Divisions are a key partner in the existing **headspace** sites and will continue to be potential fundholders.

Potential implications under a PHCO system PHCOs will play a key role in service integration and coordination in sites such as headspace.

Follow up actions: AGPN will seek a meeting with the **headspace** executive to determine process.

Funding opportunities? Fundholding opportunities for Divisions/PHCOs similar to current **headspace** sites.

Topic area: Mental Health

Expansion of the Early Psychosis Prevention and Intervention Centre (EPPIC)

Budget summary \$26 million over four years, in partnership with interested states and territories, to establish the Early Psychosis Prevention and Intervention Centre (EPPIC) model on additional sites.

Developed by Orygen Youth Health in Victoria, EPPIC is a service that provides intensive clinical and non-clinical support for at-risk young people with emerging early psychosis.

Up to 3,500 young people aged between 16 and 25 years and their families will benefit from improved detection of, and earlier treatment and support for, early psychosis. This will reduce their risk of homelessness and will improve their employment and educational opportunities. Patients will get treatment sooner, and their families will be able to access support, education and expert advice.

The EPPIC model has shown great promise as an early intervention model in Victoria. Its expansion will help inform the management of early psychosis within mental health services and to help promote and demonstrate best practice models of care.

The specific new sites will be agreed with the relevant state governments and will be located in areas where there is a high incidence of youth mental health problems and sound infrastructure and capability, including inpatient beds, and backup services.

Relevant web-link(s): <http://www.health.gov.au/budget2010>

Other resources:

Implications for General Practice Networks Role for Divisions and mental health programs to link to EPPIC sites

Potential implications under a PHCO system As above – with an extended integration and coordination role for PHCOs.

Topic area: **Mental Health**
Expansion of the Early Psychosis Prevention and Intervention Centre (EPPIC)

Follow up actions: AGPN to seek a meeting with Orygen Youth Health to identify potential opportunities

Funding opportunities? To be advised.

Topic area: **Mental Health**
Flexible care packages to support people with severe mental illness:

Budget summary \$58 million over four years to deliver care packages to better support up to 25,000 people with severe mental illness:
People with severe mental illness who are currently being managed in primary care need coordinated care through which they are linked to the clinical and social support that is available. The Government will redirect funding from the Better Access initiative to care packages to better support up to 25,000 people with severe mental illness. These packages will be delivered through the current Access to Allied Psychological Services (ATAPS) arrangements which will receive an extra \$58 million over four years. Funding and packages will be broadly distributed to services on a per capita basis.

Under the new arrangements, people with severe mental illness referred to ATAPS by a GP or a psychiatrist will be able to access a package of care tailored to their individual needs. They will also be able to access a case manager who will closely work with the GP or psychiatrist and will help individuals navigate the clinical and social support they need. Stronger links will be put in place with other services for people with severe mental illness such as the Support for Day to Day Living Program and with the Mental Health Nurse Incentive Program to enable appropriate packages to be developed.

MBS items for social workers and occupational therapists under Better Access will cease from 1 July 2010 for new clients. Existing clients will be given sufficient time to complete any courses of treatment they have commenced with a social worker or occupational therapist under Better Access.

Social workers and occupational therapists are eligible providers under the existing ATAPS program, and are also expected to be among the key providers under the new care package arrangements, particularly in the provision of case management to people with severe mental illness.

Relevant web-link(s): <http://www.health.gov.au/budget2010>

Other resources: AGPN understands further information will be provided by the Department of Health and Ageing. Further discussion of this measure will also occur at the AGPN Mental Health Conference in May 2010.

Implications for General Practice Networks Further funding opportunity through a tiered approach within ATAPS

Potential implications under a PHCO system As above

Topic area: Mental Health

Flexible care packages to support people with severe mental illness:

Follow up actions: AGPN will ensure that Departmental communication on next steps is made available to the Network as soon as possible.**Funding opportunities:** Yes – via ATAPS**Topic area: Mental Health**

Support for More Mental Health Nurses

Budget summary \$13 million over two years to increase the number of mental health nurses: Mental health nurses play a valuable role in providing more flexible mental health services in the community. They can work in a range of community based and health settings, such as general practice, private psychiatrist and other mental health services. They help provide coordinated clinical care to people with severe mental illnesses.

The Commonwealth’s funding will increase support through the Mental Health Nurse Incentive Program (MHNiP) which provides payments to appropriate providers and organisations which engage mental health nurses.

This investment aims to increase the number of mental health nurses supported by the program from 652 up to 788, providing an estimated additional 11,700 services by the end of 2011-12.

Relevant web-link(s): <http://www.health.gov.au/budget2010>**Other resources:****Implications for General Practice Networks** Potential funding opportunities for Divisions to access and employ mental health nurses**Potential implications under a PHCO system** As above – PHCOs will also play an increasing role in assisting general practices and the community to access allied health services such as mental health nurses.**Follow up actions:** AGPN will seek a meeting with the Department of Health and Ageing Mental Health team to identify further detail and process**Funding opportunities?** Yes – as outlined above.

Topic area: Mental Health**Expanding sub-acute mental health services**

Budget summary	<p>\$1.6 billion to support 1,316 additional sub-acute care beds:</p> <p>This measure will support more 'step up, step down' sub-acute services for people with mental health needs, easing their transition from acute care to the community.</p> <p>Community-based residential mental health services will provide an alternative to hospitalisation. They will also provide support for transition to the community for recently discharged patients with severe mental illness whose conditions have stabilised but who still require a level of ongoing care. Care provided could include specialist clinical services and a range of rehabilitation and support services depending on the needs of the individual. They would link to other appropriate services, including hospitals and acute care, drug and alcohol services and community and social services.</p> <p>The Government's \$1.6 billion investment in sub-acute care beds will also support the provision of additional 'step up' and 'step down' sub-acute services for people with mental health needs, easing their transition from acute care to the community.</p>
Relevant web-link(s):	http://www.health.gov.au/budget2010
Other resources:	N/A
Implications for General Practice Networks	Opportunity to connect with the ATAPS program.
Potential implications under a PHCO system	See above – PHCOs will also play a key role in coordinating care and assisting people to transition smoothly from one part of the health system to another. Step-up/Step-down facilities will play an important part in this.
Follow up actions:	AGPN will meeting with the Department of Health and Ageing to discuss this further.
Funding opportunities?	Potential funding to the Network under a refocused ATAPS program

Topic area: Mental Health**Supporting mental health and wellbeing in rural and remote communities**

Budget summary	<p>Mental Health Support for Drought Affected Communities Initiative:</p> <p>\$ 5.3 million one year extension of the Drought Initiative to Divisions currently funded under the Initiative</p>
Relevant web-link(s):	http://www.health.gov.au/internet/budget/publishing.nsf/Content/2010-11_Health_PBS_sup1/\$File/Outcome%205%20-%20Primary%20Care.pdf
Other resources:	

Implications for General Practice Networks	Further one year funding to Divisions currently funded under the Drought Initiative.
Potential implications under a PHCO system	Unlikely in its current format given the one-year extension of this program. However, they will be opportunities for PHCOs to identify and target services to areas of need, such as rural and drought affected communities.
Follow up actions:	AGPN to meet with the Department of Health and Ageing to identify next steps
Funding opportunities?	Yes, as outlined above.

Topic area: Department of Veteran Affairs' Announcements

Preventable admissions and improved community care program

Budget summary	Investment of \$152.7 million in expanding community-based health services aimed at Australian veterans and war widows with specified chronic conditions and complex care needs and at risk of hospitalisation. Local Medical Officers (LMOs) will receive new payments for preparing and implementing care plans, including coordinating care for participating veterans. A practice or community nurse will support the veteran, including by care and service coordination, chronic disease self management support and home visits.
Relevant web-link(s):	http://minister.dva.gov.au/media_releases/2010/may/VA024.pdf
Other resources:	NA
Implications for General Practice Networks	Minimal, however, may require expanded support to primary health care nurses working with LMOs.
Potential implications under a PHCO system	Further details will be required, however, there is a possibility that PHCOs may have a role in supporting veteran access to primary health care services in accordance with care plans developed by the LMO.
Follow up actions:	AGPN will seek further details as soon as possible.
Funding opportunities?	These will be explored pending further details.