



VACCHO

VACCHO's Federal Budget Breakdown

Health

Efficiencies worth just under \$106 million have also been found in the operations of the Department. The savings are partially offset by a \$10 million investment to strengthen policy and data analytics capability. This may impact organisations interactions with departmental staff.

Summary

\$5.52m cut from Population Health

\$28.58m cut from access Pharmaceutical Services

\$57.336m gain in Medical and Dental Services

\$16.713m cut from Acute Care (hospitals)

\$127.967m gain in Primary Health Care

\$81k gain for Private Health

\$44.358m cut in Health infrastructure, Regulation, Safety & Quality

\$32.725m cut in Health Workforce Capacity

Key initiatives for 2015-16 include:

- developing new strategies for chronic conditions, diabetes and asthma
- finalising data collection for the National Eye Health Survey
- continuing to assist consumers to make healthy choices through the Health Star Rating system; providing a range of enhanced cancer screening services; providing vaccines through the National Immunisation Program
- delivering programmes and communication campaigns aimed at discouraging the use and misuse of alcohol, tobacco, prescription and illicit drugs
- continuing to implement priority actions identified in the Implementation and Evaluation Plan for the National Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) Strategies 2014-17.

PBS

The Government has approved new high-cost drugs listed on the PBS based on the advice of PBAC to give affordable access to patients with

- late stage breast cancer (Herceptin®, Perjeta® and Kadcyła®)
- melanoma (Mekinist®)
- a new vaccine on the National Immunisation Program will be provided free to people aged 70-79 to help prevent shingles (Zostavax®).

MBS

The Government's healthier Medicare strategy will have three components:

1. A Medicare Benefits Schedule (MBS) Review Taskforce.
2. A Primary Health Care Advisory Group to explore innovative models of primary health care funding and delivery.
3. An enhanced compliance programme that will clarify and improve compliance rules and benchmarks.

2015-16, new MBS listings will include:

- telehealth optometric services
- remote monitoring of cardiac devices
- new investigations for gastro-oesophageal reflux
- intraoperative radiotherapy for breast cancer.

Rebates will become available for second opinions for some pathology services, - two new pathology items will be added to the MBS to allow a second expert opinion for some conditions (e.g. cancer diagnosis)

Mental Health

The Government will work in collaboration with States and Territories to develop a new national mental health plan. The Government will establish an expert reference group to inform the entire process, including the development of short, medium and long-term implementation strategies in the following key areas based on the Review's findings and recommendations: suicide prevention; promotion, prevention and early intervention of mental health and illness; the role of primary care in treatment of mental health, including better targeting of services; and national leadership, including regional service integration.

The Government will continue investing in frontline services and programmes during 2015-16 to ensure Australians with mental illness remain supported, and have access to care while a broader reform platform is progressed. Identified primary mental health care services will also be transitioned to Primary Health Networks to provide sustainable and efficient service delivery with continuity of care to clients.

Ice

The Government will invest \$20 million over two years for a new stage of the National Drugs Campaign primarily aimed at the use of methamphetamine, of which ice is the purest form. The campaign will inform the community, especially parents and young people, about the devastation that ice in particular is having on individuals, families and communities. The new campaign follows the Government's recent announcement to work with States and Territories to develop a National Ice Action Strategy.

Reduce harm to individuals and communities from misuse of alcohol, pharmaceuticals and use of illicit drugs

Deliverables for this program area are:

Qualitative Deliverable	2015-16 Reference Point or Target
Provide up-to-date information to young people on the risks and harms of illicit drug use.	Continue dissemination of materials and delivery of the National Drugs Campaign including provision of resources for parents, teachers and students.

Reduce the harmful effects of tobacco use

Qualitative Deliverable	2015-16 Reference Point or Target
Implement social marketing campaigns to raise awareness of the dangers of smoking and encourage and support attempts to quit.	Deliver a campaign within agreed timeframes.

Reduce harm to individuals and communities from misuse of alcohol, pharmaceuticals and use of illicit drugs

Qualitative Indicator	2015-16 Reference Point or Target
Availability of prevention and early intervention substance misuse resources for teachers, parents and students.	Increasing access to new material through the National Drugs Campaign website as measured by an increase in site visits. ¹

Immunisation

The Government will spend \$26.4 million over the next four years on a comprehensive plan to get more Australians immunised. GPs and other immunisation providers will receive a financial incentive to provide catch-up vaccinations to children. The National Human Papillomavirus Vaccine Register will be expanded into a new Australian School Vaccination Register. This will allow better follow-up of young adolescents who have missed vaccine doses under the National Immunisation Program. A new information program will increase awareness and understanding, including dispelling common myths.

Deliverable for this program are:

Qualitative Deliverable	2015-16 Reference Point or Target
Key actions of the National Immunisation Strategy 2013-2018 (NIS) are implemented.	NIS actions to improve vaccination coverage rates are undertaken in accordance with the NIS Implementation Plan.

Increase national immunisation coverage rates and improve the efficiency of the National Immunisation Program. Note there is one specific KPI's for immunisation for Aboriginal children aged 12-15 months

Quantitative Indicators	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Increase the immunisation coverage rates among 12-15 months of age Aboriginal and Torres Strait Islander children.	86.5%	87.0%	88.5%	89.0%	90.0%

Cancer

Improve detection, treatment and survival outcomes for people with cancer

Deliverables for this program area are:

Qualitative Deliverables	2015-16 Reference Point or Target
Implement the expansion of the National Bowel Cancer Screening Program to a biennial screening interval.	Commencement of invitations to 64 and 72 year olds in 2016 and the continued delivery of communication and programme enhancement activities.
Support the expansion of BreastScreen Australia to invite Australian women 70-74 years of age through the implementation of a nationally consistent communication strategy.	Delivery of communication activities such as print, radio and online promotion.

Pap Tests

In 2015-16, the Australian Government will work with State and Territory Governments to replace the current two yearly Pap test with a five yearly Human Papillomavirus test, anticipated to commence in 1 May 2017.

Health Workforce

The Government is tackling health workforce shortages in rural and remote areas through new, more focused approaches to scholarships and rural incentives.

A new geographical classification system¹ will ensure incentive payments are targeted to doctors and dentists who choose to practice in areas of greatest need. The new GP rural incentive programme, commencing on 1 July 2015, will be targeted towards smaller and more remote communities.

The Dental Relocation Incentives Support Scheme will be redesigned during 2015-16 to better target incentives for dentists who relocate to small rural communities and remote areas from 1 July 2016.

A range of medical, nursing and allied health scholarships will be consolidated. This will reduce costs and better align with changing supply and demand across the health workforce.

The Government is continuing to work with the medical profession to implement high quality medical training through programmes including the expansion of GP training places to 1,500 commencing places every year under the Australian General Practice Training Program, with at least half of the GP registrars training under the rural pathway.

E-Health

The Government has allocated \$485.1 million for eHealth, including the redevelopment and continued operation of the Personally Controlled Electronic Health Record. This will be redeveloped to improve its usability and clinical utility, and renamed *My Health Record*. The Government will also trial new participation arrangements, including an opt-out system.

Eye Health

In 2015-16, the Department will continue to implement the actions in the Government's Implementation Plan under the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss. A key priority is improving the evidence base, including the 2015-16 National Eye Health Survey.

Indigenous Australia's Health Programme

No announced funding. All ACCHOs have received 3 year funding agreement from 2015-2018. For more information see Appendix 1 Programme 5.3.

Sexual Health and Blood Borne Viruses (BBV)

In 2015-16, the Australian Government will continue to implement the National Strategies 2014-2017 for HIV, hepatitis B, hepatitis C, STI, and Aboriginal and Torres Strait Islander BBV and STI (and) will work with States and Territories to encourage increased testing and uptake of treatment for STI and BBV among priority populations.

Access to Medical and Dental Services

The Australian Government, through Outcome 3, provides Australians with access to high quality and clinically relevant medical, dental, hearing and associated services (mainly through Medicare).

- The Government will continue to support diagnostic imaging, pathology and radiation oncology through improvements to accreditation processes, stakeholder engagement and funding for infrastructure.
- Child Dental Benefits Schedule continues to provide means-tested financial support for basic dental services for eligible children. But In the 2015-16 Budget, indexation of benefits payable under the Child Dental Benefits Schedule and all other Medicare services will be paused until 31/12/2018.

1. New geographical classification system which measures both the geographical location of a place alongside a town's size. This targets rural and remote communities rather than outer metro areas and large regional centres. For further information <http://www.health.gov.au/internet/publications/publishing.nsf/Content/work-review-australian-government-health-workforce-programs-toc~chapter-4-addressing-health-workforce-shortages-regional-rural-remote-australia~chapter-4-reform-asgc-ra-rural-classification-system>

A KPI for this program is:

Quantitative Indicator	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Number of children accessing the Child Dental Benefits Schedule.	2.4m	2.4m	2.4m	2.4m	2.4m

Primary Care Practice Incentives for GPs

The Australian Government will continue to provide incentive payments to general practices and general practitioners (GPs) through the Practice Incentives Programme (PIP).

- Government will introduce a new PIP After Hours Incentive in 2015-16.
- The Government will also consider the potential to introduce a PIP Quality Improvement Incentive which would encourage and support general practices to better manage chronic disease through continuous quality improvement.
- The Government will continue to provide PIP teaching payments to support general practices to provide teaching sessions to medical students. ... Higher payments will also continue to be provided to rural practices via a rural loading of up to fifty per cent.

Primary Health Networks

From 1 July 2015, PHNs will commence operations which will ensure that more funding is directed to frontline services.... PHNs will undertake regional needs assessments and conduct service planning for their regions. PHNs will seek to develop local strategies to improve the operation of the health care system for patients and facilitate effective primary health care provision, to reduce avoidable hospital presentations and admissions within the PHN catchment area.

A KPI for this program is:

Qualitative Indicator	2015-16 Reference Point or Target
Percentage of Primary Health Networks with completed baseline needs assessments and strategies for responding to identified service gaps.	100% completed by Primary Health Networks by 30 June 2016.

National Aboriginal and Torres Strait Islander Health Plan (NATSIHP)

No funding allocation has been stated for implementation of the NATSIHP.

A KPI for this program is:

Quantitative Deliverable	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Number of Indigenous adult and child health checks completed.	156,644	164,476	172,700	181,335	190,401

Prime Minister and Cabinet (PM&C)

IAS

Nothing new to report

Department of Human Services (DHS)

Employment

Jobactive (not Aboriginal specific) The Australian Government's new employment services system, known as jobactive, commences on 1 July 2015 and replaces the Job Services Australia programme.

Features which will contribute to the jobactive programme achieving its objectives include:

- wage subsidies to encourage employers to hire young job seekers under 30 years of age, job seekers over 50 years of age, indigenous job seekers, parents and the long term unemployed
- new indigenous outcome targets to ensure jobactive organisations are helping indigenous job seekers into work at the same rate as other job seekers in their region
- the establishment of new Work for the Dole Coordinators to work with not for profit organisations and government agencies to identify suitable Work for the Dole activities.

Department of Education and Training (DET)

National Indigenous collection

Additional funding of \$5.0 million in 2015–16 to address the highest priority needs in the management of the AIATSIS collection of Indigenous cultural and heritage material. The funding will provide urgent remediation and preservation work on parts of the unique AIATSIS collection of audio visual material, manuscripts, and publications.

Department of Social Services (DSS)

Aged Care

- \$73.7 million has been committed over four years.
- From February 2017, eligible consumers will be able to select any approved provider to deliver their care. Packages will be portable, moving with the consumer. The Aged Care Approvals Round (ACAR) will cease to exist at this point.
- From July 2018, the Government intends to integrate the Commonwealth Home Support Program and Home Care Packages into a single programme.

Childcare Funding

Implementation of the new childcare package announced in the budget will coincide with cessation of a number of funding programs, including the *Budget Based Funded Programme* (BBF). (Note: SNAICC reports that BBF early years program, provides funding for 303 services across Australia, approximately 80% of which are Aboriginal and Torres Strait Islander focused. From 1 July 2017 these services will have to operate on the mainstream, fee-based, Childcare Subsidy.)²

Income management

The Australian Government will continue the income management arrangements and the BasicsCard for a further two years until 30 June 2017. In Victoria, these arrangements apply in Shepparton.

People living in areas of particularly high disadvantage will continue to receive ongoing access to financial counselling and capacity building services to budget and manage their money.

2. Secretariat of National Aboriginal and Islander Child Care (SNAICC) Media Release, 13 May 2015, *SNAICC concerned new childcare package is unfair and punishes our most vulnerable children* <http://www.snaicc.org.au/news-events/ix-articles.cfm?loadref=168&id=1263>

Appendix 1

Programme 5.3: Aboriginal and Torres Strait Islander Health

Programme Objectives

Improve access to Aboriginal and Torres Strait Islander health care in areas of need

Through the Indigenous Australians' Health Programme, Aboriginal and Torres Strait Islander people have access to effective health care services in urban, regional, rural and remote locations across the nation. This includes Aboriginal Community Controlled Health Organisations as well as a number of other primary health care services delivering comprehensive, culturally appropriate primary health care... The Department will work with States and Territories and NACCHO and its affiliates on the new funding approach, to ensure that additional funds can be targeted at agreed regions of health need and population growth.

- In 2015-16, the Government will implement a National Continuous Quality Improvement Framework for Aboriginal and Torres Strait Islander primary health care, through the expansion of the Healthy for Life activity.
- In 2015, the Government will release the National Aboriginal and Torres Strait Islander Health Plan (2013-2023) Implementation Plan which is being developed in partnership with the National Health Leadership Forum (NHLF), and commence implementation and monitoring.. The Implementation Plan is comprised of six domains including: maternal health and parenting; childhood development; adolescents and youth; healthy adults; healthy ageing; and health systems effectiveness.

Reduce chronic disease

In 2015-16, the Government will continue to focus on improving the prevention, detection and management of chronic disease to improve health outcomes through

- disease management plans
- better care coordination and follow up
- cultural competency of services
- assistance with medicines.

The Government will also implement a redesigned Tackling Indigenous Smoking Programme arising from the review undertaken in 2014-15.

Improve child and maternal health

The Department has developed a Better Start to Life approach, to help ensure more Aboriginal and Torres Strait Islander children are healthy and ready for school.

- Australian Nurse Family Partnership Program will grow from three to five sites.
- New Directions: Mothers and Babies Services will reach an additional 25 services in 2015-16, bringing the total to 110 services.

In addition, the Department will continue to enhance the capacity of New Directions: Mothers and Babies Services to identify and manage Foetal Alcohol Spectrum Disorder in affected communities.

Programme 5.3 is linked as follows:

- The Department of Human Services (Services to the Community – Health Programme 1.2) to administer Indigenous access to the Pharmaceutical Benefits Scheme.
- The Department of the Prime Minister and Cabinet (Indigenous Advancement – Safety and Wellbeing – Programme 2.3) in the delivery of Australian Government Indigenous programmes.

Qualitative Deliverables for Programme 5.3

Improve access to Aboriginal and Torres Strait Islander health care in areas of need

Qualitative Deliverable	2015-16 Reference Point or Target
Implement the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.	Commence actions in the Implementation Plan.

Quantitative Deliverables for Programme 5.3

Reduce chronic disease

Quantitative Deliverable	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Percentage of regular Aboriginal and/or Torres Strait Islander clients with type 2 diabetes that have had a blood pressure measurement result recorded at the primary health care service within the previous 6 months. ²	N/A ³	60-65%	60-65%	60-65%	60-65%

Improve child and maternal health

Quantitative Deliverables	2014-15 Revised Budget	2015-16 Budget Target	2016-17 Forward Year 1	2017-18 Forward Year 2	2018-19 Forward Year 3
Number of services funded to provide New Directions: Mothers and Babies Services.	85	110	124	136	136
Number of organisations funded to provide Australian Nurse Family Partnership Programme Services. ⁴	3	5	9	13	13

Reduce chronic disease

Quantitative Indicators	2013 Actual	2014 Target	2015 Forward Year 1	2016 Forward Year 2	2017 ⁵ Forward Year 3
Chronic disease related mortality rate per 100,000:					
• Aboriginal and Torres Strait Islander	784	603-642	584-622	565-602	546-582
• Non-Aboriginal and Torres Strait Islander	449	435-441	426-432	417-424	409-415
• Rate difference	335	165-204	154-193	144-181	134-170

Improve child and maternal health

Quantitative Indicators	2013 Actual	2014 Target	2015 Forward Year 1	2016 Forward Year 2	2017 ⁶ Forward Year 3
Child 0-4 mortality rate per 100,000:					
• Aboriginal and Torres Strait Islander	185	112-166	107-158	101-151	95-143
• Non-Aboriginal and Torres Strait Islander	84	80-91	78-89	76-86	74-84
• Rate difference	101	27-81	23-76	19-70	16-65

(Footnotes)

1. Available at: www.drugs.health.gov.au
2. A regular client is defined as an Aboriginal and Torres Strait Islander person who has an active medical record (attendance at least 3 times in the last 2 years) with a primary health care organisation that receives funding from the Australian Government Department of Health to provide primary care services primarily to Aboriginal and Torres Strait Islander people.
3. This is a new Key Performance Indicator for 2015-16, therefore there is no target for 2014-15.
4. This deliverable has not previously been published, but monitoring of this activity has occurred. As a result, a target for 2014-15 has been included to reflect the staged expansion of this activity.
5. Note that this data is reported on a calendar year basis. The targets are amended each year as new mortality data becomes available. The 2014 target and forward years are based on a trajectory required to close the gap between Indigenous and non-Indigenous Australians by 2031. Source: AIHW National Mortality Database, calendar years 1998-2013 (which is the most up-to-date data available) and includes jurisdictions for which data are available and of sufficient quality to publish (NSW, Qld, WA, SA and NT combined).
6. Note that this data is reported on a calendar year basis. The targets are amended each year as new mortality data becomes available. The 2014 target and forward years are based on a trajectory required to halve the gap between Indigenous and non-Indigenous Australians by 2018. Source: AIHW National Mortality Database, calendar years 1998-2013 (which is the most up-to-date data available) and includes jurisdictions for which data are available and of sufficient quality to publish (NSW, Qld, WA, SA and NT combined).