

Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund

On 9 December, the Department of Health & Ageing (DoHA) released a discussion paper about the development of the *Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund*. DoHA's paper sets out information about funding for the Medicare Locals and the National Body, including particular activities to be funded in 2012-13. The Department is seeking comments by 13 January. Submissions can be made by sending an email to: pcprojectsCoord@health.gov.au.

This GPV paper summarises some of the main points in the discussion paper, for the information of Divisions and Medicare Locals. If your division or ML sends a submission to DoHA, please send a copy to GPV, so that we can remain informed of our members' views. Contact John Rasa, CEO (j.rasa@gpv.org.au) or Louise Willis, policy analyst (l.willis@gpv.org.au)

Since 1 July 2011, DoHA has been combining the 159 health and ageing programs into 18 larger, flexible funds. The *Regionally Tailored Primary Health Care Initiatives through Medicare Locals Fund* is one of these, and it will absorb the following current programs:

- Primary Health Care Organisations – Medicare Locals.
- Improve Access to After-hours Care – Funding to Medicare Locals to ensure availability of face-to-face after hours services.
- General Practice After Hours Program.
- Workforce Support for Rural GPs Program.
- Rural GP Locum Program.
- Rural Primary Health Services Program.
- Medicare Plus Better Aged Care Residents (Aged Care Access Initiative) – Allied Health component.
- Primary Health Care Organisation Support – Improving Access to General Practice and Primary Health Care Services for Older Australians.

The fund priorities are listed on p. 6, and are consistent with the objectives of the Medicare Locals (access to primary health care; support for providers to deliver high quality services, etc.) The uptake and integration of new technologies is mentioned specifically.

Funding will include:

- Core funding on a formula, taking into account rurality, SES, population age profile, ATSI, low English speaking proficiency. Core funding will cover general administrative overheads (including staff salaries, board attendance fees, communication activities, etc.)
- Non-core funding will be available to MLs and may be available to others as required, to help MLs meet strategic objectives. (p.10)
- Procurement of services (p.10-11)

Non-core will be limited in initial years of the fund, but will increase over time (as programs end and their funding is subsequently absorbed into the fund).

Part of non-core funding in 2012-13 will be for these national MLs infrastructure activities:

- Establishment of a new ML accreditation framework
- Development of a new online reporting system
- eHealth infrastructure payments to MLs to support eHealth uptake (PCEHR, facilitate improved patient registers, data collection and reporting activities)
- communication activities supporting external stakeholder engagement
- capacity development, training and support to Medicare Locals and primary health care organisations in their communities (including in CQI, population health, service planning, etc.)

Over time, MLs will be able to pool 'core' and 'non-core' funding, and will be able to identify how to use their core and non-core funding to meet their strategic objectives.

There will be a single funding agreement with each ML, and one with the National Body.

Non-MLs to be funded must be a legal entity; but do not need to have had a prior funding relationship with the Department.

The discussion paper is available at:

www.health.gov.au/internet/main/publishing.nsf/Content/budget2011-flexfund-rtphci



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