

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2011-2012, 15 February 2012

Question: E12-139

OUTCOME 5: Primary Care

Topic: MBS PRACTICE INCENTIVE PAYMENTS AND MEDICARE LOCALS

Written Question on Notice

Senator Boyce asked:

- a) Can the Department outline why the After-hours PIP was extended to 2013, and did the Department provide advice to the government that it should take this course of action?
- b) Can the Department provide this advice to the committee?
- c) How many SWPE values in total does the Department currently fund through the after hours incentive?
- d) Please provide a breakdown of the locations according to remoteness classification.
- e) What specific measures have Medicare Locals in rural areas planned to maintain face-to-face after hours GP services when the after-hours PIP is removed?

Answer:

- a) The extension aligns with the time that Medicare Locals will implement a comprehensive regional approach for the provision of after hours primary health care and integrate local after hours services with the after hours GP helpline. The Department of Health and Ageing advised the Government of its options in relation to tier one of the PIP AHI.
- b) This was budget-in-confidence advice and therefore cannot be provided to the Committee.
- c) The Department currently funds 15,296,137 Standardised Whole Patient Equivalent through the PIP AHI.

The breakdown by remoteness classification is as follows:

<i>RRMA</i>	<i>SWPE</i>
1	9,727,201
2	1,302,291
3	1,087,988
4	1,231,310
5	1,738,754
6	107,240
7	101,353

- e) Each Medicare Local will consult with GPs, health professionals and the community on how to improve access to local face-to-face after hours services. Based on these consultations, Medicare Locals will develop a plan that will be implemented from 1 July 2013 to address local needs and maintain well functioning face-to-face after hours services. It is expected that services that currently meet the needs of the community will receive financial support from their Medicare Local.

The funding being provided to Medicare Locals to improve access to after hours primary health care is more than double the amount of non-MBS after hours funding that is currently being provided. Every Medicare Local will receive more funding that can be used for after hours services than their area currently receives through the PIP AHI.