

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2011-2012, 15 February 2012

Question: E12-151

OUTCOME 1: Population Health

Topic: AFTER HOURS CARE IN RURAL AREAS

Written Question on Notice

Senator Boyce asked:

Please provide details of the following:

- a) How many general practices in RRMA categories 3-7 will lose funding for providing after hours care when the government removes the after hours incentives payments under the Practice Incentives Program (PIP)? (Breakdown by RRMA category)
- b) What will the recurring financial loss (including loss of the PIP rural incentives loading component of the after hours incentives) to practices across these RRMA classifications when this funding is removed?

Answer:

- a) The number of Practice Incentives Program (PIP) practices in Rural, Remote and Metropolitan Areas (RRMA) 3-7 (as at February 2012) currently in receipt of the PIP After Hours Incentive is shown in the Table to the right. It is not correct to assume these practices will lose funding for providing after hours care as these practices may be eligible for funding through Medicare Locals.

RRMA	Practices
3	292
4	307
5	612
6	43
7	89
Total	1,343

- b) It is not possible to estimate the financial situation of general practices including those in RRMA categories 3-7 after 1 July 2013 when the PIP after hours incentive ceases. Medicare Locals will be implementing their individual plans tailored to local and validated community need for after hours primary health care service provision. The Government is investing an additional \$263 million over four years to improve access to after hours services. This could mean general practices would be in receipt of higher levels of support than that provided under current arrangements.