

Outcome 5

PRIMARY HEALTH CARE

Access to comprehensive primary and mental health care services, and health care services for Aboriginal and Torres Strait Islander peoples and rural and remote populations, including through first point of call services for the prevention, diagnosis and treatment of ill-health and ongoing services for managing chronic disease

Outcome Strategy

Through Outcome 5, the Australian Government aims to provide cost-effective primary and mental health care services. In 2014-15, a key focus will be to strengthen primary care by redirecting funding to frontline health services. This will help greater numbers of patients better manage chronic disease, support preventive health approaches, and ease pressure on more expensive hospital services.

The Government will move to establish Primary Health Networks (PHNs) from 1 July 2015, in line with the recommendations of the Review of Medicare Locals. There will be fewer, but larger, PHNs in the new network that will replace Medicare Locals. PHNs will be clinically-focused and responsible for improving patient outcomes in their geographical area by ensuring that services across the primary, community and specialist sectors align and work together in patients' interests.

The Government will also explore innovative models of primary health care funding and delivery, including partnerships with private insurers, as part of its commitment to rebuild primary care.

The Government is also committed to developing a more effective and efficient mental health system that improves the lives of Australians with a mental illness and their families. The Government is providing \$18 million over four years to establish a National Centre for Excellence in Youth Mental Health in Parkville, Victoria, and an additional \$14.9 million to expand the highly successful *headspace* youth mental health network by 10 sites, taking it to 100 across Australia by 2015-16. In 2014-15, the Department will also work to support the Government's consideration of the National Mental Health Commission review of mental health programmes.

Building on the commitment to more efficient delivery of frontline services, in 2014-15, the Government will establish the Indigenous Australians' Health Programme. The programme will bring together funding streams enabling improved focus on local health needs, reduced overheads and better support for efforts to achieve health equality between Indigenous and non-Indigenous Australians.

In 2014-15, the Department will heighten its focus on improving programmes for Aboriginal and Torres Strait Islander mothers and children.

This outcome also aims to improve access to effective health care services for people living in rural and remote regions. This includes providing outreach primary health care services such as the Royal Flying Doctors Service (RFDS) and the Rural Women’s GP Service. The Government is providing an additional \$6 million to the RFDS in 2014-15 to enable it to meet demand for essential emergency and other primary health care services.

Outcome 5 is the responsibility of Primary and Mental Health Care Division and Indigenous and Rural Health Division.

Programmes Contributing to Outcome 5

Programme 5.1: Primary Care Financing Quality and Access

Programme 5.2: Primary Care Practice Incentives

Programme 5.3: Aboriginal and Torres Strait Islander Health

Programme 5.4: Mental Health

Programme 5.5: Rural Health Services

Outcome 5 Budgeted Expenses and Resources

Table 5.1 provides an overview of the total expenses for Outcome 5 by Programme.

Table 5.1: Budgeted Expenses and Resources for Outcome 5

	2013-14 Estimated actual \$'000	2014-15 Estimated expenses \$'000
Programme 5.1: Primary care financing quality and access		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	525,393	542,134
Departmental expenses		
Departmental appropriation ¹	28,303	26,758
Expenses not requiring appropriation in the budget year ²	2,137	2,096
Total for Programme 5.1	555,833	570,988
Programme 5.2: Primary care practice incentives		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	208,477	243,460
Departmental expenses		
Departmental appropriation ¹	5,008	4,036
Expenses not requiring appropriation in the budget year ²	371	364
Total for Programme 5.2	213,856	247,860
Programme 5.3: Aboriginal and Torres Strait Islander health³		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	759,524	681,052
Departmental expenses		
Departmental appropriation ¹	50,162	46,675
Expenses not requiring appropriation in the budget year ²	3,755	3,683
Total for Programme 5.3	813,441	731,410
Programme 5.4: Mental health³		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	540,899	643,120
Departmental expenses		
Departmental appropriation ¹	18,909	16,637
Expenses not requiring appropriation in the budget year ²	1,410	1,383
Total for Programme 5.4	561,218	661,140

Table 5.1: Budgeted Expenses and Resources for Outcome 5 (Cont.)

	2013-14 Estimated actual \$'000	2014-15 Estimated expenses \$'000
Programme 5.5: Rural health services		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	88,852	97,197
Departmental expenses		
Departmental appropriation ¹	5,347	4,910
Expenses not requiring appropriation in the budget year ²	400	392
Total for Programme 5.5	94,599	102,499
Outcome 5 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	2,123,145	2,206,963
Departmental expenses		
Departmental appropriation ¹	107,729	99,016
Expenses not requiring appropriation in the budget year ²	8,073	7,918
Total expenses for Outcome 5	2,238,947	2,313,897
	2013-14	2014-15
Average staffing level (number)	689	593

- 1 Departmental appropriation combines "Ordinary annual services (Appropriation Bill No 1)" and "Revenue from independent sources (s31)".
- 2 "Expenses not requiring appropriation in the Budget year" is made up of depreciation expense, amortisation expense, make good expense and audit fees.
- 3 This programme includes National Partnerships paid to state and territory governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. National partnerships are listed in this chapter under each program. For budget estimates relating to the National Partnership component of the program, please refer to Budget Paper 3 or Programme 1.10 of the Treasury Portfolio Budget Statements.

Programme 5.1: Primary Care Financing Quality and Access

Programme Objectives

Primary Health Networks

In 2014-15, PHNs will be established through an open and competitive tender process in readiness for operation from 1 July 2015. The Commonwealth will no longer fund the Australian Medicare Local Alliance from 30 June 2014. There will be fewer PHNs than Medicare Locals. They will be larger and better focused on improving patient health outcomes. PHNs will be aligned to Local Hospital Networks (LHNs) and will improve frontline service delivery by working to integrate the primary, community and secondary sectors for the benefit of patients. PHNs will actively engage General Practitioners (GPs), health professionals and the community through local level structures to identify and respond to local health priorities, establish care pathways and monitor the quality and performance of services. A key focus of the PHNs will be working collaboratively with LHNs to reduce hospital admissions and re-admissions.

In 2014-15, the Government will target funding under the *Regionally Tailored Primary Health Care Initiatives through Medicare Locals programme* to address current and emerging regional health priorities.

Improve access to after-hours primary health care

The Government will support the 24 hour nurse-based triage telephone service provided by Healthdirect Australia and the *after hours GP helpline*. These initiatives are complemented by the National Health Services Directory (NHSD), a comprehensive national directory of public and private health and human services, also delivered by Healthdirect Australia on behalf of all Australian Governments. In 2014-15, the NHSD will be expanded to include more telehealth and secure messaging addresses.

The delivery of after-hours services and support will be reviewed in 2014-15 to ensure mechanisms are appropriate, efficient and optimise patient access to care.

Improving models of primary care

In line with the Government's commitments to rebuild primary care and to address the growing burden of chronic disease in an ageing population, the Department will explore innovative, sustainable and flexible models of primary health care delivery. This will include strategies to maximise and expand professional scope of practice, develop alternative funding models with incentive mechanisms, and partner with private insurers.

Programme 5.1: Expenses

Table 5.2: Programme Expenses

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	525,393	542,134	547,753	534,635	543,341
Programme support	30,440	28,854	28,142	27,354	27,639
Total Programme 5.1 expenses	555,833	570,988	575,895	561,989	570,980

Programme 5.1: Deliverables

Qualitative Deliverables for Programme 5.1

Primary Health Networks

Qualitative Deliverable	2014-15 Reference Point or Target
Establishment of Primary Health Networks	Primary Health Networks established by 1 July 2015

Programme 5.1: Key Performance Indicators

Quantitative Key Performance Indicators for Programme 5.1

Improve access to after-hours primary health care

Quantitative Indicator	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of calls to the <i>after hours GP helpline</i>	220,000	220,000	220,000	220,000	220,000

Programme 5.2: Primary Care Practice Incentives

Programme Objectives

Provide general practice incentive payments

The Australian Government will continue to provide incentive payments to general practices and GPs through the Practice Incentives Programme (PIP), to support activities that encourage continuing improvements, increase quality of care, enhance capacity, and improve access and health outcomes for patients.

In 2014-15, the Government will double the PIP teaching payment, which supports general practices to provide teaching sessions to medical students, to \$200 to better compensate practices. This will allow more students to experience general practice and is expected to result in more students pursuing a career in primary care, bolstering the general practice workforce.

The Government will continue to provide financial incentives for better health care for Aboriginal and Torres Strait Islander patients, including best practice management of chronic disease to participating general practices and Indigenous health services.

Other incentives are provided to GPs to ensure that older people receive appropriate and timely access to primary health care services, improving health outcomes and reducing avoidable hospital admissions and readmissions. To receive the incentives, GPs must provide a minimum specified number of services to residents of aged care facilities.

Programme 5.2 is linked as follows:

- The Department of Human Services (Services to the Community – Programme 1.2) to administer incentives payments to general practices, GPs and Indigenous health services.

Programme 5.2: Expenses

Table 5.3: Programme Expenses

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	208,477	243,460	272,416	288,977	296,213
Programme support	5,379	4,400	4,278	4,023	3,954
Total Programme 5.2 expenses	213,856	247,860	276,694	293,000	300,167

Programme 5.2: Deliverables

Qualitative Deliverables for Programme 5.2

Provide general practice incentive payments

Qualitative Deliverable	2014-15 Reference Point or Target
Implement the increased PIP teaching payment	Provide general practices with access to the increased PIP teaching incentive from 1 January 2015

Programme 5.2: Key Performance Indicators

Quantitative Key Performance Indicators for Programme 5.2

Provide general practice incentive payments

Quantitative Indicators	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Percentage of GP patient care provided by PIP practices ¹	83.7%	84.0%	84.1%	84.2%	84.2%
Number of general practices signed on to the Indigenous Health Incentive	3,000	3,100	3,200	3,200	3,300

Programme 5.3: Aboriginal and Torres Strait Islander Health

During 2013-14, under the Machinery of Government changes, responsibility for the Social and Emotional Wellbeing Programme and for Indigenous specific alcohol and other drug programmes, including the petrol sniffing prevention strategy, were transferred to the Department of the Prime Minister and Cabinet (PM&C). Responsibility for strategic policy for Aboriginal and Torres Strait Islander health was also transferred to PM&C, including setting and measuring of outcomes and targets in line with the Aboriginal and Torres Strait Islander Health Performance Framework.

Programme Objectives

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

The Australian Government is committed to the delivery of high quality essential services for Aboriginal and Torres Strait Islander Australians aligned with need, reducing red tape for services and ensuring services produce tangible outcomes. In 2014-15, the Department will establish the Indigenous Australians' Health Programme (the Programme), consolidating Indigenous health funding, streamlining arrangements and better addressing basic health needs at a local level to improve health outcomes. This Programme will complement and support whole-of-government efforts to improve school attendance, employment and community safety outcomes as the focus of reducing Indigenous disadvantage. The Department will also develop a new funding allocation methodology for Indigenous health grant funding for implementation from 2015-16.

In 2014-15, funding will be provided to more than 240 Aboriginal and Torres Strait Islander specific primary health care organisations for culturally appropriate, multidisciplinary frontline services in urban, regional and remote settings.

¹ This is calculated as the proportion of total Medicare Benefit Schedule (MBS) schedule fees for non-referred attendances provided by PIP practices, standardised for age and sex.

Aboriginal and Torres Strait Islander peoples of working age with chronic disease will be supported to be healthier and engage in training and employment through increased access from 2015-16 to the Howard Government's Healthy For Life Programme.

The Government will address persistent challenges to accessing primary health care services for Aboriginal and Torres Strait Islander peoples in the Northern Territory. Funding will be provided to support access and quality of primary health care service delivery in remote areas and facilitate delivery of specialist and allied health services for high disease burden conditions such as oral health and hearing health.

Reduce chronic disease

Aboriginal and Torres Strait Islander peoples experience more than twice the burden of disease than other Australians. A large part of the burden of disease is due to high rates of chronic diseases such as cardiovascular disease, diabetes, cancer and chronic respiratory disease.

In 2014-15, the Government will continue to focus on improving the prevention, detection and management of chronic disease to improve health outcomes. The Government is committed to addressing the high rates of smoking in Indigenous Australians and in 2014-15 will review the Tackling Indigenous Smoking Programme with a view to ensuring it is being implemented efficiently and in line with the best available evidence.

Improve child and maternal health

The Government is committed to overcoming Indigenous disadvantage, particularly in the first five years of life, through programmes that contribute to improved health, education and employment outcomes across the lifespan.

In 2014-15, the Department will develop a Better Start to Life approach, to help ensure more Aboriginal and Torres Strait Islander children are healthy and ready for school. The approach will build on the Nurse Family Partnership and New Directions: Mothers and Babies Services programmes. The Department will also enhance the capacity of New Directions: Mothers and Babies Services to identify and manage Fetal Alcohol Spectrum Disorder in affected communities.

In addition, the Department will work with States and Territories in 2014-15 to implement and evaluate activities to increase access to teenage sexual and reproductive health and young parent support services. This will help ensure that Indigenous young people have the information, skills and resources to make informed choices.

Programme 5.3 is linked as follows:

- This Programme includes National Partnership Payments for:
 - *Stronger Futures in the Northern Territory – health*
 - *Hearing health services;* and
 - *Oral health services.*
 - *Indigenous early childhood development – antenatal and reproductive health;*

- *Improving trachoma control services for Indigenous Australians (multilateral project agreements with SA, WA, NT and NSW);*
- *Reducing acute rheumatic heart fever among Indigenous children;*
- *Renal dialysis service in Central Australia; and*
- *Torres Strait health protection strategy – Saibai Island Health Clinic.*

Partnership payments are paid to State and Territory Governments by the Treasury as part of the Federal Financial Relations (FFR) Framework.

For Budget estimates relating to the National Partnership component of the programme, refer to Budget Paper No. 3 or Programme 1.10 of the Treasury's Portfolio Budget Statements.

- The Department of Human Services (Services to the Community – Programme 1.2) to administer Indigenous access to the Pharmaceutical Benefits Scheme.
- The Department of Health (Aboriginal and Torres Strait Islander Health – Programme 5.3) works in conjunction with the Department of the Prime Minister and Cabinet (Indigenous Advancement – Safety and Wellbeing - Programme 2.3) in the delivery of Australian Government Indigenous programmes.

Programme 5.3: Expenses

Table 5.4: Programme Expenses

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	759,524	681,052	731,840	800,420	892,746
Programme support	53,917	50,358	49,327	48,762	50,082
Total Programme 5.3 expenses	813,441	731,410	781,167	849,182	942,828

Programme 5.3: Deliverables

Qualitative Deliverables for Programme 5.3

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

Qualitative Deliverables	2014-15 Reference Point or Target
High quality, comprehensive primary health care is provided to Aboriginal and Torres Strait Islander peoples	Increased focus on the delivery of high quality, frontline core essential services
Consolidate Indigenous health funding and establish the Indigenous Australians' Health Programme	Indigenous Health Australians' Programme is established on 1 July 2014

Quantitative Deliverables for Programme 5.3**Reduce chronic disease**

Quantitative Deliverable	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of Indigenous adult and child health checks completed	149,185	156,644	164,476	172,700	181,335

Improve child and maternal health

Quantitative Deliverable	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of organisations funded to provide New Directions: Mothers and Babies Services	85	85	110	124	136

Programme 5.3: Key Performance Indicators**Quantitative Key Performance Indicators for Programme 5.3****Reduce chronic disease**

Quantitative Indicators	2012 Revised Budget	2013 Budget Target	2014 Forward Year 1	2015 Forward Year 2	2016 ² Forward Year 3
Chronic disease related mortality rate per 100,000 ³					
• Aboriginal and Torres Strait Islander	856-940	823-908	792-874	761-841	729-807
• Non-Aboriginal and Torres Strait Islander	448-454	437-448	428-439	419-430	410-421
• Rate difference	405-489	380-466	358-441	336-417	314-392

² Note that this data is reported on a calendar year basis, reflecting the ABS mortality data collection and publication processes.

³ Source: AIHW *National Mortality Database, calendar years 1998-2011* (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). The targets are amended each year as new mortality data becomes available. The Non-Indigenous figures are a trajectory based on previous trends and the Indigenous figures after 2012 are a trajectory based on what will be required to halve the gap by 2018.

Improve child and maternal health

Quantitative Indicators	2012 Revised Budget	2013 Budget Target	2014 Forward Year 1	2015 Forward Year 2	2016 ⁴ Forward Year 3
Child 0-4 mortality rate per 100,000 ⁵					
• Aboriginal and Torres Strait Islander	155-222	127-188	121-179	115-171	109-162
• Non-Aboriginal and Torres Strait Islander	82-94	70-81	68-78	66-76	64-74
• Rate difference	67-135	52-113	48-107	43-100	39-94

Programme 5.4: Mental Health

Programme Objectives

Invest in more and better coordinated services for people with mental illness

The Australian Government is committed to developing a mental health system that improves the lives of Australians with a mental illness and their families.

In 2014-15, the Government will provide funding for the Orygen Youth Health Research Centre to establish and operate a National Centre for Excellence in Youth Mental Health. The Centre will be a nationally shared resource that will build on Australia's strengths in youth mental health including by focusing on workforce development and developing new interventions for young people experiencing mental illness.

The Government will also improve mental health services for teenagers and young adults through the *headspace* program with an additional 10 locations established to bring the expanded network to 100 sites across Australia by 2015-16. This will provide young people with pathways to treatment and ensure young people are accessing the best available services for their situation.

The Government has tasked the National Mental Health Commission to review mental health programmes in Australia. The review will examine the range of existing health programmes across the Government and non-government sectors, including service gaps in the current system. It will also identify where services overlap or duplicate each other, where there is opportunity to reduce red tape for service providers and will help to ensure that services are best targeted to meet people's needs. In 2014-15 the Department will provide support to the Government in considering the review.

⁴ Note that this data is reported on a calendar year basis, reflecting the ABS mortality data collection and publication processes.

⁵ Source: AIHW *National Mortality Database, calendar years 1998-2011* (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). The targets are amended each year as mortality data becomes available. The Non-Indigenous figures are a trajectory based on previous trends and the Indigenous figures after 2012 are a trajectory based on what will be required to halve the gap by 2018.

The Government will support a range of existing mental health and suicide prevention services in 2014-15, while it considers the outcomes of the National Mental Health Commission's review.

Mental health nurses have a key role to play in supporting people with severe mental illness during periods of significant disability and help maintain long term mental health, wellbeing and resilience. The 2014-15 Budget also provides funding of \$23.4 million to the Mental Health Nurse Incentive Programme (MHNIP) to allow services to be maintained at existing levels.

Programme 5.4 is linked as follows:

- This Programme includes National Partnership Payments for:
 - *Supporting national mental health reform;*
 - *The national perinatal depression initiative;* and
 - *Improving health services in Tasmania – Innovative flexible funding for mental health.*

Partnership payments are paid to State and Territory Governments by the Treasury as part of the Federal Financial Relations (FFR) Framework. For Budget estimates relating to the National Partnership component of the programme, refer to Budget Paper No. 3 or Programme 1.10 of the Treasury Portfolio Budget Statements.

- The Department of Human Services (Services to the Community – Programme 1.1) to administer the Mental Health Nurse Incentive Programme.
- The Department of Social Services (Social and Community Services – Programme 2.3) to administer the Social and Community Services.

Programme 5.4: Expenses

Table 5.5: Programme Expenses

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	540,899	643,120	708,330	707,298	725,429
Programme support	20,319	18,020	17,070	16,734	17,137
Total Programme 5.4 expenses	561,218	661,140	725,400	724,032	742,566

Programme 5.4: Deliverables

Qualitative Deliverables for Programme 5.4

Invest in more and better coordinated services for people with mental illness

Qualitative Deliverable	2014-15 Reference Point or Target
Support the National Mental Health Commission to undertake a review of mental health programmes	The review is completed by November 2014

Quantitative Deliverables for Programme 5.4

Invest in more and better coordinated services for people with mental illness

Quantitative Deliverable	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Total number of <i>headspace</i> youth-friendly service sites funded	85	95	100	100	100

Programme 5.4: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 5.4

Invest in more and better coordinated services for people with mental illness

Qualitative Indicator	2014-15 Reference Point or Target
Improve uptake of primary mental health care by groups with lower usage such as young people, men and people living in rural and remote areas	Primary mental health care services are increasingly used by groups with lower uptake, such as young people, men and people living in rural and remote areas

Quantitative Key Performance Indicators for Programme 5.4

Invest in more and better coordinated services for people with mental illness

Quantitative Indicator	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Increase the number of schools participating in the KidsMatter Primary Initiative	2,000	2,600	3,000	3,200	3,300

Programme 5.5: Rural Health Services

Programme Objectives

Improve access to primary health care and specialist services

The Australian Government will provide support for the delivery of a range of medical specialities and primary health care services for people in regional, rural and remote Australia through the Rural Health Outreach Fund (RHOF). Services will be delivered across priority areas such as support for chronic disease management, mental health, eye health, and maternity and paediatric health.

The Government will also support the delivery of essential health services to people in rural and remote areas through support for the Royal Flying Doctor Service (RFDS). An additional \$6 million has been provided in 2014-15 to enable the RFDS to maintain essential services such as primary aero-medical evacuations,

primary and community health care clinics, remote consultations (including by telephone) and medical chests containing pharmaceutical and medical supplies for remote locations.

Improve access to health information services in regional, rural and remote areas

Through the Rural and Regional Health Australia (RRHA) website⁶, the Department provides Australians living in rural and remote areas with a centralised point where they can obtain health information and access services. In 2014-15, the Department will continue to provide information to the public as well as maintain a role in developing health care initiatives targeted at rural and regional Australia.

Programme 5.5: Expenses

Table 5.6: Programme Expenses

	2013-14 Estimated actual \$'000	2014-15 Budget \$'000	2015-16 Forward Year 1 \$'000	2016-17 Forward Year 2 \$'000	2017-18 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	88,852	97,197	93,049	90,344	91,569
Programme support	5,747	5,302	5,148	5,015	5,082
Total Programme 5.5 expenses	94,599	102,499	98,197	95,359	96,651

Programme 5.5: Deliverables

Qualitative Deliverables for Programme 5.5

Improve access to primary health care and specialist services

Qualitative Deliverable	2014-15 Reference Point or Target
Fund holders for the Rural Health Outreach Fund deliver services as required to meet the objectives of the Fund	Services are targeted to the health priorities established for the Rural Health Outreach Fund

Quantitative Deliverables for Programme 5.5

Improve access to primary health care and specialist services

Quantitative Deliverables	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of communities receiving outreach services through the Rural Health Outreach Fund	300 ⁷	325	350	375	390

⁶ Available at: [rural health Australia website](#)

⁷ The deliverable targets have been revised upwards as a result of strong performance in exceeding the target in 2012-13.

Quantitative Deliverables	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of rural locations visited by female GPs ⁸	145	140	N/A	N/A	N/A

Programme 5.5: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 5.5

Improve access to primary health care and specialist services

Qualitative Indicator	2014-15 Reference Point or Target
Medical specialist, GP, and allied and other health services provided through the Rural Health Outreach Fund meet the needs of regional, rural and remote communities	Organisations funded to support rural outreach will consult with stakeholder groups, and will be guided by advisory forums and Indigenous Health Partnership forums, to identify community needs

Improve access to health information services in regional, rural and remote areas

Qualitative Indicator	2014-15 Reference Point or Target
Through the Rural and Regional Health Australia website, the Department provides accurate, quality place-based information	Regular revision of the Rural and Regional Health Australia website to maintain information accuracy and quality

Quantitative Key Performance Indicators for Programme 5.5

Improve access to primary health care and specialist services

Quantitative Indicators	2013-14 Revised Budget	2014-15 Budget Target	2015-16 Forward Year 1	2016-17 Forward Year 2	2017-18 Forward Year 3
Number of patient contacts supported ⁹ through the Rural Health Outreach Fund	150,000 ¹⁰	160,000	165,000	170,000	174,000
Number of patients attending Royal Flying Doctor Service clinics	40,000	40,000	40,000	40,000	40,000

⁸ Funding for the RFDS to continue to manage the Rural Women's GP programme has been extended to 2014-15. From 1 July 2015, funding will be incorporated into the Rural Health Outreach Fund.

⁹ Number of patients seen by participating health practitioners per annum.

¹⁰ Target has been revised upwards following strong increases in patient contacts in 2012-13.