

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

The Australian Government, through Outcome 5, aims to provide cost-effective primary and mental health care services, deliver high quality essential services for Aboriginal and Torres Strait Islander people, and improve access to effective health care services for people living in rural, regional and remote areas.

In 2015-16, the Australian Government will continue strengthening primary care by focussing funding to frontline health services and improving delivery and quality of services in primary care. This will help achieve better health outcomes for patients that are most in need, including patients with chronic conditions or mental illness. It will also assist in reducing unnecessary visits to hospitals.

Primary Health Networks (PHNs) will become operational from 1 July 2015. They will play a key role in increasing the efficiency and effectiveness of medical services funded by the Australian Government, and improving coordination of care for patients by working with local providers and stakeholders.

The Primary Health Care Advisory Group will explore innovative models of primary health care funding and delivery, as part of the Government's commitment to rebuild primary care and address the growing cost of chronic disease in an ageing population. This will also include consideration of alternative funding models and partnership arrangements with the States and Territories.

The Government will develop and implement options for policy and programme changes following the conclusion of the Review of Mental Health Programmes and Services. The Government will also work with the States and Territories to develop a new national mental health plan, informed by the final report of the Review.

From 1 July 2015, the Government will progressively implement a new funding approach for the Indigenous Australians' Health Programme. This will support the delivery of effective and efficient primary health care services to Aboriginal and Torres Strait Islander people. The new approach will support the targeted use of funds in regions whose populations experience high health need and population growth. The Department will consult closely with the National Aboriginal Community Controlled Health Organisation (NACCHO) and its affiliates, and State and Territory Governments, in implementing this approach.

In 2015-16, the Department will commence the Aboriginal and Torres Strait Islander Health Plan (2013-2023) Implementation Plan, developed in conjunction with the Aboriginal and Torres Strait Islander health sector. The Implementation Plan will direct the Commonwealth's effort in Aboriginal and Torres Strait Islander health.

The Government will also continue to improve access to effective health care services for people living in rural, regional and remote areas by funding outreach health care services such as those provided through the Royal Flying Doctor Service (RFDS) and the Rural Health Outreach Fund.

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

	2014-15 Estimated actual expenses \$'000	2015-16 Estimated expenses \$'000
Programme 5.1: Primary Care Financing, Quality and Access		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	539,437	424,026
Departmental expenses		
Departmental appropriation ¹	34,167	32,068
Expenses not requiring appropriation in the budget year ²	1,608	794
Total for Programme 5.1	575,212	456,888
Programme 5.2: Primary Care Practice Incentives		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	243,460	368,120
Departmental expenses		
Departmental appropriation ¹	1,459	1,349
Expenses not requiring appropriation in the budget year ²	70	34
Total for Programme 5.2	244,989	369,503
Programme 5.3: Aboriginal and Torres Strait Islander Health³		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	681,052	729,685
Departmental expenses		
Departmental appropriation ¹	50,135	46,585
Expenses not requiring appropriation in the budget year ²	2,410	1,187
Total for Programme 5.3	733,597	777,457
Programme 5.4: Mental Health³		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	633,247	698,314
Departmental expenses		
Departmental appropriation ¹	20,857	18,887
Expenses not requiring appropriation in the budget year ²	1,013	499
Total for Programme 5.4	655,117	717,700

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

	2014-15 Estimated actual expenses \$'000	2015-16 Estimated expenses \$'000
Programme 5.5: Rural Health Services		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	97,197	102,215
Departmental expenses		
Departmental appropriation ¹	4,595	4,231
Expenses not requiring appropriation in the budget year ²	219	108
Total for Programme 5.5	102,011	106,554
Outcome 5 totals by appropriation type		
Administered expenses		
Ordinary annual services (Appropriation Bill No. 1)	2,194,393	2,322,360
Departmental expenses		
Departmental appropriation ¹	111,213	103,120
Expenses not requiring appropriation in the budget year ²	5,320	2,622
Total expenses for Outcome 5	2,310,926	2,428,102
	2014-15	2015-16
Average staffing level (number)	605	613

- 1 Departmental appropriation combines "Ordinary annual services (Appropriation Bill No. 1)" and "Revenue from independent sources (s74)".
- 2 "Expenses not requiring appropriation in the Budget year" is made up of depreciation expense, amortisation expense, makegood 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 Framework. National Partnerships are listed in this chapter under each programme. For Budget estimates relating to the National Partnership component of the programme, please refer to Budget Paper 3 or Programme 1.9 of the Treasury's Portfolio Budget Statements.

Programme 5.1: Primary Care Financing, Quality and Access

Programme Objectives

Focus investment in frontline medical services for patients through Primary Health Networks

From 1 July 2015, PHNs will commence operations which will ensure that more funding is directed to frontline services by offering administrative savings through economies of scale and greater purchasing power. PHNs will undertake regional needs assessments and conduct service planning for their regions, in collaboration with Local Hospital Networks and State and Territory Governments. With support from Clinical Councils and Community Advisory Committees, 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.

PHNs will work directly with general practice, other primary health care providers, secondary care providers, hospitals, and private providers to ensure improved outcomes for patients. These partnerships are critical to ensure better coordination of care across the local health system so that patients receive the right care in the right place at the right time.

Programme 5.1: Expenses

Table 5.2: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	539,437	424,026	394,181	386,195	383,485
Programme support	35,775	32,862	29,384	29,239	29,698
Total Programme 5.1 expenses	575,212	456,888	423,565	415,434	413,183

Programme 5.1: Deliverables

Qualitative Deliverables for Programme 5.1

Focus investment in frontline medical services for patients through Primary Health Networks

Qualitative Deliverable	2015-16 Reference Point or Target
Primary Health Networks operational.	Primary Health Networks operating from 1 July 2015.

Programme 5.1: Key Performance Indicators

Qualitative Key Performance Indicators for Programme 5.1

Focus investment in frontline medical services for patients through Primary Health Networks

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.

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 general practitioners (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.

Following a review of after-hours primary health care funding arrangements, the Government will introduce a new PIP After Hours Incentive in 2015-16. This incentive will place general practice at the centre of after-hours service provision and will provide adequate support to ensure that all Australians have access to high quality after-hours care, integrated with their usual general practice.

In 2015-16, the Government will explore innovative service models in primary health care, including funding models through the Primary Health Care Advisory Group. 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. This will allow more students to experience general practice and is expected to result in more students pursuing a career in primary care. Higher payments will also continue to be provided to rural practices via a rural loading of up to fifty per cent. This loading recognises the difficulties of providing care in rural and remote areas.

Programme 5.2 is linked as follows:

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

Programme 5.2: Expenses

Table 5.3: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	243,460	368,120	381,308	384,347	371,896
Programme support	1,529	1,383	1,262	1,259	1,277
Total Programme 5.2 expenses	244,989	369,503	382,570	385,606	373,173

Programme 5.2: Deliverables

Qualitative Deliverables for Programme 5.2

Provide general practice incentive payments

Qualitative Deliverables	2015-16 Reference Point or Target
Implement the PIP After Hours Incentive.	Provide general practices with access to the PIP After Hours Incentive from 1 July 2015.
Investigate innovative primary health care funding models.	Provide advice to Government through the Primary Health Care Advisory Group, in relation to innovative primary health care funding models. Report due by late 2015.

Programme 5.2: Key Performance Indicators

Quantitative Key Performance Indicators for Programme 5.2

Provide general practice incentive payments

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
Percentage of GP patient care provided by PIP practices. ¹	84.0%	84.1%	84.2%	84.2%	84.2%
Number of general practices participating in the PIP After Hours Incentive.	N/A ²	4,600	4,650	4,700	4,750

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

The Australian Government is committed to the delivery of high quality essential services for Aboriginal and Torres Strait Islander people.

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. Funding is also directed in ways that provide system-level support to the Indigenous primary health care sector to improve the effectiveness and

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.

² This is a new Key Performance Indicator for 2015-16, therefore there is no target for 2014-15.

efficiency of services. 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.

The Government is committed to improving quality and safety in the Indigenous primary health care sector. 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. This will support the delivery of guideline-based primary health care and support improved health outcomes.

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). The Implementation Plan will incorporate actions across the life course and is comprised of six domains including: maternal health and parenting; childhood development; adolescents and youth; healthy adults; healthy ageing; and health systems effectiveness. In 2015-16, the Government will commence the actions outlined in the Implementation Plan and will continue working with the NHLF to monitor and review progress.

The Government will continue to address persistent challenges to accessing primary health care services for Aboriginal and Torres Strait Islander people 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, hearing, and vision health.

Reduce chronic disease

Aboriginal and Torres Strait Islander people experience more than twice the burden of disease of 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. Chronic diseases such as these are responsible for two thirds of the health gap.³

In 2015-16, 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 improving access to quality care including through disease management plans, better care coordination and follow up, cultural competency of services and 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 Government is committed to overcoming Indigenous disadvantage, through activities that contribute to improved health, education and employment outcomes.

³ Aboriginal and Torres Strait Islander Health Performance Framework (HPF), 2012.

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. The approach will build on the Australian Nurse Family Partnership Program and New Directions: Mothers and Babies Services. This will mean the Australian Nurse Family Partnership Program will grow from three to five sites and 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 Fetal Alcohol Spectrum Disorder in affected communities.

These activities contribute to the Australian Government's Indigenous Affairs priorities of getting kids into school, adults into work, and making communities safer.

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.*
 - *Improving trachoma control services for Indigenous Australians (multilateral project agreements with SA, WA, NT and NSW); and*
 - *National Partnership for the Rheumatic Fever Strategy.*

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

For Budget estimates relating to the National Partnership component of the programme, refer to Budget Paper No.3 or Programme 1.9 of the Treasury's Portfolio Budget Statements.

- 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.

Programme 5.3: Expenses

Table 5.4: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	681,052	729,685	796,495	886,626	924,240
Programme support	52,545	47,772	43,632	43,567	44,275
Total Programme 5.3 expenses	733,597	777,457	840,127	930,193	968,515

Programme 5.3: Deliverables

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

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

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

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. ⁴	N/A ⁵	60-65%	60-65%	60-65%	60-65%

⁴ 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.

⁵ This is a new Key Performance Indicator for 2015-16, therefore there is no target for 2014-15.

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. ⁶	3	5	9	13	13

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

Quantitative Indicators	2013 Actual	2014 Target	2015 Forward Year 1	2016 Forward Year 2	2017⁷ 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

⁶ 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.

⁷ 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).

Improve child and maternal health

Quantitative Indicators	2013 Actual	2014 Target	2015 Forward Year 1	2016 Forward Year 2	2017⁸ 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

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 supporting Australians with, or at risk of, mental illness and improving service integration.

The Government tasked the National Mental Health Commission with reviewing mental health programmes and services. In 2015-16, the Department will work closely with an expert reference group and key stakeholders to inform policy and implementation options.

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.

The Government will continue its leadership role and will work in collaboration with States and Territories to develop a new national mental health plan. The plan will inform better planning, targeting and integration of services at a national and regional level, and facilitate an integrated approach to mental health and suicide prevention activities.

⁸ 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).

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.*

National Partnership payments are paid to State and Territory Governments by the Treasury as part of the Federal Financial Relations Framework. For Budget estimates relating to the National Partnership component of the programme, refer to Budget Paper No. 3 or Programme 1.9 of the Treasury Portfolio Budget Statements.

- The Department of Human Services (Services to the Community – Health 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 Social and Community Services.

Programme 5.4: Expenses

Table 5.5: Programme Expenses

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	633,247	698,314	705,225	713,186	729,315
Programme support	21,870	19,386	17,519	17,405	17,679
Total Programme 5.4 expenses	655,117	717,700	722,744	730,591	746,994

Programme 5.4: Deliverables

Qualitative Deliverables for Programme 5.4

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

Qualitative Deliverable	2015-16 Reference Point or Target
Analysis of opportunities for reform arising from the Review of Mental Health Programmes and services.	Options developed for policy and programme reform and implementation.

Quantitative Deliverables for Programme 5.4

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

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
Total number of <i>headspace</i> youth-friendly service sites funded.	95	100	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	2015-16 Reference Point or Target
Support better coordination and integration of mental health services at a national and regional level to improve consumer outcomes.	Initial consultation with States and Territories on the development of a new national mental health plan completed by August 2015.

Quantitative Key Performance Indicators for Programme 5.4

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

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
Increase the number of schools participating in the KidsMatter Primary initiative.	2,600	3,000	3,200	3,300	3,400

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 rural, regional and remote Australia through the Rural Health Outreach Fund. Services will be delivered across priority areas such as support for chronic disease management, mental health, eye health, and maternity and paediatric health. Access to optometry services will be provided through the Visiting Optometrists Scheme.

The Government will continue to support the delivery of essential health services to people in rural and remote areas through support for the Royal Flying Doctor

Service (RFDS), including \$20 million over two years from 2015-16. The Department will implement new funding arrangements with the RFDS from 1 July 2015 to ensure that essential services are maintained including primary aero-medical evacuations, primary and community health clinics, remote consultations (telephone consultations) 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) website,⁹ the Department provides Australians living in rural and remote areas with a centralised point where they can obtain health information and access services. In 2015-16, 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

	2014-15 Estimated actual \$'000	2015-16 Budget \$'000	2016-17 Forward Year 1 \$'000	2017-18 Forward Year 2 \$'000	2018-19 Forward Year 3 \$'000
Annual administered expenses					
Ordinary annual services	97,197	102,215	97,717	88,427	89,181
Programme support	4,814	4,339	3,890	3,811	3,870
Total Programme 5.5 expenses	102,011	106,554	101,607	92,238	93,051

Programme 5.5: Deliverables

Quantitative Deliverables for Programme 5.5

Improve access to primary health care and specialist services

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 communities receiving outreach services through the Rural Health Outreach Fund.	325	350	375	390	390
Number of locations receiving optometry services through the Visiting Optometrists Scheme.	480	500	520	540	540

⁹ Available at: www.ruralhealthaustralia.gov.au

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	2015-16 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 are contractually required to consult with stakeholder groups, and will be guided by existing 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	2015-16 Reference Point or Target
Accurate, quality place-based information is provided through the Rural and Regional Health Australia website.	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	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 patient contacts supported ¹⁰ through the Rural Health Outreach Fund. ¹¹	160,000	165,000	163,000	163,000	163,000
Number of patients attending Royal Flying Doctor Service clinics.	40,000	40,000	40,000	40,000	40,000

¹⁰ Number of patients seen by participating health practitioners per annum.

¹¹ Targets for this indicator have been revised to reflect the 2014-15 Budget measure 'Health Flexible Funds – pausing indexation and achieving efficiencies'.