**2.1 Budgeted expenses and performance for Outcome 1**

Outcome 1: Health Policy, Access and Support

Better equip Australia to meet current and future health needs of all Australians through the delivery of evidence-based health policies; improved access to comprehensive and coordinated health care; ensuring sustainable funding for health services, research and technologies; and protecting the health and safety of the Australian community.

#### Programs Contributing to Outcome 1

Program 1.1: Health Research, Coordination and Access

Program 1.2: Mental Health

Program 1.3: First Nations Health

Program 1.4: Health Workforce

Program 1.5: Preventive Health and Chronic Disease Support

Program 1.6: Primary Health Care Quality and Coordination

Program 1.7: Primary Care Practice Incentives and Medical Indemnity

Program 1.8: Health Protection, Emergency Response and Regulation

Program 1.9: Immunisation

#### Linked programs

| Other Commonwealth entities that contribute to Outcome 1 |
| --- |
| Australian Commission on Safety and Quality in Health Care (ACSQHC)[[1]](#footnote-1) |
| Program 1.1: Safety and Quality in Health CareThe ACSQHC works to strengthen safety and quality across Australia’s healthcare system, with a focus on developing standards, improving appropriateness of care, and minimising risk of harm (1.1). |
| Australian Competition and Consumer Commission (ACCC) |
| Program 1.1: Australian Competition and Consumer CommissionThe ACCC contributes to the health and safety of the community through the consideration and management of unacceptable safety risks posed by consumer goods (1.8). |
| Australian Digital Health Agency (Digital Health)[[2]](#footnote-2) |
| Program 1.1: Digital HealthDigital Health manages and governs the national digital health strategy and the design, delivery and operations of My Health Record (1.1). |
| Australian Institute of Health and Welfare (AIHW)[[3]](#footnote-3) |
| Program 1.1: Develop, Collect, Analyse and Report High Quality National Health and Welfare Information and Statistics for Governments and the CommunityThe AIHW provides high quality national health-related data and analysis (1.1). |
| Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)[[4]](#footnote-4) |
| Program 1.1: Radiation Protection and Nuclear SafetyARPANSA contributes to the health and safety of the community by protecting the Australian people and environment from the harmful effects of radiation (1.8). |
| Cancer Australia[[5]](#footnote-5) |
| Program 1.1: Improved Cancer Control* Cancer Australia works with the Department of Health and Aged Care to implement cancer research for the Medical Research Future Fund (1.1).
* Cancer Australia provides national leadership in cancer control and works with the Department of Health and Aged Care to improve the detection, treatment and survival outcomes for people with cancer (1.5).
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| Other Commonwealth entities that contribute to Outcome 1 |
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Department of Agriculture, Fisheries and Forestry (DAFF) |
| Program 2.1: Biosecurity and Export ServicesDAFF contributes to the protection of:* public health and safety through the regulation of imported food, primarily by operating a border inspection scheme whereby foods are referred for inspection (based on risk) to verify safety and compliance to Australia’s food standards (1.5).
* the health and safety of the Australian community through implementation of activities under the *Biosecurity Act 2015*, such as the screening of travellers at international airports and seaports (1.8).
 |
| Department of Climate Change, Energy, the Environment and Water (DCCEEW) |
| Program 2.3: Accelerate the transition to a circular economy, while safely managing pollutants and hazardous substancesDCCEEW contributes to the protection of:* the environment from the risks of industrial chemicals, and risks to human health related to exposure to industrial chemicals via the environment, by undertaking environmental risk assessments for the Australian Industrial Chemicals Introduction Scheme, and by providing advice, and receiving advice and recommendations, on risk management (1.8).
* human health and safety and the environment from risks resulting from the use of gene technology by providing advice on risk assessment and risk management (1.8).
 |
| Department of Education |
| Program 1.2: Child Care SubsidyThe Department of Education contributes to increasing immunisation coverage rates by including childhood immunisation requirements as part of the eligibility criteria for the Child Care Subsidy. Eligibility for benefits is linked to satisfying the requirements for immunisation (1.9). |
| Department of Finance (Finance) |
| Program 2.9: Australian Government Investment FundsFinance assists the Department of Health and Aged Care to implement the Medical Research Future Fund by managing the policy and legislative framework for the Fund (1.1). |
| Department of Foreign Affairs and Trade (DFAT) |
| Program 1.1: Foreign Affairs and Trade OperationsDFAT works with the Department of Health and Aged Care to promote regional and global strategic interests as they relate to health (1.1). |

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| Other Commonwealth entities that contribute to Outcome 1 |
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Department of Home Affairs (Home Affairs) |
| Program 2.1: MigrationProgram 2.2: VisasProgram 2.3: Refugee, Humanitarian Settlement and Migrant ServicesProgram 3.2: Border ManagementHome Affairs facilitates access to health and support services by determining annual client numbers for the Program of Assistance for Survivors of Torture and Trauma (1.2).Through the effective management and delivery of the skilled and family migration programs and sustainable growth in temporary visa programs, Home Affairs supports a prosperous and inclusive society and advances Australia’s economic interests, ensuring visa programs include controls to minimise health risks or costs to the Australian community. These programs include:* Skilled migration visa programs, supplementing Australia’s skilled workforce including the health workforce (1.4).
* Regional skilled visa programs, directing skilled migrants to regional Australia (1.4).
* Health requirements, ensuring visa holders do not pose risks to public health (1.4 and 1.8).
* Health insurance visa condition, ensuring visa holders maintain adequate health insurance while in Australia (1.4).
* Enforceable family sponsorship obligations, ensuring sponsors accept liability for any health costs incurred by visiting families in Australia (1.4).
* Home Affairs contributes to the protection of human health, or the environment, by maintaining records on the importation of products containing industrial chemicals, and regulations for the import and export of controlled substances, e-cigarette or vaping products and unapproved medicines and medical devices at the border (1.8).
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| Other Commonwealth entities that contribute to Outcome 1 |
| Department of Industry, Science and Resources (DISR) |
| **Program 1.1: Growing innovative and competitive businesses, industries and regions** **Program 1.2: Investing in science, technology and commercialisation**DISR works with the Department of Health and Aged Care to implement programs and provide input to a range of health policies to improve the support and regulatory environment for innovation in the health sector (1.1).DISR also works with the Department of Health and Aged Care to support manufacturers of medical products and the industry, in particular to establish and implement an onshore sovereign mRNA vaccine manufacturing capability. This includes working with the Department of Health and Aged Care to monitor and manage critical supply chain risks and supply chain disruptions in the health sector that require international and domestic industry considerations (1.1).Through the National Measurement Institute, DISR conducts tobacco plain packaging compliance and enforcement (1.5).Through the National Measurement Institute, DISR also contributes to ensuring compliance of Personal Protective Equipment (1.8). |
| Department of Infrastructure, Transport, Regional Development, Communications and the Arts (Infrastructure) |
| Program 2.3: Road SafetyInfrastructure co-funds the Australia New Zealand Trauma Registry with the Department of Health and Aged Care to record cases of severe injury, including from road trauma, and improve the treatment and health outcomes of people with injuries (1.1). |
| Department of the Prime Minister and Cabinet (Office for Women) |
| Program 1.1: Prime Minister and CabinetThe Office for Women is leading the development of a National Strategy to Achieve Gender Equality, which will provide a framework for national gender equality approaches, including in relation to health and wellbeing (1.5). |
| Department of Social Services (DSS) |
| Program 1.1: Support for FamiliesProgram 2.1: Families and CommunitiesProgram 3.1: Disability and CarersProgram 3.2: National Disability Insurance SchemeDSS contributes to:* collaborating to design, test and establish the next development phase of the National Disability Data Asset (1.1).
* improving access to services and support for people with psychosocial disability through implementation of the National Disability Insurance Scheme (NDIS)(1.2)
* improving access to services and support for people with mental illness to achieve and maintain sustainable participation in employment and/or vocational education (1.2).
* improving the capacity of mainstream services within the health care sector to respond to, and include, people with disability, increasing accessibility and use of mainstream services through the Information Linkages and Capacity Building – Mainstream Capacity Building program (1.4).
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| Other Commonwealth entities that contribute to Outcome 1 |
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| Department of Social Services (DSS) (continued) |
| * improving the quality of Australia’s health workforce through targeted training on recognising and responding to clients impacted by family, domestic, and sexual violence. DSS fund domestic violence alert training and accredited training for sexual violence responses, targeted to health professionals, and other frontline workers (1.4)
* improving access to services and support for children, young people, and their families experiencing disadvantage or who are vulnerable to abuse and neglect. Safe and Supported: The National Framework for Protecting Australia’s Children2021–2031 (Safe and Supported) includes actions to improve early intervention and targeted support, system navigation, and health workforce capability
* Safe and Supported sets out Australia’s 10-year strategy to make significant and sustained progress in reducing the rates of child abuse and neglect and its intergenerational impacts
* Safe and Supported and its Action Plans will focus on priority groups that are experiencing disadvantage and/or vulnerability. Achieving safety and wellbeing outcomes for these children, young people and families will help Safe and Supported achieve its goal (1.2 – 1.6)
* increasing immunisation coverage rates, which protect the health and safety of the Australian community by administering the Family Tax Benefit (FTB) Part A to eligible parents. Eligibility for the maximum rate of FTB Part A is linked to satisfying the requirements of age-related immunisation (1.9)
* encouraging better collaboration between programs and services to support the development and wellbeing of children to help them thrive across and between life stages, by leading the Early Childhood Targeted Action Plan to support Australia’s Disability Strategy 2021–31. The Targeted Action Plan includes an action to strengthen training and resources to primary health care providers to better enable early detection of disability or developmental concerns in young children and appropriate referral pathways, recognising the needs for priority population groups such as First Nations children, their parents, and carers (1.3 and 1.4)
* improving coordination and delivery of early childhood development policies, programs and supports across government by leading development of an Early Years Strategy to prioritise collective effort across government (1.3 and 1.5)
* establishing a National Early Childhood Program for children with disability or developmental concerns. This program delivers a range of disability-specific information, workshops and supported playgroups for young children aged zero to 8 years with disability or developmental concerns. This program assists in meeting the Closing the Gap Target 4, Aboriginal and Torres Strait Islander children thrive in their early years (1.3)
* collaborating to establish the National Disability Data Asset (1.1)
* improving life outcomes for autistic people in Australia by leading development of a National Autism Strategy to provide a coordinated national approach to services and supports for autistic people and their families (3.1).
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| Other Commonwealth entities that contribute to Outcome 1 |
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| Department of the Treasury (Treasury) |
| Program 1.4: Commonwealth-State Financial RelationsTreasury provides financial assistance to state and territory governments as part of the Federal Financial Relations Framework.[[6]](#footnote-6) Activities funded through funding agreements include:* Hepatitis C Settlement Fund (1.1)
* encouraging more clinical trials in Australia (1.1)
* National Health Reform Agreement (1.1)
* Additional assistance for public hospitals (1.1)
* COVID-19 Response (1.1)
* Community Health and Hospitals Program (1.1)
* achieving better health outcomes (1.1)
* Centre for National Resilience (1.1)
* Proton beam therapy facility (1.1)
* Health Infrastructure projects (1.1)
* multidisciplinary outreach care (1.1)
* reducing stillbirths (1.1)
* Health and Medical Research Centre for Launceston (1.1)
* Expansion of the Flinders Medical Centre (1.1)
* Bentley Hospital Surgicentre (1.1)
* National Mental Health and Suicide Prevention Agreement – Bilateral schedules (1.2)
* improving trachoma control services for Indigenous Australians (1.3)
* addressing blood borne viruses and sexually transmissible infections in the Torres Strait (1.3)
* Rheumatic Fever Strategy (1.3)
* Northern Territory remote Aboriginal investment – health component (1.3)
* Expansion of the John Flynn Prevocational Doctor Program (1.4)
* National Bowel Cancer Screening Program – participant follow-up function (1.5)
* Lymphoedema garments and allied health therapy programs (1.5)
* National Coronial Information System (1.5)
* Comprehensive Cancer Centres (1.5)
* Surge Capacity for BreastScreen Australia (1.5)
* Child Development Unit at Campbelltown Hospital (1.5)
* World-class Newborn Bloodspot Screening Program (1.5)
* Expansion of colonoscopy triage services (1.5)
* South Australia Genomics Lab (1.5)
* Comprehensive palliative care in aged care (1.6)
* Hummingbird House (1.6)
* Supporting Palliative Care in Launceston (1.6)
* Medicare Urgent Care Clinic (1.6)
* Palliative Care Services Navigation Pilot (1.6)
* Primary Care Pilots (1.6)
* Smoking and vaping cessation activities (1.6)
* Royal Darwin Hospital – equipped, prepared and ready (1.8)
* OzFoodNet (1.8)
* Mosquito Control in the Torres Strait Protected Zone (1.8)
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| Other Commonwealth entities that contribute to Outcome 1 |
| Department of the Treasury (Treasury) (continued) |
| * vaccine-preventable diseases surveillance (1.8)
* management of Torres Strait/Papua New Guinea cross border health issues (1.8)
* mosquito control in Tennant Creek (1.8)
* access to HIV treatment (1.8)
* Japanese Encephalitis Virus IDI Vaccine Trial (1.8)
* essential vaccines (1.9).
 |
| Food Standards Australia New Zealand (FSANZ)[[7]](#footnote-7) |
| Program 1.1: Food Regulatory Activity and Services to the Minister and ParliamentFSANZ contributes to the protection of:* public health and safety by developing food standards for implementation by the states and territories. FSANZ also coordinates national food surveillance and recall activities to minimise the risk of adverse health events from food (1.5)
* human health from the risks of industrial chemicals related to food by providing and receiving advice (1.8).
 |
| Independent Health and Aged Care Pricing Authority (IHACPA)[[8]](#footnote-8) |
| Program 1.1: Development of Pricing Advice and Annual DeterminationsIHACPA determines the National Efficient Price (NEP) for public hospital services as the basis for activity based funding and the National Efficient Cost for those public hospital services under block funding arrangements (1.1). The NEP determines the Commonwealth contribution to public hospital funding. |
| National Blood Authority (NBA)[[9]](#footnote-9) |
| Program 1.1: National Blood Agreement ManagementThe NBA works to save and improve Australian lives through a world‑class blood supply that is safe, secure, affordable, and well‑managed (1.1). |
| National Emergency Management Agency (NEMA) |
| Program 1.3: Australian Government Resilience, Preparedness and Disaster Risk Reduction SupportNEMA and Department of Health and Aged Care are working together to implement the National Disaster Mental Health and Wellbeing Framework, which articulates national principles for effective and coordinated mental health support and services for communities at risk of, and affected by, disasters, including emergency services workers (1.2). |

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| Other Commonwealth entities that contribute to Outcome 1 |
| National Health and Medical Research Council (NHMRC)[[10]](#footnote-10) |
| **Program 1.1: Health and Medical Research****Program 1.8: Health Protection**NHMRC contributes to community health outcomes through its investment in high-quality health and medical research, through guidance on ethical practice in health care and the conduct of research, and by administering research grant programs on behalf of the Department of Health and Aged Care, including the Medical Research Future Fund (1.1). NHMRC contributes to the protection of human health through the translation of research into public policy, health systems and clinical practice through the development and/or endorsement of evidence-based health advice and public health, environmental health and clinical practice guidelines (1.8). |
| National Health Funding Body (NHFB)[[11]](#footnote-11) |
| Program 1.1: National Health Funding Pool AdministrationThe NHFB is responsible for the transparent and efficient administration of Commonwealth, state and territory funding of public hospital services. This includes the administration of payments to and from the National Health Funding Pool to Local Hospital Networks and other parties in accordance with the National Health Reform Agreement. Commonwealth funding is provided by Treasury (1.1). |
| National Indigenous Australians Agency (NIAA) |
| Program 1.3: Safety and WellbeingThe NIAA works closely with the Department of Health and Aged Care to ensure the effectiveness of Aboriginal and Torres Strait Islander health funding, and that mainstream policy, programs and services deliver benefits to First Nations people. NIAA also provides grants for health, wellbeing and resilience projects; substance use treatment and harm minimisation projects; and projects aimed at combatting petrol sniffing and the use of other volatile substances (1.2 and 1.3). |
| National Mental Health Commission (NMHC)[[12]](#footnote-12) |
| Program 1.1: National Mental Health CommissionThe NMHC provides independent policy advice and evidence on ways to improve Australia’s mental health and suicide prevention system, and acts as a catalyst for change to achieve those improvements (1.2). |
| Organ and Tissue Authority (OTA)[[13]](#footnote-13) |
| Program 1.1: A Nationally Coordinated System for Organ and Tissue Donation for TransplantationThe OTA works to maximise organ and tissue donation for transplantation by increasing the capacity within the health system, and raising community awareness and stakeholder engagement in support of donation (1.1). |

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| Other Commonwealth entities that contribute to Outcome 1 |
| Safe Work Australia (SWA) |
| Program 1.1: Reform of and Improvements to Australian Work Health and Safety and Workers’ Compensation ArrangementsSWA contributes to the protection of human health from the risks of industrial chemicals related to the health of workers by providing advice, and receiving advice and recommendations (1.8). |
| Services Australia |
| Program 1.2: Customer Service DeliveryProgram 1.3: Technology and Transformation Services Australia contributes to:* ensuring that Australia’s health system is better equipped to meet current and future health needs by administering the Australian Organ Donor Register (1.1)
* increasing immunisation coverage rates, protecting the health and safety of the Australian community by administering the Australian Immunisation Register on behalf of the Department of Health and Aged Care (1.9).

Services Australia administers payments and services to eligible recipients under the following programs/initiatives administered by the Department of Health and Aged Care:* Indigenous access to the Pharmaceutical Benefits Scheme (1.3)
* Workforce Incentive Program (1.4)
* Rural Procedural Grants Program (1.4)
* Scaling of Rural Workforce Program (1.4)
* Practice Incentive Program payments to general practices, general practitioners and Indigenous health services (1.7)
* Medical indemnity activities, including indemnity for eligible midwives (1.7)
* COVID-19 Vaccine Claims Scheme (1.7).
 |

*Budgeted expenses for Outcome 1*

This table shows how much the entity intends to spend (on an accrual basis) on achieving the outcome, broken down by program, as well as by Administered and Departmental funding sources.

Table 2.1.1: Budgeted expenses for Outcome 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022–23Estimated actual$'000** | **2023–24 Budget$'000** | **2024–25 Forward estimate$'000** | **2025–26 Forward estimate$'000** | **2026–27 Forward estimate$'000** |
| **Program 1.1: Health Research, Coordination and Access (a)** |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (b) | 321,820 | 174,930 | 139,465 | 118,436 | 116,191 |
| to Services for Other Entities and Trust Moneys Special Account | (10,410) | (10,931) | (11,478) | (12,052) | (12,655) |
| Special accounts |  |   |  |  |  |
| Services for Other Entities and Trust Moneys Special Account | 10,410 | 10,931 | 11,478 | 12,052 | 12,655 |
| Medical Research Future Fund | 598,000 | 650,000 | 650,000 | 650,000 | 650,000 |
| Special appropriations |  |   |  |  |  |
| *National Health Act 1953* - blood fractionation products and blood related products to National Blood Authority | 979,366 | 1,072,573 | 1,141,352 | 1,219,168 | 1,272,633 |
| *Public Governance, Performance and Accountability Act 2013* s77 - repayments | 2,000 | 2,000 | 2,000 | 2,000 | 2,000 |
| Payments to corporate entities | 263,149 | 322,206 | 330,390 | 143,202 | 144,890 |
| **Total for Program 1.1** | **2,164,335** | **2,221,709** | **2,263,207** | **2,132,806** | **2,185,714** |
| **Program 1.2: Mental Health (a)** |  |  |  |  |  |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (b) | 1,476,238 | 1,487,888 | 1,461,678 | 1,166,855 | 1,144,008 |
| **Total for Program 1.2** | **1,476,238** | **1,487,888** | **1,461,678** | **1,166,855** | **1,144,008** |
| **Program 1.3: First Nations Health (a)** |  |  |  |  |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (b) | 1,113,511 | 1,217,157 | 1,320,257 | 1,301,256 | 1,285,115 |
| **Total for Program 1.3** | **1,113,511** | **1,217,157** | **1,320,257** | **1,301,256** | **1,285,115** |

Table 2.1.1: Budgeted expenses for Outcome 1 (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022–23Estimated actual$'000** | **2023–24 Budget$'000** | **2024–25 Forward estimate$'000** | **2025–26 Forward estimate$'000** | **2026–27 Forward estimate$'000** |
| **Program 1.4: Health Workforce (a)** |  |  |  |  |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (b) | 1,608,364 | 1,796,306 | 1,829,297 | 1,819,610 | 1,797,438 |
| **Total for Program 1.4** | **1,608,364** | **1,796,306** | **1,829,297** | **1,819,610** | **1,797,438** |
| **Program 1.5: Preventive Health and Chronic Disease Support (a)** |  |  |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (b) | 533,910 | 584,244 | 550,044 | 565,510 | 524,535 |
| **Total for Program 1.5** | **533,910** | **584,244** | **550,044** | **565,510** | **524,535** |
| **Program 1.6: Primary Health Care Quality and Coordination (a)** |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (b) | 1,042,218 | 701,134 | 631,101 | 572,258 | 499,148 |
| **Total for Program 1.6** | **1,042,218** | **701,134** | **631,101** | **572,258** | **499,148** |
| **Program 1.7: Primary Care Practice Incentives and Medical Indemnity** |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (b) | 513,845 | 504,477 | 451,298 | 472,148 | 492,629 |
| Special appropriations |  |   |  |  |  |
| *Medical Indemnity Act 2002*  | 129,401 | 133,237 | 137,464 | 145,564 | 154,264 |
| *Midwife Professional Indemnity (Commonwealth Contribution) Scheme Act 2010* | 3,831 | 4,737 | 5,858 | 7,223 | 8,843 |
| **Total for Program 1.7** | **647,077** | **642,451** | **594,620** | **624,935** | **655,736** |

Table 2.1.1: Budgeted expenses for Outcome 1 (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022–23Estimated actual$'000** | **2023–24 Budget$'000** | **2024–25 Forward estimate$'000** | **2025–26 Forward estimate$'000** | **2026–27 Forward estimate$'000** |
| **Program 1.8: Health Protection, Emergency Response and Regulation (a)** |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (b) | 4,575,788 | 1,363,882 | 329,862 | 496,391 | 525,432 |
| Non cash expenses (c) | 732,700 | 533,275 | 17,971 | 16,529 | 16,529 |
| **Total for Program 1.8** | **5,308,488** | **1,897,157** | **347,833** | **512,920** | **541,961** |
| **Program 1.9: Immunisation (a)** |  |  |  |  |  |
| Administered expenses |  |   |  |  |  |
| Ordinary annual services (b) | 32,694 | 27,900 | 28,930 | 29,622 | 30,105 |
| to Australian Immunisation Register Special Account | (7,133) | (7,133) | (7,133) | (7,133) | (7,133) |
| Special accounts |  |   |  |  |  |
| Australian Immunisation Register Special Account - s78 PGPA Act | 9,819 | 9,819 | 9,819 | 9,819 | 9,819 |
| Expense adjustment (d) | - | - | - | - | - |
| Special appropriations |  |   |  |  |  |
| *National Health Act 1953* - essential vaccines | 440,827 | 512,149 | 541,985 | 544,648 | 545,979 |
| **Total for Program 1.9** | **476,207** | **542,735** | **573,601** | **576,956** | **578,770** |

Table 2.1.1: Budgeted expenses for Outcome 1 (continued)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **2022–23Estimated actual$'000** | **2023–24 Budget$'000** | **2024–25 Forward estimate$'000** | **2025–26 Forward estimate$'000** | **2026–27 Forward estimate$'000** |
| **Outcome 1 totals by appropriation type** |
| Administered expenses |  |  |  |  |  |
| Ordinary annual services (b) | 11,218,388 | 7,857,918 | 6,741,932 | 6,542,086 | 6,414,601 |
| to Special accounts | (17,543) | (7,133) | (7,133) | (7,133) | (7,133) |
| Special appropriations | 1,555,425 | 1,724,696 | 1,828,659 | 1,918,603 | 1,983,719 |
| Special accounts | 618,229 | 659,819 | 659,819 | 659,819 | 659,819 |
| Non cash expenses (c) | 732,700 | 533,275 | 17,971 | 16,529 | 16,529 |
| Payments to corporate entities | 263,149 | 322,206 | 330,390 | 143,202 | 144,890 |
| Departmental expenses |  |   |  |  |  |
| Departmental appropriation (e) | 487,398 | 487,051 | 434,125 | 377,162 | 389,505 |
| to Special accounts | 31,136 | 46,628 | 39,208 | 39,093 | 39,435 |
| Expenses not requiring appropriation in the Budget year (f) | 26,279 | 17,416 | 14,206 | 14,206 | 14,206 |
| Special accounts |  |   |  |  |  |
| AICIS (g) | 23,191 | 23,858 | 23,221 | 23,221 | 23,221 |
| OGTR (h) | 8,712 | 11,081 | 7,939 | 8,016 | 8,085 |
| TGA (i) | 234,058 | 228,983 | 227,160 | 228,713 | 233,795 |
| Expense adjustment (f) | (13,037) | (502) | 3,973 | 5,542 | 4,635 |
| **Total expenses for Outcome 1** | **15,168,085** | **11,905,296** | **10,321,469** | **9,969,059** | **9,925,307** |
|  |  |  |  |  |  |
|   | **2022–23** | **2023–24** |  |  |  |
| **Average staffing level (number)** | 2,909 | 2,909 |  |  |  |

Table has been prepared inclusive of 2022­–23 Additional Estimates figures.

(a) Budget estimates for this program exclude National Partnership payments to state and territory governments by Treasury as part of the Federal Financial Relations framework. National Partnerships are listed in this chapter under each program. For Budget estimates relating to the National Partnership component of this program, please refer to Budget Paper 3 or Program 1.9 of Treasury's Portfolio Budget Statements.

(b) Appropriation Bill (No. 1) 2023–24.

(c) 'Non cash expenses' relate to the write down of drug stockpile inventory due to expiration, consumption and distribution.

(d) Special accounts are reported on a cash basis. This adjustment reflects the differences between expense and cash.

(e) Departmental appropriation combines 'Ordinary annual services Appropriation Bill (No. 1)' and 'Revenue from independent sources (s74)'.

(f) Expenses not requiring appropriation in the Budget year are made up of depreciation expense, amortisation expense, makegood expense and audit fees.

(g) Australian Industrial Chemicals Introduction Scheme (AICIS) Special Account.

(h) Office of the Gene Technology Regulator (OGTR) Special Account.

(i) Therapeutic Goods Administration (TGA) Special Account.

#### Performance measures for Outcome 1

Tables 2.1.2 – 2.1.10 details the performance measures for each program associated with Outcome 1. It also provides the related key activities as expressed in the current corporate plan where further detail is provided about the delivery of the activities related to the program, the context in which these activities are delivered and how the performance of these activities will be measured. Where relevant, details of the 2023–24 Budget measures that have created new programs or materially changed existing programs are provided.

Table 2.1.2: Performance measures for Program 1.1

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| Outcome 1: Health Policy, Access and Support |
| Better equip Australia to meet current and future health needs of all Australians through the delivery of evidence-based health policies; improved access to comprehensive and coordinated health care; ensuring sustainable funding for health services, research and technologies; and protecting the health and safety of the Australian community. |
| Program Objective – Program 1.1: Health Research, Coordination and Access |
| Collaborate with state and territory governments, the broader healthcare sector and engage internationally to improve access to high quality, comprehensive and coordinated health care to support better health outcomes for all Australians through nationally consistent approaches, sustainable public hospital funding, digital health, supporting health infrastructure, international standards and best practice, and world class health and medical research. |
| Key Activities |
| * Providing funding for health and medical research through sources including the Medical Research Future Fund (MRFF) and the Biomedical Translation Fund.
* Leading collaboration with states and territories on long term, system wide health reform and administration of the Addendum to the National Health Reform Agreement 2020–25 and supporting effective collaboration between Commonwealth state and territory governments to improve health and wellbeing for all Australians.
* Support the modernisation of the My Health Record system to collect clinical data leveraging national standards.
* Collaborate with states and territories under a new Intergovernmental Agreement on National Digital Health to establish a new National Health Information Exchange to enable near-real-time sharing of clinical information between the primary and acute health settings.
* Delivering health infrastructure projects and monitoring compliance as part of managing the Community Health and Hospitals Program and other infrastructure programs.
* Working in partnership with key countries and international organisations on international health issues and reforms to global health architecture.
* Working with states and territories to redesign clinical trial operating systems and to make it easier to conduct and participate in safe, high quality clinical trials.
* Implementing the National Clinical Quality Registry and Virtual Registry Strategy in collaboration with jurisdictions and key stakeholders.
* Providing streamlined, fit for purpose data governance to support safe data sharing in a rapidly evolving environment.
* Implementing a whole of department evaluation strategy, a whole of department Data Strategy, and an update to the Department’s Data Governance and Release Framework.
* Developing policies that embed emerging technologies into the Australian health system to effectively balance public benefit, cost and risk. This includes the staged introduction of mitochondrial donation in Australia.
 |
| Performance Measures |
| Fund transformative health and medical research that improves lives, contributes to health system sustainability, and drives innovation. |
| Current Year2022–23 Expected Performance Results | Budget Year2023–24 Planned Performance Results  | Forward Estimates2024–27 Planned Performance Results |
| Disbursed 100% of the available budget for the MRFF in 2022–23 to grants of financial assistance, consistent with the MRFF Act and the MRFF 10-Year Investment Plan.Supported 97 new clinical trials.Provided funding for 45 new projects to develop and commercialise health technologies, treatments, drugs and devices.Provided funding for 19 new grants with a First Nations health focus.Awarded funding to 4 unique First Nations lead researchers (Chief Investigators A) across 4 grants.Awarded funding to 58 unique First Nations research team members (Chief Investigators) across 29 grants.Awarded funding to 1,989 unique research team members (Chief Investigators).Provided funding for 163 grants with 3 or more participating institutions and 30 grants with 10 or more participating institutions.Confirmed the eligibility of 35 new organisations to receive MRFF funding, consistent with the MRFF Act. | Disburse 100% of the available budget for the MRFF in 2023–24 to grants of financial assistance, consistent with the MRFF Act and the MRFF 10-Year Investment Plan.Support 40 new clinical trials.Provide funding for 15 new projects to develop and commercialise health technologies, treatments, drugs and devices.Build the capacity of First Nations people to lead Indigenous health and medical research.Build the capacity of the health and medical research sector.Support collaboration across the health and medical research sector.Enhance the capacity of the health and medical research sector by expanding the range of entities able to receive MRFF funding. | As per 2023–24. |

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| The rate of avoidable readmissions to public hospitals reduces over time. |
| Current Year2022–23 Expected Performance Results | Budget Year2023–24 Planned Performance Results  | Forward Estimates2024–27 Planned Performance Results |
| Data not yet available.[[14]](#footnote-14) | Reduced rate of avoidable readmissions compared to 2021–22 baseline. | As per 2023–24. |
| Material changes to Program 1.1 resulting from the following measures:There are no material changes to Program 1.1 resulting from measures. |

Table 2.1.3: Performance measures for Program 1.2

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| Program Objective – Program 1.2: Mental Health |
| Improve the mental health and wellbeing of all Australians, including a focus on suicide prevention. |
| Key Activities |
| * Driving national reforms to the mental health and suicide prevention systems to ensure access and equity for all Australians.
* Working with states and territories to implement the National Mental Health and Suicide Prevention Agreement and associated bilateral schedules, and build and strengthen the mental health workforce through the National Mental Health Workforce Strategy.
* Improving equity of access to Medicare-subsidised mental health care for patients, their families and carers.
* Delivering critical suicide prevention initiatives, in partnership with states and territories.
* Enhancing the capacity of youth mental health services and improving access to community based mental health services for adults.
* Improving the mental health and wellbeing of children and their families through support for new and expectant parents, early intervention, and multidisciplinary care.
* Implementing targeted mental health and suicide prevention supports to priority population groups, including First Nations peoples, culturally and linguistically diverse communities and LGBTIQA+ communities.
* Providing psychosocial support services for people with severe mental illness who are not supported by the National Disability Insurance Scheme.
* Ensuring all Australians have access to, and choice in, high quality, free and low cost digital mental health services.
 |
| Performance Measures |
| **PHN-commissioned mental health services used per 100,000 population.**  |
| Current Year2022–23 Expected Performance Results | Budget Year2023–24 Planned Performance Results | Forward Estimates2024–27 Planned Performance Results |
| Data not yet available.[[15]](#footnote-15) | Annual increase on 2022–23 numbers. | Annual increase. |

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| **Medicare mental health services used per 100,000 population.** |
| Current Year2022–23 Expected Performance Results | Budget Year2023–24 Planned Performance Results | **Forward Estimates2024–27 Planned Performance Results** |
| Data not yet available.[[16]](#footnote-16) | Annual increase on 2022–23 numbers. | Annual increase. |
| Number of headspace services delivered per 100,000 population of 12 to 25 year olds. |
| Current Year2022–23 Expected Performance Results | Budget Year2023–24 Planned Performance Results | **Forward Estimates2024–27 Planned Performance Results** |
| Data not yet available.[[17]](#footnote-17) | Annual increase on 2022–23 numbers. | Annual increase. |
| Material changes to Program 1.2 resulting from the following measures:There are no material changes to Program 1.2 resulting from measures. |

Table 2.1.4: Performance measures for Program 1.3

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| Program Objective – Program 1.3: First Nations Health |
| Drive improved health outcomes for First Nations peoples. |
| Key Activities |
| * Working in partnership with First Nations leaders to determine the accountability and implementation arrangements for the Aboriginal and Torres Strait Islander Health Plan 2021–2031, and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031.
* Prioritising investment in maternal, child and family health to support First Nations children having the best start in life, including supporting the establishment of the dedicated Waminda Birthing on Country Centre of Excellence.
* Supporting the delivery of the Government’s commitments under the National Agreement on Closing the Gap.
* Delivering approaches to reduce the burden of chronic disease among First Nations peoples, including supporting actions to end rheumatic heart disease and address renal disease.
* Delivering health infrastructure projects that create modern high quality health clinics in areas of need.
* Embedding structural reform across the Department to implement the Priority Reforms of the National Agreement on Closing the Gap.
* Supporting and growing primary health care for First Nations peoples, particularly through Aboriginal Community Controlled Health Services (ACCHS).
* Improving First Nations cancer outcomes through building the capacity and capability of the ACCHS sector to support cancer care needs on the ground, tailored to local need and priorities.[[18]](#footnote-18)
* Investing in activities that reduce smoking rates for First Nations peoples, and embedding improvements made to date.
* Supporting improvements in First Nations peoples’ health outcomes through primary health care data collection and use.
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| Performance Measures |
| By 2031, increase the proportion of First Nations babies with a healthy birthweight to 91%. |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| 89.6% | 89.7% | 89.9% | 90.1% | 90.2% |
| 2022–23Expected Performance Result |
| 89.6% |
| Material changes to Program 1.3 resulting from the following measures:There are no material changes to Program 1.3 resulting from measures. |

Table 2.1.5: Performance measures for Program 1.4

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| Program Objective – Program 1.4: Health Workforce |
| Ensure Australia has the workforce necessary to improve the health and wellbeing of all Australians. Improve the quality, distribution and planning of the Australian health workforce to better meet the needs of the community and deliver a sustainable, well distributed health workforce. |
| Key Activities |
| * Implementing workforce programs to improve the health and wellbeing of all Australians.
* Supporting distribution of the health workforce across Australia, including in primary care, aged care and regional, rural and remote areas, through training programs, scholarships, incentive programs, and trials of innovative models of care and employment approaches.
* Improving distribution of the health workforce through improved incentives for primary care doctors, nurses and allied health professionals through reforms to the Workforce Incentive Program.
* Leading work with states, territories, other employers, education providers, health professionals and their representatives, to implement the National Medical Workforce Strategy, implement the Nurse Practitioner Workforce Plan, develop the National Nursing Workforce Strategy and a Maternity Services Workforce Strategy.
 |
| Performance Measures |
| **Effective investment in workforce programs will improve health workforce distribution in Australia.**1. **Full time equivalent (FTE) Primary Care General Practitioners (GPs) per 100,000 population.[[19]](#footnote-19)**
2. **FTE non-general practice medical specialists per 100,000 population.[[20]](#footnote-20)**
3. **FTE primary and community nurses per 100,000 population.[[21]](#footnote-21)**
4. **FTE primary and community allied health practitioners per 100,000 population.[[22]](#footnote-22)**
5. **Proportion of GP trainingundertaken in areas outside major cities.[[23]](#footnote-23)**
 |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| MM1[[24]](#footnote-24) | MM2-7 | MM1 | MM2-7 | MM1 | MM2-7 | MM1 | MM2-7 | MM1 | MM2-7 |
| a. 115.2 | 109.2 | 115.2 | 109.2 | 115.6 | 110.6 | 116.0 | 112.0 | 116.5 | 113.5 |
| b. 192.3 | 96.6 | 192.3 | 96.6 | 196.6 | 100.6 | 201.1 | 104.7 | 205.9 | 109.1 |
| c. 187.5 | 229.1 | 187.5 | 229.1 | 191.5 | 232.8 | 195.7 | 236.7 | 200.1 | 240.7 |
| d. 437.2 | 412.1 | 437.2 | 412.1 | 445.9 | 421.5 | 455.1 | 431.2 | 464.7 | 441.2 |
| e. N/A | >50% | N/A | >50% | N/A | >50% | N/A | >50% | N/A | >50% |
| 2022–23Expected Performance Result[[25]](#footnote-25) |  |  |  |  |  |  |  |  |
| MM1 | MM2-7 |
| a. N/A | N/A |
| b. N/A | N/A |
| c. N/A | N/A |
| d. N/A | N/A |
| e. N/A | N/A |
| Material changes to Program 1.4 resulting from the following measures:There are no material changes to Program 1.4 resulting from measures. |

Table 2.1.6: Performance measures for Program 1.5

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| Program Objective – Program 1.5: Preventive Health and Chronic Disease Support |
| Support all Australians to live longer in full health and wellbeing through reducing the rates of harmful alcohol consumption, illicit drug use, and tobacco use, and increasing healthy eating patterns, levels of physical activity and cancer screening participation. |
| Key Activities |
| * Working with Commonwealth entities, states, territories and other relevant agencies to support a collaborative approach to policy frameworks, as well as prevention and reduction of harm to individuals, families, and communities from alcohol, tobacco, and other drugs through:
* implementing activities that align with the objectives of the National Drug Strategy 2017–2026, including the National Alcohol Strategy 2019–2028, the National Ice Action Strategy, and the National Tobacco Strategy 2023–2030
* delivering health promotion and education activities to support smoking and nicotine cessation and prevention
* delivering health promotion and education activities to raise awareness of the Australian guidelines to reduce health risks from drinking alcohol, and raise awareness of the risks of drinking alcohol while pregnant and breastfeeding
* delivering activities to prevent and minimise the impact of fetal alcohol spectrum disorder, including those under the National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018–2028
* investing in quality alcohol and drug treatment services consistent with the National Quality and Treatment Frameworks
* supporting expansion of tobacco and e-cigarette control program activities through investment in tobacco and e-cigarette control research and evaluation, and international tobacco control.
* Improving First Nations cancer outcomes through building the capacity and capability of the Aboriginal Community Controlled Health Services sector to support cancer care needs on the ground, tailored to local need and priorities.[[26]](#footnote-26)
* Implementing a new national Lung Cancer Screening program, to be operational by July 2025.
* Improving early detection, treatment, and survival outcomes for people with cancer by continuing to actively invite Australians to participate in cancer screening programs, such as the National Bowel Cancer Screening Program and the National Cervical Screening Program.
* Supporting states and territories to deliver the BreastScreen Australia program.
* Operating the National Cancer Screening Register.
* Improving participation across the 3 cancer screening programs over the next 5 years under the National Preventive Health Strategy 2021–2030.
* Implementing investments in new infrastructure to enhance high quality cancer care, including a network of Comprehensive Cancer Centres with new Centres in Adelaide, Perth, and Brisbane to be established in partnership with state governments.
* Encouraging and enabling healthy lifestyles, physical activity, and good nutrition through implementation of initiatives aligned with the National Preventive Health Strategy2021–2030, as well as the development and promotion of relevant guidelines.
* Addressing disparities in health care and health outcomes for priority population groups through effective services, policies and programs, recognising the impact of the wider determinants of health.
* Implementing a thalidomide financial support package through the Australian Thalidomide Survivors Support Program.
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| * Developing, implementing and monitoring:
* national strategies for preventive health, obesity, breastfeeding, and injury prevention
* national strategies for men’s and women’s health
* national strategic action plans for chronic diseases, children and young people’s health and LGBTIQA+ health and wellbeing.
* Addressing disparities in health care and health outcomes for priority population groups through effective services, policies and programs, recognising the impact of the wider determinants of health.
 |
| **Performance Measures** |
| **Improve overall health and wellbeing of Australians by achieving preventive health targets.**1. **Percentage of adults who are daily smokers.**
2. **Percentage of population who drink alcohol in ways that put them at risk of alcohol‑related disease or injury**
	1. **reduction in harmful alcohol consumption by 2030**
	2. **young people (14 to 17 year olds) consuming alcohol by 2030**
	3. **reduction of pregnant women aged 14 to 49 years consuming alcohol whilst pregnant by 2030**
3. **Percentage of population who have used an illicit drug in the last 12 months.**
 |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| a. Progressive decrease | Progressive decrease of daily smoking prevalence towards <10% | Progressive decrease of daily smoking prevalence towards <10% | Progressive decrease of daily smoking prevalence towards <5% | Progressive decrease of daily smoking prevalence towards <5% |
| b. Progressive decrease | Progressive decrease of harmful alcohol consumption towards:i. <28.8%ii. <10.0%iii. <10.0% | Progressive decrease of harmful alcohol consumption towards:i. <28.8%ii. <10.0%iii. <10.0% | Progressive decrease of harmful alcohol consumption towards:i. <27.2%ii. <10.0%iii. <10.0% | Progressive decrease of harmful alcohol consumption towards:i. <27.2%ii. <10.0%iii. <10.0% |
| c. Progressive decrease | Progressive decrease of recent illicit drug use towards <13.94% | Progressive decrease of recent illicit drug use towards <13.94% | Progressive decrease of recent illicit drug use towards <13.94% | Progressive decrease of recent illicit drug use towards <13.94% |
| 2022–23 Expected Performance Result |  |  |  |  |
| a. Data not yet available[[27]](#footnote-27) |
| b. Data not yet available[[28]](#footnote-28) |
| c. Data not yet available[[29]](#footnote-29) |
| **Increase the level of cancer screening participation.** 1. **National Bowel Cancer Screening Program.**
2. **National Cervical Screening Program.**
3. **BreastScreen Australia Program.**
 |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| a. Progressive increase towards 53.0% | Progressive increase towards 53.0% | Progressive increase towards 53.0% | Progressive increase towards 53.0% | Progressive increase towards 53.0% |
| b. Progressive increase towards 64.0% | Progressive increase towards 64.0% | Progressive increase towards 64.0% | Progressive increase towards 64.0% | Progressive increase towards 64.0% |
| c. Progressive increase towards 65.0% | Progressive increase towards 65.0% | Progressive increase towards 65.0% | Progressive increase towards 65.0% | Progressive increase towards 65% |
| 2022–23 Expected Performance Result |  |  |  |  |
| a. Data not available[[30]](#footnote-30) |
| b. Data not available[[31]](#footnote-31) |
| c. Data not yet available[[32]](#footnote-32) |
| Material changes to Program 1.5 resulting from the following measures:There are no material changes to Program 1.5 resulting from measures. |

Table 2.1.7: Performance measures for Program 1.6

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| Program Objective – Program 1.6: Primary Health Care Quality and Coordination |
| Strengthen primary health care by delivering funding to frontline primary health care services and improving the access, delivery, quality and coordination of those services. This will help improve health outcomes for patients, particularly people with chronic and/or mental health conditions, and assist in reducing unnecessary hospital visits and admissions. |
| Key Activities |
| * Improving quality and coordination of primary health care.
* Supporting measures that improve the coordination and integration of health services to manage health in the community, with a focus on complex and chronic conditions, and reduce potentially preventable hospital attendances and admissions.
* Implementing MyMedicare, a voluntary patient registration scheme that will formalise and strengthen the relationship between a patient and their primary care team, provide general practices with more comprehensive information about their regular patients, and provide access to patient-centred funding packages.
* Develop new general practice incentives and funding packages, including for wraparound care for frequent hospital users, for residential aged care, and through the review of general practice incentives.
* Continuing implementation of Urgent Care Clinics, which will make it easier for Australian families to see a healthcare professional when they have an urgent, but not life threatening, need for care.
* Supporting practices to provide better, safe and quality care, and see more patients through one off grants under the Strengthening Medicare GP Grants program.
* Supporting Primary Health Networks (PHNs) to increase the efficiency, effectiveness, accessibility, and quality of primary health care services, particularly for people at risk of poorer health outcomes, and to improve multidisciplinary care, care coordination and integration.
* Health policy for activities combatting family, domestic and sexual violence, including oversight of the family and domestic violence Primary Health Network pilot, and providing increased support to primary care providers to assist in early identification, intervention and coordinated referral to support services.
* Improving health outcomes for people with intellectual disability through establishment and operation of a National Centre of Excellence in Intellectual Disability Health.
* Supporting the delivery of health information, advice, and services through interactive communication technology to help people care for themselves and their families.
* Supporting the provision of high quality palliative care in Australia through workforce development, quality improvement and data development activities, and by supporting advanced care planning.
* Supporting measures to implement the Woman-centred care: Strategic directions for Australian maternity services, which provides national strategic directions to support Australia’s high-quality maternity care system and enables improvements in line with contemporary practice, evidence and international developments. Together with state and territory governments, this includes implementation of actions under the National Stillbirth Action and Implementation Plan.
* Monitoring progress towards improved outcomes in primary health care and supporting consumer, community and stakeholder engagement in primary care reform.
 |

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| Performance Measures |
| The number of Primary Health Network regions in which the rate of potentially preventable hospitalisations is declining, based on the latest available Australian Institute of Health and Welfare longitudinal data. |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| 26 | 27 | 28 | 29 | 30 |
| 2022–23Expected Performance Result |
| 29 |
| Material changes to Program 1.6 resulting from the following measures:* *Strengthening Medicare.*
 |

Table 2.1.8: Performance measures for Program 1.7

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| Program Objective – Program 1.7: Primary Care Practice Incentives and Medical Indemnity |
| Provide incentive payments to eligible general practices and general practitioners through the Practice Incentives Program (PIP) to support continuing improvements, increase quality of care, enhance capacity and improve access and health outcomes for patients. Promote the ongoing stability, affordability and availability of medical indemnity insurance to enable stable fees for patients and allow the medical workforce to focus on delivering high quality services. |
| Key Activities |
| * Providing incentive payments to eligible general practices and general practitioners. Incentives include the:
* After Hours Incentive
* Aged Care Access Incentive
* eHealth Incentive
* Rural Loading Incentive
* Teaching Payment
* Indigenous Health Incentive
* Procedural General Practitioner Incentive
* Quality Improvement Incentive.
* Developing new incentive payments to encourage quality and continuity in primary care provision for patients.
* Administering the medical and midwife indemnity schemes to promote ongoing stability, affordability and availability of medical indemnity insurance. Through these schemes, subsidise claims costs and ensure the cost of insurance premiums remains affordable.
* Overseeing the administration of the COVID-19 Vaccine Claims Scheme by Services Australia (currently scheduled to cease on 17 April 2024).
 |

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| Performance Measures |
| **Maintain Australia’s access to quality general practitioner care through the percentage of accredited general practices submitting PIP Quality Improvement Incentive data to their Primary Health Network.** |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| ≥92.0% | ≥94.0% | ≥95.0% | ≥95.0% | ≥95.0% |
| 2022–23Expected Performance Result |
| 92.0% |
| **Percentage of medical professionals who can access medical indemnity insurance without the application of a risk surcharge or a refusal of cover.** |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| 95.0% | 95.0% | 95.0% | 95.0% | 95.0% |
| 2022–23Expected Performance Result |
| 95.0% |
| Material changes to Program 1.7 resulting from the following measures:There are no material changes to Program 1.7 resulting from measures. |

Table 2.1.9: Performance measures for Program 1.8

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| Program Objective – Program 1.8: Health Protection, Emergency Response and Regulation |
| Protect the health of the Australian community through national leadership and capacity building to detect, prevent and respond to threats to public health and safety, including those arising from communicable diseases, natural disasters, acts of terrorism and other incidents that may lead to mass casualties. Protect human health and the environment through regulatory oversight of therapeutic goods, controlled drugs, genetically modified organisms, and industrial chemicals. |
| Key Activities |
| * Regulating therapeutic goods, including COVID-19 vaccines and treatments, to ensure safety, efficacy, performance and quality. Monitor compliance, and take appropriate action to address non-compliance.
* Delivering efficient, best practice therapeutic goods regulatory outcomes through international collaboration.
* Continuing compliance with the World Health Organization’s (WHO) International Health Regulations (2005) core capacities.
* Regulating nicotine vaping products, including education and compliance activities.
* Regulating and providing advice on the import, export, cultivation, production, and manufacture of controlled drugs, including medicinal cannabis, to support Australia’s obligations under the International Drug Conventions.
* Regulating the medicinal cannabis industry by issuing licences and permits, supporting domestic patient and international export requirements, and liaising with law enforcement and state and territory regulatory authorities.
* Supporting Australian and state and territory law enforcement by regulating the import of chemicals which could be diverted into illicit drug manufacture.
* Administering the National Gene Technology Scheme by assessing applications and issuing approvals, and by conducting routine inspections of certified facilities and licensed activities with genetically modified organisms.
* Completing industrial chemical risk assessments and evaluations within statutory timeframes under the Australian Industrial Chemicals Introduction Scheme, to provide timely information and recommendations about the safe use of industrial chemicals.
* Establishing an Australian Centre for Disease Control (CDC) that will ensure ongoing pandemic preparedness, lead the federal response to future disease outbreaks, and work to prevent both communicable (infectious) and non-communicable (chronic) disease.
* Leading the Government and national health sector response to health emergencies and retaining Australia’s capacity to effectively respond to emergencies or emerging health risks. This includes the National Critical Care and Trauma Response Centre (NCCTRC) which facilitates Australian Medical Assistance Teams (AUSMATs) that can be deployed to an emergency response (in Australia or overseas). It also supports Royal Darwin Hospital to provide Australia's front line rapid response in the event of a mass casualty incident in the region and maintains a cache of equipment and medical supplies to support an AUSMAT.
* Coordinating the surveillance of nationally notified diseases.
* Maintaining a strategic reserve of essential pharmaceuticals and personal protective equipment through the National Medical Stockpile.
* Ensuring Australia has a readily available supply of antivenoms, Q fever and pandemic influenza vaccines.
* Finalising and implementing the National Strategies for Blood Borne Viruses (BBV) and Sexually Transmissible Infections (STI) 2023–2030 and supporting a coordinated response to reducing the spread of BBV and STI.
* Supporting the work of the HIV Taskforce to achieve virtual elimination of HIV transmission in Australia.
* Delivering a National Strategy on Health and Climate Change policy.
* Providing a One Health response to detect, address, and respond to the threat of antimicrobial resistance (AMR).
* Establishing a National Dust Diseases Registry.
 |
| Performance Measures |
| **Percentage of therapeutic goods evaluations that meet statutory timeframes.** |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| 100% | 100% | 100% | 100% | 100% |
| 2022–23 Expected Performance Result |
| 100% |
| Number of completed inspections of licence holders under the *Narcotic Drugs Act 1967*. |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| 25 | 27 | 30 | 32 | 35 |
| 2022–23 Expected Performance Result |
| 26 |
| 1. Percentage of GMO licence decisions made within statutory timeframes.
2. Percentage of reported non-compliance with the conditions of GMO approvals assessed.
 |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| 1. 100%
2. 100%
 | 100%100% | 100%100% | 100%100% | 100%100% |
| **2022–23 ExpectedPerformance Result** |
| 100%100% |

|  |
| --- |
| **Industrial chemical risk assessments and evaluations completed within statutory timeframes.** |
| **Current Year2022–23 Planned Performance Result** | **Budget Year2023–24 Planned Performance Result** | **Forward Estimates2024–25 Planned Performance Result** | **Forward Estimates2025–26 Planned Performance Result** | **Forward Estimates2026–27 Planned Performance Result** |
| ≥95% | ≥95% | ≥95% | ≥95% | ≥95% |
| **2022–23Expected Performance Result** |
| 98% |
| Material changes to Program 1.8 resulting from the following measures:* *Vaping Regulation Reform and Smoking Cessation Package.*
* *Establish the Australian Centre for Disease Control.*
 |

Table 2.1.10: Performance measures for Program 1.9

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| Program Objective – Program 1.9: Immunisation |
| Reduce the incidence of vaccine preventable diseases to protect individuals and increase national immunisation coverage rates to protect the Australian community. |
| Key Activities |
| * Developing, implementing and evaluating strategies to improve immunisation coverage of vaccines covered by the National Immunisation Program (NIP).
* Updating the NIP program arrangements to fund pharmacists to administer NIP vaccines to eligible people, at no cost (where pharmacists are authorised by state and territory laws to administer these vaccines).
* Promoting the safety and effectiveness of the NIP Schedule, including the need to remain vigilant against vaccine preventable disease.
* Ensuring secure vaccine supply and efficient use of vaccines for the NIP.
 |
| Performance Measures |
| Immunisation coverage rates:1. For children at 5 years of age are increased and maintained at the protective rate of 95%.
2. For First Nations children 12 to 15 months of age are increased to close the gap and then maintained.
3. For adults at greater risk of vaccine preventable diseases due to age are increased.
 |
| Current Year2022–23 Planned Performance Result | Budget Year2023–24 Planned Performance Result | Forward Estimates2024–25 Planned Performance Result | Forward Estimates2025–26 Planned Performance Result | Forward Estimates2026–27 Planned Performance Result |
| a. ≥95.00%b. ≥94.25%c. To be determined once the measure has been finalised. Baseline to be set based on 2021–22 data | ≥95.00%≥95.00%To be determined once the measure has been finalised. Baseline to be set based on 2021–22 data | ≥95.00%≥95.00%To be determined once the measure has been finalised. Baseline to be set based on 2021–22 data | ≥95.00%≥95.00%To be determined once the measure has been finalised. Baseline to be set based on 2021–22 data | ≥95.00%≥95.00%To be determined once the measure has been finalised. Baseline to be set based on 2021–22 data |
| 2022–23Expected Performance Result[[33]](#footnote-33) |
| a. Data not yet availableb. Data not yet availablec. Data not yet available |
| Material changes to Program 1.9 resulting from the following measures:There are no material changes to Program 1.9 resulting from measures. |

1. Refer to the ACSQHC chapter in these Portfolio Budget Statements (PB Statements) for further information on the work of this entity. [↑](#footnote-ref-1)
2. Refer to the Digital Health chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-2)
3. Refer to the AIHW chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-3)
4. Refer to the ARPANSA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-4)
5. Refer to the Cancer Australia chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-5)
6. For Budget estimates relating to these programs, refer to Budget Paper No. 3. [↑](#footnote-ref-6)
7. Refer to the FSANZ chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-7)
8. Refer to the IHACPA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-8)
9. Refer to the NBA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-9)
10. Refer to the NHMRC chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-10)
11. Refer to the NHFB chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-11)
12. Refer to the NMHC chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-12)
13. Refer to the OTA chapter in these PB Statements for further information on the work of this entity. [↑](#footnote-ref-13)
14. Expected performance result is not yet available. Results will be published in the Department of Health and Aged Care Annual Report 2022–23. [↑](#footnote-ref-14)
15. 2022–23 data from the Primary Mental Health Care Data Set required for this measure is not yet available. Results for 2022–23 will be published in the Department of Health and Aged Care Annual Report 2022–23. [↑](#footnote-ref-15)
16. 2022–23 data from the Medicare Claim data set required for this measure is not yet available. Results for 2022–23 will be published in in the Department of Health and Aged Care Annual Report 2022–23. [↑](#footnote-ref-16)
17. 2022–23 data from the Primary Mental Health Care Data Set required for this measure is not yet available. Results for 2022–23 will be published in in the Department of Health and Aged Care Annual Report
2022–23. [↑](#footnote-ref-17)
18. This key activity is also included under Program 1.5: Preventive Health and Chronic Disease Support. [↑](#footnote-ref-18)
19. Medical Benefits Scheme claims data (based on date of service). [↑](#footnote-ref-19)
20. National Health Workforce Datasets (NHWDS), Medical Practitioners. [↑](#footnote-ref-20)
21. NHWDS, Nurses and Midwives. [↑](#footnote-ref-21)
22. NHWDS, Allied Health. [↑](#footnote-ref-22)
23. Australian General Practice Training Program data and Rural Vocational Training Scheme data. [↑](#footnote-ref-23)
24. Geography: Cities (MM1) and rural (MM2-7) based on Modified Monash Model 2019. [↑](#footnote-ref-24)
25. Expected performance results not yet available. Finalised results will be published in the Department of Health and Aged Care Annual Report 2022–23. [↑](#footnote-ref-25)
26. This key activity is also included under Program 1.3: First Nations Health. [↑](#footnote-ref-26)
27. Expected performance result not yet available. Final results will be published in the Department of Health and Aged Care Annual Report 2022–23. [↑](#footnote-ref-27)
28. Ibid. [↑](#footnote-ref-28)
29. Ibid. [↑](#footnote-ref-29)
30. Due to time between an invitation being sent, test results and collection of data from the National Bowel Cancer Screening Register, participation rates (actual) are only available for January 2018 to December 2019. Participation rates for January 2021 to December 2022 are expected to be available in 2024. [↑](#footnote-ref-30)
31. The National Cervical Screening Program was renewed on 1 December 2017, when it changed from 2 yearly pap testing to a 5 yearly human papillomavirus (HPV) test. Five years of program datasets are required in order to fully assess participation under the renewed program. Participation rates for the 5 year period 2020–2024 will not be available until 2025. [↑](#footnote-ref-31)
32. Due to the time between an invitation being sent, test results and collection of data from BreastScreen registries, participation rates (actual) are only available for January 2018 to December 2019. Participation rates for
January 2021 to December 2022 are expected to be available in 2024. [↑](#footnote-ref-32)
33. Data is not yet available from Services Australia. Results will be published in the Department of Health and Aged Care Annual Report 2022–23. [↑](#footnote-ref-33)