

Menzies Centre for Health Policy



The University of Sydney

SCORECARD ON GOVERNMENT HEALTH COMMITMENTS

Last updated: July 2009

BY POLICY AREA

Public Hospitals
Australian Health Care Agreements
Aged care
Prevention / Health promotion / Obesity

Indigenous Health
Mental Health
Dental Health
Maternal and Child Health

Rural Health
Men's Health
Cancer
Workforce

Medicare / Health system
Private Health Insurance
Pharmaceuticals / Health Technologies
Local announcements

POLICY AREA	PRE-ELECTION COMMITMENTS	POST-ELECTION COMMITMENTS
Public hospitals	<ul style="list-style-type: none"> • Elective surgery list reduction plan for public hospitals. States and Territories required to report, hospital by hospital, on reduced waiting times for elective surgery. • Immediate national blitz to clear elective surgery waiting lists in 2008. • \$600m total - \$200m from the National Health Reform Plan funds. • \$100m 	<ul style="list-style-type: none"> • Elective surgery waiting list reduction plan. • Stage 1 - additional funding for immediate reduction in elective surgery waiting lists. Expected to clear 25,000 procedures in 2008-09 • \$600 m / 4 years • \$155 m in 2008-09 (\$75m in 2007-08; 40,000 additional elective surgery procedures delivered, exceeding target of 25,278 by end 2008)

	<ul style="list-style-type: none"> • Systematic improvements such as construction of additional day surgery units. • Dividend payments to States and Territories that meet reduction targets. 	<ul style="list-style-type: none"> • \$200m / 2 years • \$300m 	<ul style="list-style-type: none"> • Stage 2 - targeted towards infrastructure improvements in public hospitals that will boost elective surgery capacity. • Stage 3 - State and territories to report quarterly on performance. • Grants and recurrent funding to support health care facilities and improve patient outcomes. Includes funding for: advanced medical technology, improved facilities and services and medical training infrastructure. • Public hospital emergency department funding (part of the \$1.6 billion National Partnership on Hospitals and Health Workforce with the States and Territories, commencing 1 July 2009) 	<ul style="list-style-type: none"> • \$150 m in 2009-10 • Up to \$300 m in additional funds available from 2009-10 depending on performance; all governments have agreed to report against set performance indicators (COAG, November 2008). • \$389.5 m / 5 years • \$750 m in 2008-09; agreed performance benchmark of 80% of ED presentations by 2012 to be seen within clinically recommended triage times as recommended by the Australian College of Emergency Medicine <ul style="list-style-type: none"> ○ \$10 m (Royal Darwin Hospital, NT) for infrastructure, ED funding and funding to recruit paediatric staff ○ \$44 m (Logan Hospital, QLD) for ED infrastructure; \$100 m for other QLD projects under 'Taking pressure off public hospitals' program
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		<ul style="list-style-type: none"> o \$10 m (Canberra Hospital, ACT) nurse-led 'Walk-in' Centre (for minor ED cases)
		<ul style="list-style-type: none"> • Additional sub-acute care services • \$500 m
Australian Health Care Agreements	<ul style="list-style-type: none"> • National Health Reform Plan to be implemented through AHCAs. 	<ul style="list-style-type: none"> • First report from NHHRC <i>Beyond the Blame Game: accountability and performance benchmarks for the next Australian Health Care Agreements</i> released April 2008. • AIHW performance indicator set released July 2008. • Intergovernmental agreement on Federal Financial Relations - AHCAs replaced with a new National Health Specific Purpose Payment (\$60.5 b; SPPs rationalised from over 90 to 5) associated with a National Health Agreement. • COAG has previously agreed to a new form of payment - National Partnership (NP) payments - to fund specific projects and to facilitate and/or reward States that deliver on nationally-significant reforms. The financial arrangements will include incentive payments to reward performance, funding for which
		<ul style="list-style-type: none"> • The final NHHRC report was delivered on 30 June 2009 but is not yet been released. • \$1 b additional funding (in addition to \$600 m for elective surgery reduction plan) that includes: \$500 m to be provided by June 2008, indexation from previous agreements. • Performance benchmarks specified in each National Agreement will be monitored and assessed by the independent COAG Reform Council and reported publicly on an annual basis, commencing in 2009-10. • The first wave of NPs has been agreed; including, preventive health, and closing the gap in Indigenous health outcomes. <ul style="list-style-type: none"> o Healthy children (\$162.76 m for facilitation, \$162.76 m reward payment); health workers (\$144.71 m for facilitation, \$144.71 reward payment); social marketing (\$18 m, facilitation

		<p>will be decided at a later date. Agreed December 2008, and implemented 1 July 2009.</p>	<p>only); enabling infrastructure (\$10 m, facilitation only).</p> <ul style="list-style-type: none"> ○ The total cost to all governments under 'Closing the gap in Indigenous health outcomes' National Partnership Agreement is \$1.6 b. Of this, \$805.5 m is proposed as measures funded through Commonwealth Own Purpose Expenses, and \$771.5 million from States/Territories Own Purpose Expenses.
<p>Aged care</p>	<ul style="list-style-type: none"> • Additional 2000 transition care beds • \$158m / 5 years • Interest free loans to aged care providers to build or expand residential aged care facilities. 	<ul style="list-style-type: none"> • Additional 2000 transition care places. 228 allocated for 2008-09. • Zero real interest loans (interest at CPI only) to aged care providers to build or expand residential aged care facilities in areas where there are shortages of beds. Will provide up to an additional 2500 aged care beds. • Increased conditional adjustment payment • Indigenous aged care plan • Establish and maintain a Ministerial Council on Ageing Announced by COAG 26 March 2008 	<ul style="list-style-type: none"> • \$293.2 m / 4 years • \$300 m in loans - Round 1 began April 2008. 36 providers have been offered loans of \$150m for an additional 1348 new aged care places and 100 community care places. Round 2 will commence in late 2008 after a review of the initial round. • \$407 m / 4 years • \$46 m • \$6.2 m / 4 years

		<ul style="list-style-type: none"> • Establish a National Elderly Commissioner-Ambassador for Ageing (Actor Noeline Brown appointed on 12 April 2008) • Review planning ratios of aged care places available for elderly Australians 	<ul style="list-style-type: none"> • \$2 m / 4 years • \$2 m / 4 years (from existing DoHA budget)
<p>Prevention / Health promotion / Obesity</p>		<ul style="list-style-type: none"> • Prevention Program focused on tobacco, obesity and excessive consumption of alcohol <ul style="list-style-type: none"> ○ National Partnership Agreement on Preventive Health to increase physical activity and improve nutrition in children through child care centres, pre-schools, schools and families ○ National <i>Measure Up</i> campaign ○ Establish a National Preventative Health Agency • Funding from 'alcopops' tax to support prevention 	<ul style="list-style-type: none"> • \$872.1 m / 6 years <ul style="list-style-type: none"> ○ \$335.5 m ○ \$30 m ○ Recommendation in the report from the National Preventative Health Taskforce • Initially estimated at \$1.6 b; the Government has re-introduced legislation to validate the revenue collected from 27 April 2008 - 13 May 2009, and a new tariff proposal with effect from 14 May 2009 to ensure that the alcopops measure remains in place into the future. Bills reintroduced to Senate and 2nd reading adjourned 23 June 2009.

	<ul style="list-style-type: none"> National Preventative Health Strategy with an expert task force <ul style="list-style-type: none"> Funding boost for National Tobacco Strategy \$15 m / 3 years 	<ul style="list-style-type: none"> National Preventative Health Taskforce announced 9 April 2008. Discussion paper by September 2008. Draft strategy for comment by March 2009. Final strategy due June 2009. Reinvigorate National Tobacco Strategy – funding for media campaign to prevent uptake of smoking amongst young people, smoking cessation programs <ul style="list-style-type: none"> The Taskforce has provided to the Government: <ul style="list-style-type: none"> advice on the framework for the Preventative Health Partnerships between the Commonwealth and the states and territories; a three year work program; and a National Preventative Health Strategy (30 June 2009). The Taskforce’s discussion paper, Australia: the healthiest country by 2020; and three technical papers on obesity, tobacco control and preventing alcohol-related harm, were released on 10 October 2008. <ul style="list-style-type: none"> Input was sought from the public, professional and consumer groups, and other interested people and organisations. Consultations were held in capital cities from Oct 2008 – Feb 2009. The Preventative Health Taskforce provided the National Preventative Health Strategy to the Government on 30 June 2009, which is yet to be released. \$15 m / 4 years
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	<ul style="list-style-type: none"> • Kitchen Garden Pilot program • \$12.8m / 4 years • Evaluation of successful community initiatives and sharing information with other communities • \$1.7m • Development and distribution of guidelines on healthy eating and physical activity in early childhood • \$3.5m • Support for national nutrition and physical activity survey promised by the Howard Government 	<ul style="list-style-type: none"> • National Binge Drinking Strategy – education and information campaign, early intervention, support for successful community initiatives • \$14.5 m / 4 years • Human Papilloma Virus electronic register • Additional \$19 m / 4 years • National STI prevention program • Additional \$9.8 m • Kitchen Garden program to be implemented in 190 schools nationally. Call for expressions of interest from potential demonstration schools made August 2008. • \$12.8 m / 4 years - One-off funding \$60,000 to each school. \$40,000 / yr for 2 years to demonstration schools for garden and kitchen staff. • Obesity reduction – learning from successful community initiatives • \$1.7 m / 4 years • Healthy Habits for Life Guide – practical advice for parents on encouraging health living in children. • \$2.9 m / 2 years • The Department of Health and Ageing (DoHA), the Department of Agriculture, Fisheries and Forestry, and the Australian Food and Grocery Council (AFGC), each contributed \$1 million to fund the 2007 Australian National Children's Nutrition and Physical Activity Survey. • DoHA is currently planning the development and implementation of an ongoing National Nutrition and Physical Activity Survey Program. The Survey Program will collect data on the food intake, physical activity participation and physical measurements of the Australian population through periodic surveys.
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	<ul style="list-style-type: none"> • Support for Healthy Spaces and Places project of Planning Institute of Australia, ALGA, NHF • \$700,000 • Ban junk food advertising and use of cartoon characters • Health Minister Roxon pulled back from this commitment. • Obesity to be a National Health Priority 	<ul style="list-style-type: none"> • DoHA released the <i>2007 Australian National Children's Nutrition and Physical Activity Survey</i> in October 2008. • The first survey is expected to commence in late 2009 and is expected to focus on Australian adults. • ALGA is working with the Heart Foundation on the Healthy Spaces and Places initiative in partnership with the Planning Institute of Australia, to give planners the tools they need to create more active communities. • ACMA report 28 August 2008 does not recommend ban on junk food advertising. • National Preventative Health Taskforce to develop a National Obesity Strategy • \$4.5 m / 5 years
Indigenous health		<p>Indigenous Chronic Disease National partnership with States and Territories</p> <p>\$805.5 m (Commonwealth commitment of \$1.6 b COAG investment in <i>Closing the Gap</i>)</p> <ul style="list-style-type: none"> • Chronic disease management <ul style="list-style-type: none"> ○ Support for GPs ○ Access to Specialists ○ Supporting patients to self-manage their conditions • \$470 m • Increase capacity of frontline primary care workforce • \$171 m

	<ul style="list-style-type: none"> • Improvement of health services in the NT: <ul style="list-style-type: none"> ○ Upgrade and expand remote health care facilities ○ Establish renal dialysis facilities in remote communities ○ Sexual assault counselling in remote areas • Alcohol rehabilitation services • Indigenous Mums and Bubs Health Initiative, including: <ul style="list-style-type: none"> ○ Comprehensive child and maternal health services ○ Accommodation services 	<ul style="list-style-type: none"> • \$20m (Total) <ul style="list-style-type: none"> ○ \$10m ○ \$5m ○ \$4.6m • \$15.9m (this money was committed by Howard Govt in 2006) • \$87 m plus \$75m from States and Territories <ul style="list-style-type: none"> • \$92m • \$10m 	<ul style="list-style-type: none"> • Improve primary healthcare in indigenous communities <ul style="list-style-type: none"> ○ Remote primary health ○ Eye and ear health care ○ Dental care ○ Improvement of pathology services (continuation of the Quality Assurance for Aboriginal Medical Services program) • Key risk factors of chronic disease and smoking • Funding provided in 2007-8 • Youth alcohol diversion activities for NT • Expansion of drug and alcohol services • Child and maternal health services • Accommodation services 	<ul style="list-style-type: none"> • \$204.3 m <ul style="list-style-type: none"> ○ \$131.1 m / 3 years ○ \$58.3 m / 4 years ○ \$11.0 m / 4 years ○ \$3.8 m / 4 years • \$161 m • \$21.9 m • \$9.5 m in 2008-09 • \$49.3 m / 4 yrs • \$90.3 m / 5 years with additional \$75 m sought from States and Territories. <ul style="list-style-type: none"> ○ \$58 m for health education, treatment ○ \$32.2 m for home visits by nurses. • \$10 m / 3 years
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	<ul style="list-style-type: none"> • Reducing rheumatic fever • \$10m 	<ul style="list-style-type: none"> • National unit to coordinate efforts • \$11.2 m / 5 years <p>Other programs and funding announced in 2008-09 Budget as part of NTER:</p> <ul style="list-style-type: none"> ○ Creches ○ \$2.3 m in 2008-09 ○ School nutrition program ○ \$7.4 m in 2008-09 ○ Follow-up to health check ○ \$13.6 m in 2008-09 ○ Indigenous tobacco initiative ○ \$14.5 m / 4 years ○ Continue the delivery of follow-up ear, nose and throat (ENT) treatment, and dental and hearing services (resulting from the initial child health checks). ○ \$13.6 m ○ Child and maternal health services and home visiting, part of '<i>New Directions: An Equal Start in Life for Indigenous Children.</i>' ○ \$90.3 m / 5 years ○ Expand primary health care service delivery and develop a remote health workforce agency in the NT. ○ \$99.7 m / 2 years ○ Expand primary health care/GP services in Far North QLD ○ \$600,000
Mental health	<ul style="list-style-type: none"> • Mental health on COAG agenda • Integrated approach to service delivery with States and Territories 	<ul style="list-style-type: none"> • Yet to be addressed • Yet to be addressed

	<ul style="list-style-type: none"> • Postnatal depression • Support for establishment of Australian National Council on Mental Health 	<ul style="list-style-type: none"> • \$85m / 5 years (includes \$20m to ATAPS and \$5m to <i>beyondblue</i>) Will seek contribution of additional \$30m / 5 years from States and Territories. 	<ul style="list-style-type: none"> • <i>Better Access to Psychiatrists and General Practitioners through the Medicare Benefits Schedule (MBS) Program</i> <ul style="list-style-type: none"> ○ New Medicare item for extra mental health skills training for GPs; requirements for treatment plans will be revised ○ Introduction of mandatory continuing professional development requirements for general psychologists, appropriately trained social workers and occupational therapists providing psychological services under Medicare. • Postnatal depression – provide training for health professionals, improve treatment for ‘at risk’ women, establish research and data collection processes • National Advisory Council on Mental Health established 12 June 2008. • Mental Health Nurses Training Subsidy – additional funding to provide up to 1070 new postgraduate and Masters degree scholarships for mental health nurses, 100 of which will be targeted to nurses and 222 for psychologists in rural areas 	<ul style="list-style-type: none"> • \$753.8 m / 5 years <ul style="list-style-type: none"> ○ Further cut of \$63.1 million / 4 years (in addition to a \$289.6 million cut from mental health programs in 2008-09). ○ New spending of only \$11.9 million. \$6.7 million of this ‘new’ spending is to restore some of the cuts made to mental health services for rural and remote areas in 2008-09. • \$ 55 m / 5 years (\$5m to <i>beyondblue</i>). The Australian Government will seek \$30 / 5 years from State and Territory governments • \$2.4 m / 3 years from existing departmental budgets • \$35 m / 4 years
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			<ul style="list-style-type: none"> • Funding to improve health professionals ability to treat mental illness – 1200 workshops nationwide • National Youth Mental Health Foundation 'Headspace' 	<ul style="list-style-type: none"> • \$15 m in 2008 • \$35.6 m / 3 years (initially funded at \$54 million / 4 years).
Dental health	<ul style="list-style-type: none"> • Commonwealth Dental Health Care program to help State and Territory governments to reduce public dental health waiting lists • Teen Dental Plan - up to \$153.45 per person for annual preventative check for children 12-17 years in families receiving Family Tax Benefit Part A, or teenagers in the same group who are receiving Youth Allowance or Abstudy • Establish Cairns School of Tropical Dentistry, James Cook University • 60 commencing dental places / year • Outreach services for student practical training in remote areas 	<ul style="list-style-type: none"> • \$290m savings from abolition of Medicare chronic disease dental scheme to be re-directed into Commonwealth Dental Health Care program and Teen Dental Plan. • \$510m / 3 years • \$52.5m / 4 years – including capital funding \$33m • \$11m • \$8m 	<ul style="list-style-type: none"> • Commonwealth Dental Health Program - to provide 1 million dental treatments. • Teen Dental Plan - 1.1 million vouchers will be provided to eligible teenagers annually (commenced July 2008). • Capital funding to establish: <ul style="list-style-type: none"> ○ a new dental school at James Cook University in Cairns, including 60 dentistry places annually from 2009 ○ a new regional dental school at Charles Sturt University, including 60 places (40 in dentistry, 20 in oral health) annually from 2009 	<ul style="list-style-type: none"> • \$290 m / 3 years; requires enactment of legislation which is currently held up in the Senate where Government does not have the votes to pass bill. • \$490.7 m / 5 years • \$49.5 m / 5 years • \$69.2 m / 5 years

<p>Maternal and child health</p>	<ul style="list-style-type: none"> • Healthy Kids Check – new MBS item with \$45 Medicare rebate for eyesight, hearing, height and BMI check for 4 year olds. • \$35m / 4 years • Funding to expand Australian breast feeding Association to set up national toll-free 24 hour phone line • \$2m / 4 years • Maternity reform - review MBS to include midwives in provision of maternity care; facilitate the expansion of midwife-led care; develop a national maternity services plan to ensure national coordination of maternal services 	<ul style="list-style-type: none"> • Healthy Kids Check for 4 year olds July 1, 2008 • \$25.6 m / 4 years • Get Set 4 Life – Habits for Healthy Kids Guide – for parents of four year olds receiving the Healthy Kids Check (launched July 2008). • \$2.9 m / 2 years • Review of the dietary and infant feeding guidelines for children and adolescents by National Health and Medical Research Council (NHMRC), expected to be finalised by late 2010. • 24 hour breastfeeding hotline • \$2.5 m / 5 years • Discussion paper on maternity services released September 2008. Maternity services review report released February 2009. • National Maternity Services plan under development. • Increase the overall Medicare rebate for obstetric services • \$157.6 m / 4 years • Expanded access to MBS and PBS for Nurse practitioners and midwives • \$59.7 m / 4 years (Nurse Practitioners) and \$66.6 million / 4 years (Midwives) <ul style="list-style-type: none"> ○ Indemnity insurance, for midwives working in collaboration with doctors.
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		<ul style="list-style-type: none"> • Two scholarship schemes: <ul style="list-style-type: none"> ○ 110 eligible GPs to receive up to \$40,000 each for training to become GP obstetricians or GP anaesthetists. ○ 20 midwives each year to receive scholarships of up to \$30,000 obtain the formal qualifications to provide Medicare-subsidised services and prescribe PBS subsidised medicines. • Develop antenatal guidelines in conjunction with the NHMRC, and state and territory governments. • Commence development of a national strategic framework to improve health of young people 2008-09. • <i>New National Women's Health Policy: Consultation Discussion Paper 2009</i> released April 2009. The Government plans to deliver a new National Women's Health Policy in 2010. <ul style="list-style-type: none"> • \$8 m / 4 years • National Evidence Based Antenatal Care Guidelines are being developed.
Rural health	<ul style="list-style-type: none"> • Expansion of Specialist Obstetrician Locum Scheme • Reform of Rural Medical Infrastructure Fund • Expansion from \$500,000 to \$2m / year in 2008-09 (\$6m) 	<ul style="list-style-type: none"> • Specialist Obstetrician Locum Scheme • Merging of Rural Medical Infrastructure Fund and Rural Private Access Programs to form National Rural and Remote Health • \$ 7.9m / 4 years

	<ul style="list-style-type: none"> • Double number of John Flynn scholarships from 150 to 300, starting 2009 (a program of financial assistance to medical students who undertake placements in rural and remote areas) • \$2.5m • Australian Allied Health Rural and Remote Clinical Placement Scholarship Plan - to support allied health students to take placements in rural and remote communities • \$2.5m / 3 years • Medical Specialist Outreach Assistance Program – improves access to specialist services in rural and remote areas by providing funding to support the provision of specialist services • \$9m / 3 years 	<p>Infrastructure Program</p> <ul style="list-style-type: none"> • Additional funding for John Flynn Placement Program - additional 150 places per year so that program increases from 600 in 2008 to 1200 in 2012 • \$4.6m / 4 years • Australian Allied Health Rural and Remote Clinical Placement Scholarship Program • \$2.5 m / 3 years • Medical Specialist Outreach Assistance Program • \$12 m / 4 years • Establish Office of Rural Health to drive Australian Government's reform agenda • Review of rural health programs • Not yet released • Rural and remote workforce strategy • \$134.4 m <ul style="list-style-type: none"> ○ Reform relocation and retention incentive payments and HECS debt assistance for GPs
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		<ul style="list-style-type: none"> ○ Review of the Rural, Remote and Metropolitan Areas (RRMA) classification system 	<ul style="list-style-type: none"> ○ Rural, Remote and Metropolitan Areas (RRMA) system was replaced by the Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) system (1 July 2009). This new approach to classifying rural areas has implications for incentive schemes.
Men's Health		<ul style="list-style-type: none"> ● The Government is developing a National Men's Health Policy. The Policy will focus on reducing the barriers men experience in accessing health services, tackling widespread reticence amongst men to seek treatment, improving male-friendly health services, and raising awareness of preventable health problems that affect men. 	<ul style="list-style-type: none"> ● \$460,000 to help prevent suicide in men, through the National Suicide Prevention Strategy ● \$95,000 to encourage men to see their GP ● \$15 m for two dedicated prostate cancer research centres and \$87.4 m / 4 years for continuation and expansion of the National Bowel Cancer Screening program (see 'Cancer' below).
Cancer	<p>RESEARCH</p> <ul style="list-style-type: none"> ● Additional funding for cancer research ● \$15m / 3 years <p>CANCER CENTRES AND TREATMENT</p> <ul style="list-style-type: none"> ● National bowel cancer screening – expanded to include all 50-year olds. Funds for follow-up colonoscopies to be negotiated ● \$15m 	<p>A new National Cancer Initiative, which includes:</p> <ul style="list-style-type: none"> ● Additional funding for cancer research ● National Bowel Cancer Screening Program – continuation and expansion 	<ul style="list-style-type: none"> ● \$1.3 b (Total) ● \$15 m / 3 years ● \$87.4 m / 4 years

	<ul style="list-style-type: none"> • Children's Cancer Centre at Women's and Children's Hospital, Adelaide • \$25m / 3 years • Establish youth cancer network • \$15m • Capital grant towards establishment of Olivia Newton-John Cancer centre at Austin Hospital, Melbourne • \$15m • Funds to set up two dedicated prostate cancer research centres – one to be located at Epworth Hospital, Richmond, Vic. • \$15m / 5 years • Establishment of comprehensive cancer centre to be co-located with Royal Prince Alfred Hospital, in association with University of Sydney • \$50m 	<ul style="list-style-type: none"> • Digital mammography for BreastScreen Australia • \$120 m • Regional Cancer Centres • \$532.1 m • Children's Cancer Centre • \$15 m / 2 years • Youth cancer networks • \$15 m / 3 years • Olivia Newton John Cancer Centre • \$15 m / 2 years • 2 prostate cancer research centres • \$ 12 m / 4 years • Lifehouse (the new Sydney Cancer Centre) Comprehensive Cancer Centre (Sydney) • \$150 m / 4 years • Parkville Comprehensive Cancer Centre (VIC) • \$426.1 m • Garvan St Vincents Campus Cancer Centre • \$70 m • ACT Integrated Cancer Care Centre • \$27.9 m
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		<ul style="list-style-type: none"> • Additional funding for National Centre for Gynaecological Cancers • Breast prostheses • Two new Medicare rebates for MRI scans used for the initial staging of rectal cancer and breast scan (for women under 50 with high risk but no symptoms). • Training of radiation oncology medical physicist registrars (to setup, maintenance and calibration of linear accelerators). • 15 new MRI locations announced with priority for public hospitals. There are currently 120 Medicare-eligible MRI units in Australia, an increase of seven units in the past year. • PET cancer imaging services at Royal North Shore and Westmead Hospitals and Austin Health - Medicare benefits for eligible services are provided at these facilities. <ul style="list-style-type: none"> • \$5.1 m / 3 years • \$31 m / 5 years • \$6 m / 3 years • \$6.8 m / 4 years
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<p>Workforce</p>	<p>NURSING:</p> <ul style="list-style-type: none"> • Chief Commonwealth Nursing officer • Aim to train and attract back 9250 nurses / 5 years • \$81m/ 5 years • Cash bonuses of \$6,000 to encourage 7,750 nurses who return to hospital workforce with contribution of \$1,000 / re-entry nurse to hospital for retraining • 500 new university places in 2008, and 1000 / year from 2009 (at least 400 of which to go to universities offering clinical experience in regional and rural hospitals and 25% of these places to ENs looking to upgrade • Expanded scholarships program - National Priority Scholarships in areas such as nursing, medicine, dentistry, allied health. \$2120 / year for up to 4 years 	<ul style="list-style-type: none"> • Rosemary Bryant announced as Chief Nursing and Midwifery Officer 23 June 2008. • \$1.2 m / 4 years • Supporting 8,750 nurses back into the workforce over 5 years (7,750 to hospitals, 1,000 to residential aged care) – cash bonuses of \$6000 for nurses who are returning after more than 1 year out of the workforce. \$3000 paid after 6 months, \$3000 after 18 months back in the workforce. Hospitals to receive \$1000 per re-entry nurse to assist with costs of retraining • \$39.4 m / 5 years • Additional higher education nursing places - increase places by 90 starting in July 2008, then 1170 in 2009 • \$99.5 m / 4 years • Scholarships for a competitive future – increase scholarships from 44,000 to 88,000 by 2012 in priority areas (including nursing) • \$238.6 m / 4 years • McGrath Foundation to recruit, train and employ 30 specialist breast cancer nurses • \$12 m / 4 years
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	<p>MEDICAL TRAINING AND GENERAL PRACTICE</p>	<p>Training Physicians, Nurses and Allied Health Professionals \$1.1 b / 4 years (COAG commitment)</p> <ul style="list-style-type: none"> • Expansion of pre-professional clinical training places by 2013 • \$500 m / 5 years • Provide an additional 75 GP training places in 2009 and 100 in 2010, and 22 Remote Vocational Training Scheme GP training places from 2011 • \$148 m / 5 years • Additional 212 GP training places from 2011 and 73 additional specialist training places in the private sector • \$86.2 m / 4 years • Investment in GP training under the Prevocational General Practice Placement program • \$41.2 m / 4 years • Modernise the funding formula for Divisions of General Practice • \$7.6 m / 3 years (of total funding of \$220 m p.a.) • As part of the National Partnership, help train approx. 18,000 Nurse Supervisors, 5,000 Allied Health and VET Supervisors, and 7,000 Medical Supervisors • \$28 m • Additional pathology and diagnostic imaging training places • \$16.5 m / 5 years • Establishment of National Workforce Agency
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	<ul style="list-style-type: none"> • Greenslopes Private Hospital (Brisbane, Qld) – funding to establish clinical school • \$13m 	<ul style="list-style-type: none"> • Capital infrastructure relevant to workforce training <ul style="list-style-type: none"> ○ Greenslopes Private Hospital (Brisbane, Qld) – funding to establish clinical school ○ Establish first medical school in NT. Memorandum of Intent between Charles Darwin University and Flinders University to deliver the new medical program has been signed. • \$175.6 m <ul style="list-style-type: none"> ○ \$13 m / 2 years ○ \$27.8 m (capital funding) and \$4.4 m / 3 years from July 2010
<p>Medicare/health system</p>	<ul style="list-style-type: none"> • National Health Reform Plan, including: <ul style="list-style-type: none"> ○ GP Super clinics • \$2b / 4 years (total) • \$220m ○ National Health and Hospitals Reforms Commission through COAG to: devise a long-term health reform plan that will: reduce inefficiencies; better integrate and co-ordinate care; focus more attention on prevention; improve the provision of health services in rural and remote areas; improve Indigenous health outcomes; and provide a well qualified and sustainable health workforce in the future. 	<p>National Health Reform Plan:</p> <ul style="list-style-type: none"> • Establish 31 GP Super Clinics • \$275.2 m / 5 years – Funding agreements for construction have been reached at 17 sites and application processes in progress for 14 sites • Establish National Health and Hospitals Reform Commission Final report due July 2009 • \$6.9 m / 2 years; Final report delivered but not yet released

	<ul style="list-style-type: none"> • Re-examination of the 2003 Attendance Item Restructure Working Group (AIRWG) report • Examining incentives for GPs to practice preventive health care • Review of MBS to alleviate red tape • Retain Medicare safety net 	<ul style="list-style-type: none"> • Yet to be addressed • Develop a National Primary Health Care Strategy to help strengthen the primary health system. It will review and simplify Medicare arrangements so that it encourages preventive care • Expand National Health Call Centre Network so can provide advice 24 hours a day 7 days a week • Grants to new and existing after hours GP services to assist with operating costs • New MBS items - allow GPs to directly refer patients for a MRI of the knee or brain • Review of MBS finalised by March 2009 • Medicare safety net retained • \$13.1m/ 4 years; Discussion paper released Oct 2008 and draft strategy due by July 2009. • \$176.4m over 5 years • Support for up to 320 after hours services through competitive grant scheme • Simplified schedule introduced 1 July 2009. • Extended Medicare safety net payments capped for small number of services; including, obstetrics, ART and others. • Capping of obstetric items will achieve savings of \$351.3 m / 4 years and the increase in schedule fees
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			(see Maternal and Child Health) will provide net savings of \$193.7m/4 years.
		<ul style="list-style-type: none"> New bulk billing incentives for diagnostic and imaging services 	<ul style="list-style-type: none"> \$600.7 m (diagnostic imaging) and \$348 m / 4 years (pathology)
Private Health Insurance	<ul style="list-style-type: none"> Retain PHI rebates at current levels, Lifetime Health Cover and Medicare Levy Surcharge, but examine thresholds No sale of Medibank Private 	<ul style="list-style-type: none"> Medicare Levy Surcharge thresholds - increase from \$50,000 annual income to \$100,000 for singles and \$100,000 to \$150,000 for families Sale of Medibank Private will not proceed 	<ul style="list-style-type: none"> From 1 July 2008, Medicare Levy Surcharge threshold levels increased from: \$50,000 to \$70,000 p.a. for singles and \$100,000 to \$140,000 p.a. for couples/families. Changes passed by Federal Government on 16 October 2008) From 1 July 2010, the Government will introduce three new 'Private Health Insurance Incentive Tiers' Announcement in federal budget that Medibank was to be converted from a non-profit entity to a profit-making corporation
Pharmaceuticals and Health Technologies		<p>Extended listings on PBS:</p> <ul style="list-style-type: none"> Remicade Topamax Trastuzumab (Herceptin) Ribavirin and peginterferon alfa-2b (Pegatron) <p>Major new listings on PBS:</p> <ul style="list-style-type: none"> Champix Renagel 	<ul style="list-style-type: none"> \$25.5 m / 4 years \$39.1 m / 4 years \$168 m / 4 years \$30.6 m / 4 years \$97.1 m / 5 years \$65.2 m / 4 years

		<ul style="list-style-type: none"> ○ Sensipar ○ Tysabri ○ Bevacizumab (Avastin) ○ Sunitinib (Sutent) <ul style="list-style-type: none"> ○ \$166.4 m / 4 years ○ \$370.2 m / 4 years ○ \$310.7 m / 4 years ○ \$131.1 m / 5 years <ul style="list-style-type: none"> ● Means-tested subsidy for approx. 700 insulin pumps for Type 1 diabetics under 18 years ● \$5.5 m / 4 years ● Statutory price reductions for multiple brand medicines and some single brand medicines that are interchangeable with other medications begins 1 August 2008 ● Extended the Pharmaceutical Benefits Scheme reference pricing policies to all non-exempt pharmaceutical items (resulting in lower price to Government for some medicines) ● National Prescribing Service – Prescribing campaigns for health professionals (e.g., antibiotics, pain killers etc) ● \$21 m / 4 years ● Health Technologies Assessment Review announced December 2008. Report expected late 2009.
<p>Local announcements</p>	<ul style="list-style-type: none"> ● MRI machine and licence and chemotherapy mixer Cairns (Qld) ● \$500,000 ● MRI licence for Maitland 	<ul style="list-style-type: none"> ● Competitive bidding process commenced ● \$1 m ● Expansion of Medicare-eligible Magnetic Resonance Imaging (MRI) services to include Maitland-Newcastle-Hunter (replacing the previous Newcastle-Hunter location)

	<ul style="list-style-type: none"> • Medicare licence for PET scanner at Mater Hospital, Hunter region, NSW • GP after hours clinic Burnie (Tas) • \$15 m • Integrated care centre, including dialysis unit, at Launceston • \$10 m • Cancer services in Tasmania – radiation oncology services and PET scanner • Improved patient transport services in Tasmania • Commitment to improve services at Ouse and Roseberry hospitals • Teaching and training infrastructure at Flinders Medical Centre (SA) • Additional funds for Grafton Base Hospital • \$23 m (includes \$5 m for GP super clinic) • Grant to support obesity program of Osborne (WA) • \$235,000 • Fast track completion of radiotherapy services at Lismore Base Hospital • \$15 m 	<ul style="list-style-type: none"> • Medicare licence for PET scanner at Mater Hospital, Hunter region, NSW • Government has signed contract with Burnie Super Clinic Pty Ltd to establish the Burnie GP Super Clinic • \$15 m • Tasmanian health package • \$32.6 m / 5 years <ul style="list-style-type: none"> ○ Investment in the Launceston Integrated Care Centre ○ Expanded radiation oncology services in north/north west Tasmania ○ Increased patient transport and accommodation services through the Tasmanian Patient Transport Initiative • Additional funds for Grafton Base Hospital • \$23 m (includes \$5 m for GP super clinic) • Grant to support obesity program of Osborne (WA) • \$235,000 over 4 yrs • Radiotherapy services at Lismore Base Hospital • \$7 m
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	<ul style="list-style-type: none"> • Support for Sisters of Charity mental health outreach service (TAS) • \$1.25 m / 4 years • Funds to upgrade Bacchus Marsh and Melton Regional Hospital (VIC) • \$2 m • Funding for complex care unit at Maryborough District Health Service (VIC) • \$500,000 from RMIF • Teaching, training and research centre at Sunshine Hospital (VIC) • \$7 m • Primary Care Centre in Bendigo • \$5 m • Hunter Dementia and Memory Resource Centre • \$200,000 • Long-term funding arrangements for GP Access After Hours, Hunter region • Medicare offices in Belmont (WA) and Emerald (QLD) • Equipment grant for Kempsey District Hospital - CT scanner and portable ultrasound machine • \$1 m 	<ul style="list-style-type: none"> • Support for Sisters of Charity mental health outreach service (TAS) • \$1.3 m / 4 years • Funds to upgrade Bacchus Marsh and Melton Regional Hospital • \$1 m • Funding for complex care unit at Maryborough District Health Service (VIC) • \$500,000 • Due to be completed 2012 • \$7 m • GP super clinics have been announced in 31 localities in Australia, including Bendigo • \$5 m • Funding to complete Hunter Dementia and Memory Resource Centre • \$200,000 • Government will seek to negotiate long-term funding with the Hunter Urban Division of General Practice, the NSW Government, and local doctors and health professionals • Funding for three new Medicare offices to open January 2010 • \$7 m / 4 years • Computed tomography (CT) scanner and ultrasound machine for the Kempsey District Hospital (NSW) • \$1 m in 2008/09
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	<ul style="list-style-type: none"> • PET scanner for Royal Hobart Hospital • \$3.5 m • Dialysis • \$15 m 	<ul style="list-style-type: none"> • The State is moving to install Tasmania's first public PET scanner at Royal Hobart Hospital • \$3.5 m • Dialysis <ul style="list-style-type: none"> ○ Construction of a renal dialysis unit at the North Lakes Health Precinct in Queensland; ○ \$7 m ○ Improve access to dialysis services in the Kimberley region of WA; ○ \$8 m ○ Improve access to dialysis services for remote communities in the NT; and ○ \$5 m ○ Chronic Kidney Disease Monitoring Centre. ○ \$1 m
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