



Australian Government
Department of Health and Ageing

CLOSING THE GAP
tackling
Indigenous
chronic
disease

CLOSING THE GAP IMPROVING INDIGENOUS ACCESS TO MAINSTREAM PRIMARY CARE

INDIGENOUS HEALTH PROJECT OFFICERS AND ABORIGINAL AND TORRES STRAIT ISLANDER OUTREACH WORKERS

PROGRAM GUIDELINES

Version 1.1

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Document History

This table is to record the document's history as major changes are made.

Version No.	Date	Description of Revision
1.0	January 2010	Program Guidelines Created
1.1	March 2010	<ul style="list-style-type: none">• Amendment to 3.4.2 and 4.4.2 to advise that funds must not be used for finance leases, including for vehicles, unless agreed in writing by the Deed Manager.• Amendments to the terminology of the Outreach Worker positions.• Addition of Guidance for Needs Assessment.

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1. Introduction

This document provides guidance to Divisions of General Practice network members on the operation of the *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program*.

The Guidelines should be read together with the Deed for Multi-Program Funding (the Deed) between Divisions network members and the Department. In the event of any inconsistency or discrepancy between these Guidelines and the Deed, the Deed takes precedence.

1.1 Policy Context

In December 2007, the Council of Australian Governments (COAG) agreed to a partnership between all levels of government to work with Aboriginal and Torres Strait Islander communities to close the gap on Indigenous disadvantage. The *National Indigenous Reform Agreement (Closing the Gap)* was established to provide the framework for this task. It sets out the objectives, outcomes, outputs, performance indicators and performance benchmarks set by COAG.

On 29 November 2008, COAG agreed to a \$1.6 billion *Indigenous Health National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* (the Indigenous Health NPA) to address the target of closing the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation.

The *Indigenous Chronic Disease Package* (the Package) is the Australian Government's contribution to the *Indigenous Health National Partnership Agreement* (NPA).

Commencing in 2009-10, the package provides funding of \$805.5 million over four years for preventative health, more coordinated and patient-focused primary health care and an expanded Indigenous health workforce. It also recognises that chronic diseases and associated risk factors are responsible for about two-thirds of the life expectancy gap between Indigenous and non-Indigenous Australians.

While there are 14 separate measures under the Package, it adopts the following three broad strategies:

1. Tackling chronic disease risk factors

These measures will address key risk factors associated with the development of chronic diseases, including tobacco smoking, poor nutrition and lack of exercise. Community education initiatives will be developed and implemented to reduce the prevalence of these risk factors. National and local Indigenous tobacco campaigns, a new tobacco control workforce, a health promotion workforce, lifestyle modification programs and improved access to quit smoking programs will be provided.

2. Improving chronic disease management and follow up care

Measures under this strategy will deliver a comprehensive chronic disease management program that provides improved uptake of health checks and follow-up care in a coordinated, accessible and systematic manner. Incentives will be provided to encourage general practices to improve the coordination of health care for Aboriginal and Torres Strait Islander peoples, and promote best practice management of patients with chronic disease.

Greater support will be provided for Indigenous Australians to actively participate in their own health care. Indigenous Australians will have improved access to affordable medicines, multidisciplinary follow up care and specialist services.

3. Workforce expansion and support

The primary care workforce in Indigenous and mainstream health services will be expanded to increase the uptake of health services by Indigenous Australians.

Measures include:

- promotional activities to increase recruitment to the Indigenous health workforce;
- the provision of additional staff, such as tobacco workers, healthy lifestyle workers and Aboriginal and Torres Strait Islander Outreach workers, health professionals, practice managers and Project Officers; and
- additional nursing scholarships, registrar training posts and nurse clinical placements.

The *Engaging Divisions of General Practice to Improve Indigenous Access to Mainstream Primary Care* measure provides funding for at least 80 full-time equivalent (FTE) Indigenous Health Project Officers and at least 80 FTE local Indigenous Australians to work as Aboriginal and Torres Strait Islander Outreach Workers in the Divisions of General Practice network. These workforce measures will be delivered through the *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program*.

Further Information

Further information about the Australian Government's Indigenous Chronic Disease Package can be found at:

Website: <http://www.health.gov.au/tackling-chronic-disease>

or

Email: ICDP@health.gov.au

A summary of *Closing the Gap* Indigenous Chronic Disease measures of relevance to primary care is at Attachment 1.

2. Improving Indigenous Access to Mainstream Primary Care Program

2.1 Rationale for the Program

Mainstream primary care generally provides a first point of contact for health services in Australia. However, cultural barriers can limit usage of these services by Aboriginal and Torres Strait Islander peoples. This program aims to ensure that mainstream primary care services (including but not limited to general practice, allied health, specialists) are able to provide culturally sensitive care for Indigenous Australians.

Increasing the capacity of mainstream primary care to provide culturally sensitive services for Indigenous Australians will increase the options available for Indigenous Australians.

Intended outcomes include:

- an increase in the overall health of the Indigenous population;
- improved access to culturally sensitive primary care services for Indigenous Australians; and
- improved management of chronic conditions experienced by Indigenous Australians.

2.2 Aim and objectives

The aim of the *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program* is to contribute to closing the gap in life expectancy by improving access to culturally sensitive primary care services for Indigenous Australians.

The objectives of the Program are to:

- increase access to mainstream primary care services by Aboriginal and Torres Strait Islander peoples;
- improve the capacity of general practice to deliver culturally sensitive primary care services;
- increase the uptake of Indigenous specific Medical Benefits Schedule (MBS) items including Indigenous health checks and follow up items;
- support mainstream primary care services to encourage Indigenous Australians to self-identify;
- increase awareness and understanding of *Closing the Gap* measures relevant to mainstream primary care; and
- foster collaboration and support between the mainstream primary care and the Indigenous health sectors.

2.3 Service delivery principles

Divisions network members are required to consider the following service delivery principles established by *the National Indigenous Reform Agreement (Closing the Gap)*

when implementing the *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program*:

- **Indigenous engagement:** Engagement with Indigenous men, women and children and communities should be central to the design and delivery of programs and services.
- **Access:** Programs and services should be physically and culturally accessible to Indigenous Australians, recognising the diversity of urban, regional and remote needs.
- **Accountability:** Programs and services should have regular and transparent performance monitoring, review and evaluation.

2.4 Components of the Program

The *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program* has two components:

a. Indigenous Health Project Officers

Funding will be provided for Indigenous Health Project Officer positions in Divisions of General Practice. Project Officer positions will also be provided at the State and National levels.

The allocation of funds for Project Officer positions in Divisions of General Practice is based on the size of the Indigenous population in the Division, with proportionately more funding allocated to Divisions with larger Indigenous populations. Not all Divisions of General Practice will receive funding for a Project Officer position.

Funding will commence in October 2009 and continue to 30 June 2012.

In recognition of the need for close cooperation between mainstream primary care providers and the Aboriginal Community Controlled Health sector, a Project Officer position will also be funded in the State and Territory-based Aboriginal Community Controlled Health peak bodies. These Guidelines do not include advice on implementation arrangements for positions in Aboriginal Community Controlled Health peak bodies.

b. Aboriginal and Torres Strait Islander Outreach Workers

As a separate component of the *Closing the Gap - Indigenous Chronic Disease Package*, funding will be provided to Divisions to employ local Aboriginal and Torres Strait Islander people to work as Aboriginal and Torres Strait Islander Outreach Workers. Outreach Workers will better connect Indigenous Australians to health services.

Forty three Outreach Worker positions will be funded in Divisions of General Practice from early 2010, with an additional 40 positions to commence from July 2010. Not all Divisions of General Practice will receive funding for an Outreach Worker position. However, where funding is provided, it is expected that Project Officers will play a key role in supporting Outreach Workers.

Funding is also provided under a separate element of the *Closing the Gap - Indigenous Chronic Disease Package* for Outreach Worker positions in the Aboriginal Community Controlled Health sector.

Funding will commence in February 2010 and continue to 30 June 2012.

3. Indigenous Health Project Officers

3.1 Roles and responsibilities

3.1.1 Australian General Practice Network (AGPN)

An Indigenous Health Project Officer in the AGPN will provide national coordination and leadership to the Divisions of General Practice network in the area of Indigenous health. Responsibilities will include:

- increasing awareness and understanding of relevant *Closing the Gap* measures at the national level;
- developing and implementing strategies to increase the uptake of Indigenous specific MBS items including Indigenous health checks and follow up items;
- developing and implementing strategies to support mainstream primary care services to encourage Aboriginal and Torres Strait Islander peoples to self-identify;
- developing and implementing strategies to support Project Officers and Outreach Workers in collaboration with State Based Organisations (SBOs);
- identifying and disseminating good models of practice to SBOs and Divisions;
- facilitating information sharing and collaboration between SBOs and Divisions;
- working with SBOs to establish and maintain an effective network of Project Officers in each State and Territory, particularly in regard to promoting *Closing the Gap* initiatives relevant to mainstream primary care;
- organising and managing regular meetings and teleconferences for the Project Officers working in SBOs (minimum of two face-to-face meetings annually); and
- developing and strengthening partnerships with the National Aboriginal and Community Controlled Health Organisation (NACCHO) and other relevant Indigenous health organisations.

Orientation, training and ongoing support of Project Officers will be critical to effective implementation of the *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program*. In 2009-10, AGPN will develop and deliver an orientation training package for Project Officers, including a national workshop. Project Officers in Divisions and SBOs will be required to participate in this training.

3.1.2 State Based Organisations

Indigenous Health Project Officers in SBOs will provide state level leadership to Divisions in the area of Indigenous health. Responsibilities will include:

- supporting Divisions of General Practice to implement the *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program*;
- increasing awareness and understanding of relevant *Closing the Gap* measures at the state level;
- developing and implementing strategies to increase the uptake of Indigenous specific MBS items including Indigenous health checks and follow up items;

- developing and implementing strategies to support mainstream primary care services to encourage Indigenous Australians to self-identify;
- developing and implementing strategies to support Project Officers and Outreach Workers in collaboration with the AGPN and other SBOs;
- establishing and strengthening links and partnerships with the Indigenous health sector, in particular the state-based Aboriginal Community Controlled Health peak body to address shared planning and priority setting;
- working with the AGPN and other SBOs to establish and maintain an effective network of Project Officers, including:
 - contributing to at least two face to face meetings convened by the AGPN; and
 - participating in activities led by the AGPN such as the development and delivery of an orientation package for Project Officers based in Divisions of General Practice; and
- organising and managing regular networking and information sharing for Divisions of General Practice in the State including:
 - at least two face-to-face meetings for Project Officers in Divisions of General Practice each year; and
 - at least one activity with each Division of General Practice each year, preferably a face-to-face meeting or teleconference.

Activities could involve:

- undertaking joint projects with the NACCHO state affiliate and assisting Divisions to support collaboration between mainstream and Indigenous primary care sectors at the local level;
- promoting the objectives and outcomes of the program, for example at meetings, conference presentations, state forums;
- providing support and working with Divisions of General Practice to raise mainstream primary care providers' awareness and understanding of *Closing the Gap* initiatives relevant to primary care;
- identifying and disseminating good models of practice to Divisions;
- coordinating the development of resources between Divisions and between national and local levels to reduce duplication of effort; and
- contributing to the development of resources for Divisions, for example, needs assessment tools and promotional materials.

3.1.3 Divisions of General Practice

Indigenous Health Project Officers in Divisions of General Practice will provide a focus on Indigenous health issues at the local level.

Responsibilities for Indigenous Health Project Officers will include:

- developing and implementing strategies to improve access to mainstream primary care for Aboriginals and Torres Strait Islanders;

- developing and implementing strategies to increase uptake of Indigenous specific MBS items including Indigenous health checks and follow up items;
- developing and implementing strategies to assist with self-identification of Indigenous Australians to mainstream primary care services;
- developing and implementing strategies to improve the capacity of general practice and other mainstream primary care providers to deliver culturally sensitive primary care services to Indigenous Australians, including any Indigenous specific MBS items.
- increasing awareness and understanding of relevant *Closing the Gap* measures;
- participating in at least two Project Officer meetings convened by the SBO as well as orientation and training activities coordinated by the AGPN; and
- collaborating with local Indigenous health services in a partnership approach for the delivery of primary care services.

Where funding is also provided to the Division for the employment of an Outreach Worker, the Project Officer will play a key role in supporting the Outreach Worker.

While Divisions must meet the overall objectives of the Program, activities should be tailored to meet local needs. Activities could involve:

- promoting the objectives and outcomes of the Program to community organisations, for example through website, conference presentations, at meetings and in reference groups for other projects;
- collaborating with Indigenous health organisations to identify and address barriers to Indigenous Australians accessing primary care services, including but not limited to general practice, pharmacy, allied health and specialists;
- promoting general practice as a valid, trustworthy and accessible first point of contact for Indigenous Australian's health needs;
- assisting general practice to manage specific Indigenous health needs and issues at the local level;
- providing support to general practices on methods to encourage Indigenous Australians to self-identify when accessing primary care services;
- delivering or coordinating cultural awareness training and quality improvement activities for primary care providers and Division staff;
- coordinating education events for general practitioners, other primary care providers and Division staff; and
- developing and disseminating information resources for Indigenous Australians relevant to accessing services and managing chronic disease.

3.1.4 Department of Health and Ageing

3.1.4.1 State and Territory Offices will be responsible for administering and managing the Program. They will take responsibility for:

- being the first point of contact at the Department for Divisions in relation to the Program (with the option to refer Divisions, where relevant to these Guidelines, to the relevant SBO, AGPN and/or Central Office);

- managing Division and SBO Schedules under the Deed;
- receiving, assessing and approving deliverables under Schedules to the Deed;
- approving payments;
- monitoring implementation and compliance of the Program by individual Divisions and SBOs; and
- alerting Central Office to performance or other State/Territory issues relevant to the Program and providing advice on their resolution.

3.1.4.2 Central Office has responsibility for:

- establishing the policy framework;
- establishing funding arrangements, including execution of Schedules to the Deed;
- managing AGPN's Schedule to the Deed;
- making payments to Divisions, SBOs and the AGPN in accordance with Schedules to the Deed;
- developing and maintaining Program Guidelines, Performance Indicators and reporting frameworks;
- monitoring and managing the Program; and
- evaluating and reporting on the Program.

3.2 Performance Indicators

3.2.1 Reporting requirements

Divisions network members are required to report against a set of Performance Indicators linked to the Program objectives.

Divisions network members must make themselves familiar with the Performance Indicators and reporting guide and ensure that they have systems in place to collect and collate the necessary information/data. This should include systems for the protection of private information and adherence to principles of confidentiality in accordance with Commonwealth and State/Territory legislation, where relevant.

Divisions network members will need to address Performance Indicators to an appropriate standard in each Six Month and Twelve Month Report (refer below) in order for those reports to be approved by the Department.

Performance Indicators for the Indigenous Health Project Officer component of the *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program*, are provided at Attachment 2.

The Department will also continue to monitor Divisions' performance against the Divisions of General Practice Program Access 2 National Performance Indicator relating to the number of health checks and health assessments provided to Indigenous Australians within the Division.

3.3 Qualifications/Recruitment

There is no prescriptive role statement for Indigenous Health Project Officer positions. However, it is expected that Project Officers will have the qualifications and /or skills and experience in working with Indigenous Australians required for the performance of the activities outlined in these Program Guidelines.

Divisions are encouraged to employ Aboriginals and Torres Strait Islanders to work as Project Officers where possible.

Divisions are required to inform their State and Territory Offices when Project Officers have been recruited. Advice must be provided in writing within 14 days from finalisation of recruitment.

3.4 Funding arrangements

3.4.1 Funding eligibility

Funding for Indigenous Health Project Officer positions in Divisions of General Practice is based on the size of the Indigenous population in the Division, with proportionately more funding allocated to Divisions with larger Indigenous populations.

While the allocation of funds has been based on employment of either a full or part-time Project Officer, there is flexibility to allocate the funds to employ more than one person. Individual arrangements can be tailored to meet local needs.

Divisions also have flexibility to work with neighbouring Divisions in the delivery of the Program, including through pooling of resources. Such arrangements would need to be facilitated by individual Divisions and the relevant SBO. Such arrangements would need to be reflected in Interim/Annual Plans, and State and Territory Offices must be advised.

3.4.2 Funding package

The funding package provided to Divisions network members provides only for salaries, salary on-costs, travel and administration of the Program and as specified in the Financial Planning and Reporting Template supplied by the Department. Funding must not be used to provide clinical services.

Divisions will be required to fund travel and accommodation costs for their Indigenous Health Project Officer to attend 2 Project Officer meetings convened by the SBO each year, as well as any orientation and training activities.

State Based Organisations will be required to fund travel and accommodation costs for their Project Officer to attend Project Officer meetings convened by the AGPN twice a year, as well as any orientation and training activities appropriate to the role of the position.

In accordance with the *Closing the Gap – Improving Indigenous Access to Mainstream Primary Care Program* Schedules to the Divisions of General Practice Program Deed for Multi-Program Funding, funds must not be used to purchase assets. Clause 4.8 of the Deed stipulates that funds must not be used for finance leases, including for vehicles, unless agreed in writing by the Deed Manager. Division network members must comply with the terms of the Deed before entering into leasing arrangements.

3.4.3 Acceptable use of funds

There is flexibility to allocate the funds to employ more than one person. Individual arrangements can be tailored to meet local needs.

Divisions also have flexibility to work with neighbouring Divisions following collaborative agreement by all parties. This may include pooling of resources.

Such arrangements would need to be facilitated by individual Divisions and the relevant SBO and reflected in Interim/Annual Plans. The relevant State or Territory Office must be advised of any such arrangement and Divisions will need to receive prior approval by the Department through the Interim/Annual Plan process.

3.5 Planning and Reporting

As part of their deliverables under the Deed, Divisions, SBOs and the AGPN are required to submit Annual Plans and Annual Budgets and Six and Twelve Month Reports (including financial reports). Divisions must meet these requirements in order to receive Program funding.

Annual Plans, Annual Budgets, Six and Twelve Month Reports for Divisions and SBOs must be submitted using the Divisions On-line Reporting System. The AGPN will submit Annual Plans, Annual Budgets, Six and Twelve Month Reports to the Department in hard copy.

3.5.1 Annual Plan and Annual Budget

It is expected that Divisions network members will undertake a Needs Assessment to inform their strategic planning. The Needs Assessment will address the objectives of the Indigenous Health Project Officer component of the *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program* and identify:

- the service delivery model that will be employed;
- the process to identify and respond to local needs;
- existing barriers to Aboriginals and Torres Strait Islanders accessing mainstream primary care;
- prioritisation of needs; and
- risk management strategies that address the particular circumstances and/or characteristics of the Division.

Development of the Needs Assessment must involve consultation with stakeholders, including local Indigenous health services and Indigenous community members. A separate Needs Assessment will not be required for Aboriginal and Torres Strait Islander Outreach Workers. Guidance on Needs Assessment content is provided at Attachment 3.

The 2009-10 Interim Plan (covering the period from execution of the Schedule to the Deed to 30 June 2010) will outline proposed activities identified as a result of the Needs Assessment.

The documented Needs Assessment must be provided with the Interim Plan. A proposed budget for 2009-10 must also be submitted in accordance with the *Divisions of General Practice Program Financial Reporting Framework*.

In subsequent years, the Annual Plan and Budget should be based on a review of the Needs Assessment, taking into account experience in delivery of the program in the first year, progress to date and recent changes in circumstances. These reviews must also involve consultation with local Indigenous health services and Indigenous community members.

The requirement to report against Performance Indicators will also need to be taken into account in developing each Interim/Annual Plan.

3.5.2 Six and Twelve Month Reports

Divisions network members will be required to submit Six and Twelve Month Reports each year. These reports will outline progress made against activities outlined in the Interim/Annual Plans and the outcomes achieved. The Six and Twelve month reports will also include reporting against Performance Indicators.

For 2009-10, in lieu of a Six Month Report, Divisions network members will be required to submit a Progress Report (covering the period from execution of the Schedule to the Deed to 30 April 2010). This report will outline progress made and outcomes achieved against activities outlined in the Interim Plan. Reporting against Performance Indicators will not be required.

Financial reports are also required as part of Six and Twelve Month Reports. These reports must be provided in accordance with the Divisions of General Practice Program Financial Reporting Framework.

The financial reports provided as part of the Twelve Month Reports must be prepared by an independent qualified auditor in accordance with the *Australian Accounting Standards and Australian Auditing Standards* and the requirements detailed in Schedule 2 of the Deed.

3.5.3 Assessment and Approval

Payments to Divisions network members will be dependent on approval of deliverables by the Department.

In assessing Plans, Budgets and Six and Twelve Month Reports, the Department will consider:

- How well the objectives of the Programs are being met;
- How well the identified needs are being met;
- Reporting against Performance Indicators (where required);
- Whether the requirements of the contract and these Guidelines are met; and
- Whether activities are cost-effective and align with Program outcomes.

3.5.4 Requests for Carryover

If there are Unspent and Uncommitted Funds at the end of the financial year these funds may be carried over into the next financial year for use in activities covered by the Interim/Annual Plan without the consent of the Department, up to a threshold of \$5,000.

However, should the level of Unspent and Uncommitted Funds be greater than \$5,000 an application for carryover of the full amount of the Unspent or Uncommitted Funds must be submitted to the Department for assessment.

If there is any doubt that the level of Unspent or Uncommitted Funds will be greater than the threshold, an application for carryover should be submitted.

For Divisions and SBOs an application form and guidelines will be available on the Divisions On-line Reporting System. A paper-based application form will be available for AGPN.

As a minimum, the application for carryover will include the following information:

- a. the amount of Funds that remain Unspent and Uncommitted;
- b. the amount of Funds requested for carryover;
- c. the reason for the Unspent and Uncommitted Funds; and
- d. the proposed activities for the use of the Funds.

An application must be made as close to the end of the financial year as possible, and no later than the date for the Twelve Month Report.

Given that the Indigenous Health Project Officer component of the *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program* did not commence until late in 2009, the Department will take a flexible approach to assessment of applications to carryover funds from the 2009-10 financial year to the 2010-11 financial year.

4. Aboriginal and Torres Strait Islander Outreach Workers

4.1 Roles and responsibilities

4.1.1 Divisions of General Practice

The Aboriginal and Torres Strait Islander Outreach Worker will work with the Indigenous Health Project Officer to help local Indigenous Australians make better use of available health care services. The Outreach Worker will undertake the following tasks, under supervision:

- **community liaison:** establish links with local Indigenous communities to encourage and support the increased use of health services, including Indigenous Health Checks, and to identify Indigenous Australians who would benefit from improved access to these health services;
- **administration and support:** assist the Project Officer to identify barriers that may impact on access to health services by Indigenous Australians;
- **provide practical assistance:** provide practical assistance to identified Indigenous Australians to attend appointments for any recommended Indigenous Health Checks and to access other health services as required, including follow-up care, specialist services, and community pharmacies; and
- **provide feedback regarding access problems:** provide feedback to the Division regarding problems encountered that may be restricting Indigenous Australians' access to health or related services, and in conjunction with the Project Officer work to implement solutions.

Divisions will have the flexibility to tailor the role and activities of the Outreach Worker to suit local needs, taking into account the objectives of the Program. Broadly, it is expected that the Outreach Worker will undertake non-clinical activities such as:

- distributing information/resources to local Indigenous communities about available services and encouraging them to contact primary health care services in their region (both Indigenous specific and private GPs);
- encouraging and helping Indigenous Australians to attend appointments, including for Indigenous Health Checks, and assisting them in filling out forms and communicating with reception staff;
- encouraging and assisting Indigenous Australians to:
 - return for follow up appointments with their GP and/or practice nurse;
 - return for relevant diagnostic tests and /or referrals to other primary health care providers (including allied health);
 - attend referred specialist services and care coordination, as necessary; and
 - collect prescribed medications from the pharmacist.

- encouraging Indigenous Australians to:
 - self-identify; and
 - register for a Medicare card.
- distributing information to Indigenous Australians about other relevant Closing the Gap measures including tobacco programs, health and wellbeing programs.

4.1.2 Department of Health and Ageing

4.1.2.1 State and Territory Offices will be responsible for administering and managing the Program. They will take responsibility for:

- being the first point of contact at the Department for Divisions in relation to the Program (with the option to refer Divisions, where relevant to these Guidelines, to the relevant SBO, AGPN and/or Central Office);
- managing Division Schedules under the Deed;
- receiving, assessing and approving deliverables under Schedules to the Deed;
- approving payments;
- monitoring implementation and compliance of the Program by individual Divisions; and
- alerting Central Office to performance or other State/Territory issues relevant to the Program and providing advice on their resolution.

4.1.2.2 Central Office has responsibility for:

- establishing the policy framework;
- establishing funding arrangements, including execution of Schedules to the Deed;
- making payments to Divisions in accordance with Schedules to the Deed;
- developing and maintaining Program Guidelines, Performance Indicators and reporting frameworks;
- monitoring and managing the Program; and
- evaluating and reporting on the Program.

4.2 Performance Indicators

4.2.1 Reporting requirements

Divisions are required to report against a set of Performance Indicators linked to the Program objectives.

Divisions must make themselves familiar with the Performance Indicators and reporting guide and ensure that they have systems in place to collect and collate the necessary information/data. This should include systems for the protection of private information and adherence to principles of confidentiality in accordance with Commonwealth and State/Territory legislation, where relevant.

Divisions will need to address Performance Indicators to an appropriate standard in each Six Month and Twelve Month Report in order for those reports to be approved by the Department. In 2009-10, reporting against Performance Indicators will not be required (refer 4.5.2 Six and Twelve Month Reports below).

Performance Indicators for the Aboriginal and Torres Strait Islander Outreach Worker component of the *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program*, are provided at Attachment 4.

4.3 Qualifications/Recruitment

Funding has been provided under this measure for local Aboriginal and Torres Strait Islander people to work as Outreach Workers supported by Indigenous Health Project Officers.

Outreach Workers will need to have strong links with the local community and possess effective communication skills.

On employment, Outreach Workers may have few or no formal qualifications. However, funding is provided under a separate element of the *Closing the Gap* package to develop appropriate training to Certificate II level in Aboriginal and/or Torres Strait Islander Primary Health Care. This training should be made available where appropriate.

There is no prescriptive role statement for the Outreach Worker positions. Divisions will have the flexibility to tailor the role and activities of the Outreach Worker to suit local needs, taking into account the objectives outlined in these Program Guidelines.

Divisions are required to inform their State and Territory Offices when Outreach Workers have been recruited. Advice must be provided in writing within 14 days from finalisation of recruitment.

4.4 Funding arrangements

4.4.1 Funding eligibility

The allocation of Outreach Workers across both the Divisions network and Aboriginal Community Controlled Health sector is generally proportional to the Indigenous population in each jurisdiction.

Funding for Outreach Workers in the Divisions network is largely based on the recommendations of the Indigenous Health Partnership Forums in each jurisdiction. Funding allocations also take into account:

- Indigenous population in the Division;
- numbers of PIP practices in the Division; and
- distribution of Outreach Workers in the ACCHO sector.

Funding has only been allocated to Divisions receiving funding for an Indigenous Health Project Officer.

4.4.2 Funding package

The funding package provided to Divisions provides only for salaries, salary on-costs, travel and administration of the Program and as specified in the Financial Planning and Reporting Template supplied by the Department.

Funding must not be used to provide clinical services.

Funding may be used to cover:

- Travel costs associated with Outreach Workers assisting Indigenous Australians to attend appointments (e.g. leasing a vehicle, taxis, reimbursing staff for use of private vehicles).

In accordance with the *Closing the Gap – Improving Indigenous Access to Mainstream Primary Care Program* Schedules to the Divisions of General Practice Program Deed for Multi-Program Funding, funds must not be used to purchase assets. Clause 4.8 of the Deed stipulates that funds must not be used for finance leases, including for vehicles, unless agreed in writing by the Deed Manager. Division network members must comply with the terms of the Deed before entering into leasing arrangements.
- Training for Outreach Workers is funded under a separate *Closing the Gap* measure. However, Divisions will be required to fund any travel and accommodation costs associated with attending orientation and training activities.

4.4.3 Acceptable use of funds

There is flexibility to allocate the funds to employ more than one person. Individual arrangements can be tailored to meet local needs.

Divisions also have flexibility to work with neighbouring Divisions, in the delivery of the program, following collaborative agreement by all parties. This may include pooling of resources.

Such arrangements would need to be facilitated by individual Divisions and the relevant SBO and reflected in Interim/Annual Plans. The relevant State or Territory Office must be advised of any such arrangement and Divisions will need to receive prior approval by the Department through the Interim/Annual Plan process.

4.5 Planning and Reporting

As part of their deliverables under the Deed, Divisions are required to submit Annual Plans, Annual Budgets and Six and Twelve Month Reports (including financial reports). Divisions must meet these requirements in order to receive Program funding.

Annual Plans, Annual Budgets, Six and Twelve Month Reports must be submitted using the Divisions On-line Reporting System.

4.5.1 Annual Plan and Annual Budget

The 2009-10 Interim Plan (covering the period from execution of the Schedule to the Deed to 30 June 2010) will outline proposed activities identified as a result of the Needs

Assessment undertaken for the Indigenous Health Project Officer component of the Program. A separate Needs Assessment will not be required for Aboriginal and Torres Strait Islander Outreach Workers.

A proposed budget for 2009-10 must also be submitted in accordance with the Divisions of General Practice Program Financial Reporting Framework.

In subsequent years, the Annual Plan and Budget should be based on a review of the Needs Assessment undertaken for the Project Officer component of the Program. The Annual Plan and Budget must take into account experience in delivery of the program in the first year, progress to date and recent changes in circumstances. These reviews must also involve consultation with local Indigenous health services and Indigenous community members.

The requirement to report against Performance Indicators will also need to be taken into account in developing each Annual Plan.

4.5.2 Six and Twelve Month Reports

Divisions will be required to submit Six and Twelve Month Reports each year. These reports will outline progress made against activities outlined in the Interim/Annual Plans and the outcomes achieved. The Six and Twelve Month Reports will also include reporting against Performance Indicators.

Financial reports are also required as part of Six and Twelve Month Reports. These reports must be provided in accordance with the Divisions of General Practice Program Financial Reporting Framework.

The financial reports provided as part of the Twelve Month Reports must be prepared by an independent qualified auditor in accordance with the *Australian Accounting Standards and Australian Auditing Standards* and the requirements detailed in Schedule 2 of the Deed.

Reporting requirements in 2009-10

For 2009-10, the Six Month Report will consist of a Progress Report covering the period from execution of the Schedule to the Deed to 30 June 2010. This report will outline progress made and outcomes achieved against activities outlined in the Interim Plan. Reporting against Performance Indicators will not be required.

4.5.3 Assessment and Approval

Payments to Divisions will be dependent on approval of deliverables by the Department.

In assessing Plans, Budgets, Six and Twelve Month Reports, the Department will consider:

- how well the objectives of the Program are being met;
- how well the identified needs are being met;
- reporting against Performance Indicators (where required);
- whether the requirements of the contract and these Guidelines are met; and
- whether activities are cost-effective and align with Program outcomes.

4.5.4 Requests for Carryover

If there are Unspent and Uncommitted Funds at the end of the financial year these funds may be carried over into the next financial year for use in activities covered by the Annual Plan without the consent of the Department, up to a threshold of \$5,000.

However, should the level of Unspent and Uncommitted Funds be greater than \$5,000 an application for carryover of the full amount of the Unspent or Uncommitted Funds must be submitted to the Department for assessment. If there is any doubt that the level of Unspent or Uncommitted Funds will be greater than the threshold, an application for carryover should be submitted.

An application form and guidelines will be available on the Divisions On-line Reporting System.

As a minimum, the application for carryover will include the following information:

- a. the amount of Funds that remain Unspent and Uncommitted;
- b. the amount of Funds requested for carryover;
- c. the reason for the Unspent and Uncommitted Funds; and
- d. the proposed activities for the use of the Funds.

An application must be made as close to the end of the financial year as possible, and no later than the date for the Twelve Month Report.

Given that funding for the Aboriginal and Torres Strait Islander Outreach Worker component of the *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program* will not commence until early in 2010, the Department will take a flexible approach to assessment of applications to carryover funds from the 2009-10 financial year to the 2010-11 financial year.

5. Evaluation

The Department will conduct a formal evaluation of the *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program* as part of an overall evaluation of the *Closing the Gap Indigenous Chronic Disease Package*. Divisions will be required to contribute to the evaluation of the *Closing the Gap Indigenous Chronic Disease Package* by providing qualitative or quantitative data as agreed with the Department.

All Divisions network members are required to evaluate any key projects undertaken using Program funds. As a minimum, this should include a low-key in-house evaluation of projects and standardised feedback forms to be completed by attendees at education events.

6. Maintenance of Information and Data

Divisions network members are required to collect and maintain the information and data needed to meet the planning, reporting and evaluation requirements set out above.

7. Further information

For further information about the Australian Government's *Closing the Gap - Improving Indigenous Access to Mainstream Primary Care Program*, contact your State or Territory Office.

Additional information about the Australian Government's *Closing the Gap Indigenous Chronic Disease Package* can be found at:

Website: <http://www.health.gov.au/tackling-chronic-disease> or

Email: ICDP@health.gov.au.

8. Useful resources

Policy

Australian Government (2009), *Closing the Gap on Indigenous Disadvantage: The Challenge for Australia*, <http://www.fahcsia.gov.au/about/news/2009/Pages/Closingthegap.aspx>.

COAG (2008), *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes*, Council of Australian Governments, http://www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/national_partnership/NP_closing_the_Gap_indigenous_health_outcomes.pdf

Data

ABS (2006), *National Aboriginal and Torres Strait Islander Health Survey 2004-05*, Australian Bureau of Statistics, catalogue number 4715.0, www.abs.gov.au.

AIHW (2008), *Aboriginal and Torres Strait Islander Health Performance Framework 2008 Report*, Australian Institute of Health and Welfare, www.aihw.gov.au.

Deeble *et al* (2008), *Expenditures on Health for Aboriginal and Torres Strait Islander Peoples 2004-05*, Australian Institute of Health and Welfare, www.aihw.gov.au.

AGPN (2009), *General Practice Network Activity in Indigenous Health: Survey Results*, Australian General Practice Network, www.agpn.com.au.

Research

Australian Indigenous Health *Infonet*, <http://www.healthinfonet.ecu.edu.au>.

Services

Medicare Australian Indigenous Services Information <http://www.medicareaustralia.gov.au/public/services/indigenous/index.jsp#N10095>.

Closing the Gap - Programs relevant to mainstream primary care

PIP Indigenous Health Incentive

The Practice Incentives Program (PIP) Indigenous Health Incentive will support general practices and Indigenous health services to provide better health care for Aboriginal and Torres Strait Islander peoples, including best practice management of chronic disease.

The PIP Indigenous Health Incentive will have three components:

- Sign-on payment: a one-off payment of \$1,000 to practices that join the incentive and agree to undertake specified activities to improve the provision of care to their Aboriginal and Torres Strait Islander patients with chronic disease;
- Patient registration payment: \$250 to practices for each Aboriginal and Torres Strait Islander patient aged 15 years and over, registered with the practice for chronic disease management in a calendar year; and
- Outcomes payment: Tier 1 - \$100 to practices for each registered patient for whom a target level of care is provided by the practice in a calendar year. Tier 2 - \$150 to practices for each registered patient for whom the majority of care is provided by the practice in a calendar year.

For more information on the PIP Indigenous Health Incentive visit the Medicare Australia web site at www.medicareaustralia.gov.au/pip.

Chronic Disease Management - Care Coordination and Supplementary Services

Patients registered with PIP practices for care of their chronic condition may be referred for more active care coordination where their GP thinks this would be of benefit to the patient.

Care coordination will support individual patients to ensure that they are accessing services consistent with their care plan by arranging services required, assisting the patient to attend appointments, transferring and updating of medical records, and ensuring regular reviews are undertaken by the patient's primary care provider.

State Based Organisations (SBOs) of the Divisions of General Practice network will manage overall program funds. SBOs will subcontract to Divisions of General Practice or other nominated fund holders (if required), or lead/groupings of Divisions to provide these care coordination services.

Care coordinators will have access to a pool of funds that can be used to purchase supplementary services, such as allied health services where these are not available through other sources within clinically indicated timeframes. The funds pool may also be used to fund local transport for patients to travel to health care appointments.

Increasing Specialist Follow-up Care

This program will provide funds to assist with the cost of follow up specialist care for Aboriginals and Torres Strait Islanders with a chronic disease and support private specialists to provide outreach services to Indigenous patients in urban areas.

The urban outreach services will complement an expansion of the Medical Specialist Outreach Assistance Program (MSOAP) in rural and remote areas.

This component is scheduled to commence in May 2010 at the same time as the PIP Indigenous Health Incentive and the Care Coordination and Supplementary Services (CCSS) Program.

Medical Specialist Outreach Assistance Program (MSOAP) – Indigenous Chronic Disease (ICD) Measure

MSOAP currently aims to improve rural and remote community access to medical specialist services. This is achieved by addressing some of the financial disincentives incurred by specialists in providing outreach services in rural and remote locations. The MSOAP is being expanded to introduce multidisciplinary teams, comprising specialists, general practitioners and allied health professionals, to better manage complex and chronic health conditions in rural and remote Indigenous communities

Pharmaceutical Benefits Scheme (PBS) Co-payment Measure

From the 1 July 2010, this measure will assist Aboriginal and Torres Strait Islander peoples to better access Pharmaceutical Benefits Scheme (PBS) medicines by providing co-payment relief. Assistance will be available to patients presenting with a chronic disease and/or chronic disease risk factor at a non-remote Indigenous Health Service (HIS), or a general practice participating in the Indigenous Health Incentive (IHI) under the Practice Incentive Program (PIP). Increased access to PBS medicines will help improve prevention and management of chronic disease for Aboriginal and Torres Strait Islander peoples.

General practitioners (GP) and community pharmacists are the key health professionals involved in implementing the measure. GPs will identify and, with their consent, register eligible patients for the measure, then annotate patients' PBS prescriptions in an approved manner. Community pharmacists will update patients' details in the dispense system to identify those entitled to co-payment relief.

Patients who would normally pay the full co-payment of \$32.90 will pay the concessional rate of \$5.30. Concessional patients will receive their PBS medicines free of co-payment. Premiums for some brands of medicines will need to be paid by the patient. Community pharmacies will be reimbursed the proportion of the normal PBS Co-payment that has been forgone.

Depending on the local environment, other health professionals that will need to be aware of the measure may include Aboriginal health workers, dentists and sessional / visiting medical specialists working from Indigenous Health Services, practice nurses, nurse practitioners, pharmacy managers, and pharmacy assistants (amongst others).

Clinical Practice and Decision Support Guidelines

The aim of the Primary Health Care Resource (C5 measure) is to support and promote individual primary health care workers in the mainstream and Indigenous sector to better prevent, identify and manage chronic disease in Indigenous Australians.

For Indigenous Australians the resource will:

- improve the diagnosis and management of people with chronic disease in a timely and culturally appropriate manner; and
- reduce acute presentations, and provide better continuity of care.

For health service providers the resource will:

- provide easily accessible and culturally appropriate information for the prevention, detection and management of chronic disease in Indigenous Australians; and
- support and improve the use of best practice in the management of chronic disease for Indigenous Australians.

The resource will be developed over the 2 year period, 2009/10 to 2010/11 and will bring together existing tools and guides from a wide range of sources, providing primary health care workers in both the mainstream and Indigenous sector with access to relevant information. It will cover the following major contributors to the burden of chronic disease in Indigenous Australians: cardiovascular disease, diabetes, chronic respiratory disease, chronic kidney disease and cancer. It will also identify and address factors important in the prevention and management of chronic disease throughout the life course, including the incorporation of important cultural information. The resource will be targeted at all health professionals working in primary care in urban, regional and remote settings; however, everyone will be able to access the resource (eg. community members, specialists).

**Performance Indicators
Indigenous Health Project Officers
Divisions of General Practice (including NT and ACT)**

INDICATOR	REPORTING GUIDE
<p>1. Impact of activities and approaches used to address barriers to the use of mainstream primary care services by Indigenous Australians.</p>	<p>Divisions will be required to:</p> <ul style="list-style-type: none"> • outline the activity undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.
<p>2. Impact of activities and approaches used to improve the capacity of mainstream primary care to deliver culturally sensitive services for Indigenous Australians.</p>	<p>Divisions will be required to:</p> <ul style="list-style-type: none"> • outline the activity undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.
<p>3. Impact of activities and approaches used to increase awareness and understanding of relevant <i>Closing the Gap</i> measures.</p>	<p>Divisions will be required to:</p> <ul style="list-style-type: none"> • outline the activity undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.
<p>4. Impact of collaboration with local Indigenous services to address shared planning and priority setting.</p>	<p>Divisions will be required to:</p> <ul style="list-style-type: none"> • outline the activity undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.

INDICATOR cont.	REPORTING GUIDE cont.
<p>5. The number of <i>Follow-up Allied Health Services for People of Aboriginal and Torres Strait Islander Descent</i> (MBS Item 81300-81360) provided to patients in the Division.</p>	<p>The Department will provide MBS data. Divisions will be asked to comment on changes over time and discuss successes and challenges.</p>
<p>6. Where funding is provided to the Division for the employment of an Aboriginal and Torres Strait Islander Outreach Worker, the impact of the strategies used to recruit and support of the Outreach Worker.</p>	<p>Divisions will be required to:</p> <ul style="list-style-type: none"> • outline the activity undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.

(NB: The Department will also continue to monitor Divisions' performance against the Divisions of General Practice Program Access 2 National Performance Indicator relating to the number of health checks and health assessments provided to Indigenous Australians within the Division).

From 2010-11 the Department may introduce performance indicators linked to:

- broader MBS data on Medicare services provided to patients registered as Indigenous Australians (eg. general consultation items);
- the number of GP practices participating in the PIP Indigenous Health Incentive Program; and
- the number and proportion of general practices using a practice register/recall reminder system to identify patients of Aboriginal and Torres Strait Islander origin.

**Performance Indicators
Indigenous Health Project Officers
State Based Organisations**

INDICATOR	REPORTING GUIDE
<p>1. Impact of support for Divisions of General Practice to implement the <i>Closing the Gap - Improving Indigenous Access to Mainstream Primary Care</i> measure, including activities to promote best practice.</p>	<p>SBOs will be asked to:</p> <ul style="list-style-type: none"> • outline activities undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.
<p>2. Impact of activities to increase understanding at the State level of the <i>Closing the Gap</i> measures relevant to mainstream primary care.</p>	<p>SBOs will be asked to:</p> <ul style="list-style-type: none"> • outline activities undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.
<p>3. Impact of contribution to activities to support the network of Indigenous Health Project officers, including meetings with Divisions and attendance at meetings organised by AGPN.</p>	<p>SBOs will be asked to:</p> <ul style="list-style-type: none"> • outline activities undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.
<p>4. Impact of collaboration between the mainstream and Indigenous health sectors in the State, including with NACCHO state affiliates.</p>	<p>SBOs will be asked to:</p> <ul style="list-style-type: none"> • outline collaborations undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.

INDICATOR cont.	REPORTING GUIDE cont.
<p>5. The number of <i>Follow-up Allied Health Services for People of Aboriginal and Torres Strait Islander Descent</i> (MBS Item 81300-81360) provided to patients in the State.</p>	<p>The Department will provide MBS data. SBOs will be asked to comment on changes over time and discuss successes and challenges.</p>
<p>6. Impact of strategies developed to support Aboriginal and Torres Strait Islander Outreach Workers.</p>	<p>SBOs will be asked to:</p> <ul style="list-style-type: none"> • outline activities undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.

(NB: The Department will also continue to monitor performance against the Divisions of General Practice Program Access 2 National Performance Indicator relating to the number of health checks and health assessments provided to Indigenous Australians in the State).

From 2010-11 the Department may introduce performance indicators linked to:

- broader MBS data on Medicare services provided to patients registered as Indigenous Australians (eg. general consultation items);
- the number of GP practices participating in the PIP Indigenous Health Incentive Program; and
- the number and proportion of general practices using a practice register/recall reminder system to identify patients of Aboriginal and Torres Strait Islander origin.

**Performance Indicators
Indigenous Health Project Officers
Australian General Practice Network**

INDICATOR	REPORTING GUIDE
<p>1. Impact of leadership in implementation of the Improving Indigenous Access to Mainstream Primary Care measure, including activities to promote best practice.</p>	<p>AGPN will be asked to:</p> <ul style="list-style-type: none"> • outline activities undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.
<p>2. Impact of leadership in increasing awareness and understanding at the national level of the <i>Closing the Gap</i> measures relevant to mainstream primary care.</p>	<p>AGPN will be asked to:</p> <ul style="list-style-type: none"> • outline activities undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes
<p>3. Impact of leadership in development and maintenance of an effective network of Indigenous Health Project Officers.</p>	<p>AGPN will be asked to:</p> <ul style="list-style-type: none"> • outline activities undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.
<p>4. Impact of collaboration between the mainstream and Indigenous health sectors including the National Aboriginal Community Controlled Health Organisation.</p>	<p>AGPN will be asked to:</p> <ul style="list-style-type: none"> • outline collaborations undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.

INDICATOR cont.	REPORTING GUIDE cont.
<p>5. Impact of strategies developed to support Aboriginal and Torres Strait Islander Outreach Workers.</p>	<p>AGPN will be asked to:</p> <ul style="list-style-type: none"> • outline activities undertaken; • discuss successes and challenges; and • discuss actual and expected outcomes.

(NB: The Department will also continue to monitor performance against the Divisions of General Practice Program Access 2 National Performance Indicator relating to the number of health checks and health assessments provided to Indigenous Australians in Australia).

From 2010-11 the Department may introduce performance indicators linked to:

- broader MBS data on Medicare services provided to patients registered as Indigenous Australians (eg. general consultation items);
- the number of GP practices participating in the PIP Indigenous Health Incentive Program; and
- the number and proportion of general practices using a practice register/recall reminder system to identify patients of Aboriginal and Torres Strait Islander origin.

Guidance on Needs Assessment Content

Divisions of General Practice

This document sets out the Department of Health and Ageing's expectations on the issues Division's needs assessments should, at a minimum, address. Divisions will be required to upload a copy of their needs assessment report onto the Divisions On-line Reporting System as part of the 2009-10 Interim Plan submission process.

In undertaking the needs assessment process, Divisions will have the flexibility to target particular practices or specific communities in the region.

The needs assessment report to the Department should be a descriptive summary of the issues set out below. The Department acknowledges that for the 2009-10 Interim Plan, the Needs Assessment may to some extent be limited by the Division's ability to establish working relationships with stakeholders in the time available. Where this is the case, the Division should outline areas affected. The Needs Assessment for subsequent years will be expected to address any gaps.

The process for undertaking the needs assessment and its presentation are at the discretion of the Division. However, Divisions will be required to structure the needs assessment under the bold headings provided below.

Information sources Division's might use include: the Division's existing records, Australian Bureau of Statistics, Australian Institute of Health and Welfare, public health websites, research undertaken by Universities, local government etc, stakeholder consultations, surveys etc.

Local Indigenous population characteristics

- Demographics – including age, income, employment status, population clusters.
- Population health profile – including incidence and distribution of key health conditions.
- Health priorities for the population – identified at a local, state and/or national level.

Existing mainstream and Indigenous health services

- Types of relevant existing services and programs (eg Aboriginal Medical Services, general practice including bulk billing practices, after hours services, allied health, specialists, community health, dental, local/state/national government programs, non-government organisation programs, private institutions eg private hospitals).
- Existing tools, resources, information materials, training etc that could be used under the program.

Stakeholder views and expectations

- Indigenous community members.
- Key Indigenous stakeholder groups – including local Indigenous health services, consumer and health provider groups and any regional CTG committees.

- Key mainstream service providers/groups (e.g. community health services, hospital Aboriginal Liaison Officers).
- Views of these groups – eg on health needs, existing services, barriers to access, potential program implementation models, priorities.
- Opportunities for collaboration - eg with stakeholders, other programs, other Divisions, local and state governments.

Analysis

- Prioritisation of health and access needs of the local Indigenous population or of actions to achieve prioritisation.
- Strengths and weaknesses of current service provision, including *gaps* in services and *barriers* to access or processes needed to identify these. Access barriers might include:
 - distance;
 - transport;
 - cultural issues;
 - cost;
 - competing commitments, eg work, personal, family;
 - patients not identifying their Indigenous status and therefore being able to access Indigenous specific programs/initiatives (eg Indigenous health checks);
 - Indigenous community awareness, perceptions and expectations of services, and health literacy;
 - waiting lists;
 - opening hours;
 - poor communication or collaboration between providers; and
 - characteristics of health providers (eg availability of female, male or Indigenous providers, cultural sensitivity, language barriers, openness to serving Indigenous clients, community control).

Identification of options for program implementation

Existing models that could be adapted locally

- Identification and assessment of existing models – eg those implemented in Indigenous or mainstream communities, locally/elsewhere in Australia or overseas.

Prioritisation of options in consultation with local Indigenous stakeholders

Risk assessment and management plan for program implementation

Guidance on Needs Assessment Content State Based Organisations

This document sets out the Department of Health and Ageing's expectations on the issues that SBO's Needs Assessments should, at a minimum, address. SBOs will be required to upload a copy of their Needs Assessment Report onto the Divisions On-line Reporting System as part of the 2009-10 Interim Plan submission process.

The Needs Assessment Report to the Department should be a descriptive summary of the issues set out below. The Department acknowledges that for the 2009-10 Interim Plan, the Needs Assessment may to some extent be limited by the SBO's ability to establish working relationships with stakeholders in the time available. Where this is the case, the SBO should outline areas affected. The Needs Assessment for subsequent years will be expected to address any gaps.

In addition, the Interim Plan for 2009-10 will not be expected to comprehensively cover needs at the Division level. It is expected that this will be developed over time.

The process for undertaking the Needs Assessment and its presentation are at the discretion of the SBO. However, SBOs will be required to structure the Needs Assessment under the bold headings provided below.

Information sources SBOs might use include: the SBO's existing records, Australian Bureau of Statistics, Australian Institute of Health and Welfare, public health websites, research undertaken by Universities, state government etc, stakeholder consultations, surveys etc.

State Indigenous population characteristics

- Demographics – including age, income, employment status, population clusters.
- Population health profile – including incidence and distribution of key health conditions.
- Health priorities for the population – identified at a local, state and/or national level.

Existing State network Indigenous health activity

- A summary of existing Indigenous health activities/programs delivered by Divisions in the State, where available.
- Existing tools, resources, information materials that could be used under the Program.

Stakeholder views and expectations

- SBO member organisations.
- Key Indigenous stakeholder groups – including the NACCHO State Affiliate, consumer and health provider groups and the Indigenous Health Partnership Forum.
- Key mainstream service providers/groups - e.g. peak state organisations, state government.

- Views of these groups – e.g. on health needs, existing services, barriers to access, potential program implementation models, priorities.
- Opportunities for collaboration – e.g. with stakeholders including the NACCHO State Affiliate, other programs, state governments.

Analysis

- Prioritisation of supports needed by Divisions in the State to more effectively increase access and improve the cultural sensitivity of mainstream primary care for Indigenous Australians.
- Strengths and weaknesses of current service provision across the State (particularly in state-wide systems). Factors to consider include:
 - integration of mainstream and Indigenous-specific services and of private and government run services; and
 - capacity of mainstream services to provide culturally sensitive care.
- Strengths and weaknesses of current State network capacity, including *gaps* in services and *barriers* to effective program implementation. Factors to consider include:
 - relationships between Divisions and key stakeholders;
 - capacity of Divisions to provide a culturally sensitive work environment for Indigenous staff; and
 - support, networking and training needs of Indigenous Health Project Officers and Indigenous Outreach Workers.

Identification of options for program implementation

Identification of options for support required by Divisions

Existing models/approaches that could be adapted

- Identification and assessment of existing models – e.g. those used to support other programs implemented across the State network, those implemented to support integration across other sectors in the health system, and those employed in Indigenous or mainstream communities, locally/elsewhere in Australia or overseas.

Prioritisation of options in consultation with the NACCHO state affiliate

Risk assessment and management plan for program implementation

Performance Indicators

Aboriginal and Torres Strait Islander Outreach Workers

Divisions of General Practice (including NT and ACT)

INDICATOR	REPORTING GUIDE
<p>1. Strategies used to identify and provide practical assistance to Indigenous Australians who would benefit from improved access to health checks and/or health services as required (e.g. follow up care, specialist services and community pharmacy).</p>	<p>Divisions will be asked to:</p> <ul style="list-style-type: none"> • outline activities undertaken; • indicate successes and challenges; and • indicate actual or expected outcomes.
<p>2. Number of Indigenous Australians assisted by the Aboriginal and Torres Strait Islander Outreach Worker to:</p> <p>a. attend first consultation with: GP and/or practice nurses.</p> <p>b. attend:</p> <ul style="list-style-type: none"> – follow-up GP/and or practice nurse appointments; – specialist appointments; – care coordination appointments; – other allied health appointments <p>c. collecting prescriptions from the pharmacy.</p>	<p>Divisions will be asked to report the number of services provided to Indigenous Australians under each of the following :</p> <p>a. attendance at first consultation with GP and/or practice nurses.</p> <p>b. attendance at:</p> <ul style="list-style-type: none"> – follow-up GP/and or practice nurse appointments; – specialist appointments; – care coordination appointments; and – other allied health appointments <p>c. collecting prescriptions from the pharmacy</p>

Due to the low level of voluntary self-identification by Indigenous Australians, it is currently not possible to obtain reliable MBS data for Indigenous Australians.

As the level of Indigenous self identification improves, it may be possible to introduce performance indicators linked to:

- Number of attendances (split across GP, specialist, pathology, allied health, pharmacy) by patients registered as Indigenous compared to non Indigenous. (Medicare data). Proportion of Division Indigenous population registered as Indigenous on Medicare Australia.

