## Current Updates

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Implementation Plan Advisory Group</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Tackling Indigenous Smoking Program Implementation</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>National Tobacco Campaign</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Primary Health Networks</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>National Ice Action Strategy</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>National Indigenous Bowel Screening Project</td>
<td>4</td>
</tr>
<tr>
<td>7</td>
<td>Development of the National Strategic Framework for Chronic Conditions</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>Australian National Diabetes Strategy 2016-2020 Implementation Plan</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>Development of the National Asthma Strategy</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>Data Collection</td>
<td>6</td>
</tr>
<tr>
<td>11</td>
<td>Pharmacy Trial Program (PTP)</td>
<td>6</td>
</tr>
<tr>
<td>12</td>
<td>Health Care Homes</td>
<td>7</td>
</tr>
<tr>
<td>13</td>
<td>My Health Record</td>
<td>7</td>
</tr>
<tr>
<td>14</td>
<td>Development of an Australian National Enduring Breastfeeding Strategy</td>
<td>8</td>
</tr>
<tr>
<td>15</td>
<td>Training for Aboriginal Health Workers/Aboriginal Health Practitioners and Clinicians in Cervical Cancer Screening</td>
<td>9</td>
</tr>
<tr>
<td>16</td>
<td>Budget 2017-18 Overview for Aboriginal and Torres Strait Islander Health</td>
<td>9</td>
</tr>
<tr>
<td>17</td>
<td>Development of a New Funding Model for the Indigenous Australians’ Health Program Primary Health Care</td>
<td>11</td>
</tr>
<tr>
<td>18</td>
<td>National Suicide Prevention Trial</td>
<td>11</td>
</tr>
<tr>
<td>19</td>
<td>Joint Primary Health Network - Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group Workshop</td>
<td>12</td>
</tr>
<tr>
<td>20</td>
<td>National Continuous Quality Improvement (CQI) Framework for Aboriginal and Torres Strait Islander Primary Health Care</td>
<td>12</td>
</tr>
<tr>
<td>21</td>
<td>Australian General Practice Training (AGPT) Aboriginal and Torres Strait Islander Salary Support Program Review and Stakeholder Consultation</td>
<td>13</td>
</tr>
<tr>
<td>22</td>
<td>Aged Care Aboriginal and Torres Strait Islander Health Workforce Programs</td>
<td>13</td>
</tr>
<tr>
<td>23</td>
<td>Continued Funding for Outreach Programs</td>
<td>14</td>
</tr>
</tbody>
</table>
1. Implementation Plan Advisory Group

The Implementation Plan Advisory Group (IPAG) conducted stakeholder consultations throughout March – May 2017 to inform the development of the next iteration of the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023 (the Implementation Plan), to be released in 2018.

Thirteen face-to-face consultations took place across the country with around 600 participants. In addition, over 100 written submissions were also received. The following key messages were identified from the consultations for governments to address to make a difference:

- Recognise the centrality of culture and family, as enablers and protectors.
- Partner with communities to build capacity, embed participation and support longer-term coordinated, place based approaches.
- Recognise and address the impacts of underlying trauma.
- Enhance access to health, education, employment and social services by addressing systemic racism and enhancing cultural competency.

The consultation process will also inform the work of a Social and Cultural Determinants of Health Working Group (Working Group) that comprises secondees from a number of Commonwealth agencies including the Departments of the Prime Minister and Cabinet, Education, Employment and Social Services. The Working Group has been tasked with developing a Blueprint in the coming months to address the social determinants and cultural determinants of Aboriginal and Torres Strait Islander health as a critical element of the next Implementation Plan.

In collaboration with IPAG, in the second half of 2017 the Commonwealth will commence drafting the 2018 iteration of the Implementation Plan. We will be undertaking further engagement with the Indigenous health sector and other stakeholders throughout the remainder of this year in developing the Implementation Plan.
2. Tackling Indigenous Smoking Program Implementation

The Hon Ken Wyatt AM MP, Minister for Indigenous Health, approved continuation of the Tackling Indigenous Smoking (TIS) regional tobacco control grants into 2017-18. The Minister’s media release is available [here](#).

The report on Preliminary Evaluation of the TIS program has been approved for release and will be available shortly. The report found that the program was operating effectively and using proven approaches to changing smoking behaviour.

The National Best Practice Unit (NBPU) continues to support TIS regional grant recipients where required, and maintains the Tackling Indigenous Smoking Resource and Information Centre (TISRIC), available [here](#). As details for the schedule for the 2017 NBPU TIS workshops for regional grant recipients are finalised, details will be available [here](#).

The NBPU TIS Advisory Group (AG) met via teleconference on 30 March 2017 to continue discussions about strategic level issues facing the organisations delivering the TIS program. A face to face meeting was also held on 10 May 2017 in Adelaide. Meeting communiques will be available [here](#).

The seven innovation grants to address the most difficult and critical smoking behaviours within Aboriginal and Torres Strait Islander communities are now being implemented. Information about the seven grant projects is available on the Department of Health’s [website](#).

3. National Tobacco Campaign

A second phase of the Indigenous-specific National Tobacco Campaign *Don’t Make Smokes Your Story* was launched in January 2017. A mass media component of the campaign ran from 5 March until 11 June 2017 and incorporated targeted media across television, print, radio, digital and out of home media channels (e.g. such as billboards and bus shelters). Existing creative materials developed for the *Don’t Make Smokes Your Story* campaign as well as *Quit for you, Quit for two* were used in this phase of campaign.

Evaluation of the first phase (2016) of the *Don’t Make Smokes Your Story* found that:

- 58% of Indigenous smoker respondents exposed to the campaign had taken some form of action about their smoking, including nearly one in ten (9%) reporting that they had quit as a result of the campaign; and 27% reported they had reduced the amount they smoke.

For more information on the National Tobacco Campaign please contact quitnow@health.gov.au

4. Primary Health Networks

Primary Health Networks (PHNs) are commissioning services in accordance with the priorities identified in their Activity Work Plans, which are available on PHNs’ websites.

Most of the PHNs have established mechanisms to engage with Aboriginal and Torres Strait Islander communities including representation on PHN Clinical Councils and/or Community Advisory Committees. PHNs are continuing to build relationships with Aboriginal Community Controlled Health Services (ACCHS) and communities in their region. Some examples include:

- Western Queensland PHN (WQPHN): WQPHN sponsored a planning collaboration with Gidgee Healing (Mt Isa ACCHS) and North West Hospital and Health Service to develop the Lower Gulf Strategy: A Case for Change, which outlines an ambitious agenda to transition to greater Aboriginal Community Controlled approaches, greater clinical integration of services and the adoption of a shared accountability framework to address extremely poor health outcomes for communities of the lower Gulf.
- **Murray PHN:** Murray PHN established Indigenous Health Network with the seven ACCHSs in the region identifying three shared priorities of - Chronic Disease, Mental Health and Early Years.

- **Gippsland PHN:** Worked collaboratively with all five local Aboriginal Community Controlled Health Services (ACCHSs) and the community, including community Elders to build relationships, train health professionals in cultural safety and develop resources including creation of Indigenous health pathways and development and distribution of *Black Pages*, an Indigenous directory of support resources and health services in Gippsland. The PHN worked with the ACCHSs commissioned to provide Care Coordination services (ITC program) on data collection and noted a significant increase from the previous year in the number of Aboriginal and Torres Strait Islander people accessing Care Coordination services.

5. **National Ice Action Strategy**

$298.2 million has been allocated to support NIAS implementation over 4 years from July 2016.

Of this, $241.5 million has been allocated to PHNs and $78.6 million has been provided for Indigenous-specific services. PHNs have undertaken extensive planning and consultation to ensure that commissioned services meet local needs. PHNs have commissioned, or are finalising commissioning processes to deliver drug and alcohol treatment services, with all regions expected to have commenced delivery of services in the near future.

Progress of other Commonwealth activities under the NIAS includes:

- The first 40 (of 220) Local Drug Action Teams (LDATs) have been assessed and the successful teams were announced in 3 April 2017. Further information on these teams and their locations can be accessed through the adf.org.au website. It is expected that many LDATs will have a specific Indigenous focus and involve partnerships with Indigenous organisations.

- Expansion of the ‘Positive Choices’ web-portal to develop and adapt resources tailored for Indigenous parents, teachers and students.

- Launch of a new community information resource – www.cracksintheice.org.au

- Launch of a module in the Good Sports Program supporting sporting clubs to manage illegal drug issues.

- The Centre of Excellence for Emerging Drugs of Concern has commenced.

6. **National Indigenous Bowel Screening Project**

The Department of Health contracted Menzies School of Health Research (Menzies) in mid-2015 to improve Aboriginal and Torres Strait Islander participation in the National Bowel Cancer Screening Program. The first two phases of the project are complete (national consultations, development of consumer resources, health professional training and a pilot implementation plan). The contract has been extended for a further 3 years for the implementation of an alternative pathway pilot in 50 Indigenous primary health care services.

Services participating in the pilot will offer screening kits to clients over a 12 month period. This model aims to overcome the barriers to Indigenous participation associated with the usual direct mail approach. Menzies is developing a plan, to guide the recruitment of services for the pilot, in consultation with stakeholders including ACCHS peak bodies and state and territory health departments.
7. Development of the National Strategic Framework for Chronic Conditions

Work to develop the National Strategic Framework for Chronic Conditions (the Framework) has been led by the Department of Health, in partnership with state and territory health departments and the National Aboriginal and Torres Strait Islander Health Standing Committee. The Framework will provide high level guidance to enable all levels of government and health professionals to work towards the delivery of a more effective and coordinated national response to chronic conditions.

The Framework will address primary, secondary and tertiary prevention of chronic conditions and better cater for shared health determinants, risk factors and multi-morbidities across a broad range of chronic conditions. This approach recognises that there are often similar underlying principles for the prevention and management of many chronic conditions.

The Framework will give particular consideration to the impact of chronic conditions on priority populations, including Aboriginal and Torres Strait Islander people.

Extensive stakeholder consultation has occurred throughout the development of the Framework, including through national targeted and public online consultation processes. Consultations involved a range of stakeholders including jurisdictional representatives, non-government organisations, peak bodies, Aboriginal community controlled health organisations, clinical experts, health professionals, academics and researchers and consumer representatives.

The Framework was endorsed by the COAG Health Council in February 2017 and is available here.


The Australian National Diabetes Strategy 2016-2020 (the Strategy), was released on 13 November 2015 and is available on the Department of Health’s (DoH) website.

The Strategy contains a number of goals and potential areas for action that provide a range of ideas for implementation to achieve each goal. There are several groups for which efforts should be prioritised due to their high risk of diabetes, among them Aboriginal and Torres Strait Islander people. Reducing the impact of diabetes among Aboriginal and Torres Strait Islander people is Goal 5 of the Strategy.

The DoH is working with all jurisdictions through the Community Care and Population Health Principal Committee and Australian Health Ministers’ Advisory Council (AHMAC) to develop an Implementation Plan. The Implementation Plan will identify priority actions for future implementation across all levels of government over the life of the Strategy, while recognising the fiscal outlook facing all governments. This partnership arrangement will enable a coordinated effort from all governments to ensure the Strategy achieves its intended objectives, while maximising efforts, to ensure consistency and reduce duplication.

The Implementation Working Group (IWG) includes members from each jurisdiction’s health department and is chaired by the DoH. There is an observer from the National Aboriginal and Torres Strait Islander Health Standing Committee on the IWG to provide Indigenous policy support. The Implementation Plan is expected to be considered through the AHMAC endorsement process in 2017.

9. Development of the National Asthma Strategy

The National Asthma Council (NAC), in partnership with Asthma Australia, is co-ordinating the development of the National Asthma Strategy (NAS), with the aim of developing a national plan to take Australia to the next stage of improvement in asthma health outcomes.

The NAS will seek to identify more effective and efficient ways of preventing asthma, and supporting best practice treatment and management of the condition in the community, with special focus provided to high risk groups, including Aboriginal and Torres Strait Islander people. Public consultation has been undertaken for the NAS, which has also been provided to the National Aboriginal and Torres Strait Islander Health Standing Committee, for consideration and comment.
Further consultation with the jurisdictions was completed in December 2016. A final draft is currently being prepared by the NAC to go to the Community Care and Population Health Principal Committee of the Australian Health Ministers’ Advisory Council. It is expected that the NAS will be completed shortly.

10. Data Collection

Data Collection for June 2017

Results from the 2016 mid-year national Key Performance Indicator (nKPI) and Online Services Report (OSR) reporting round were published by the Australian Institute of Health and Welfare (AIHW) on 2 June 2017. The Department is undertaking a number of projects to support the June 2017 reporting period for the collection of the nKPI and OSR data.

‘Direct Load’ Project

To simplify the nKPI and OSR reporting chain the Department of Health (DoH) has decided to remove the need for an extraction tool. To achieve this, the DoH has launched a Direct Load Project. Direct Load will be available in Communicare, Medical Director and MMEx clinical information systems and this will allow most health services to generate nKPI data within their clinical system and transmit it directly to the OCHRESStreams portal, in time for the June 2017 reporting period.

nKPI Data Validation Project

The parallel nKPI Data Validation project aims to test the transformation processes that occur to nKPI data in its passage from clinical systems to the OCHRESStreams data portal. Doll Martin Associates (the successful tenderers) have made good progress to date and the project is on track to be completed by 30 June 2017.

The nKPI Data Validation Project Working Group (DVPWG) has been meeting monthly to provide advice and support throughout this project.

Health Services Data Portal

OSR and nKPI reporting will transition to a Department of Health (DoH) data portal within the next two years. This decision is in response to stakeholder feedback advising that there is a critical need for Health Services to have access to a reliable, sustainable and more streamlined reporting mechanism.

The Health Data Portal will provide a technically up-to-date solution to support greater reporting capability including access to data analytics tools and can be adapted as needs change in the future. It will also ensure compliance with the relevant Australian Government security standards. Once in place, the OCHRESStreams website will be decommissioned.

DoH is currently consulting with the sector on the design of the health Data Portal. There were four webinars conducted from Tuesday 30 May 2017 to Friday 2 June 2017 and the Department is also conducting a series of workshops in June 2017 and will be consulting further in the second half of this year on this project.

Regular updates will be provided in the coming months including through presentations at upcoming Aboriginal Health Partnership Forums.

11. Pharmacy Trial Program (PTP)

The Australian Government has provided $50 million through the Sixth Community Pharmacy Agreement for the Pharmacy Trial Program (PTP). The PTP will trial new and expanded community pharmacy programs which seek to improve clinical outcomes for consumers and/or extend the role of pharmacists in the delivery of primary health care services through community pharmacy. It is intended that a particular
focus of community pharmacy programs, including the PTP, will be on activities and services which benefit Aboriginal and Torres Strait Islander people, and consumers in rural and remote areas. The Department of Health (DoH) is committed to ensuring liaison with the National Aboriginal Community Controlled Health Organisation (NACCHO), and other key organisations, as part of developing trials. The first three trials under the PTP will be:

- Improved medication management for Aboriginal and Torres Strait Islander people through pharmacist advice and culturally appropriate services;
- Pharmacy based screening and referral for diabetes; and
- Improved continuity in the management of patients’ medications when they are discharged from hospital.

These three trial topics build on previous research, address key Government health priority areas, and have been identified as priorities through both the development of the 2015 Sixth Community Pharmacy Agreement and the extensive consultations on the PTP.

The DoH has also established the Trials Advisory Group (TAG) to provide advice on the development and implementation of the PTP, including in relation to Aboriginal and Torres Strait Islander people. Enquiries regarding the program can be directed to Pharmacy.Trial.Programme@health.gov.au

12. Health Care Homes

The establishment of the Health Care Home model is a key government initiative to reform the primary health care system. This model aims to deliver more effective patient centred care and to reduce demand on the acute care sector by people with chronic and complex health conditions.

Many Aboriginal Community Controlled Health Services (ACCHS) and general practices already provide care in a similar way to the Health Care Home model and this initiative will support them to formalise their approach and build on local innovative solutions.

The Approach to Market to select general practices and ACCHS to participate in stage one closed on 22 December 2016, with the number of applications received significantly exceeding the target of 200. ACCHS were well-represented in the application process and an announcement on successful practices is expected soon.

A key consideration in the selection process will be to include a range of different types of medical practices, including ACCHS, to facilitate an effective evaluation of stage one and inform government consideration of a national roll out.

In addition to continuing stakeholder engagement activities with the Aboriginal and Torres Strait Islander Health Sector, the Department of Health (DoH) has been working with Aboriginal and Torres Strait Islander health representatives on the Health Care Home advisory groups. The implementation team is working through a range of matters specific to Aboriginal and Torres Strait Islanders under the model, including: engagement and awareness; the bundled payment; training and support for ACCHS; and patient enrolment.

Further information about the implementation of Health Care Homes is available here on the DoH website. This website will continue to be updated as further details and information become available.

13. My Health Record

My Health Record is Australia’s national digital health record system that allows an individual’s important health information to be shared between the individual and registered healthcare providers involved in their care.
Aboriginal and Torres Strait Islander people can benefit greatly from having a My Health Record. Having their important health information available to their healthcare providers benefits those patients who; travel great distances to receive medical services, may have complex health conditions and are being treated by more than one healthcare provider or for those who are not comfortable conversing with their doctors without the support of a translator.

There are over 4.8 million Australians or approximately 20 per cent of the population with a My Health Record. Over 10,000 healthcare providers including general practices, public and private hospitals and pharmacies are connected to the system.

In 2016, trials of participation arrangements in the My Health Record were undertaken, including an opt-out system where individuals in Northern Queensland and the Nepean Blue Mountains in NSW had a My Health Record automatically created for them unless they chose not to have one, by opting-out.

In these trials, 1.9 per cent of individuals across both regions advised of their decision not to have a My Health Record created for them, by opting out. This opt-out rate is in line with international experience with opt-out systems for electronic health records. Over 970,000 new My Health Records were created across both opt-out trial sites in June 2016.

The Australian Digital Health Agency (the Agency), which began operations on 1 July 2016 and, is now the System Operator for the My Health Record.

The Government has now made the decision to expand the My Health Record program in 2018. This means that all Australians will have a My Health Record created for them unless they tell the System Operator (the Agency) that they don’t want one. The Agency will be consulting with Indigenous organisations to ensure successful implementation of the program including tailoring of communications materials.

The My Health Record is now mobile friendly. It detects when a person is using a tablet or smartphone, and will display in that format. The system has also been upgraded to allow for integration of third party mobile applications, which, subject to a person’s consent, can use the information in their My Health Record to deliver value-add services to support them to take better control of their own health.

The Agency is leading the next stages of consultation to finalise the National Digital Health Strategy – setting out the shared vision for digital health innovation to drive better healthcare delivery and outcomes over the next three years.

In the short to medium term, priorities for the Agency include enabling secure point to point messaging between all healthcare providers, increasing use of My Health Record in public and private hospitals, and upload of pathology and diagnostic imaging reports for patients to their record. In April 2017, the first public pathology reports (in NSW) have been loaded into My Health Record and that other states and territories are to follow. The first private pathology and radiology providers have also started uploading into My Health Record.

The My Health Record program will also be involved closely with the trial and implementation of Health Care Homes – a crucial element in the Government’s reforms to primary health care.

Further information on My Health Record can be found here and information the Agency and digital health is available here.


On behalf of the Australian Health Ministers’ Advisory Council (AHMAC), the Department of Health (DoH) is reviewing the Australian National Breastfeeding Strategy 2010-2015 in collaboration with state and territory health departments and a Breastfeeding Expert Reference Group. The review will inform the development of an Australian National Enduring Breastfeeding Strategy: 2017 and Beyond (the Strategy).
The new Strategy will incorporate recent research on effective ways to support breastfeeding in Australia and target key issues that are relevant to the current environment. It will also set out a process for achieving national agreement on data collection to measure progress on breastfeeding rates.

The Strategy will also include actions to encourage and facilitate breastfeeding among priority groups including: Aboriginal and Torres Strait Islanders; young people; and culturally and linguistically diverse communities. The draft Strategy was discussed at stakeholder consultation workshops across Australia in April and May 2017. It is anticipated that the DoH will undertake an online consultation process on a revised Strategy shortly.

15. Training for Aboriginal Health Workers/Aboriginal Health Practitioners and Clinicians in Cervical Cancer Screening

In April 2014, following a robust and transparent review of the evidence and health outcome modelling, the Australian Government accepted the recommendations of the Medical Services Advisory Committee (MSAC) to move from the 2 yearly pap test to 5 yearly human papillomavirus (HPV) testing. The ‘Renewal’ of the National Cervical Screening Program (NCSP) will commence on 1 December 2017 when the new Cervical Screening Test becomes available on the Medicare Benefits Schedule (MBS). The changes to the NCSP are expected to save up to 30% more lives that the current program of two-yearly Pap tests.

The Department of Health will provide funding to develop and deliver culturally appropriate training for Aboriginal Health Workers/ Aboriginal Health Practitioners and clinicians who promote and deliver cervical screening to Aboriginal and Torres Strait Islander women. The development of specific training for Aboriginal Health Workers was an activity identified in the Workforce Training and Transition Strategy for the Cervical Renewal Implementation Project.

Consultation with the Aboriginal community controlled health sector, Aboriginal and Torres Strait Islander workforce organisations and NCSP program state and territory partners is occurring to inform the development of the training modules and the delivery of the training. Working to improve access to screening procedures for Aboriginal and Torres Strait Islander people in remote communities is a deliverable in the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023.

More information about the Renewal can be found at here, and any enquiries can be directed to CervicalRenewal@health.gov.au

New Updates

16. Budget 2017-18 Overview for Aboriginal and Torres Strait Islander Health

Budget Measures were announced that will improve the health of Aboriginal and Torres Strait Islander people and the Australian Government is now investing $3.6 billion over four years from 2017-18 for the Indigenous Australians’ Health Program (IAHP), representing an increase of $724 million compared to expenditure over the previous four years.

The growth in IAHP has enabled the development of innovative and targeted initiatives such as an additional investment in approximately $6 million funding for the extension of the Reducing Rheumatic Heart Fever among Indigenous Children Budget measure. This will expand the Rheumatic Fever Strategy to include other environmental and health care measures to prevent the incidence of Acute Rheumatic Fever, and improve data and reporting systems.
2017-18 Budget Measures which impact on Aboriginal and Torres Strait Islander Health

The majority of the investment in Aboriginal and Torres Strait Islander health continues to rely on mainstream health expenditure through the Medicare Benefits Schedule, the Pharmaceutical Benefits Scheme, hospitals and National Partnership Payments of $53 million from 2015-16 to 2019-20. Outlined following are health initiatives that will impact on better health care for Aboriginal and Torres Strait Islander people.

Medicare Benefits Schedule (MBS) – Indexation

Re-introducing indexation to MBS payments will provide increased Medicare funding to eligible providers including Aboriginal Community Controlled Health Services (ACCHS). The unfreezing of indexation will be a staged approach commencing in 1 July 2017 with general practice GP bulk-billing incentives.

Development of the Health Care Homes Trial

Commencement of the Health Care Homes trial is deferred by three months (to 1 October 2017); and removes Indigenous health assessments (MBS item 715) from the planned Health Care Home bundled payment. A significant number (46) of the 200 preferred sites for Health Care Homes are Aboriginal Medical Services including ACCHSs, although the final number of participating sites will not be known until agreements are reached.

Support for Community Pharmacies – Increasing Patient Access to Medication Management Services

Pharmacists will offer services during patient home visits, or at an alternative preferred location for Aboriginal and Torres Strait Islander patients, to identify medication or compliance problems and to provide education on the correct use of medicines and monitoring devices. This measure also releases funding previously held in the Contingency Reserve to continue programs under the Sixth Community Pharmacy Agreement (6CPA), including Aboriginal and Torres Strait Islander Health Programs.

Pharmaceutical Benefits Scheme (PBS) – New and Amended Listings

New listing of ferrous fumarate and ferrous fumarate with folic acid on the PBS which are used to treat iron deficiency and iron deficiency anaemias which is prevalent in Aboriginal and Torres Strait Islander people.

Maintaining Remote Area Aboriginal Health Services Pharmaceutical Dispensing

Ensures continued remuneration for pharmacists supplying PBS medicines to individuals through the Remote Area Aboriginal Health Services (RAAHS) program.

Quality Improvement in General Practice - Implementation of the Practice Incentive Program

From 1 May 2018, the design of the new Practice Incentive Program (PIP) Quality Improvement (QI) Incentive will support general practice to better understand and improve the quality of care, leading to better outcomes for patients. The 12-month delay to the commencement responds to feedback its sector that general practice readiness is critical to successful implementation.

Indigenous Australians with chronic disease and patients in rural and remote areas will benefit through retaining the Indigenous Health Incentive and the Procedural General Practitioner Payment. The quality, safety, performance and accountability of general practices will be continuously improved.

Further information on the Health Budget 2017-18 announcements impacting on Aboriginal and Torres Strait Islander health can be found here.
17. Development of a New Funding Model for the Indigenous Australians' Health Program
Primary Health Care

The proposed model is a needs adjusted, capitation based model. Capitation usually requires clients to enrol with a service and the service is then paid based on the number of enrollees. However, the model doesn’t require enrolment but instead uses a proxy for enrolment. The proxy is based on Online Services Reporting Clients and Episodes of Care, adjusted for health need, population dispersal and service provider capability.

The fourth meeting of the Funding Model Advisory Committee was held on 21 April 2017. Committee membership includes nominees from the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Departments of Finance, the Prime Minister and Cabinet, and Health.

Topics considered at this meeting included implementation options, including grandfathering, the forward work plan, use of nKPIs, audit and support processes and ongoing communication with the sector. The Department of Health continues to seek opportunities to present the model at planning meetings hosted by NACCHO and Affiliates.

The central data issue is that provision of accurate, timely and high quality OSR and national key performance indicator (nKPI) data by Aboriginal Community Controlled Health Services will be essential in order for services to receive appropriate funding.

The next meeting of the Committee is planned for August 2017 when the committee will further consider the forward work plan. A technical working group will be established to progress the forward work plan.

Implementation planning needs to be undertaken before the Australian Government Mid-Year and Fiscal Outlook in September 2017.

Implementation of the new model remains a matter for Government and implementation is planned for funding agreements from 1 July 2018.

18. National Suicide Prevention Trial

On 26 June 2016, the Australian Government announced $192 million to strengthen mental health care and suicide prevention. This includes $34 million over three years to support and evaluate twelve suicide prevention trial sites. These trial sites will form the National Suicide Prevention Trial which aims to provide evidence of how a more systems based approach to suicide prevention might be best undertaken within the Australian context. Trial sites will be managed by Primary Health Networks (PHNs) who will adopt a systems based approach to the delivery of suicide prevention services targeting populations identified at a local level as-at-risk.

The twelve suicide prevention trial sites and PHNs leading these trials are:

- Perth South (Perth South PHN);
- Brisbane North (Brisbane North PHN);
- North Coast NSW (North Coast PHN);
- North Western Melbourne (North Western Melbourne PHN);
- Townsville (Northern Queensland PHN);
- The Kimberley region (Country WA PHN);
- Tasmania (Tasmania PHN);
- Regional South Australia (Country SA PHN);
- Darwin (Northern Territory PHN);
- Western NSW (Western NSW PHN);
- Mid-West, Western Australia (Country WA PHN); and
- Central Queensland, Wide Bay, Sunshine Coast region (Central Queensland, Wide Bay, Sunshine Coast PHN).
At least two of the trial sites, including the Kimberley region and Darwin, will specifically support Indigenous communities. These trial sites will focus on the development of models that can support the unique and culturally sensitive requirements of remote Indigenous communities. PHNs have commenced initial planning activity for the trial and will work closely and collaboratively in partnership with local communities and service providers.

19. Joint Primary Health Network - Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group Workshop

On Thursday, 16 March (Closing the Gap Day), Primary Health Network (PHN) CEOs met with members of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (ATSIMHSPAG) for a joint workshop. NACCHO was also invited to attend the session. The joint workshop was held to consider PHN’s role in supporting mental health and suicide prevention services for Aboriginal and Torres Strait Islander people through PHN commissioning.

This was a very positive and collaborative session, with discussions focussed on:

- Identifying needs;
- Approaches to commissioning;
- Working in partnership/co-design;
- Building cultural safety and improving access to mainstream services;
- Measuring performance; and
- Resources to support and inform effective mental health and suicide prevention services for Aboriginal and Torres Strait Islander people.

The workshop was facilitated by Professor Kerry Arabena and will form the basis of a report by ATSIMHSPAG to Senator the Hon Nigel Scullion, the Minister for Indigenous Affairs, and the Hon Ken Wyatt AM MP, Minister for Indigenous Health.

PHNs and the Department of Health are keen to continue the conversation with ATSIMHSPAG and other Aboriginal and Torres Strait Islander leaders and peak organisations on this important area of their work.

20. National Continuous Quality Improvement (CQI) Framework for Aboriginal and Torres Strait Islander Primary Health Care

In response to stakeholder feedback, the Department of Health is working closely with the CQI Network to develop plain English, accessible and fit-for-purpose Framework targeted towards the service-level user. The CQI Network comprises CQI Coordinators from the National Aboriginal Community Controlled Health Organisation (NACCHO) and state/territory Aboriginal Community Controlled Health Peak Bodies. The Framework will remain faithful to the vision, principles and key themes identified during the extensive consultation phases on the draft Framework, which was developed by the Lowitja Institute in consultation with the Aboriginal Community Controlled Health Sector and mainstream primary health care providers and organisations in 2015.

Culturally safe and culturally competent care is a core component of the Framework. The Framework recognises the key rights of Aboriginal and Torres Strait Islander people to access clinical care that is responsive, of high quality and culturally safe; that staff are culturally competent and capable; and that Aboriginal and Torres Strait Islander clients, carers and families are treated with dignity and respect and are actively supported and involved in their own care.

A revised draft Framework is expected to be circulated for broader consultation, including to Aboriginal Health Partnership Forums later in 2017.
21. Australian General Practice Training (AGPT) Aboriginal and Torres Strait Islander Salary Support Program Review and Stakeholder Consultation

The AGPT program provides Salary Support for registrars in Aboriginal and Torres Strait Islander health settings. The Salary Support Program is under review throughout 2017. Stakeholder consultation forms part of this review, including participation in discussions, forums and contributions to discussion papers on stakeholder-identified topics. A request for information focusing on the contributions made by GP registrars through their work in Aboriginal and Torres Strait Islander health settings was sent to the CEOs of the Regional Training Organisations, NACCHO and the General Practice Training Advisory Committee in December 2016. In addition to this information request, a discussion paper was sent to stakeholders in March 2017 with a series of topics included for consideration. Input is requested on the discussion paper by 28 July 2017.

The review is expected to continue throughout 2017, with a draft policy circulated in October 2017 and a new Salary Support policy effective from 1 January 2018.

Stakeholders included in this review include, but are not limited to:

- National Aboriginal Community Controlled Organisation (NACCHO);
- Aboriginal Community Controlled Health Peak Bodies;
- Australian Indigenous Doctors’ Association;
- Aboriginal and Torres Strait Islander Health Workforce Working Group (ATSIHWWG);
- General Practice Training Advisory Committee (GPTAC);
- The Royal Australian College of General Practitioners (RACGP);
- The Australian College of Rural and Remote Medicine (ACRRM);
- General Practice Registrars Australia (GPRA), including the Indigenous General Practice Registrars Network (IGPRN);
- General Practice Supervisors Australia (GPSA); and
- RTOs (including the Regional Training Organisation Network, the Jurisdictional Peak Body Organisation AGPT Officers, and the Cultural Educators and Cultural Mentors).

For further information regarding the review of this program, please contact aht@health.gov.au

22. Aged Care Aboriginal and Torres Strait Islander Health Workforce Programs

The Department of Health manages a number of initiatives that encourage aged care services to employ Aboriginal and Torres Strait Islander workers and provide training for Aboriginal and Torres Strait Islander staff working in those services.

- Indigenous Employment Initiative Programs (IEIs) assist to build the capacity and sustainability of Aboriginal and Torres Strait Islander focussed aged care services.

- Aboriginal and Torres Strait Islander Aged Care Workforce Training Programs provide culturally appropriate, relevant, and accredited entry-level certificates through to an advanced diploma to Aboriginal and Torres Strait Islander aged care workers employed in Indigenous services.

**Extension of Funding for Aged Care Programs**

On 28 February 2017, the Hon Greg Hunt MP, Minister for Health, approved a 12-month extension of funding to these programs to 30 June 2018. This extension will allow time for the Department of Health to consolidate programs where appropriate, align the programs with aged care reforms, streamline administrative processes and pursue operational efficiencies.

For further information please contact IEI@health.gov.au
23. Continued Funding for Outreach Programs

The Australian Government funds a number of outreach programs to support improved access to health services for Indigenous Australians.

The Medical Outreach Indigenous Chronic Disease Program (MOICDP) improves access to health services for Aboriginal and Torres Strait Islander people living with chronic disease. Funding for this program has been provided for a further three years, 2017-18 to 2019-20.

The Visiting Optometrist Scheme (VOS) increases access to optometry services for both Indigenous and non-Indigenous people. Funding for this program has been provided for a further three years, 2017-18 to 2019-20.

The Healthy Ears – Better Hearing, Better Listening Program (HE-BHBL) increases access to ear and hearing health services for Aboriginal and Torres Strait Islander children and youth (0-21 years). The HEBHBL has been funded for a further 12 months, to 30 June 2018. An examination of Australian Government Indigenous ear and hearing health initiatives is well under way. The findings will assist to inform future ear health policy and investment.

24. Eye Equipment and Training

The Australian Government approved $4.8 million for the provision of eye health equipment and training from 2016-17 to 2018-19. The focus of this initiative will largely be on retinal cameras to complement the new MBS item for diabetic retinopathy screening using a retinal camera, which was introduced on 1 November 2016. Aboriginal and Torres Strait Islander people with diabetes are eligible for the test once every year.

A consortium led by The Brien Holden Vision Institute has been awarded the tender to undertake this work. The consortium consists of the Brien Holden Vision Institute, Australian College of Optometry, Aboriginal Health Council of South Australia, Centre for Eye Health and Optometry Australia.

Up to 105 pieces of eye health equipment will be placed in Aboriginal Community Controlled Health Services and mainstream health services with a high number of Aboriginal and Torres Strait Islander patients, primarily in rural and remote Australia, over the three year period 2016-17 to 2018-19.

Training will be provided to health professionals including GPs, practice nurses and Aboriginal Health Workers on the use of the retinal camera. The training will also aim to increase the understanding by health professionals of the impacts of undiagnosed and/or untreated eye health problems on health and wellbeing. GPs will also be trained in interpretation of images, including when referral to specialists is needed.

Locations with existing eye health equipment are also eligible to receive training.

The consortium will shortly be contacting organisations which are to receive equipment in 2016-17. These organisations have been chosen based on factors such as their capacity to use the MBS item to screen for diabetic retinopathy, availability of staff to use the equipment and the existence of good referral processes in the regions.

25. Consultation for the National Safety and Quality Health Service Standards user guide for Aboriginal and Torres Strait Islander health

The Australian Commission on Safety and Quality in Health Care (the Commission) is seeking feedback on the draft resources to support the National Safety and Quality Health Service (NSQHS) Standards (second edition). The resources aim to assist health service organisations to implement and prepare for assessment to the NSQHS Standards (second edition).
Consultation has commenced for the NSQHS Standards user guide for Aboriginal and Torres Strait Islander health. This consultation process closes on Monday 31 July 2017.

Click here to view or download the guide, consultation questions and instructions for submitting a response online or by email, mail or fax. Your feedback will help ensure that this resource is useful and easy to understand.

The launch of the NSQHS Standards (second edition) and the finalised supporting resources is planned for November 2017, with assessment to the NSQHS Standards (second edition) to commence from 1 January 2019.

Questions regarding the public consultation on these resources can be addressed to the Commission on 1800 304 056 or at NSQHSstandards@safetyandquality.gov.au