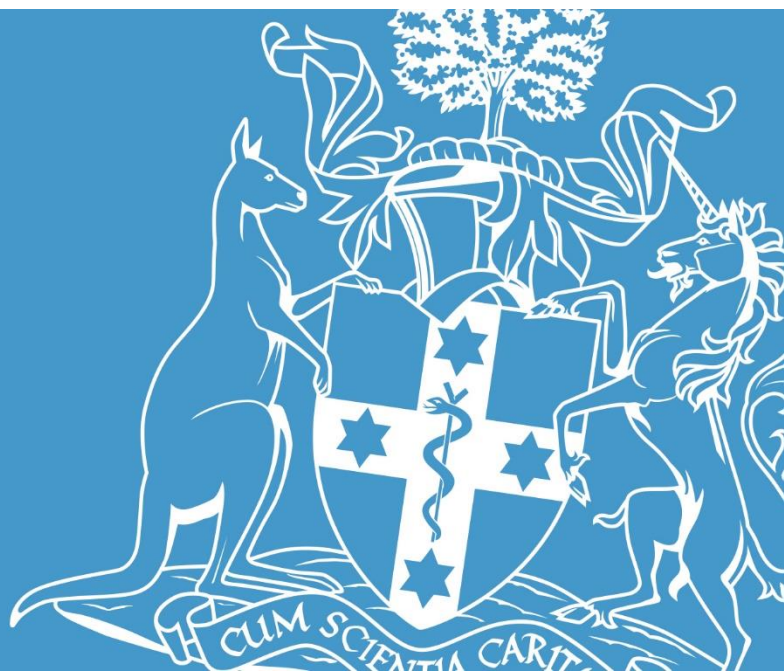


Overview of the Federal Budget 2022-23 (Health)

30 March 2022



Overview

The Federal Budget 2022-23 is targeted towards addressing the increasing cost of living for many Australians post-COVID-19 and preparing the political landscape for the upcoming Federal Election.

Many of the key health announcements in the 2022-23 Budget are aimed at maintaining funding through current health structures, including Medicare and the Pharmaceutical Benefits Scheme (PBS), and supporting preventive care post COVID-19.

While the Royal Australian College of General Practitioners (RACGP) is pleased with the announcement of funding supporting multidisciplinary mental health care, the 10-Year Stronger Rural Health Strategy, and endometriosis and pelvic pain clinics in general practice, the budget ultimately fails to provide meaningful investment for general practice. The continued failure to appropriately fund the Primary Health Care 10 Year Plan* and priority patient groups is particularly disappointing.

Unfortunately, this budget does not address many of the critical challenges specialist general practitioners (GPs) and other primary healthcare workers are facing, including rising rates of chronic disease, a mental health crisis and the growing costs associated with providing critical primary healthcare services.

Where to next?

The RACGP will advocate strongly ahead of the Federal Election to ensure that primary care and a long-term health vision is prioritised. The RACGP is calling on the Federal Government to:

- Support regular and continuous general practice care for our most vulnerable communities
- Increase Medicare rebates for patients who need longer appointments with their GP
- Introduce a GP follow-up appointment within seven days of a hospital admission or emergency department visit
- Provide a voice for Aboriginal and Torres Strait Islander people in Parliament and properly invest in equality in health and life expectancy for Aboriginal and Torres Strait Islander peoples
- Strengthen rural healthcare.

See the [RACGP website](#) for more detail.

* The Primary Health Care 10 Year Plan was accessed on the [Department of Health website](#), 30 March 2022.

Key health expenses (\$m)

Federal Budget overview (selected measures)	Total
Primary health care	<p>\$632.8 million in new funding, including:</p> <ul style="list-style-type: none"> \$16.4 million to establish new endometriosis and pelvic pain clinics in general practice, ensuring there is frontline, primary care support available to improve early diagnosis, treatment, and support \$5.1 million to develop an Endometriosis Management Plan to support patients in primary care \$4.9 million to support quality improvement through general practice accreditation \$3 million to build linkages between My Health Record and the myGP system \$296.5 million for the 10 Year Stronger Rural Health Strategy.
Medicare	\$133 billion over four years, including \$170.6 million for a range of new and amended Medicare Benefits Schedule (MBS) items.
Aboriginal and Torres Strait Islander Health	<p>\$133.5 million over four years, including:</p> <ul style="list-style-type: none"> \$54.7 million to bring forward funding increases for Aboriginal Community Controlled Health Services (ACCHS), introduce longer term four year rolling funding agreements and a 3% annual increase (including indexation) in funding to the ACCHS sector.
Rural health	<p>\$296.5 million for the 10 Year Stronger Rural Health Strategy, including:</p> <ul style="list-style-type: none"> \$66 million to deregulate access to Medicare funded Magnetic Resonance Imaging (MRI) services in Modified Monash Model (MMM) 2–7 areas \$99.3 million over four years from 2022-23 to fund an increase in the number of medical students studying in rural and remote locations.
Mental health	<p>\$648.6 million for Stage 2 of the Mental Health and Suicide Prevention Plan, including:</p> <ul style="list-style-type: none"> \$15.1 million for new MBS items to allow GPs and other providers to hold up to four mental health case conferences per calendar year \$6 million to enhance workforce capabilities, including trialling a free national support line service for GPs to access clinical advice and support from psychiatrists.
Aged care	\$18.8 billion over four years, including \$22.1 million to deliver trials of Multidisciplinary Outreach Services to offer hospital-led access to specialists and other health practitioners for people in residential aged care facilities (RACFs).
COVID-19 pandemic health response	\$4.2 billion over four years, including \$13.6 million in 2022-23 for the purchase of pulse oximeters, and the distribution of pulse oximeters and personal protective equipment (PPE), through the National Medical Stockpile (NMS) for GPs, GP-led Respiratory Clinics, ACCHS, and community pharmacies.

Primary Health Care 10 Year Plan

The Federal Government has provided \$632.8 million in new funding to support the Primary Health Care 10 Year Plan (the '10 Year Plan'). Key measures of interest under this Budget measure are outlined in detail below.

The RACGP continues to be disappointed by the lack of funding for primary care, including the 10 Year Plan. The RACGP and many other stakeholders invested significant time, resources and efforts to contribute to this landmark plan, yet the Federal Government has failed to commit the necessary funds to support care for priority patient groups.

Endometriosis support measures

The Federal Government will provide \$58 million in funding to improve diagnosis and primary care support for women with endometriosis. This includes:

- \$16.4 million to establish new specialised endometriosis and pelvic pain clinics in each state and territory, building on existing GP clinics specialising in women's health and pain management
- \$5.1 million to develop an Endometriosis Management Plan to support patients in primary care.

The RACGP acknowledges the importance of people with endometriosis receiving increased support from a multidisciplinary care team. However, careful implementation will be required to ensure that fragmentation of care does not occur.

The burden for the detection and referral of endometriosis depends largely on GPs, who are key to the early diagnosis and management of women with this condition. The RACGP will ensure it is involved in the process to ensure the strategies are appropriate and realistic for patients and general practice.

Quality improvement through general practice accreditation

The Federal Government will provide \$4.9 million to support quality improvement in general practice. This includes:

- \$2 million for Australian Commission on Safety and Quality in Health Care to continue the National General Practice Accreditation Scheme
- \$1.4 million for the PIP and WIP, allowing additional practices to become accredited and access these payments
- \$1 million to implement the initial recommendations of the national general practice accreditation review.

The RACGP is seeking further information on these measures and will communicate the findings with members in due course.

Linkages between My Health Record and the myGP system

The Federal Government is providing \$3 million in 2022–23 for the Australian Digital Health Agency to build linkages between My Health Record and the myGP system currently being developed by Services Australia.

The myGP system will be an integral part of the voluntary patient enrolment scheme under the 10 Year Plan and linking to the My Health Record may provide information to other providers about a patient's enrolled general practice.

Rural health

10-Year Stronger Rural Health Strategy

The Federal Government have allocated \$296.5 million towards the 10 Year Rural Health Strategy. This funding includes:

- \$66 million to deregulate access to Medicare funded MRI services in MMM 2–7 areas, which will reduce costs for patients and minimise the need for patients to travel
- \$99.3 million over four years from 2022-23 to fund an increase in the number of medical students studying in rural and remote locations
- \$36.2 million over four years from 2022-23 to fund two new university Departments of Rural Health in the South West and Goldfields regions of Western Australia to support rural medical training
- \$33.3 million over four years from 2022-23 to the Royal Flying Doctor Service (RFDS) to support emergency aeromedical services as part of establishing a new 10 year Strategic Agreement with the RFDS

- \$22.1 million over four years from 2022-23 to increase CareFlight's and Little Wings' capacity to deliver aeromedical services including patient transport, health clinics and air rescue missions in rural and remote Australia
- \$14.8 million over four years from 2022-23 to support Charles Sturt University to deliver a Rural Clinical School.

The RACGP welcomes funding to increase the number of medical students studying in rural and remote locations. We know that those from a rural and remote background are more likely to work rural. It was disappointing that our calls for access to relevant specialty MBS items (for rural GPs with advanced skills in internal medicine, mental health, paediatrics, palliative care, and/or emergency) went unanswered.

Medicare

Extension of telehealth MBS services

The Federal Government has provided \$512 million for permanent universal telehealth. Importantly, telehealth will not be linked to any future patient enrolment scheme. Since March 2020, around 17 million Australians have utilised over 100 million telehealth consultations.

People living in disaster hit areas, such as regions impacted by the recent east coast floods, will have unrestricted access to GP telehealth. MBS telehealth arrangements have been changed to enable any GP or other medical practitioner to provide telehealth to patients affected by natural disasters. This means patients located in these areas do not need to have received a face-to-face service in the last 12 months to access telehealth rebates. The RACGP welcomes the exemption to the 12-month face-to-face rule for patients in disaster hit areas.

The RACGP strongly supports MBS telehealth items introduced in response to COVID-19 being made permanent. Telehealth has kept GPs and patients safe during the pandemic and enabled patients to continue accessing vital healthcare services during lockdowns and COVID-19 outbreaks.

The RACGP supports the availability of both video and telephone MBS items to give patients choice and allow them to access the care they need when they need it. We will continue to advocate for patient rebates for longer telephone consultations to be reinstated on a permanent basis.

Inclusion of telehealth services in the Standardised Whole Patient Equivalent (SWPE)

The Federal Government will provide \$15.4 million for the Practice and Workforce Incentive Programs (PIP and WIP) to retrospectively include COVID-19 telehealth services in the SWPE calculation. The RACGP advocated for telehealth services to be included in the calculation of the SWPE and welcomes this measure.

New and amended MBS listings

The Federal Government is providing \$133 billion over four years for Medicare, including \$31.4 billion in 2022-23, \$32.3 billion in 2023-24, \$33.9 billion in 2024-25 and \$35.5 billion in 2025-26.

The Federal Government will provide \$170.6 million over four years from 2022-23 to 2025-26 for new and amended MBS listings. The following new services and amendments are being introduced in response to recommendations from the independent Medical Services Advisory Committee (MSAC):

- \$81.2 million for genetic testing to determine carrier status of cystic fibrosis (CF), spinal muscular atrophy (SMA) and fragile X syndrome (FXS) in people who are planning pregnancy or who are already pregnant and their reproductive partners
- \$32.6 million for positron emission tomography (PET) for initial staging for patients diagnosed with rare and uncommon cancers
- \$14.8 million for new and amended items for obstetrics and gynaecology – amending one MRI item and introducing one new MRI item and six new ultrasound items to improve the health outcomes of pregnant women and ensure the birth of healthy babies at term
- \$14 million for an amendment to the current MRI of the liver item to include all cancer types that have potentially spread to the liver
- \$6.6 million for abdominoplasty for surgical repair of rectus diastasis (separation of the large abdominal muscles) following pregnancy
- \$400,000 for cryoablation for biopsy-confirmed renal cell carcinoma
- review and reprogramming of neurostimulators for chronic pain by videoconference

- supporting patient access to PET services during radiopharmaceutical supply disruptions, ensuring continuity of treatment
- \$10.6 million for an amendment to the current MRI of the breast item for patients at high risk of developing breast cancer, raising the age limit from 50 to 60
- new items for remote programming and monitoring for deep brain stimulation and cardiac internal loop recorders
- \$2.7 million for vascular services – six amended items for the treatment of varicose veins to enable co-claiming with other venography items
- cardiac services – new items for Transcatheter Aortic Valve Implantation (TAVI) in low-risk populations and CEP embolic net insertion
- new and amended items for melanoma excision – seven new items to remove confusion around the claims for melanoma excision and support consistent Medicare rebates.

In response to recommendations of the clinician-led MBS Review Taskforce, MBS item amendments include:

- otolaryngology, head and neck surgery – an MBS claiming system that better describes surgeons' practice and reflects clinical evidence, and new MBS items for a complete medical service rather than variable combinations, ensuring consistent Medicare rebates
- paediatric surgery – increased fees for items that repair inguinal hernias in children younger than 12 months old
- thoracic surgery – changes that restrict inappropriate co-claiming and create new MBS items
- acupuncture – changes that ensure acupuncture items align with contemporary clinical practice and prevent inappropriate claims
- cleft and craniofacial services – removing the age limit of 22 for the Cleft Lip and Cleft Palate Scheme, opening the scheme up to all patients with hereditary cleft and craniofacial conditions so they can access treatment throughout their life.

The Budget also includes \$946,000 to extend the MBS items for Australians impacted by the 2019-20 'Black Summer' bushfires for a further six months until 30 June 2022.

The RACGP will continue to advocate for the following measures which were not included in this year's Budget:

- simplification of the MBS to better support wholistic patient centred care
- increases to MBS rebates and regular indexation
- increases to patient rebates for longer consultations
- introduction of Level E consultations.

MBS continuous review mechanism

The Federal Government will provide \$7.5 million in 2022-23 for the MBS continuous review mechanism, which was introduced last year. This mechanism is designed to ensure the MBS remains clinically appropriate.

The RACGP welcomes this allocation of funding. It is important that the MBS is regularly reviewed to ensure it remains contemporary and responsive to the healthcare needs of all Australians.

Aboriginal and Torres Strait Islander health

The Federal Government will provide \$133.5 million in funding for Aboriginal and Torres Strait Islander health, including:

- \$54.7 million to bring forward funding increases for ACCHS, introducing longer term four year rolling funding agreements and a 3% annual increase (including indexation)
- \$13.9 million for Puggy Hunter scholarships
- \$2.4 million to support local mental health services in ACCHS in response to the floods.

The RACGP welcomes funding to develop future Aboriginal and Torres Strait Islander participation in the health workforce. Funding for the National Closing the Gap Policy Partnership on Social and Emotional Wellbeing (Mental Health) is also welcome, although \$8.5 million over three years is much less than is needed to solve complex problems. Further funding in future budgets is needed to support this work.

While these individual funding arrangements are welcome, there doesn't seem to be any strategic direction in funding priorities. Implementation of the Aboriginal and Torres Strait Islander Health Plan remains unfunded. There is only partial recognition of the rising out of pocket costs of healthcare that will affect Aboriginal and Torres Strait Islander people. The help with the PBS safety net, access to MRIs or new PBS drugs is dependent on being able to afford to see a GP, and so these measures won't be as effective as they could be.

This budget is also another missed opportunity to commit to implementing the Uluru Statement from the Heart.

COVID-19 response

COVID-19 vaccinations

The Federal Government will provide \$977.4 million over two years from 2021-22 to 2022-23 to support continued access to COVID-19 vaccines. This funding will allow eligible Australians who have not yet had a primary course of vaccinations to access a vaccine if they choose. It will also support the continued rollout of COVID-19 booster doses and the potential rollout of COVID-19 vaccines for newly eligible cohorts, in line with approvals by Therapeutic Goods Administration (TGA) and advice from the Australian Technical Advisory Group on Immunisation (ATAGI). This includes potential primary course vaccinations for children aged under four years, booster doses for children five years and over, and winter boosters for priority populations.

The funding includes \$839.8 million to support continued access to COVID-19 vaccines through current administration channels including:

- primary care, through the MBS, associated Practice Incentive Payments and in-reach clinics, Community Pharmacies and Commonwealth Vaccination Clinics
- the Whole of Government Vaccine Administration Partners Program (VAPP) panel for targeted vaccinations for priority populations including aged care and shared disability accommodation sites and Aboriginal and Torres Strait Islander communities
- PHNs and tailored communications to reach vulnerable populations
- state and territory clinics to deliver primary course and booster vaccinations.

The Budget also includes \$70.9 million to extend the current operations of the National COVID Vaccine Taskforce to support the planning and delivery of COVID-19 vaccines until 31 December 2022, and \$66.7 million to continue the necessary data and digital systems underpinning the vaccine rollout. These enable ordering and distribution of vaccines, providing easy access to book vaccine appointments, reporting and recording vaccinations and adverse events, and consumers to view COVID-19 information.

While the funding model for GPs delivering COVID-19 vaccines has adapted over the course of the rollout, several issues remain unresolved. The RACGP supports COVID-19 vaccines being made free for all patients in order to boost uptake. However, general practices are small businesses that need to cover a range of expenses. It needs to be financially viable for practices to participate in the vaccine rollout. Funding for administering COVID-19 vaccines should reflect the amount of time it takes to obtain informed patient consent for a new vaccine.

Response to the COVID-19 pandemic – access to rapid antigen tests (RATs)

The Australian Government is allocating more than \$1.6 billion to ensure equitable access to rapid antigen tests (RATs) to help detect COVID-19 and provide reassurance to Australians and their families as we continue to live with COVID.

This funding supports a number of measures:

- the COVID-19 Rapid Test Concessional Access Program which commenced on 24 January 2022 and provided support for concession card holders to access 10 RATs from participating community pharmacies
- RATs for RACFs, ACCHS, general practice-led respiratory clinics (GPRCs), and Supported Independent Living (SIL) residential disability care. This funding helped secure RAT supplies for a strategic reserve within the NMS.
- supplying RATs for school children and Early Childhood Education and Care. This program offers 50% reimbursement for state and territory government costs to provide two RATs per week over four weeks for COVID-19 surveillance testing of students, teachers and staff
- a new MBS item to offer medically supervised RAT screening to patients where clinically appropriate. This is intended to improve access to RAT screening, improve protection for clinicians and other patients where a COVID-19 infection has gone undetected, and ensure the time taken for a RAT result is properly compensated.

The Federal Government's funding for RATs has secured significant supplies intended to support frontline health and care sectors. The RACGP welcomes this funding, noting this may not all be new funding and may represent a continuation of previous year budget allocations.

Temporary MBS telehealth services to support the management of COVID-positive patients in the community

The Federal Government allocated \$20.4 million over two years from 2021-22 for the extension of temporary MBS telehealth services to support the management of COVID-positive patients in the community, including specialist and longer GP telephone consultations.

The RACGP welcomes the temporary reinstatement of Medicare rebates for Level C telephone consultations in response to COVID-19 outbreaks across Australia. However, our position remains that rebates for longer GP telephone consultations, which are essential for providing complex care, should be made permanent. We also support the reintroduction of telephone rebates for mental healthcare and chronic disease management.

Temporary MBS item to support general practices to manage COVID-positive patients in the community

The Federal Government allocated \$4.8 million from 2021-22 for a temporary MBS item to support general practices to manage COVID-positive patients in the community.

The safety of GPs is of paramount importance when providing care to COVID-19 positive patients. Funding needs to support GPs and practices to implement COVID-safe protocols as more COVID patients have their care managed in the community rather than hospitals. The RACGP is working hard to secure additional funding for general practice, and we see this temporary MBS item as one component of what is required.

Extension of the GP-led Respiratory Clinics Program

The 2022–23 Budget includes \$384.4 million for a range of COVID-19 related primary care measures including \$248.1 million to extend the operational timeframe of GP-led respiratory clinics throughout winter and to allow for consideration of longer term arrangements for pandemic response capabilities and management of respiratory diseases in primary care. The RACGP welcomes this funding, noting this may not all be new funding and may represent a continuation of previous year budget allocations.

Personal protective equipment

The 2022–23 Budget includes \$55 million for the purchase and continued provision of essential PPE for GPs and pharmacists.

The RACGP supports this measure, noting this may not all be new funding and may represent a continuation of previous year budget allocations.

COVID-19 delays in cancer screening

The Federal Government will be providing the following funding for cancer screening:

- \$9.7 million for breast cancer screening
- \$20.2 million for cervical cancer screening and associated promotion
- \$10.2 million for colonoscopy triage.

In the information made available, it is not clear how this funding will be allocated and if any will be available to support GPs. It is important to recognise the key role played by GPs in cancer prevention, screening, diagnosis and management.

Mental health

Case conferencing for mental health

\$15.1 million will be provided for new MBS items to allow eligible providers to hold up to four mental health case conferences per calendar year. This will help facilitate collaborative care between a person's GP or other medical practitioner and others involved in their mental health care, such as a paediatrician, psychiatrist, psychologist, and other allied health professionals.

The RACGP welcomes this measure as critical to support coordinated, high-quality multidisciplinary care for people with mental health issues.

National support line service for GPs

The Federal Government will provide \$6 million to optimise the existing mental health workforce by enhancing workforce capabilities and allowing providers to work to the top of their scope. This includes trialling a free national support line service for GPs to access clinical advice and support from psychiatrists.

The RACGP supports funding for a national service given the limited national support available for GPs to undertake these activities since the GP Psych support service was defunded in 2013.

10 Year National Mental Health Workforce Strategy

The Federal Government will provide \$89.2 million to implement key priorities of the 10 Year National Mental Health Workforce Strategy. This funding will include \$4.2 million to support headspace centres in regional, rural and remote areas to attract and employ GP. We welcome funding for employment of GPs in headspace centres in rural and remote regions, where there are higher rates of mental health conditions and higher suicide rates.

Aged care

The funding allocated to aged care in the 2022-23 budget largely represents a continuation of funding previously announced by the Federal Government in response to the Royal Commission into Aged Care Quality and Safety. Overall, this funding represents \$18.8 billion over four years. Measures of interest are outlined below.

Access to multidisciplinary care

The Federal Government has allocated \$22.1 million to deliver trials of Multidisciplinary outreach services to share costs with states and territories for providing more comprehensive health care, through multidisciplinary care teams, to people in residential aged care, and hospital-led access to specialists and other health practitioner.

Medication management for aged care residents

The Federal Government will provide \$345.7 million over four years to improve medication management and safety for aged care residents through on-site pharmacists and community pharmacy services.

The RACGP welcomes this funding to improve medication management and safety for aged care residents. It is expected that there will be close cooperation of all medically trained prescribers before the addition of any new medication for an individual/resident. Accredited pharmacists and GPs need to work collaboratively to decide on contraindications that may occur between certain medicines.

Research

Medical Research Future Fund (MRFF)

The Federal Government has updated the 10 Year Investment Plan for the MRFF. This will include, over 10 years:

- new funding of \$384.2 million to support Australia's upcoming early to midcareer researchers,
- \$200 million to support clinician researchers
- \$70 million for primary health care research.

While increased funding for primary care research is welcome, this represents just 1.6% of total MRFF funding over 10 years. To facilitate patient access to safe, high-quality and evidence-based care from GPs, the primary healthcare system itself must be underpinned by rigorous evidence, for which primary healthcare research, and more specifically general practice research, is essential.

We are advocating for increased funding for primary care research, so that it better matches expenditure on the primary care sector. In addition, we want to ensure that research involving primary healthcare services requires the involvement of primary care clinician researchers in grant formulation and rollout. We are also advocating for infrastructure funding to support primary care research and translation through general practice-based research networks.

The RACGP welcomes funding to support upcoming early to mid-career researchers and clinician researchers. Support for general practice researchers from medical school through to senior research and leadership positions will increase participation and build the capacity and sustainability of general practice research.

Clinician researcher grants

The Federal Government is funding \$32 million across 14 new grants to assist clinician researchers around the country to tackle health problems identified by clinicians at the coalface of primary care.

The RACGP supports funding for clinician researchers and congratulates the GPs who were successful in receiving funding for these grants. It is essential that any study into general practice models of care is led by a GP with clinical experience.

Access to medicines

Pharmaceutical Benefits Scheme listings

The Federal Government will spend \$2.4 billion on new and amended listings on the Pharmaceutical Benefits Scheme (PBS). New listings will include:

- Trikafta (elexacaftor/ tezacaftor/ ivacaftor) for the treatment of cystic fibrosis (April 2022)
- Trodelvy (Sacituzumab govitecan) for the treatment of triple negative breast cancer (May 2022)
- Ofev (nintedanib) for the treatment of progressive fibrosing interstitial lung disease (May 2022).

Lowering the PBS safety net

The Federal Government will provide \$525.3 million over four years to lower the PBS safety net thresholds. From 1 July 2022, the thresholds will be lowered as follows:

- concessional patients: from \$326.40 to \$244.80, a saving of up to \$81.60.
- general patients: from \$1542.10 to \$1457.10, a saving of up to \$85.00.

The RACGP welcomes any funding that improves access to or reduces costs of medicines for patients.

Feasibility study for non-medical prescribing

The Federal Government is providing \$600,000 over two years for a feasibility study for non-medical prescribing from 2022–23.

The RACGP will be seeking clarification from the Government in relation to the feasibility study for non-medical prescribing as a matter of priority. Role substitution is not the solution to a GP workforce shortage and further fragments care. The RACGP has concerns for patient safety if non-medical professionals prescribe unsupervised and without appropriate medical training and assessment of competency.

Disability

National Disability Insurance Scheme (NDIS)

The Federal Government will provide \$157.8 billion over four years for the National Disability Insurance Scheme (NDIS), with \$33.9 billion budgeted for 2022-23. This is an increase compared to the \$116.1 billion projected over four years in the 2021-22 Budget. The NDIS is now supporting 500,000 participants.

Other

New Digital Services for Complex Care Plans

The Federal Government is investing \$107.2 million to modernise our health care system. This funding will deliver innovative new methods to provide care and continue the momentum for embracing new technologies achieved during the COVID-19 pandemic. This will include:

- New Digital Services to Track and Manage Medicare Complex Care Plans Digitally
- Modernise Medicare Provider Number Registration Process

The RACGP will seek to provide advice on these initiatives to ensure they are workable for general practice

Digital health services and payments system

The Federal Government will provide \$96.8 million for the next phase of the Health Delivery Modernisation Program. This funding is intended to deliver new digital health services and modernise Services Australia's health payments system.

Primary healthcare for flood-affected Australians

More than \$4.7 million over two years will ensure continuity of primary health care services for flood-affected Australians. This will support the immediate delivery of services on the ground in disaster affected areas and that are engaged in locally focused emergency preparedness, response and coordination. The FGovernment's primary health care funding allocation also includes:

- \$730,000 over six months to employ locums in the Lismore region to provide relief for local GPs and ensure ongoing access to primary health care, creating a temporary surge workforce to meet the current emergency need, and a longer term capacity if local practices remain closed for an extended period
- \$1.5 million to immediately establish shared temporary business premises in or near Lismore for displaced local primary health care providers, including general practitioners, pharmacists, allied health providers, mental health service providers and dentists, for timely emergency medical assistance.

The RACGP welcomes this funding and we continue to call for great inclusion of general practice in emergency planning and response. In response to the current flood emergency we have asked the government to support our members with access to IT infrastructure to access Medicare services from flood impacted areas to ensure continuity of care.

National Preventive Health Strategy 2021–2030

The Federal Government will provide \$1 million over one year to continue the implementation of the Healthy Habits program of the RACGP. The RACGP welcomes this funding.

Extension of the National Ice Strategy

The Federal Government will provide \$372.4 million for measures to reduce the impact of drug and alcohol use in communities. These include:

- \$343.6 million over four years to extend the National Ice Action Strategy (NIAS) and support drug and alcohol treatment projects in areas of identified need
- \$19.6 million to expand the Take Home Naloxone program into all States and Territories
- \$9.2 million to continue funding drug and alcohol prevention projects.

The RACGP notes that the NIAS only indirectly supports the role of GPs in this work through PHN funding. The College has advocated for recognition of the key role of GPs in the treatment of alcohol and other drug (AOD) use and has called for increased funding for GP Education, for example through extension of the RACGP AOD GP Education Program beyond 2022.

Family and domestic violence

The Federal Government will provide the following measures towards family and domestic violence:

- \$48.7 million over four years to support people who have experienced family, domestic and sexual violence to navigate the health system and access services
- \$67.2 million over four years for the Trauma-informed Recovery Care pilot program, to trial a national model of care through PHNs to improve coordination and access to specialised, multidisciplinary recovery services.

The RACGP supports funding for women's safety measures. Increased support for general practice through ongoing education and peer support groups is also needed. This will greatly assist GPs to identify and safely work with victims, children, and perpetrators as well as work with other domestic violence services.