

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2016 - 2017, 1 March 2017

Ref No: SQ17-000045

OUTCOME: 2 - Health Access and Support Services

Topic: Mental Health Nurses

Type of Question: Hansard Page 73, 1 March 2017

Senator: O'Neill, Deborah

Question:

Ms Cole: Senator, in this financial year there is a requirement for the PHNs to continue to fund wherever possible the current providers of mental health nursing services under that program. Some providers did not choose to continue. I can provide that on notice, but it will require actually ringing around each PHN and checking the details.

Senator SIEWERT: You have not required them to report to you?

Ms Cole: Not on the number of changeover in providers. Their obligation was that if a provider did not choose to continue under the old arrangements—say for example a GP practice—the PHN needed to find a solution for that mental health nurse and that mental health nurse's patients at that time. It is a changeover issue. I can find out for you how many providers they changed over in this transition year.

Senator SIEWERT: It would be appreciated if you could. Does that mean you are not monitoring it specifically?

Ms Cole: We are not monitoring specifically how much changeover there is in providers. In a sense, that becomes a subcontracting arrangement between the PHN and individual organisations. We can find that out for you. What we are more interested in is continuity of services for the patients concerned.

Senator SIEWERT: You are monitoring that?

Ms Cole: The continuity? Yes.

Senator SIEWERT: Could you provide us with an update on all the services being continued?

Ms Cole: It is a little bit difficult to do in the sense that people come in and out of services over the course of a year. What I can do is a bit of exception reporting and ask the PHNs to give us any indication where they had difficulty around continuing an individual patient's services.

Answer:

Continuity of care has been a key focus for Primary Health Networks (PHNs) through the transition process. PHNs have implemented a range of strategies to ensure continuity of care, including:

- Modifying mental health nurse service delivery as a result of geographic location of clients;
- Engaging alternative local mental health nurses or providers;

- Requiring providers to develop transition plans focused on continuity of care in cases where they were not continuing; and
- Negotiation of cross border arrangements to accommodate geographic constraints.

The Australian Government provides funding to PHNs to lead mental health and suicide prevention planning at a regional level¹. PHNs are required to advise the department of issues or delays in implementation, including through six and 12 monthly reports.

PHNs provided advice to the Department of Health in February 2017 and on continuity of contract arrangements and client services associated with the transition of the Mental Health Nurse Incentive Program to the PHN Primary Mental Health Care Flexible Funding Pool. As at 28 February 2017, over 400 mental health nurses were being funded. PHNs have reported that around 12 mental health nurses delivering services under Mental Health Nurse Incentive Program (MHNIP), and 27 provider organisations (out of more than 300), chose not to continue delivering services across twelve of the 31 PHNs. Advice provided by these PHNs indicates that where former MHNIP providers have not continued services, PHNs have taken, or are taking, appropriate action to engage a new provider or ensure alternative service arrangements are in place.

¹ PHNs are provided with guidance on commissioning services to meet Government policy objectives. Guidance on commissioning mental health nursing services is provided in the document 'Primary Mental Health Care for People with Severe Mental Illness', which is available on the website www.health.gov.au by searching 'PHN Mental Health Tools and Resources'.