## **Senate Community Affairs Committee**

# ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

#### **HEALTH PORTFOLIO**

### Additional Estimates 2016 - 2017, 1 March 2017

**Ref No:** SQ17-000133

**OUTCOME:** 2 - Health Access and Support Services

**Topic:** Primary Health Commissioning in Tasmania

Type of Question: Written Question on Notice

Senator: Duniam, Jonathon

### **Question:**

What planning was undertaken to ensure continuity of care to clients of existing rural health services, including liaison with the Tasmanian Government?

#### Answer:

On 1 April 2016 the Commonwealth and the states and territories signed the Heads of Agreement on Public Hospital Funding. An objective of the Agreement is to improve health outcomes for all Australians and ensure the sustainability of the Australian health system. The Agreement describes the role of Primary Health Networks (PHNs) including integrating the planning, co-ordination and commissioning of services at a regional level.

Primary Health Tasmania (PHT) consulted extensively with a range of stakeholders throughout its commissioning of rural primary health services. It advises that it sent email invitations to 397 stakeholders to participate in the consultations, representing 284 organisations, including service providers funded under pre-existing arrangements and local council and State Government representatives.

During the transition to newly commissioned rural primary health services, PHT worked with existing service providers, on a case-by-case basis, to identify any critical clinical services or at risk clients that required continued support for up to an additional three month transition period to 31 March 2017, while new service providers were being established. PHT actively managed these arrangements to ensure that clients were referred to other appropriate service providers and that the services' caseload was zero by 31 March 2017.

The Tasmanian Health Service (THS), which is a service delivery agency of the Tasmanian Government, was one of the existing providers with which PHT worked. Only some THS services sought and received additional transition funding and support to 31 March 2017.