



NACCCHO 

National Aboriginal Community Controlled Health Organisation

**Strengthening Medicare – General Practice
Grants Program**

Final Summary Report

3 May 2023 – 18 October 2024

Final Summary Report

This Final Summary Report outlines the activities undertaken by the National Aboriginal Community Controlled Health Organisation (NACCHO) as part of the funding agreement - C1315 titled 'Strengthening Medicare - General Practice Grants Program' (the GP Grants Program). The Report covers the activity period from execution (3 May 2023) to 30 September 2024.

NACCHO welcomed the opportunity to administer and manage the GP Grants Program funding at a national level in relation to eligible Aboriginal Community Controlled Health Organisations (ACCHOs). During the activity period, NACCHO worked closely with the Department of Health and Aged Care (the Department) Primary Care Access Branch to co-design how the program would be rolled out to ACCHOs.

ACCHOs also welcomed the grants to invest in innovation, training, equipment, and minor capital works to improve patient access and provide safe and more accessible quality primary health for Aboriginal and Torres Strait Islander people.

1. Summary of Uptake

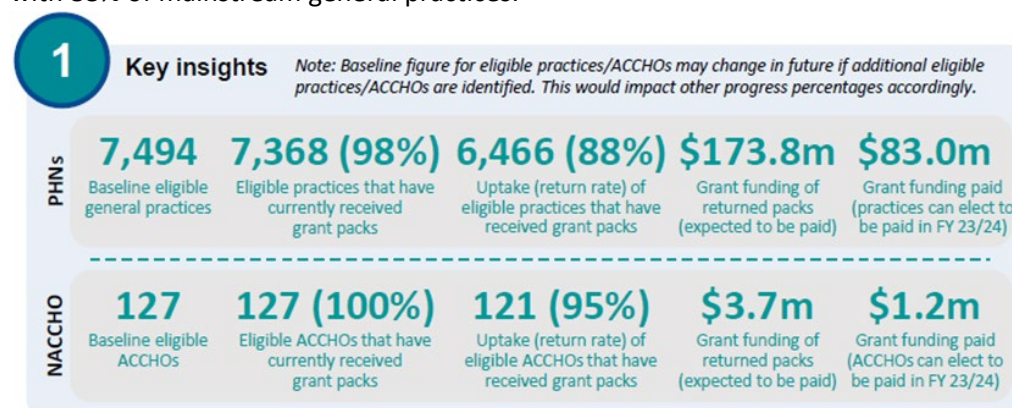
To help strengthen ACCHO engagement with the GP Grants Program and improve uptake, NACCHO's Deputy CEO negotiated for NACCHO to manage the grants to ACCHOs instead of through the Primary Health Networks (PHNs). NACCHO has well established relationships with ACCHOs and manages a number of grants to the sector with funding from the Department.

NACCHO worked closely with the Department to tailor the grant process to suit ACCHOs, including:

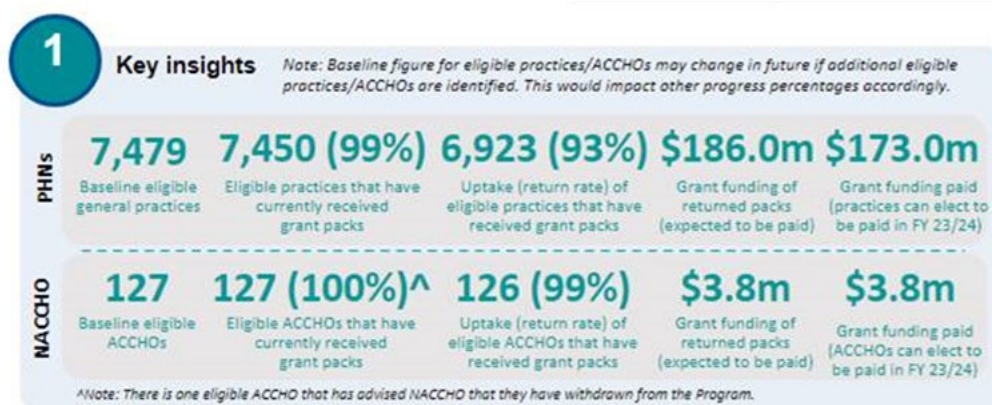
- ensuring all eligible ACCHOs were captured in the final list of organisations to receive funding;
- providing feedback on eligible activities under each investment stream;
- negotiating a top-up payment for ACCHOs with the inclusion of OSR data due to the ACCHO model of care and Medicare throughput compared to mainstream GPs;
- co-designing the ACCHO grant agreement template and supporting documentation; and
- offering the grant to ACCHOs rather than having them apply.

NACCHO's agreement with the NT PHN was executed on 3 May 2023 and the first grant agreement packs were sent to ACCHOs on the 5 May 2023, with the bulk of packs sent by 12 May 2023. One was delayed to 30 May 2023 due to clarifying GST status.

Of the 127 grants offered to eligible ACCHOs, only 1 ACCHO declined the funding and withdrew from the Program. As of 26 June 2023, 95% of ACCHOs had returned their signed grant offers, compared with 88% of mainstream general practices.



As of 28 August 2023, NACCHO had a 99% of uptake rate compared to 93% for PHNs.



2. Investment Streams

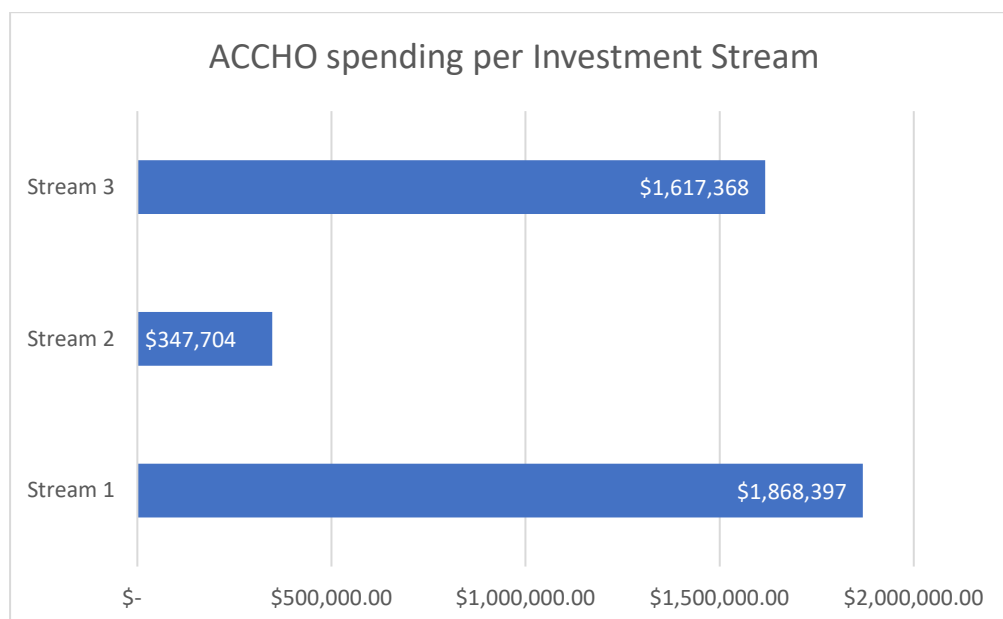
The grants allowed ACCHOs to make investments in innovation, training, equipment and minor capital works in one or more of the three Investment Streams:

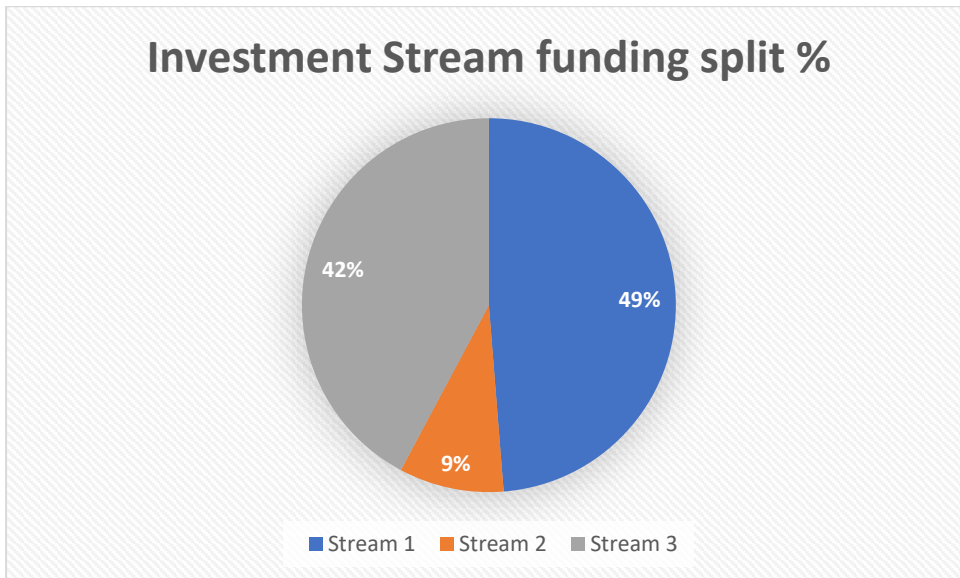
Stream 1 - Enhance digital health capability - to fast-track the benefits of a more connected healthcare system in readiness to meet future standards;

Stream 2 - Upgrade infection prevention and control arrangements - to ensure infectious respiratory disease (e.g. COVID, influenza) patients can be safely seen face to face; and/or

Stream 3 - Maintain and/or achieve accreditation against the Royal Australian College of General Practitioners Standards for General Practice, under the General Practice Accreditation Scheme - to promote quality and safety in general practice.

Across the 126 ACCHOs, the majority of funds were expended on Investment Streams 1 and 3. Investment Stream 2 had lower uptake, and this could be due to overlapping with COVID-19 funding which had similar eligible activities.





3. Disbursement of Funds - total expended and unspent grant funds (if any)

NACCHO disbursed **\$3,835,000 (ex GST)** to 126 ACCHOs across two financial years (2022-23 and 2023-24). When returning the signed grant agreement, ACCHOs could select which financial year they wanted to receive the funds.

Financial Year	Funds disbursed to ACCHOs (ex GST)	Number of ACCHOs
2022-2023	\$1,200,000	40
2023-2024	\$2,635,000	86
	\$3,835,000	126

NACCHO's contract with NT PHN included the minimum funding allocations for eligible ACCHOs (\$3,860,000 ex GST) plus an additional (\$431,153 ex GST) to allow for any ACCHOs identified outside the initial eligible list or where there was a correction required to the initial allocations. Two ACCHO's questioned their initial allocations, and the Department agreed to correct the grant amount for one, due to an incorrect client figure being used. Funding for this ACCHO was increased from \$35,000 to \$45,000.

When the Department reconciled/adjusted the funding amounts for payments in the 2023-24 financial year, it was agreed that the additional funding was not required and NACCHO only received the shortfall amount of \$4,103 ex GST as outlined in the table below.

PHN	2022-23 payment ex GST PAID	22-23 Operational funds PAID	Commitment	Final tranche commitment	Total commitment	Available or shortfall of grant funding	23 - 24 Operational funds	Revised 23/24 payment (incl. Op funding)
NACCHO	3,830,897.00	32,500.00	3,835,000.00	0	3,835,000.00	-4,103.00	32,500.00	36,603.00

As of 18 October 2024, there were 4 ACCHOs with underspends:

- Mawarnkarra Health Service - \$924.81 ex GST
- Flinders Island Aboriginal Association Incorporated - \$433.12 ex GST
- Lakes Entrance Aboriginal Health Association - \$87.83 ex GST
- Budja Budja Aboriginal Co-operative Limited - \$84.80 ex GST

NACCHO Deputy CEO advised that NACCHO will recoup all amounts over \$100 ex GST and not recoup underspends less than \$100 ex GST as the costs involved are greater than the amount.

Given this, invoices were sent to 2 ACCHOs and NACCHO will arrange for the **\$1,357.93 ex GST** to be returned to the NT PHN once received.

4. Program Outcomes

NACCHO successfully administered and managed the GP Grants Program, with all but one eligible ACCHO accepting the grant offer. ACCHOs welcomed the flexibility provided through the program to fund activities within the three investment streams to best address their needs.

As indicated in the evaluation reports (summarised for the Department in the **ACCHO Survey Response Data** spreadsheet), ACCHOs used the funds on a range of activities to make improvements to their practices to expand patient access and support safe, and accessible, quality primary care.

ACCHO activities included:

- Investing to improve systems and processes
- Advancing the clinic's digital capabilities
- Preparing for the ever-increasing requirements for digital health and purchasing much needed equipment
- Better connectivity to reduce the amount of time spent on administrative tasks and allowing more time to deliver clinical services
- Enhancing patient experience through improving workflow efficiency
- Training and development for staff to maintain accreditation and provide best practice healthcare to our community
- Workforce support to assist with accreditation

Many ACCHOs reported that the funding was a welcome contribution to the significant financial and staff time costs that are involved with accreditation and recommended that this funding be available on an ongoing basis.

Further examples were provided in the ACCHO case studies:

Broome Regional Aboriginal Medical Service (BRAMS)

Investment Stream 3 - Maintain accreditation

Activity - combined Quality management and Clinical Governance Framework, funding enabled BRAMS to engage in the co-design of our clinical and quality governance framework alongside valued consumers, a path we had not ventured into previously. The innovative framework will enhance our adherence to the RACGP Standards.

First Peoples' Health and Wellbeing

Investment Stream 2 - Upgrade infection prevention and control arrangements

Activity - upgrades to air conditioning and air filtration systems. *"Keeping all patients, staff and visitors to the clinic safe from air-borne illnesses is a high priority for First Peoples' Health and Wellbeing. It is critical that our clinical environments support the high standard of infection control and quality of care delivered by our staff"*.

Katherine West Health Board

Investment Stream 3 - Maintain accreditation

Activity - dedicated role to undertake redesign of policy system. *“KWHB is now well-positioned in the short term for successful accreditation and a well-governed, sustainable policy system will ensure improved safety, quality, and standards of care into the future.”*

Ord Valley Aboriginal Health Service (OVAHS)

Investment Streams 1 & 2 - Enhance digital health capability and upgrade infection prevention and control arrangements

Activity - easily cleanable wall mounted toys and new computers for clinic room to enable better utilisation of telehealth services. The children love the new toys, staff are spending less time cleaning and packing up toys. The area is now bright, inviting, and safer.

5. Learnings

NACCHO welcomed the opportunity to participate in the GP Grants Program evaluation and provide feedback and share learnings. Feedback provided is summarised below.

Implementation issues

- Department’s understanding of ACCHOs, differences to mainstream GP practices trying to fit all under the same model e.g. funding allocations
- Time taken to provide feedback on all the program documentation
- Turnover of staff and consistency with Program/NACCHO contract knowledge
- PHNs not understanding NACCHOs role and providing misinformation and unclear communications to ACCHOs
- Expectations around reporting timeframes
- Data sovereignty – reporting to external organisations

What worked well

- Department seeking feedback on processes and documentation
- Uptake due to NACCHOs involvement
- SharePoint site to provide documents to the Department

What could be done differently

- Ensuring NACCHO is involved from the beginning, working in partnership to enable shared decision-making in line with Priority Reform 1 of the National Agreement on Closing the Gap.
- NACCHO contract directly with the Department instead of through a PHN – if NACCHO was involved earlier in the planning process, we could have potentially contracted directly with the Department as we do for other grants
- Considerations for differences between ACCHOs and mainstream GP practices e.g. funding allocations
- Ensure reporting timeframes are realistic and have the evaluation report and financial acquittals due at the same time
- Reporting template wording and interpretation e.g. differences between maintain/achieve accreditation.