

## Request for Costing an Election Commitment

<b>Name of policy proposal:</b>	GP Fund (29 September 2016)
Person requesting costing:	Alistair Coe MLA, Shadow Treasurer
Date of request:	7 October 2016
Summary of proposal:	The Canberra Liberals will establish a fund to provide grants to GP's aimed at improving patient access.
Issue the proposal will address:	To improve patient access to GP's across the ACT.

### What are the key assumptions that have been made in the proposal?

**Note:** The costing will developed on the basis of information and assumptions provided in the costing request. The professional judgment of the Under Treasurer will determine whether these assumptions are adopted in the costing of the proposal.

- The Fund will be capped at a total of \$700,000 per year.
- The number of grants awarded each year will be dependent on the number of applicants.
- Specific guidelines for the fund will be developed by the Health Directorate in consultation with the Minister for Health's office.
- Any unspent funds will be rolled over into the next year.

What are the estimated revenue and operating costs each year (if available) and what are the capital requirements for this proposal and estimated costs each year (if available)?

	2016-17	2017-18	2018-19	2019-20	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Revenue<sup>(a)</sup></b>					
<b>Expenses<sup>(a)</sup></b>	0	-700	-700	-700	-2,100
<b>Capital</b>					
<b>Depreciation</b>					

(a) A negative number indicates a decrease in revenue or an increase in expenses. The expenses row does not include depreciation costs.

Has any specific information or data been utilised in generating the proposal?

No.

Where relevant, is funding for the proposal to be demand driven or a capped amount?

Capped.

Will third parties, for instance the Commonwealth or other State/Territories, have a role in funding or delivering the proposal? Does the proposal provide additional funding to, or redirect, any existing Commonwealth/State or Territory funding arrangements (for example, does an education proposal add to or redirect NERA funding).

No.

Will funding/the cost require indexation?

No.

Who will administer the proposal?	The Health Directorate.
How will the proposal be administered?	The Health Directorate will be responsible for developing guidelines for the fund aimed at improving patient access. The Health Directorate will make recommendations to the Minister's office regarding approval of grants.
Is the proposal part of a broader package?	No.
Has an allowance been made for expenses necessary to support the implementation of this proposal? <ul style="list-style-type: none"> <li>– If no, will the government agency be expected to absorb expenses associated with this proposal?</li> <li>– If yes, please specify the key assumptions.</li> </ul>	No. Implementation of this proposal will be met from within existing resources.
Will the proposal generate savings or offsets?	No.
Has the proposal been previously costed by an external (third) party? Will a copy of this material, including any assumptions, be made available to Treasury?	No.
What are the community impacts associated with the proposal? Who and how many people will be affected?	Community impacts are expected to be positive from improved access to health care.
Are there any transitional considerations associated with implementation of the proposal? If so, how will they be managed?	No.
What is the intended implementation date of the proposal?	The first round of funding will be available 2017-18.
When is the proposal expected to be fully operational? Please provide details such as the start and end dates, the level of commitment during each period etc?	2017-18.
Will the proposal cease, and if so, when?	Funding will cease after 2019-20 with the effectiveness of the program to be reviewed.
Is there any additional information relevant to this proposal?	No.