

**Community Affairs Committee  
Budget Estimates, 5 April 2019 - Health Portfolio**

PDR No	Outcome	Question Submitted By	Broad Topic	Full Question Text	Type of Question: Hansard/Written
SQ19-000334	6 - Ageing and Aged Care	Polley, Helen	Recipients under the CHSP	<p>Senator POLLEY: How many older Australians are recipients under the CHSP, and how many were there on 1 July 2018? What's the current figure, and what was it at 1 July 2018?</p> <p>Ms Buffinton: The broad answer is 850,000. I'll just have to take a minute or two to find you the figure. It's within a thousand people of 850,000. I've got to just add together the fact that we've got—</p> <p>Dr Studdert: I'm sorry, Senator—on what date?</p> <p>Ms Buffinton: On the 1st, effectively, Western Australia came together. The figure for Commonwealth home support at that point was 783,043.</p> <p>Dr Studdert: That's for 2017-18.</p> <p>Ms Buffinton: That's 2017-18.</p> <p>Dr Studdert: And then, on 1 July, WA joined.</p> <p>Ms Buffinton: When we brought in WA, I've just got to—</p> <p>Dr Studdert: It was 91 providers. You wanted the figure with the consumers?</p> <p>Senator POLLEY: The current one, now, and as of 1 July 2018.</p> <p>Ms Buffinton: As of 1 July would effectively be the latest number that we have, because we go on six-month data. Sorry, I've just got to find—</p> <p>Ms Beauchamp: We can get that figure for you over the break and bring it back to you.</p> <p>Senator POLLEY: That would be great. How many of the CHSP recipients are co-contributors, and how many recipients receive full subsidisation from the government?</p> <p>Ms Buffinton: Again, we can get that for you over the break.</p> <p>Senator POLLEY: Excellent. In that case, then, can you tell me: why do some recipients contribute while others don't? And why isn't there a consistent approach to who pays and who doesn't?</p> <p>Ms Buffinton: In Commonwealth home support, the guidance is that those who can contribute should, while protecting those who are most vulnerable. Every provider has to have a contributions policy, but that does vary from provider to provider. I'll get those figures for you, as I said, over the break, but the level of contribution in Commonwealth home support and certainly relative to home care is very low, because some of these contributions are literally on day outings where people give a gold coin donation. But I can give you those figures, which we'll come back to straight after the break.</p>	05/04/2019 - Proof Hansard Page 15

PDR No	Outcome	Question Submitted By	Broad Topic	Full Question Text	Type of Question: Hansard/Written
SQ19-000335	6 - Ageing and Aged Care	Polley, Helen	Home care packages	<p>Senator POLLEY: Given this government has spent quite a lot of money promoting its home care packages to those who have already been approved for one, how will these 10,000 packages make a difference to the 128,000 older Australians who have been approved for home care packages? How is this really going to impact them? Are we likely to see, yet again, another increase in the number of people who are waiting for home care packages?</p> <p>Ms Beauchamp: Obviously, there's supply and demand. You'd need to look at that on an ongoing basis, in terms of older people requesting support from government through our other home care program, Commonwealth Home Support, and the Home Care Packages program, and the number of people who are actually accessing home care. We can give a program report for a point in time and we can extrapolate, over the forward estimates, the additional packages that will be made available, but you do have to monitor the supply-and-demand figure on an ongoing basis. Of course, as I mentioned, having had only 60,000 home care packages in the system a few years ago and now having well over 90,000, the continual release of home care packages will impact on the waiting list.</p> <p>Senator POLLEY: Can we get a breakdown of where those 10,000 have been allocated, in terms of level 1, 2, 3 and 4 packages, and the number of people who are still waiting? Can we get an update for those figures as of today?</p> <p>Ms Beauchamp: I think that's on the public record in terms of the announcement of the 10,000 packages and what level, and we'll look at providing and taking on notice any updates to the information that's publicly available in terms of where they've gone.</p>	05/04/2019 - Proof Hansard Page 18
SQ19-000336	6 - Ageing and Aged Care	Polley, Helen	Waiting times for care packages	<p>Ms Beauchamp: I think much of the information on the waiting list, as the minister pointed out, has only become transparent since early 2017. Most of the information in terms of what has happened over time is provided in these home-care packages reports, so it is fairly transparent on an ongoing basis how many people are waiting, what services they're providing, how many people have been offered lower level packages and the like. I don't think I have anything more to add than what is in the public domain. I'll take on notice if it needs to be updated in terms of what is out there.</p> <p>Senator POLLEY: So would you disagree with LASA in saying the wait times are significantly more than what the department reports?</p> <p>Ms Beauchamp: I don't know if there's a difference.</p> <p>Senator POLLEY: There is. I don't have the report with me but there certainly is. Maybe you could take that on notice and come back to me after the break?</p> <p>Ms Beauchamp: I'll take it on notice.</p> <p>Senator POLLEY: Do you actually record the number of deaths?</p> <p>CHAIR: Senator, you have got three minutes to the break.</p> <p>Senator POLLEY: Do you keep figures relating to the number of people that have either died before they received their package or, as a result of the long waiting times, have actually had to go into residential care? Have you got those figures for us, please?</p> <p>Dr Studdert: I think that there's always a lot of movement on that system, with people moving in and out for a whole range of reasons that relate to their personal circumstances, so the granularity with which we understand why those movements occur is not great. But we can certainly look at what we've got and see if we can give you more general information.</p>	05/04/2019 - Proof Hansard Page 22

PDR No	Outcome	Question Submitted By	Broad Topic	Full Question Text	Type of Question: Hansard/Written
SQ19-000337	1 - Health System Policy, Design and Innovation	Watt, Murray	Staffing numbers	<p>Ms Beauchamp: It is 2018-19. At the moment we have a full-time equivalent staff of 4,031, so we're underneath that cap.</p> <p>Senator WATT: What was the cap in 2017-18?</p> <p>Mr Yannopoulos: We don't have those figures with us. I can get them.</p> <p>Senator WATT: Yes, can you get me that back to 2012-13?</p> <p>Mr Yannopoulos: Yes, but we'd need to adjust for all of the machinery-of-government changes. The major shifts have been decisions of government to move functions in and out.</p> <p>Senator WATT: Yes, okay.</p> <p>Mr Yannopoulos: But, yes, I'll do that.</p> <p>Senator WATT: Maybe you could get me the cap for those years and the number of redundancies in each of those financial years back to 2012-13.</p> <p>Ms Beauchamp: Yes.</p> <p>Mr Yannopoulos: Yes.</p>	05/04/2019 - Proof Hansard Page 9
SQ19-000338	2 - Health Access and Support Services	Patrick, Rex	Rural Doctors Workforce Agency	<p>Senator PATRICK: I think that gives me an overview. I'm just mindful of time. We've got a situation where we find a community without a doctor for over a year. Indeed, I've got an email before me that suggests that that particular organisation in South Australia had a doctor lined up and then basically suggested that there were perhaps three other locations that might better suit that doctor. So the council are of the view that the agency in some sense has steered a doctor away. I'm interested in what you contract them for. On notice, I'd like to have a list of the contracts that you have made to the Rural Doctors Workforce Agency, and I'd like to understand what the scope of work is for those contracts and your KPIs for filling these sorts of positions. I'm guessing you'd have to take that on notice. Mr Hallinan: We can take that on notice, but I can give you a further brief overview if you like. Senator PATRICK: Thank you. Mr Hallinan: The rural workforce agencies are funded by the Commonwealth to do a range of things, including broad needs assessments of each jurisdiction that they're in. The South Australian one is the one you've identified. The first thing that we would ask them to do in any given year is assemble a stakeholder reference group which is made up of all the different levers that are available to try to fill workforce needs in a region. That usually has involved the general practice regional training organisations, the primary health networks, outreach fund deliverers—those are the people who deliver outreach services to communities without practitioners—specialist training pathway organisations, rural clinical schools, regional training hubs, state health departments and Aboriginal and Torres Strait Islander jurisdictional bodies for the community controlled organisations. They will do a needs assessment of a state and identify key priority areas that they're working towards achieving a workforce outcome for. Senator PATRICK: Is that documented? Mr Hallinan: Yes, that's a documented deliverable. Senator PATRICK: And it's provided to the department? Mr Hallinan: Yes. Senator PATRICK: Can you please provide to the committee a copy of their assessment for South Australia? Mr Hallinan: Yes, I can take that on notice.</p>	05/04/2019 - Proof Hansard Page 47

PDR No	Outcome	Question Submitted By	Broad Topic	Full Question Text	Type of Question: Hansard/Written
SQ19-000340	1 - Health System Policy, Design and Innovation	Spender, Duncan	Vaping	<p>Senator SPENDER: When I was working for Senator Leyonhjelm in December I think we had a visit from an ANU professor who was going to end up being the chair of a review into all things vaping. I think it was announced by Minister Hunt. I'm not aware whether any funding for such a review was put away in MYEFO, but I don't think I saw anything in the budget either. Firstly, is there such a review led by an ANU professor—I am sorry I've forgotten her name—and has it been budgeted for?</p> <p>Ms Beauchamp: I'd have to take that on notice. This falls across this outcome, but also Professor Skerritt's area, particularly around the regulation. In terms of what research has been done and been commissioned, I'll have to take that on notice.</p> <p>Mr Boyley: I can provide some information on that research if the committee would like?</p> <p>Senator SPENDER: On that Professor Skerritt issue, is that under outcome 4? Is there a possibility of coming back—</p> <p>Ms Beauchamp: Outcome 5.</p> <p>Senator SPENDER: Later on, okay. I'm just interested in whether or not the terms of reference for that have been released and formed and whether or not there's funding for that either in MYEFO or in budget. I'd also like advice as to whether there's an intention to consult with professionals such as Professor Borland and Associate Professor Mendelsohn as well as consulting more broadly with the vaping lobby areas. If you don't have that information—</p> <p>Mr Boyley: I'd need to take those specifics on notice.</p> <p>Senator SPENDER: Whilst you're taking that on notice, just in case there's something other than that ANU professor leading, can I ask the same questions of any other review in consideration, such as the health minister considering an NHMRC review? If there is such a review in consideration, is there any budget for it? Who would chair it? Would you commit to the terms of reference covering the comparison between vaping impacts vis-a-vis cigarette and tobacco impacts. That's the main query, because we imagine that any other review, whether it's the ANU review or another review in the offering, which doesn't compare vaping with tobacco might not be particularly useful. You don't have the details on that?</p> <p>Ms Beauchamp: I don't have the details, but, of course, there has been quite a bit happening internationally. The FDA has done some further work, as you know, particularly around young people and the take up of vaping by young people. There's a fair bit of international literature that's been developed, but, in terms of the specific work that we have commissioned either through the department or the NHMRC, I'll take that and those details on the terms of</p>	05/04/2019 - Proof Hansard Page 46
SQ19-000341	2 - Health Access and Support Services	Spender, Duncan	Tobacco	<p>Senator SPENDER: Sure. On the tobacco strategy that just recently finished, because it was dated to 2018, do you yet have a critical evaluation of that strategy or is it in the pipeline?</p> <p>Mr Boyley: The evaluation is still pending at the moment.</p> <p>Senator SPENDER: Will that be public?</p> <p>Mr Boyley: In the ordinary process of reviews of effectiveness of programs and initiatives, we would provide the advice to government and then determine, what, if any of those aspects, would be released publicly. I haven't got a specific view on that evaluation, so I'm happy to take that part on notice.</p> <p>Senator SPENDER: If you are able to publish, please do so.</p> <p>Mr Boyley: Absolutely.</p> <p>Senator SPENDER: Presumably the conclusion will be that we did not reach the targets we sought in that strategy.</p> <p>Ms Beauchamp: Can I just clarify, is that the strategy or the campaign or the combination of both?</p> <p>Senator SPENDER: The strategy. I think it was something like the 2011 to 2018 strategy, which had various targets. My current understanding of the stats is that we didn't meet the targets for either the general population or the ATSI population.</p> <p>Ms Beauchamp: We'll take that on notice.</p>	05/04/2019 - Proof Hansard Page 46

PDR No	Outcome	Question Submitted By	Broad Topic	Full Question Text	Type of Question: Hansard/Written
SQ19-000342	4 - Individual Health Benefits	Griff, Stirling	Class 3 devices	<p>Senator GRIFF: I've got five items and they can come back to us on notice. But I would just like to hear your view—again, these can be on notice, obviously—on will the TGA be making it mandatory for all long-term implanted devices to be reclassified as class 3 devices? That is a discussions we have had in the past with Professor Skerritt. Will the TGA require all class 3 devices to have two years published independent peer reviewed data to confirm the safety and effectiveness? Will manufacturers and importers of class 3 devices be required to maintain a register of individual patients who are implanted so that, if there are any recall issues, the patient and the hospital can be notified, which isn't currently the case? Does the TGA intend to revise the event reporting system to make reporting of adverse events and device failure mandatory for manufacturers and importers and device use facilities? And the last one: is it TGA's intention to make technical material provided to it by the application process publicly available and searchable so clinicians in particular and researchers can evaluate claims made by manufacturers and importers? If we could have those on notice, that would be fantastic.</p>	05/04/2019 - Proof Hansard Page 69
SQ19-000343	1 - Health System Policy, Design and Innovation	Watt, Murray	Hospital funding	<p>Senator WATT: That's right. I think we're actually arguing at cross-purposes. What I suppose I'm really getting to is that if, for instance, hospital funding does increase from \$19.9 billion in 2017-18 to \$21.2 billion in 2018-19, that increase is a function of your formula, which is a function of things like the population increasing and therefore requiring more dollars to service that increasing number of people. It reflects the fact that the cost of providing health care is increasing for that number of people, and therefore the amount of hospital funding that needs to be provided is increasing. It's more a function of those sorts of increases than any sort of decision of government to add to the pool of funding for an extra number of people.</p> <p>Ms Edwards: Remembering of course that this is only the Commonwealth contribution. But the formula on which these numbers are calculated—which is very complicated, as we discussed—is based on all of those factors. The agreement which the states and territories and the Commonwealth have reached, which the Commonwealth has offered and which all but two jurisdictions have agreed to do over the next agreement, factors in all of those ideas. So it's that commitment to continue funding that level of activity which is the government decision at play here.</p> <p>Ms Beauchamp: I think the bottom line is in terms of the figures that are present here. When you look at the current five-year agreement compared to the next five-year agreement, which is a \$30 billion increase, that is well above inflation and population growth. So it does reflect a number of different parameters. It's probably worthwhile us working with Treasury to exactly get the basis of those parameters.</p> <p>Senator WATT: Okay. Why don't we get you to take that on notice, in that case?</p> <p>Ms Beauchamp: Yes.</p>	05/04/2019 - Proof Hansard Page 5
SQ19-000344	2 - Health Access and Support Services	O'Neill, Deborah	Opening hours	<p>Senator O'NEILL: Yes. I have two quick questions to finish off this line of questioning. Do you have any idea about what the opening hours for each of the centres will be, and will they be staffed 24/7?</p> <p>Senator O'NEILL: How many people does the department expect will be accessing these centres by the end of the forward estimates?</p>	05/04/2019 - Proof Hansard Page 40

PDR No	Outcome	Question Submitted By	Broad Topic	Full Question Text	Type of Question: Hansard/Written
SQ19-000345	2 - Health Access and Support Services	O'Neill, Deborah	headspace national - satellite sites	<p>Senator O'NEILL: Did they request 20 satellites from the government? Did they request it of the department?</p> <p>Senator Scullion: I can't answer that.</p> <p>Senator O'NEILL: They accepted what they were given, but did they request 20 satellites?</p> <p>Senator Scullion: I don't accept that that's what happened. I don't think you or I know. I don't know what happened. I wasn't a party to those negotiations. But headspace national have provided the integrity, and they believe—</p> <p>Senator O'NEILL: So far, yes, they have.</p> <p>Senator Scullion: Indeed they have. What I'm saying to you—in these circumstances as well, I've been assured—is that it's headspace national that have approved these additional investments.</p> <p>Senator O'NEILL: Yes, let's be clear. 'Approved' and 'requested'—two different words, okay? Did headspace, to the department—</p> <p>Senator Scullion: We'll take on notice—</p> <p>Ms Edwards: Yes, we'll take that on notice.</p>	05/04/2019 - Proof Hansard Page 42
SQ19-000346	2 - Health Access and Support Services	Smith, Dean	headspace National - pre-budget submission	<p>Senator DEAN SMITH: Did headspace make a pre-budget submission?</p> <p>Senator O'NEILL: Great question.</p> <p>Ms Edwards: I have to take on notice whether there was a formal submission. We clearly talk to them a lot.</p> <p>Ms Beauchamp: And we get a number of pieces of correspondence in terms of headspace need and mental health services generally.</p> <p>Ms Edwards: They go through the Treasury formally. As to whether there's a specific document, I'd have to take that on notice. Certainly we know a lot about what they think.</p>	05/04/2019 - Proof Hansard Page 43
SQ19-000347	2 - Health Access and Support Services	O'Neill, Deborah	Opening hours	<p>Senator O'NEILL: Has there been any indication of the required opening hours of such centres?</p> <p>Ms Edwards: It's intended that they'll be open for long hours. If I can find the right piece of paper, I can tell you a bit more.</p> <p>CHAIR: Senator O'Neill, we are now on—</p> <p>Senator O'NEILL: I've literally got two more questions and I'm completed.</p> <p>Ms Edwards: I can finish this. There are expected to be extended opening hours. That's one of the key things, to make sure that people can avoid going to emergency departments. It's a different and more welcoming environment. So we expect extended hours.</p> <p>Senator O'NEILL: Can you provide detail on that on notice, perhaps just after the break, about exactly what you mean when you say 'extended hours'. How many people does the department expect will be accessing these centres by the end of the forward estimates, if you've got any data around that?</p> <p>Ms Beauchamp: I don't think we would have data on that. As I said, the profile of funding is over the forward estimates. How many people would be accessing those services each year and at a particular point in time will change over that period, but we'll see what information we can get to you.</p> <p>Senator O'NEILL: Can the department provide detail who was consulted on this model?</p> <p>Ms Beauchamp: On notice.</p> <p>Senator O'NEILL: When we come back. I just wanted to give you the chance to make sure you've got that ready.</p> <p>CHAIR: Senator O'Neill, we'll come back.</p>	05/04/2019 - Proof Hansard Page 45

PDR No	Outcome	Question Submitted By	Broad Topic	Full Question Text	Type of Question: Hansard/Written
SQ19-000348	2 - Health Access and Support Services	Griff, Stirling	Funding for autism	<p>Senator GRIFF: I'm following along the lines before, when we were talking about autism. I know you said to talk to DSS—which I will—but my question here is: of the funding provided to mental health service provision, is there any funding that's dedicated to supporting autistic individuals with co-occurring mental health conditions?</p> <p>Ms Edwards: Nothing specific that I'm aware of in terms of mental health services for people who have autism spectrum disorder, but we would expect our mental health services to provide services to everybody, whether there is comorbidity or whatever it is.</p> <p>Senator GRIFF: Do they classify—</p> <p>Ms Edwards: Autism is not a mental disability.</p> <p>Senator GRIFF: I'm talking about someone with autism that might have mental health issues.</p> <p>Ms Edwards: A mental illness as well?</p> <p>Senator GRIFF: Yes.</p> <p>Ms Edwards: We would expect the services we fund and the health system generally to deal with the mental health issues of a person who has autism in the same way they would deal with any other Australian.</p> <p>Senator GRIFF: But you wouldn't have any stats? You wouldn't classify them—</p> <p>Ms Edwards: Not that I'm aware of.</p> <p>Senator GRIFF: Could you take that on notice?</p> <p>Ms Edwards: Yes. I would say that one of the issues we've been thinking about lately is that it's very important to ensure that the health needs of people with intellectual disability, autism and other disabilities are well catered for. That's a policy area going forward, but nothing specifically about that at this point.</p>	05/04/2019 - Proof Hansard Page 45
SQ19-000349	2 - Health Access and Support Services	Siewert, Rachel	Centre of Perinatal Excellence	<p>Senator SIEWERT: Okay. Thank you. In terms of the centre (Centre of Perinatal Excellence)—where's that, sorry?</p> <p>Ms Edwards: I'll have to take it on notice; I'm sorry. I don't have it.</p>	05/04/2019 - Proof Hansard Page 53
SQ19-000350	1 - Health System Policy, Design and Innovation	Siewert, Rachel	St John Hospital	<p>Senator SIEWERT: Did this organisation—St John hospital, if I'm correct—put a proposal in? How did the government suddenly decide to put it with St John?</p> <p>Ms Edwards: I would have to take it on notice to have a look what proposal we got from St John, if we have it. I don't know.</p> <p>Senator SIEWERT: If you could take it on notice, that would be appreciated.</p> <p>Ms Edwards: I will.</p>	05/04/2019 - Proof Hansard Page 54

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SQ19-000351	1 - Health System Policy, Design and Innovation	Watt, Murray	Acute mental health care	<p>Senator WATT: Apologies if you've covered this already. So it is not intended that these centres will assist people needing acute mental health care?</p> <p>Ms Edwards: What we're looking for is something short of people who need to be admitted immediately into very acute care, although there might be a proportion of people who need to be admitted into acute care—considering self-harm at the extreme end—but don't present to an emergency department. So it is also thinking about how we make an environment where people might actually make contact, which also means that we are leaving within the potential design mobile outreach for people who don't even want to present at the centre. We're really trying to design ways to catch that middle group—that is, the ones who are in hospital that shouldn't be or the ones who never really seek help—which are of course among those people adding to those terrible suicide statistics.</p> <p>Senator WATT: Who did the department consult about this initiative?</p> <p>Ms Edwards: We'd have to take it on notice. I understand that it's been developed in conjunction with commissioners of the Mental Health Commission, although I wasn't privy to those discussions. That is obviously going to be a key source of advice in how we do something specific in this area. But, other than that, we'll take it on notice.</p> <p>Senator WATT: External NGOs, clinicians? Was there any consultation with them.</p> <p>Ms Edwards: We'll take that on notice.</p>	05/04/2019 - Proof Hansard Page 55
SQ19-000352	1 - Health System Policy, Design and Innovation	Siewert, Rachel	Allocation of money	<p>Senator SIEWERT: Did the government know about it at the time the decision was made to allocate the money to St John?</p> <p>Ms Edwards: We are certainly aware of all of the various things that are happening across the country and we've been briefly regularly with what is happening with urgent care. I don't think I can go to the state of the knowledge of the government any more than that.</p> <p>Senator SIEWERT: Was there discussion between either the department or the government—if you are aware of it—with that group that are currently involved in—</p> <p>Ms Edwards: I'm not personally aware, but I could take on notice whether there were discussions.</p> <p>Senator SIEWERT: Could you take that on notice?</p> <p>Ms Edwards: Yes.</p>	05/04/2019 - Proof Hansard Page 55
SQ19-000353	2 - Health Access and Support Services	Griff, Stirling	National autism strategy	<p>Senator GRIFF: I have got to my next set of questions. They fall in outcome and, in a way, they might fall partially into outcome 2, in relation to autism strategy. You may be aware that the Senate passed my motion on Tuesday—you probably aren't aware of it—asking that the government develop a national autism strategy with a set of measurable outcomes to improve the lives of autistic people. Does the department collect specific autism data relating to the prevalence of health and mental health outcomes in relation to autism?</p> <p>Ms Beauchamp: I would have to take that on notice. For autism, as a defined disability, I just want to check with the Department of Social Services and NDIA in terms of what data they collect as well. I would have to get back to you on that.</p> <p>Senator GRIFF: On notice, that would be fantastic.</p>	05/04/2019 - Proof Hansard Page 23



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SQ19-000354	2 - Health Access and Support Services	Watt, Murray	ePIP Incentive	<p>Senator WATT: Do you know the number of practices that have received payments?</p> <p>Ms Edwards: Yes. As at 31 January 2019: 4,982 general practices were registered for the ePIP incentive. The number actually paid may differ slightly from that.</p> <p>Senator WATT: Do you have a figure for the average incentives paid per practice?</p> <p>Ms Edwards: I probably do. They're capped at \$12,500 per general practice per quarter with a maximum of \$50,000 per year. I don't think I have a per-practice average.</p> <p>Senator WATT: I suppose it's a matter of dividing \$96.4 million by 4,982.</p> <p>Ms Edwards: I suspect it's more complicated, because some practices are big and some are small.</p> <p>Senator WATT: I see. They don't all look the same.</p> <p>Ms Edwards: I'll take it on notice and get you a full explanation.</p> <p>Senator WATT: Could you also take on notice the median paid per practice incentive period.</p> <p>Ms Edwards: Yes, and we might wrap around that explanation, if it is beyond my current knowledge of how it fits together.</p>	05/04/2019 - Proof Hansard Page 26
SQ19-000355	2 - Health Access and Support Services	Siewert, Rachel	Budget allocations for organisations	<p>Eating Disorders - Senator SIEWERT: Does the money for that come out of eating disorders?</p> <p>Ms Edwards: It's still within this measure, but it's one of the six centres which have been announced in the budget to deal with eating disorders, for example.</p> <p>Senator SIEWERT: Which ones would have been chosen from approaches, which ones were from EOIs and which ones were from PHNs?</p> <p>Ms Edwards: I'd have to take that on notice.</p> <p>Senator SIEWERT: Could you take that on notice?</p> <p>Ms Edwards: Yes.</p> <p>Senator SIEWERT: I want an understanding of the transparency of the selection process for these named organisations. I'm not casting aspersions—before anyone starts—on any of these organisations, but I want to know how they were specifically chosen, when there are a whole lot of other really good services out there as well who weren't named in the budget.</p> <p>Ms Edwards: These are particular projects which are referred to in the measure as examples. It's not exclusive of all things. But we can certainly take it on notice. You might want to point to me which of the ones in this list you particularly want me to take on notice and provide information about the source of the—</p> <p>Senator SIEWERT: How were each of the named organisations chosen?</p> <p>Ms Edwards: Okay.</p> <p>Ms Beauchamp: We'll take that on notice.</p> <p>Senator SIEWERT: Thank you. Of those, can you give me the total funding on each of the named organisations?</p> <p>Ms Edwards: Other than what's already in the budget measure?</p> <p>Senator SIEWERT: Yes. The total amount that's given to named organisations...</p> <p>... Ms Edwards: We can certainly take on notice to provide you with the source of the proposals that are in these budget measures.</p>	05/04/2019 - Proof Hansard Page 28

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SQ19-000356	2 - Health Access and Support Services	Siewert, Rachel	Service providers	<p>Senator SIEWERT: I understand the website is there, but, to be honest, probably not all providers go and check things on the website, although I do appreciate, given this time of change, you could expect that they will be paying attention. Will there be direct contact with providers of existing services?</p> <p>Ms Edwards: I would have to take on notice exactly what arrangements. I know that teams are working with DSS and us. We work very closely with providers to make it very smooth, but I'm not aware of the exact detail of how it's done. I can take on notice how we're going to ensure that people are aware of the situation.</p>	05/04/2019 - Proof Hansard Page 31
SQ19-000357	2 - Health Access and Support Services	Siewert, Rachel	Service providers	<p>Senator SIEWERT: I presume Day to Day Living is included in this as well?</p> <p>Ms Edwards: Day to Day Living, PIR and PhaMs.</p> <p>Senator SIEWERT: Is there a split between those programs?</p> <p>Ms Edwards: I don't know the answer to that. I'd have to take on notice how it works out. It is done as a variation to the existing funding rather than a specific measure. My teammate will know more about it.</p>	05/04/2019 - Proof Hansard Page 31
SQ19-000358	2 - Health Access and Support Services	Siewert, Rachel	Funding for services	<p>Ms Edwards: It is, although we're going to look after that, as I understand it. We expect the money for PhaMs will continue for those clients until they're transitioned. As we've talked about before, we are still really keen to get them to test as soon as possible, and the money for PIR. It won't be from exactly the same buckets, of course. You know how organisations work things, but people should be able to expect a continuation, effectively, until they test, and in the vast majority of cases with the same provider, as we've discussed. Exactly how we've structured it today, I'm not clear. I would have to take it on notice.</p>	05/04/2019 - Proof Hansard Page 31
SQ19-000359	2 - Health Access and Support Services	Siewert, Rachel	Funding	<p>Senator SIEWERT: In terms of the allocation of \$121 million, how was that arrived at?</p> <p>Ms Edwards: I'll have to take that on notice because I think I need to talk to DSS about that.</p> <p>Senator SIEWERT: Because of PhaMs, do you mean?</p> <p>Ms Edwards: It's an interplay between NDIS funding and—</p>	05/04/2019 - Proof Hansard Page 32
SQ19-000360	2 - Health Access and Support Services	Siewert, Rachel	PHNs	<p>Senator SIEWERT: I'm trying to get an understanding of what the different PHNs are doing. I'm aware of a couple, because of the health services and clinical services in aged care. I'm trying to get an understanding of what each one of them are doing in terms of provision of services. Is it possible to give us a table or a break-down or point me to where I can find out?</p> <p>Ms Edwards: I can give you a few examples now, if you'd like?</p> <p>Senator SIEWERT: And maybe you could take it on notice to give all of them.</p>	05/04/2019 - Proof Hansard Page 32
SQ19-000361	2 - Health Access and Support Services	O'Neill, Deborah	Eating disorders	<p>Senator O'NEILL: Have you provided advice to the government about the best sites, in the department's view?</p> <p>Ms Edwards: I don't recall any specific advice about that particular topic. We've provided a lot of advice over a long period on eating disorders material, particularly in working with the Butterfly Foundation. I would have to take on notice if there was anything specific about that.</p> <p>Senator O'NEILL: You have mentioned the Butterfly Foundation on a number of occasions. What other sources of consultation have you drawn on?</p> <p>Ms Edwards: I'd have to take that on notice. I'm not aware.</p> <p>Senator O'NEILL: Is it possible that the only consultation you've had is with the Butterfly Foundation?</p> <p>Ms Edwards: When I talk about the Butterfly Foundation: they, of course, are responsible for the National Eating Disorders Collaboration. They bring together a lot of stakeholders. I'd have to take on notice whether we've relied on them to bring those together or gone broader.</p>	05/04/2019 - Proof Hansard Page 32

PDR No	Outcome	Question Submitted By	Broad Topic	Full Question Text	Type of Question: Hansard/Written
SQ19-000363	2 - Health Access and Support Services	O'Neill, Deborah	Eating disorders	<p>Senator O'NEILL: Can you give me any further clarity about how much each centre will cost in the rationale for the determination of that amount?</p> <p>Ms Edwards: I'll have to take that on notice.</p>	05/04/2019 - Proof Hansard Page 37
SQ19-000364	2 - Health Access and Support Services	O'Neill, Deborah	Eating disorders	<p>Ms Edwards: As you know, Senator, there's an important process of working out funding agreements or intergovernmental arrangements—</p> <p>Senator O'NEILL: Yes, but that's after you've already started, with a clear idea of where you want to go. My question is: what advice have you given to the government, and on what basis have these amounts been determined? And to go to the question from Senator Siewert that I picked up on when I got in: who has been engaged in determining if these are the appropriate places for it to go?</p> <p>Ms Beauchamp: I think we've already taken that on notice. Of course, once the announcement's made, then we work through a process with providers and other stakeholders, in terms of the shape and design of the services that need to be delivered.</p> <p>Senator O'NEILL: But I want to know your decision-making about these allocations of funds before—</p> <p>Ms Beauchamp: These are government's decisions about decision-making, and we said we'd take that on notice. In terms of what's been announced, it's clear what's out there, and there are a number of projects yet to be announced.</p>	05/04/2019 - Proof Hansard Page 38
SQ19-000365	2 - Health Access and Support Services	O'Neill, Deborah	Eating disorders - workforce and modelling	<p>Senator O'NEILL: So, it could be just propping up things that they're doing. There's no considered and informed research-defined process that has determined where these are going and what they're going to do, the staffing mix and the methodology? None of that detail is in this plan. It's just, 'We've picked some places and we're working with some governments and we're putting different money in different places'?</p> <p>Ms Beauchamp: And with the experts in the field and the key community people involved—working with them on how we might try ways to really address this important issue.</p> <p>Senator O'NEILL: I'll try with this one: has work been done on the workforce and modelling to staff each of these?</p> <p>Ms Edwards: I'd have to take that on notice.</p>	05/04/2019 - Proof Hansard Page 39
SQ19-000366	2 - Health Access and Support Services	O'Neill, Deborah	Eating disorders - announcements	<p>Senator O'NEILL: Do you know what the government's going to announce? Have you got any documentation prepared to support the government in their announcements with regard to New South Wales, Tasmania, the Northern Territory and Victoria?</p> <p>Ms Beauchamp: Can we take that on notice? Because I'm sure we would have provided some support in terms of any announcements that need to be made.</p> <p>Senator O'NEILL: Right. If you can provide that in a timely way, that would be particularly helpful. But I'm really interested in the rationale for the recommendations that you put forward to government.</p>	05/04/2019 - Proof Hansard Page 39

PDR No	Outcome	Question Submitted By	Broad Topic	Full Question Text	Type of Question: Hansard/Written
SQ19-000367	2 - Health Access and Support Services	Storer, Tim	Alcohol	<p>Senator STORER: Okay. In 2018, a round table was held with, amongst others, representatives of the alcohol industry. Since then, how often has the minister met with alcohol industry representatives and discussed the strategy?</p> <p>Mr Boyley: I'd need to take that on notice. I don't have that information before me—if, in fact, the minister has at all.</p> <p>Senator STORER: Okay, if you could take that on notice, please. Have representations on changes to the strategy been made by alcohol industry representatives?</p> <p>Mr Boyley: I'd need to take the specifics on that on notice to give you a definitive answer. But consultation with groups outside of government is a normal part of the policy formulation process in matters like this. I'm happy to take on notice—</p> <p>Senator STORER: Regarding alcohol industry representatives.</p> <p>Mr Boyley: whether we have sought that explicitly. My suspicion is: no, we have not. But I would need to check whether we have had any unsolicited responses. My suspicion is we haven't, but I would like to confirm that for you.</p>	05/04/2019 - Proof Hansard Page 49
SQ19-000368	2 - Health Access and Support Services	Storer, Tim	Drug strategy - funding	<p>Senator STORER: Could I perhaps ask that you take the following question on notice: could you clarify how much of the money for the whole-of-government drug strategy is new money and has not been re-allocated from other programs?</p> <p>Ms Beauchamp: Sure.</p> <p>Senator STORER: And, considering that alcohol is Australia's most extensive drug issue in both lives affected and cost, what proportion of that new money—if it's determined—has gone to alcohol services and prevention?</p> <p>Mr Boyley: we're happy to take that as a subsidiary part of the first question.</p>	05/04/2019 - Proof Hansard Page 51
SQ19-000369	2 - Health Access and Support Services	Watt, Murray	Consultation - sport	<p>Senator WATT: No, no. You'll like this; these are process questions. Was the Office for Sport, the Department of Health or Sport Australia consulted at any stage before the announcement of that funding?</p> <p>Mr Boyley: I would need to take that on notice from a departmental perspective.</p> <p>Senator WATT: So, from the point of view of the secretary of the department, the dep sec who oversees sport, and Sport Australia and the AIS, none of you are aware of any of your agencies being consulted before this announcement was made.</p> <p>Ms Beauchamp: Officers within the portfolio may have been consulted. These organisations are being delivered through the Infrastructure, Regional Development and Cities portfolio as well. So I'd just have to take on notice who was consulted across government.</p>	05/04/2019 - Proof Hansard Page 59
SQ19-000370	1 - Health System Policy, Design and Innovation	Storer, Tim	Lobby groups	<p>Senator STORER: This is regarding my desire for more transparency in the meetings that ministers have with lobby groups. I put this to another senator, Senator Cormann, this morning. I'll put the same question to you. Could take on notice to provide a list of the lobby groups, be they in-house or third-party—in-house being government relations of a group—that you have met with, or let's say also perhaps therefore the health minister as well, from 1 January this year? I wish to know this in relation to developments towards the budget, and that's why I would ask it in this forum. If you could take that on notice?</p> <p>Senator Scullion: Obviously, I'm not able to assist with this portfolio, but certainly I will take it on notice.</p> <p>Senator STORER: I understand. Thank you.</p>	05/04/2019 - Proof Hansard Page 52

PDR No	Outcome	Question Submitted By	Broad Topic	Full Question Text	Type of Question: Hansard/Written
SQ19-000371	3 - Sport and Recreation	Watt, Murray	Sport Australia - projects	<p>Senator WATT: How many projects that were recommended by Sport Australia did not get approved by the minister?</p> <p>Ms Palmer: I don't have that information, but I can take that on notice.</p> <p>Senator WATT: Okay. Do you remember it being closer to 10 or 50?</p> <p>Ms Palmer: No, I can't recall. I'm sorry.</p> <p>Senator WATT: Did the minister approve any projects that were not recommended for approval?</p> <p>Ms Palmer: I really can't confirm that. Can I take it on notice?</p>	05/04/2019 - Proof Hansard Page 61
SQ19-000372	3 - Sport and Recreation	Watt, Murray	Bayside Football Club	<p>Senator WATT: One example I'm very familiar with is that the Bayside football club in the electorate of Bonner was told by the sitting Liberal member, Mr Vasta, that they were getting a grant for more than \$500,000 when they hadn't applied for one. How is that even possible?</p> <p>Ms Palmer: Can we take that on notice? We have now got an investigation by the ANAO. I'm sure all these issues will be covered, but I'll take that specific one on notice.</p> <p>Senator WATT: Again, you're not aware of that?</p> <p>Ms Palmer: No.</p> <p>Senator WATT: Are you aware of that grant having now been approved?</p> <p>Ms Palmer: No.</p>	05/04/2019 - Proof Hansard Page 62
SQ19-000373	1 - Health System Policy, Design and Innovation	Watt, Murray	My Health Record - opt out	<p>Senator WATT: What's the current number?</p> <p>Mr Kelsey: That was the number of people who had opted out. Since then, in terms of people who may have chosen to, say, delete records, I can get you those numbers. I don't have them to hand. Records were created on 22 February—</p> <p>Senator WATT: Sorry, it wasn't opt out—they had cancelled.</p> <p>Mr Kelsey: Yes.</p> <p>Senator WATT: Could you take on notice for me the number of people who have—</p> <p>Mr Kelsey: Deleted since records were created, yes.</p>	05/04/2019 - Proof Hansard Page 27
SQ19-000469	4 - Individual health Benefits	Watt, Murray	MRIs	<p>Senator WATT: So, leaving aside the locations, we also don't know how many there are, do we?</p> <p>Ms Shakespeare: Total MRI machines in Australia? No, that's not information that the department holds. Senator WATT: The states and territories have no reason to have that either, have they?</p> <p>Ms Shakespeare: We can check that. There may be some states and territories that can give us that information.</p> <p>Senator WATT: If you could take that on notice. Leaving aside the ones that do have a licence, there's the unknown number of other machines out there. There were 490 applications made for a licence.</p>	05/04/2019 - Proof Hansard Page 65

PDR No	Outcome	Question Submitted By	Broad Topic	Full Question Text	Type of Question: Hansard/Written
SQ19-000470	4 - Individual Health Benefits	Griff, Stirling	MBS payments for autism assessment	<p>Senator GRIFF: Is there any policy rationale for capping the MBS payments for autism assessment and diagnosis to 13 years of age?</p> <p>Ms Shakespeare: I'm sorry, I couldn't comment on that.</p> <p>Senator GRIFF: Who would make that decision?</p> <p>Ms Shakespeare: We'd probably seek advice from the professions involved if there was a proposal to cap.</p> <p>Senator GRIFF: No, it currently is capped at age 13. I'm trying to arrive at why you've decided that payments will only be paid for autism up to the age of 13.</p> <p>Ms Shakespeare: Perhaps we can look into the history of that item and provide that information to you on notice.</p>	05/04/2019 - Proof Hansard Page 66
SQ19-000473	4 - Individual Health Benefits	Watt, Murray	MRIs	<p>Ms Shakespeare: We are able to advise the locations the government has made a decision to provide MRI licences to. We can also provide advice on which of those now have deeds in place. We are unable to provide information about all MRI machines in Australia; we only have information about those which are Medicare eligible; we collect information through the payment of Medicare benefits. We can also give you total numbers of machines that are not Medicare eligible that we have become aware of through the application process to government for MRI licences last year. We can break that down to state and territory level but we think we are unable to go further than that and identify locations, because of the operation of the secrecy provisions in section 130 of the Health Insurance Act. But I haven't got definite advice on that yet; there just hasn't been enough time.</p> <p>Senator WATT: So the lowest level of breakdown, so to speak, is by state or territory?</p> <p>Ms Shakespeare: I think we can be fairly confident that we are able to give that to you without breaching any of the provisions to protect information that we collect for Medicare purposes under the Health Insurance Act.</p> <p>Senator WATT: So the lowest level of breakdown, so to speak, is by state or territory?</p> <p>Ms Shakespeare: I think we can be fairly confident that we are able to give that to you without breaching any of the provisions to protect information that we collect for Medicare purposes under the Health Insurance Act.</p> <p>...</p> <p>Senator WATT: I'm happy to get whatever data you do have there—and I'm happy for you to table it, just to save time.</p> <p>Ms Shakespeare: Given that there are 53 locations, it would probably save time if we table the locations that have now been given deeds or announced that they'll have Medicare eligibility.</p> <p>Senator WATT: Yes.</p> <p>Ms Shakespeare: Some of those are partial eligibility upgrades to full eligibility, so we can provide that on notice.</p>	05/04/2019 - Proof Hansard Page 64