



Australian Government

Department of Health and Aged Care

Secretary

Senator the Hon Anne Ruston
Shadow Minister for Health and Aged Care
Shadow Minister for Sport
Senator.Ruston@aph.gov.au

Dear Senator Ruston

Thank you for your letter on 28 May 2024, requesting specific information regarding the operations of the health and aged care portfolio.

The information requested is presented in the attachments including a summarised table. We have not provided the information you have requested in relation to reviews commissioned by the Minister and urgent care clinics data for the first quarter of 2023. It will take us some additional time to collect this information. We will provide the information separately as soon as possible.

For transparency, the attached information has also been provided to the Community Affairs Legislation Committee.

In relation to the nine overdue questions on notice, a further seven have been tabled and we are working to progress the remaining two to be tabled before the health and aged care portfolio hearing on Wednesday.

Yours sincerely

Blair Comley PSM
3 June 2024

In Summary

<p><u>Whole of Portfolio</u></p> <p>Summary and timelines of all current reviews commissioned by the Minister or the Department, with input being provided from relevant external individuals/agencies (independent committees, discussion papers, economic analysis etc). Please include all reviews that have been announced, commenced, or are awaiting response from the Government.</p>	<p>Response in part.</p> <p>Commissioned by the Minister – this information cannot be provided in the required timeframe and will be reported to you separately on this matter.</p> <p><i>Commissioned by the department – A tabled response was provided to Senator Hume in relation to current reviews - refer to SQ24-000493 (attached).</i></p>
<p><u>Urgent Care Clinics</u></p> <p>The total number of visits nationally in the first quarter of 2024 (Jan-March) compared to the first quarter of 2023. Noting that these clinics were not operating as UCCs during the first quarter of 2023, I am requesting MBS consultation data for these clinics over this period.</p>	<p>Response in part.</p> <p><i>The total number of Medicare UCC visits for the first quarter of 2024 (1 Jan to 31 March inclusive) nationally was over 175,600.</i></p> <p>In relation to figures for the first quarter of 2023, this information cannot be provided in the required timeframe as it involves significant work in cross checking provider numbers (UCC and non-UCC) as well locations of providers across varying time periods, depending on when the UCC commenced. The department will continue to work on this request and will report to you separately on this matter.</p>
<p><u>Bulk Billing figures</u></p> <p>The monthly GPR NRA Services figures (total and bulk billed) through January to April 2024 as per the table provided in response to SQ24-000195 – Question 4. Please also provide the corresponding table and figures providing a monthly breakdown for the period October 2022 to April 2023.</p>	<p>Attached – <i>Bulk Billing figures additional GP NRA for October till March</i></p>
<p><u>Workforce</u></p> <p>An updated forecast gap of registered nurses required in residential aged care from now until 1 October 2024, and a breakdown of the current workforce numbers across Australia, including registered nurses, enrolled nurses, general practitioners, disability care workers and aged care workers. Please provide in the same format as response tabled 15 Feb 2024 from 2023-24 Additional Estimates.</p>	<p>Attached – <i>Workforce numbers</i></p> <p><i>Please note:</i></p> <ul style="list-style-type: none"> ○ <i>All but aged care is best placed with the Australian Health Practitioner Regulation (AHPRA), which collects and maintains registered workforce data, and is called to hearings.</i> ○ <i>We have to source the data from AHPRA in order to prepare responses to these questions. Given timeframes and short notice of this request, the data request should go directly to AHPRA.</i> ○ <i>Disability requests should be directed to Department of Social Services.</i>

<p><u>Aged Care</u></p>	
<p>A breakdown of the \$1.4 billion allocated for ICT as allocated in the Federal Budget, outlining notional funding against systems and their stated purpose?</p> <p>Irrespective of priority level, the median and mean time number of days elapsed for the following scenarios pertaining to the Commonwealth Home Support Program (CHSP):</p> <ul style="list-style-type: none"> ○ From an initial submission of request for assessment to receipt of program outcome. ○ From an application for services to a referral for assessment (my aged care call centre). ○ From assessment referral through to the assessment being completed (RAS assessors). ○ From a completed assessment to the first service delivered. ○ From receipt of outcome to a decision on acceptance of program. <ul style="list-style-type: none"> ▪ From a place allocation to the service commencing, for: Bathing, hygiene and grooming ▪ Nursing ▪ Means and food preparation ▪ Podiatry, physiotherapy and other therapies ▪ Help with impairments or continence ▪ Home or garden maintenance ▪ Changes to my home ▪ Aids to stay independent ▪ Transport ▪ Social outings, groups and visitors. <p>Irrespective of priority level, the median and mean time number of days elapsed, for the following scenarios pertaining to Home Care Packages (HCP):</p> <ul style="list-style-type: none"> ○ From initial submission of request for assessment to allocation of package. ○ From allocation of first package to provider onboard meeting. ○ From assessment to allocation of the package in assessed as the recipient's level of need. ○ From the provider onboard meeting to service commencement. <p>Of the CHSP regional assessment teams, the number of assessment teams that were existing on 1 January 2024 that have agreed to deliver services past 1 July 2024, broken down by state.</p>	<p>Attached – Aged Care Response – Estimates Request May 2024</p>

Senate Committee: Community Affairs Committee

QUESTION ON NOTICE

Additional Estimates 2023-2024

Outcome: 0 - Whole of Portfolio

PDR Number: SQ24-000493

Question Subject: Current reviews and completed reviews since 1 July 2022 to 15 February 2024 – Department of Health and Aged Care

Type of Question: Written

Senator: Jane Hume

Question:

26. Please provide a list of the number of reviews that the department/agency is currently conducting.

Please provide:

- a. the name of the review;
- b. the purpose of the review;
- c. the name or names of the reviewer(s);
- d. the remuneration for each of the reviewer(s);
- e. the budgeted cost of the review;
- f. the amount spent to date; and
- g. the date the review is due to be completed.

27. Please provide a list of the number of reviews that the department/agency has completed since 1 July 2022.

Please provide

- a. the name of the review;
- b. the purpose of the review;
- c. the name or names of the reviewer(s);
- d. the remuneration for each of the reviewer(s);
- e. the budgeted cost of the review;
- f. the amount spent;
- g. the date the review was due to be completed;
- h. the date the review was completed;
- i. the date the review was provided to the Department;
- j. the date the review was provided to the Minister; and
- k. the date the review was provided to the Minister's office.

28. Please provide a list of the number of internal reviews that the department/agency has completed since 1 July 2023.

Please provide

- a. the name of the review;
- b. the purpose of the review;
- c. the name or names of the reviewer(s);
- d. the remuneration for each of the reviewer(s);
- e. the budgeted cost of the review;
- f. the amount spent;
- g. the date the review was due to be completed;
- h. the date the review was completed;
- i. if the Minister or their office was made aware of the review.

Answer:

26, 27 and 28.

A very wide range of activities can be referred to as reviews, from small internal processes to public, external, Government-initiated processes. Gathering this information on all activities that could be regarded as reviews would require an unreasonable diversion of resources.

Senator Ruston asked for:

“The monthly GPR NRA Services figures (total and bulk billed) through January to April 2024 as per the table provided in response to SO24-000195 (attached) – Question 4. Please also provide the corresponding table and figures providing a monthly breakdown for the period October 2022 to April 2023.”

The estimate of 953,845 additional services compares the actual number of bulk billed services in each month with the number of services that would have been bulk billed if the bulk billing rate in October 2023 (75.6%) had applied. October 2023 was the last month before the changes to incentive items were introduced.

Note: Not all GP NRA bulk billed services are related to incentive payments. Patients who are not eligible for bulk billing incentives can also be bulk billed.

Estimated Additional GP Non-Referred Attendance Bulk Billed Services for October 2023 till March 2024							
	October 2023	November 2023	December 2023	January 2024	February 2024	March 2024	Total
Base data:							
GP NRA Services	13,858,679	13,571,803	11,739,422	12,778,879	13,669,911	13,461,095	79,079,789
GP NRA Bulk Billed Services	10,479,557	10,379,111	9,120,544	9,791,002	10,519,261	10,462,361	60,751,836
GP NRA Bulk Billing Rate	75.6%	76.5%	77.7%	76.5%	77.0%	77.7%	76.8%
Estimate: Bulk Billed Services if October 23 Bulk Billing Rate had applied (Oct 23 Bulk Billing Rate x Total Services)	10,479,557	10,262,629	8,877,032	9,663,042	10,336,816	10,178,915	59,797,991
Difference between actual and estimated = Additional Bulk Billed Services	0	116,482	243,512	127,960	182,445	283,446	953,845

GP NRA Bulk Billing by Month, October 2022 to March 2023

	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	Total
GP NRA Services	13,846,470	14,092,332	12,158,783	12,095,847	12,972,020	14,999,437	80,164,889
GP NRA Bulk Billed Services	11,217,801	11,297,757	9,762,075	9,436,812	10,107,291	11,750,330	63,572,066
GP NRA Bulk Billing Rate	81.0%	80.2%	80.3%	78.0%	77.9%	78.3%	79.3%

Senate Committee: Community Affairs Committee

QUESTION ON NOTICE

Additional Estimates 2023-2024

Outcome: 1 - Health Policy, Access and Support

PDR Number: SQ24-000195

Question Subject: Bulkbilling Incentive

Type of Question: Written

Senator: Anne Ruston

Question:

1. Please provide an overview of all medical practitioners and health providers that are eligible for the bulk billing incentive.
2. Since 1 November 2023, what has been the expenditure specifically on the GP bulk billing incentive and how many GP bulk billed services were delivered in that period?
3. Since 1 November 2023, what was the total expenditure for the bulk billing incentive across all eligible providers and how many bulk billed services were delivered in that period?
4. In his press release on 1 February 2024, the Minister states that an estimated 360,000 additional trips to the GP were delivered in November and December last year. What was the base figure that determined that they were "additional trips" and time-period used as the comparators to justify this statement?

Answer:

1. The general practice (GP) bulk billing incentives are available when an unREFERRED medical service is provided by, or on behalf of, a medical practitioner. In practice, the vast majority of unREFERRED services are provided in a general practice setting. These bulk billing incentives are not available to other types of health practitioners.

There is also an incentive to bulk bill diagnostic imaging services. When a diagnostic imaging service is bulk billed, the provider will receive a Medicare benefit payment equal to 95% of the relevant schedule fee, rather than a rebate of 85% of the schedule fee. This incentive applies to services for the entire population. The diagnostic imaging service must be rendered by a medical practitioner.

There are eight MBS bulk billing incentive items in Pathology Group P13 for pathology authorities who bulk bill patients for all requested tests within a pathology episode. They are available to the entire population. Incentive benefits vary based on the relevant Patient Episode Initiation item that is claimed for the service, which is itself dependent on the setting where the specimen is collected and the tests that will be carried out. For a pathologists' services to be eligible for a Medicare rebate they must be conducted by an approved pathologist in an approved pathology laboratory. Additionally, the owner of the pathology laboratory must be an approved pathology authority.

There are six MBS items in Pathology Group P12 for the management of bulk-billed services. They are available when the pathology service is an unreferral service and rendered to a person who is under the age of 16 or is a concessional beneficiary. Incentive benefits vary based on practice location at/from which the services is rendered in the Modified Monash Model classification system.

2 & 3. It is assumed that the GP bulk billing incentives are the subject of questions 2 and 3.

**Bulk billed GP NRA services and GP Bulk Billing Incentive Benefits by provider type.
November 2023 and December 2023**

Provider type	Bulk Billed GP NRA Services	GP Bulk Billing Incentive Benefits
GP (incl. GP trainees)	19,401,157	\$248,141,358
All other	98,498	\$947,433
Total	19,499,655	\$249,088,791

Note: Not all GP NRA bulk billed services are related to incentive payments. Patients who are not eligible for bulk billing incentives can also be bulk billed.

4. The estimate of 360,000 additional services compares the actual number of bulk billed services in November and December 2023 with the number of services that would have been bulk billed if the bulk billing rate in October 2023 (75.6%) had applied. October 2023 was the last month before the changes to incentive items were introduced. Refer to calculation table below.

Method of estimation of 360,000 additional bulk billed services

	October 2023	November 2023	December 2023	Total
Base data:				
GP NRA Services	13,858,678	13,571,802	11,739,422	39,169,902
GP NRA Bulk Billed Services	10,479,557	10,379,110	9,120,544	29,979,211
GP NRA Bulk Billing Rate	75.6%	76.5%	77.7%	76.5%
Estimate:				
Bulk Billed Services if October Bulk Billing Rate had applied (75.6% x Total Services)	10,479,557	10,262,629	8,877,033	29,619,219
Difference between actual and estimated = Additional Bulk Billed Services	0	116,481	243,511	359,992

QUESTION

A breakdown of the current care workforce numbers across Australia, including registered nurses, enrolled nurses, general practitioners, disability care workers and aged care workers

ANSWER

Table 3: Estimated Workforce Supply (Headcount) for Residential Aged Care and Home Care

	FY2023-24	FY2024-25	FY2025-26	FY2026-27	FY2027-28	FY2028-29	FY2029-30	FY2030-31	FY2031-32
Residential Aged Care									
RNs+NPs	28,382	28,783	29,178	29,572	29,965	30,357	30,750	31,143	31,536
ENs	14,148	14,378	14,603	14,826	15,049	15,272	15,494	15,716	15,939
PCWs	126,078	127,838	129,567	131,287	133,004	134,720	136,437	138,153	139,869
Home Care									
	FY2023-24	FY2024-25	FY2025-26	FY2026-27	FY2027-28	FY2028-29	FY2029-30	FY2030-31	FY2031-32
RNs+NPs	6,750	6,996	7,243	7,490	7,737	7,983	8,230	8,477	8,724
ENs	1,998	2,069	2,141	2,213	2,285	2,357	2,428	2,500	2,572
PCWs	99,200	102,895	106,590	110,284	113,979	117,673	121,368	125,063	128,757

1. Figures in the table are projected workforce supply from the Department's Aged Care Workforce Model.
2. This model was developed based on the Aged Care 2020 Census data, which will be updated once data from the 2023 Aged Care provider Workforce Survey become available.
3. Figures include all workers in the aged care sector, including agency staff