

FINANCE AND PUBLIC ADMINISTRATION LEGISLATION COMMITTEE
QUESTIONS ON NOTICE – SUPPLEMENTARY BUDGET ESTIMATES 2019-20 – OCTOBER 2019
CROSS PORTFOLIO INDIGENOUS – Department of Health

Q No.	Program: Division or Agency	Senator	Broad Topic	Question	Proof Hansard/ Written	Date Rec'd
SQ19-000770	Department of Health	Patrick Dodson	IAHP Funding	<p>Senator DODSON: Thanks for confirming that. In February you gave this committee a breakdown of the IAHP funding and said that 65 per cent went to ACCHOs, two per cent went to other Indigenous organisations and 33 per cent went to non-Indigenous organisations, including 13 per cent to primary health networks, nine per cent to other governments and 12 per cent to other organisations. I assume those figures were for 2018-19. Can you give us the updated figures for 2019-20?</p> <p>Mr Matthews: Yes. I have a breakdown of that. Regarding the broader IAHP, the primary healthcare funding within the IAHP, the component for Aboriginal community controlled health services is 83 per cent and, for other Indigenous organisations, one per cent is the component that is specific to primary health care. For the broader IAHP overall, which is the \$945 million you were referring to earlier, the figure for Aboriginal community controlled health services is 63 per cent, for Indigenous community organisations that are not Aboriginal community controlled health services it is 2.7 per cent, for other organisations it is 35 per cent, of which for PHNs it is 13 per cent, for non-Indigenous it is 13 per cent and for government organisations it is nine per cent.</p> <p>Ms Edwards: Those numbers are as at 31 August this year—just to make sure you've got the year to date.</p> <p>Mr Matthews: They will shift around a little bit, but they are broadly consistent with where they were previously.</p> <p>Senator DODSON: There is a slight drop, though, on the non-Indigenous entities.</p> <p>Mr Matthews: It will vary from time to time, depending on some—</p> <p>Senator DODSON: When they're acquitted or made.</p> <p>Mr Matthews: As I said, one of the challenges is points-in-time information.</p> <p>Senator DODSON: Is it possible to go back to 2014-15 and bring the figures forward or table those figures?</p> <p>Mr Matthews: Potentially.</p> <p>Ms Edwards: We will take on notice to provide what we can. Our reporting mechanisms may not have been as good then as they are now, but we'll certainly take on notice to provide you what we can from that time.</p>	Page 47	25/10/2019

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SQ19-000771	Department of Health	Patrick Dodson	IAHP Funding	<p>Senator DODSON: Thank you. In February you also gave us a breakdown of primary care funding, which is subject to the overall IAHP funding. You said that 84 per cent went to ACCHOs, one per cent went to other Indigenous organisations and 16 per cent went to non-Indigenous organisations. I know it doesn't add up to 100; someone has rounded it off. What are the latest figures?</p> <p>Mr Matthews: They were the figures I read out earlier for the primary healthcare sector: 83 per cent for Aboriginal controlled health services, one per cent for other Indigenous organisations, other than the ACCHOs, and 16 per cent for non-Indigenous organisations.</p> <p>Senator DODSON: Again, the history of this going back to 2014-15 would be useful. Perhaps you could take that on board.</p> <p>Ms Edwards: We'll have a look at what we can do. Was it 2014-15 that you were after?</p> <p>Senator DODSON: Yes.</p>	Page 48	25/10/2019
SQ19-000772	Department of Health	Patrick Dodson	Syphilis Outbreak	<p>Dr De Toca: I've discussed the issue of the syphilis outbreak with you before, Senator.</p> <p>Senator DODSON: Yes, I know. I recognise your face, but I couldn't put your name to it.</p> <p>Dr De Toca: As you indicated, the outbreak is currently in four jurisdictions: Northern Territory, Queensland, Western Australia and South Australia. South Australia has been part of the outbreak since November 2016. As my colleagues have indicated, we consider that although the outbreak is still producing cases, we are identifying quite a number of cases ongoing, partly as a result of markedly increased testing across the outbreak areas. There are early indications of a potential stabilisation or a likely stabilisation of the outbreak in terms of numbers of new cases that are coming up. I know this might sound frustrating because it has been a while since the response started, but it is expected, particularly as epidemiologically we are still in the early stages of the response effort, that as testing ramps up, new cases will be picked up. That's exactly what we want to see: the combined effort of the government, state and territory clinics, the Aboriginal community controlled health sector, primary health services and all the entities really ramping up the</p>	Page 50	25/10/2019

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				<p>testing in outbreak areas, finding the cases and, of course, treating them.</p> <p>Senator DODSON: The outbreak in Queensland is of particular concern. Has there been an increase in Queensland of new cases? What's happening?</p> <p>Dr De Toca: As you pointed out—</p> <p>Senator DODSON: I should have said Far North Queensland; Queensland is a big place.</p> <p>Dr De Toca: Yes, agreed. As you pointed out the outbreak commenced in Queensland, in the north-west region in 2011. Queensland still has the highest number of cases in total as part of the outbreak. It's also been the longest in the outbreak. There was a new region added to Queensland as part of the epidemiological counting of cases—that was Central Queensland in September. In terms of monthly cases: we are seeing a stabilisation, if not a slight drop, in the number of cases that are coming out of the Queensland regions without a correlated drop in testing. So we don't have any indication that testing has dropped, while the number of new cases in Queensland has ever so slightly dropped. We might be seeing a stabilisation, but it's very early to claim that.</p> <p>Senator DODSON: In February you said you were funding eight ACCHOs—and this may be a question for someone else, not for you. Are extra ACCHOs being added?</p> <p>Dr De Toca: We currently fund 19 ACCHOs for augmented workforce supplementation on the dedicated sexual health effort across four jurisdictions. Those 19 ACCHOs have been selected in close partnership with NACCHO, with the seven Territory affiliates and with the public health authorities. We're providing them with funds in very different forms, because it's been co-designed to tailor to each region to respond to the way in which they see fit. In addition to that, currently we're rolling out the point-of-care testing program that Ms Edwards alluded to earlier to a further 11 ACCHOs in the outbreak regions. As we speak, ACCHOs are being added to that.</p> <p>Senator DODSON: Maybe it would be even simpler if you could just give us the detail of where these places are.</p> <p>Ms Edwards: This was an important issue, which you have rightly raised with us, and we have responded to it. I should just mention that we have actually proceeded</p>		

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				<p>to train 367 clinicians to work on this issue, and there have been over 27,000 people tested for syphilis since the surge began. So we're not out of the woods yet and we're taking it very seriously. We're not stopping our efforts, but we are seeing glimmers of hope, which is good news.</p> <p>Senator DODSON: But that's better than the 6,000 you mentioned in February, which is good news.</p> <p>Ms Edwards: We'll provide you with an update on notice.</p>		
SQ19-000769	Department of Health	Malarndirri McCarthy	Indigenous Eye Health	<ol style="list-style-type: none"> 1. What is the Governments long term strategy to Close the Gap for Indigenous Eye Health by 2025? 2. What amount of money was provided in the budget this year for Indigenous Eye Health? 3. What are the amounts provided in the forward out years and what is that amount each year? 4. Please provide break down by outcome or programs and the amount allocated to these provided? 5. Does the Government have plans for a second NEHS which should be conducted 5 years on which is in 2020? 6. 18 leading organisations have supported the calls for a further NEHS at a cost of \$4.4m so are there plans to ensure that this survey is conducted next year? If so, given that ethic approvals need to be sought and provided as well as the logistics of getting this organised why is there a delay in this commitment and the allocation of funding? 7. More complete and current estimates of the additional outreach services needed to meet population-based needs can now be made using data from the 2017 AIHW Indigenous Eye Health Measures report (2018). What is the funding commitment to meet the population based need for current outreach services which is 21,000 eye examinations (\$4.73m per year) and 2,500 eye examinations and procedures (\$1.04m per year). 8. Has the Department undertaken an assessment or estimate of the additional outreach services needed to support the local coordination of eye services and care? 	Written	4/11/2019

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				9. What discussions have taken place with ACCHOs about supporting this additional coordination and the funding allocation required?		