

# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

## Department of Health

### Senate Select Committee on COVID-19

#### Australian Government's response to the COVID-19 pandemic

#### Written Question - 29 May 2020

PDR Number: IQ20-000292

**Question Subject:** Hospital elective surgeries

**Type of Question:** Written

**Senator:** Katy Gallagher

#### Question:

- The Health Department told Nine newspapers that it would use Medicare data to monitor elective surgery activity, and refer any suspicious activity to AHPRA for investigation
  - o How many instances of suspicious activity has the Department's data-matching identified?
  - o How many of those has the Department referred to AHPRA?
  - o What have been the outcomes of any AHPRA investigations?
- The National Cabinet has announced a three-step framework to resume elective surgery activity, with the timing of each step to be determined by each state/territory. As of the date of the Department's response, which step is each jurisdiction at?

#### Answer:

The Australian Government is working with the states and territories to monitor activity levels in public and private hospitals using information from a range of sources, including the aggregate level of in-hospital Medicare Benefit Schedule claiming and additional reporting of hospital activity by jurisdictions.

While this process may provide insight into volume and type of surgeries being conducted, data matching is not available to directly identify any potential breaches of restrictions on elective surgery.

Non-compliance with a National Cabinet decision and/or any breach of the arrangements between private hospitals and a state or territory is matter for jurisdictions. Any known instances of non-compliance are referred to the relevant state or territory.

As of 9 June 2020, the states and territories were at the following stages of elective surgery resumption:

<b>Jurisdiction</b>	<b>Stage</b>
Australian Capital Territory	Stage 3 – up to 100 per cent
New South Wales	Stage 1 – up to 50 per cent
Northern Territory	Stage 2 – up to 75 per cent
Queensland	Stage 2 – up to 75 per cent
South Australia	Stage 3 – up to 100 per cent
Tasmania	Stage 3 – up to 100 per cent
Victoria	Stage 1 – up to 50 per cent
Western Australia	Stage 3 – up to 100 per cent

# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

## Department of Health

### Senate Select Committee on COVID-19

#### Australian Government's response to the COVID-19 pandemic

29 May 2020

PDR Number: IQ20-000310

**Question Subject:** Supply of Emergency Contraception

**Type of Question:** Written

**Senator:** Rachel Siewert

#### Question:

Has any analysis been undertaken regarding access to / supply of emergency contraception and contraception in all pharmacies across Australia (even where the pharmacist has expressed a conscientious objection to termination)?

#### Answer:

- The Department has not received any reports of issues regarding access to contraceptive and emergency contraceptive items listed on the PBS during the COVID-19 pandemic.
- The cumulative prescription volume for oral contraceptives for the first four months of 2020 is higher than for the same period in 2019 (Table 1 refers). The cumulative prescription volume for the emergency contraceptive mifepristone/misoprostol for the first four months of 2020 is also higher than for the same period in 2019 (Table 2 refers).

**Table 1: PBS oral contraceptives prescription volume January - April 2019 and 2020**

Month	Scripts 2019	Scripts 2020
January	192,256	187,437
February	179,493	178,701
March	190,813	237,006
April	180,329	144,657
<b>YTD Total</b>	<b>742,891</b>	<b>747,801</b>

#### Notes:

- Includes PBS and RPBS prescriptions supplied between January and April in calendar year 2019 and 2020.
- Includes under co-payment prescriptions and excludes private market scripts.

- Includes Oral contraceptives drugs including Levonorgestrel, Levonorgestrel with ethinylestradiol, Norethisterone, Norethisterone with ethinylestradiol, Norethisterone with mestranol.

Source:

- Data maintained by enterprise data warehouse in Department of Health, processed by Services Australia up to or before 31 May 2020.
- Data extracted 2 June 2020.

**Table 2: PBS Mifepristone prescriptions volume January - April 2019 and 2020**

Month	Scripts 2019	Scripts 2020
January	2,325	2,405
February	2,140	2,342
March	2,000	2,283
April	1,904	2,449
<b>YTD Total</b>	<b>8,369</b>	<b>9,479</b>

Notes:

- Includes PBS and RPBS prescriptions supplied between January and April in calendar year 2019 and 2020.
- Includes under co-payment prescriptions and excludes private market scripts.
- Includes drug 'Mifepristone and misoprostol' item code 10211K

Source:

- Data maintained by enterprise data warehouse in Department of Health, processed by Services Australia up to or before 31 May 2020.
- Data extracted 2 June 2020.

# PARLIAMENTARY INQUIRY QUESTION ON NOTICE

## Department of Health

### Senate Select Committee on COVID-19

#### Australian Government's response to the COVID-19 pandemic

29 May 2020

PDR Number: IQ20-000339

**Question Subject:** First Nations providers in rural and remote areas

**Type of Question:** Written

**Senator:** Rachel Siewert

**Question:**

What additional support has been provided to First Nations providers in rural and remote areas?

**Answer:**

On 2 March 2020, the Australian Government agreed to establish the Aboriginal and Torres Strait Islander Advisory Group on COVID-19. The Advisory Group developed the Management Plan for Aboriginal and Torres Strait Islander Populations to outline the emergency response to COVID-19, which was endorsed by AHPPC on 27 March 2020.

In addition to the Management Plan, the following initiatives are being undertaken, with support from the Advisory Group, to support Aboriginal and Torres Strait Islander people in rural and remote areas:

GP Respiratory Clinics

As at 8 June 2020, there are 13 Aboriginal and Torres Strait Islander Community Controlled Health Services operating as Australian Government GP Respiratory Clinics across QLD, NT, NSW, VIC, WA and the ACT.

\$6.9 million has also been provided to the NACCHO to support its Sector Support Organisations, member services and other Aboriginal and Torres Strait Islander health services to coordinate efforts around Australia's COVID-19 response, and in particular facilitate culturally safe access to all GP Respiratory Clinics and COVID-19 testing.

Remote Communities Preparedness and Retrievals Package

**Grants for remote community organisations:** \$5 million has been provided to 56 organisations, including Aboriginal and Torres Strait Islander health services, covering 121 communities to support planning and preparedness activities in remote communities.

***Aeromedical Evacuations and Retrievals:*** \$52.8 million has been contracted for the early retrieval and evacuation of confirmed or suspect COVID-19 cases in remote communities. Funds have been provided to private aero-medical providers RFDS and CareFlight NT based on their capacity to scale up their existing services and population coverage. Funding has also been provided to the states and territories to support scale up activities for coordination and logistics, on the basis of the size of their remote population covered and ability to scale up medical retrieval services in response to COVID-19.

#### Point of Care Testing

As at 3 June 2020, \$5.8 million has been invested by the Australian Government to establish a rapid COVID-19 Point of Care Testing (POCT) Program for remote and rural Aboriginal and Torres Strait Islander communities in 85 locations.

#### Remote Travel Restrictions

On 26 March 2020, the Minister for Health signed the *Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements for Remote Communities) Determination 2020* (the Determination).

To date, four sets of amendments have been made to the Determination. Those amendments commenced on 8 April, 24 April, 24 May and 5 June 2020 respectively. The latter amendments removing all areas in the Northern Territory and Western Australia from the restrictions from 5 June 2020.

On 15 May, the Government announced a Framework outlining considerations for lifting requirements under the Determination.

#### Targeted communication materials in Aboriginal languages through Indigenous media company

The Department has engaged 33 Creative, a First Nations owned media company, to develop communication materials on COVID-19, specific for Aboriginal and Torres Strait Islander peoples, including messages in 15 Indigenous languages.

Communication activities through 33 Creative have largely prioritised remote communities and local language translations. This is being done in collaboration with First Nations Media Australia.

#### Australian National University Training Modules

On 8 May 2020, the Department of Health engaged the Australian National University to develop COVID-19 epidemiology training for remote area Aboriginal and Torres Strait Islander Health Practitioners. This included the delivery of five online training modules to cover key COVID-19 related areas such as contact tracing in remote communities, PPE, interviews and data management. To date, two online modules have been delivered online with over 19,000 workers completing the modules.