Community Affairs
Legislation Committee

Examination of Additional Estimates 2002-2003

Additional Information Received

VOLUME 2

Outcomes: whole of portfolio, 1, 2 & 3

HEALTH AND AGEING PORTFOLIO

MAY 2003

Note: Where published reports, etc. have been provided in response to questions, they have not been included in the Additional Information volume in order to conserve resources.

ADDITIONAL INFORMATION RELATING TO THE EXAMINATION OF ADDITIONAL EXPENDITURE FOR 2002-2003

Included in this volume are answers to written and oral questions taken on notice relating to the additional estimates hearing on 13 February 2003

HEALTH AND AGEING PORTFOLIO

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-056

OUTCOME WHOLE OF PORTFOLIO

Topic: IT OUTSOURCING

Written Question on Notice

Senator Lundy asked:

Provide the following information for each contract entered into by the Department which has not been fully performed or which has been entered into during the previous 12 months (financial year 2001-2002) that are all or in part information and communications technology related with a consideration to the value of $20, 000 or more, including the following details for each contract:

(a) a unique identifier for the contract (eg contract number);
(b) the contractor name and ABN or ACN;
(c) the domicile (country) of the parent company;
(d) the subject matter of the contract, including whether the contract is substantially hardware, software, services or a mixture with estimated percentages;
(e) the starting date of the contract;
(f) the term (duration) of the contract, expressed as an ending date;
(g) the amount of the consideration (AU$)
(h) the amount applicable to the current budget year (AU$)
(i) whether or not there is an industry development requirement; if so:
provide details of the Industry Development requirements (in scope and out of scope), full list of sub-contracts valued at $5,000, including all the information described in (a) to (h).

Answer:

The Department has provided all readily available information from corporate and program computer records for financial year 2001 – 2002 at Attachment A.

However, the Department is unable to verify that the information provided is complete as it would require a very substantial resource commitment to verify the information back to source documents. The Department is not in a position to divert the substantial resources needed to verify the completeness of the answer.

In regard to industry development requirements, in line with Government policy, industry development requirements in information and communications technology contracts were mandatory until June 2002 for contracts with a value of $5 million or more. On 21 June 2002, this threshold was increased to $20 million. The only contract that met either the old or revised industry development threshold is the contract with IBM GSA for provision of various IT services. The industry development provisions of the IBM GSA contract are managed by the Department of Communications, Information Technology and the Arts.

Unique identifier Number	Contractor Information *n/a = not available			Subject matter of the contract	Whether substantially for hardware, software, services of a mixture				Contract Duration		Value	Amount applicable to 2002-03 budget ar	Industry development requirement
	Contractor name	ABN or ACN	Domicile of parent company		Hardware (%)	Software (%)	Services (%)	Mixture (%)	Start date	End Date	$A	$Aye	
1(a)	1(b)	1(b)	1(c)	1(d)	1(d)	1(d)	1(d)	1(d)	1(e)	1(f)	1(f)	1(g)	1(h)
2001/059463	Spherion Recruitment	35 005 705 546	n/a	Maintenance of Paradox database applications			100%		1/8/00	25/4/03	263,000	81,840	no
2000/055547	Mastech Asia Pacific	20 080 574 616	n/a	Maintenance of Delphi database applications			100%		26/7/01	25/4/03	236,000	103,972	no
2001/010417	Candle Recruitment	43 002 724 334	n/a	Maintenance and Enhancement of the Departmet's grant management systems			100%		5/2/01	30/6/03	488,700	197,084	no
98/66460	Practical PC	770 086 497 87	n/a	Analyst/programmer to work on Medical Rural Bonding system			100%		1/1/01	30/6/03	274,000	40,950	no
2001/009278	Candle Recruitment	43 002 724 334	n/a	Maintenance and re-development of Department's grants management systems			100%		22/1/01	30/4/03	460,717	203,757	no
2001/005871	Otobas Group Pty Ltd	410 728 181 45	n/a	Project Manager for Department's Software Refresh Project			100%		1/10/01	6/6/03	399,103	171,164	no
2001/028232	Spherion Recruitment	35 005 705 546	n/a	Analyst/Programmer to work on Aged Care systems			100%		1/7/00	30/5/03	491,142	126,145	no
2001/038009	Paxus (Aust) Pty Ltd	35 004 609 616	n/a	Developer to assist with Aged Care systems			100%		4/6/01	6/9/02	228,642	58,017	no
2001/041606	Here Technology Pty Ltd	36 078 031 213	n/a	Maintenance and Support for Lotus Notes systems			100%		16/7/01	29/8/03	383,627	148,677	no
2001/041577	Mastech Asia Pacific	20 080 574 616	n/a	Enhancements to Aged Care systems			100%		1/7/01	1/7/03	340,032	153,886	no
2001/028324	Fujitsu Australia Ltd	190 010 114 27	n/a	Analyst/programmers to support Aged Care systems			100%		27/3/00	21/10/02	513,484	22,677	no
2001/054140	MOBIPRO Pty Ltd (formerly I CASE International)	25 096 570 535	n/a	Analyst/programmer for Aged Care systems			100%		16/8/99	18/8/03	638,622	156,277	no
2001/014774, 2002/020278	ICON Recruitment	14 007 145 637	n/a	Analyst/programmer for Aged Care systems			100%		15/3/01	17/6/03	395,160	164,050	no

1999/031321, 2001/012735,2002/074335	Manpower Services, Elan IT	15 071 884 994	n/a	Lotus Notes Supprot for Aged Care			100%		19/7/99	28/2/03	650,744	116,490	no
2001/007341, 2002/060828	Patriot Alliance (formerly Quasar Professionals)	29 063 618 548, 50 098 484 747	n/a	Analyst Programmer for Aged Care systems			100%		31/1/00	4/8/03	699,868	202,784	no
2001/051951	Candle Recruitment	43 002 724 334	n/a	Provision of analysis and design assistance for Departmental systems			100%		30/8/01	28/2/03	272,305	152,130	no
2000/042866, 2001/068980	Spherion Recruitment	35 005 705 546	n/a	Systems support/maintenance for Oracle applications			100%		4/9/00	14/3/03	491,937	112,020	no
2001/055679, 2002/074339	Paxus (Aust) Pty Ltd	35 004 609 616	n/a	System Maintenance for MERLIN/CACP systems			100%		27/8/01	29/8/03	218,592		no
2001/070233	Temple Consultants	24 003 558 192	n/a	Designer for FIG project			100%		2/10/01	10/12/02	202,114	111,938	no
2002/040267	Candle IT & T Recruitment	43 002 724 334	n/a	Maintenance of ADABAS/Natural mainframe systems			100%		13/2/01	15/8/03	195,294	89,829	no
2002/017335	ICON Recruitment	14 007 145 637	n/a	Maintenance of Aged Care systems			100%		31/1/02	29/8/03	259,926	173,344	no
2001/052145	Mastech Asia Pacific	20 080 574 616	n/a	Project Coordinator for Aged Care IT projects			100%		30/7/01	30/5/03	355,168	183,151	no
2001/052146	ICON Recruitment	14 007 145 637	n/a	Project Coordinator for IT projects			100%		16/7/01	30/5/03	367,400	166,583	no
2001/054977	ICON Recruitment	14 007 145 637	na	Analyst Programmer to work on Aged Care systems			100%		18/6/01	21/3/03	360,476	142,049	no
2001/051587	Mastech Asia Pacific	20 080 574 616	n/a	Applications Architect to support Departmental systems			100%		13/8/01	23/1/03	262,400	89,230	no
2002/033556	ICON Recruitment	14 007 145 637	n/a	JAVA developer to assist with Departmental systems			100%		13/5/02	21/2/03	135,900	103,620	no
2001/039388	Paxus (Aust) Pty Ltd	35 004 609 616	n/a	Redevelopment of the Department's Grant payment systems			100%		28/5/01	30/6/03	419,760	180,263	no
2002/033868	Mastech Asia Pacific	20 080 574 616	n/a	Development of Functional specifications for Departmental systmes			100%		30/5/02	30/9/02	77,550	46,813	no
2002/024596	Spherion Recruitment	35 005 705 546	n/a	Business Analyst Blood and Organ Donation Task Force			100%		4/2/02	30/6/02	64,240		no
2002/019867	Mastech Asia Pacific	20 080 574 616	n/a	Business Analyst to assist with development of Departmental systems			100%		25/3/02	31/3/03	183,480	124,806	no
2002/024607	Manpower Services	15 071 884 994	n/a	Project Coordinator for IT Projects			100%		2/4/02	2/8/02	62,014	14,267	no

2002/020276	Diversiti Pty Ltd	54 003 366 783	n/a	Maintenance of HealthInsite Project			100%		11/3/02	13/9/02	58,976		no
2002/040129	Manpower Services	15 071 884 994	n/a	Maintenance of Department's Intranet/Internet Sites			100%		19/2/01	3/4/03	191,296	60,126	no
2002/035141	Manpower Services	15 071 884 994	n/a	Maintenance of Department's websites			100%		5/6/02	30/4/03	49,598	36,719	no
2002/030158	ACIS Pty Ltd	77 069 288 839	n/a	Programmer to work on HealthInsite Project			100%		6/5/02	1/8/02	42,250	14,586	no
2002/006002	ACIS Pty Ltd	77 069 288 839	n/a	Programmer for the HealthInsite Project			100%		7/1/02	30/6/02	116,160		no
2002/004587	ACIS Pty Ltd	77 069 288 839	n/a	Technical Manager to assist with HealthInsite Project			100%		7/1/02	1/8/02	81,248	18,414	no
200/004604	ACIS Pty Ltd	77 069 288 839	n/a	Programmer to work on HealthInsite Project			100%		7/1/01	1/8/02	73,920	10,561	no
2002/042521	Diversiti Pty Ltd	54 003 366 783	n/a	Maintenance support for HealthInsite Project			100%		19/6/02	28/3/03	106,128	97,614	no
2001/013368	Delson Systems	50 008 660 062	n/a	Contract Administration			100%		22/2/01	30/6/02	235,840		no
1999/036465	Wizard	47 008 617 561	n/a	Contract Administration			100%		9/8/99	31/3/02	406,380		no
1999/020326 2002/058355	Leeden Associates	17 071 489 121	n/a	Performance & Billing Director			100%		1/3/99	29/11/02	837,430	35,442	no
2001/027840	Minifie	35 080 315 019	n/a	Desktop Refresh Project			100%		10/4/01	28/2/02	365,200	155,760	no
1998/12592 2000/042112	Paxus	35 004 609 616	n/a	Automate collection of Internet proxy Logs, automate production of Internet usage statistics, automate filtering of Internet sites visited against specific criteria, update task management system regarding new business practices			100%		4/5/98	30/11/02	491,280	57,340	no
	RA Spooner		n/a	IT Security Specialist			100%						no
2000/061703	Candle Australia	43 002 724 334	n/a	Educational/Training Coordinator regarding account Management Processes, Client Relations Manager			100%		6/11/00	31/12/02	285,000	55,000	no
2000/006338	David Jess & Associates	20 076 432 212	n/a	Provision of business development advice			100%		18/1/00	30/6/02	197,780		no
2000/013987 2002/035297	Sutton Consulting	27 082 238 819	n/a	Client Relations Manager			100%		26/7/00	25/9/02	314,340	41,160	no
2000/062980	Sutton Consulting	27 082 238 819	n/a	Client Relations Manager			100%		1/10/00	30/8/02	226,040	13,000	no

2001/016006	David Jess & Associates	20 076 432 212	n/a	Cost benefit analyses of IT projects			100%		2/4/01	31/5/02	138,925		no
2000/024521	Paxus	35 004 609 616	n/a	Technical Team - Technical Architecture Issues Management (Infrastructure)			100%		1/7/00	30/9/02	371,330	21,900	no
2000/024538	Wizard	47 008 617 561	n/a	Technical Team - Technical Architecture Issues Management (Mid-Range/Notes)			100%		1/7/00	30/9/02	406,420	17,350	no
2000/025881	Candle Australia	43 002 724 334	n/a	Technical Team - Technical Architecture issues Management (Communications/WAN)			100%		1/7/00	30/9/02	469,840	90,080	no
2000/024535	Trenton Computing	35 008 623 550	n/a	Technical Team - Technical Architecture Issues Management (Desktop/LAN)			100%		9/7/00	27/6/03	184,123	81,791	no
2001/041612	Southern Cross Computing	71 008 626 131	n/a	Business Analyst for Aged Care Systems			100%		2/7/01	30/9/02	220,651	47,872	no
2002/069090	IBMGSA	85 001 538 736	n/a	IT Infrastructure and Services			100%		9/6/00	30/6/05	120,000,000	30,980,629	yes
2003/008536	Telstra	33 051 775 556	n/a	Facilities Management for Voice Telecommunications			100%		10/1/00	10/1/05	3,969,640	793,928	no
2000/053242	Stratagem	82 008 603 996	n/a	Business Analyst support			100%		1/7/01	30/6/03	320,101	152,243	no
1999/056151	Madden Sykes	356 006 530 04	n/a	Business Analyst to work on Govt online strategy			100%		1/7/99	30/9/01	170,124		no
2000/067013	Paxus	35 004 609 616	n/a	Development of Test methodology			100%		6/4/01	30/9/01	150,158		no
2001/074564	PSI Consulting	833 391 854 08	n/a	Provide expert assistance with preparation of RFT & selection process for WEB Content Management Solution for the Department			100%		1/11/01	5/4/02	42,294		no
2001/067282	Meta Group Pty Ltd	410 954 122 21	n/a	Business Process Review of out-sourced IT arrangement			100%		15/10/01	21/11/01	60,600		no
CSS 1	Management Solutions		n/a	Archiving licence for FINEST		100%			1/9/01	31/8/08	115,000		no
CSS 2	DMR Consulting		n/a	Archiving licence for NOMAD		100%			15/2/02	14/2/05	265,000		no
	Mastech Asia Pacific	20080574616	USA	Services for the Clinical IT in Aged Care Pilot			100%		23/5/02	30/5/03	99,500	91,208	no
	Icon Recruitment	14007145637	Switzerland	Assisting in the work of the Aged and Community Care Division E-Commerce Strategy unit			100%		2/10/01	28/2/02	33,748		no

	Icon Recruitment	14007145637	Switzerland	Assisting in the work of the Aged and Community Care Division E-Commerce Strategy unit			100%		1/3/202	30/6/02	33,748		no
	Albert Research	93094326735	Australia	Consultancy Services for Industry Readiness Research			100%		4/2/01	21/1/03	20,757	6,019	no
	Mastech Asia Pacific	20080574616	USA	Assisting in the work of the Aged and Community Care Division E-Commerce Strategy unit			100%		6/12/01	28/2/02	23,446		no
	Total Metrics	23061893669	Australia	Services for the Function Point Count of SPARC			100%		3/6/02	9/8/02	62,887	31,444	no
	Powers IT Consulting	ACN 086 506 998	n/a	IT Contractor - Approval Round Management Information System (ARMIS) development			100%		01.07.01	30.11.01	83,160		no
	Powers IT Consulting	ACN 086 506 998	n/a	IT Contractor - ARMIS development			100%		01.12.01	17.03.02	59,400		no
	Powers IT Consulting	ACN 086 506 998	n/a	IT Contractor - ARMIS development			100%		18.03.02	16.06.02	51,480		no
	Southern Cross Computing	ACN 008 626 131	Australia	IT Contractor - Software Testing			100%		04.12.01	03.03.02	22,880		no
	Southern Cross Computing	ACN 008 626 131	Australia	IT Contractor - Software Testing			100%		04.03.02	31.08.02	55,000	17,600	no
	Southern Cross Computing	ACN 008 626 131	Australia	IT Contractor - Systems Development and Testing			100%		01.01.01	31.12.01	137,280		no
	Southern Cross Computing	ACN 008 626 131	Australia	IT Contractor - Systems Development and Testing			100%		01.01.02	30.06.02	145,600		no
	Candle Australia Limited	ACN 002 724 334	Australia	IT Contractor - Documentation			100%		09.10.01	04.01.02	33,264		no
	Wizard Information Services Pty Ltd	ABN 47 008 617 561	Australia	IT Contractor - Junior Architect			100%		04.03.02	03.09.02	80,520	24,156	no
	Candle Australia Limited	ACN 002 724 334	Australia	IT Contractor - Software Testing			100%		01.03.02	30.08.02	52,000	16,000	no
	Candle Australia Limited	ACN 002 724 334	Australia	IT Contractor - Software Testing			100%		07.08.01	28.02.02	56,144		no
	Candle Australia Limited	ACN 002 724 334	Australia	IT Contractor - Specification Writer			100%		01.03.02	31.08.02	57,200	17,600	no
	Candle Australia Limited	ACN 002 724 334	Australia	IT Contractor - Specification Writer			100%		26.11.01	28.02.02	33,000		no
	Powers IT Consulting	ACN 086 506 998	n/a	IT Contractor - ARMIS development			100%		01.07.01	30.11.01	73,920		no

	Bowrush Pty Ltd	ABN 290 732 648 38	Australia	IT Contractor - Project Management			100%		18.06.01	31.12.01	93,971		no
	Bowrush Pty Ltd	ABN 290 732 648 38	Australia	IT Contractor - Project Management			100%		01.09.01	30.06.02	170,280		no
	Southern Cross Computing	ACN 008 626 131	Australia	IT Contractor - Help Desk Officer			100%		01.06.02	30.11.02	52,000	36,000	no
	Southern Cross Computing	ACN 008 626 131	Australia	IT Contractor - Help Desk Officer			100%		01.03.02	31.05.02	26,000		no
	Southern Cross Computing	ACN 008 626 131	Australia	IT Contractor - Help Desk Officer			100%		26.11.01	28.02.02	26,000		no
	Manpower Services Australia Pty Ltd	ACN 071 884 994	USA	IT Contractor - Help Desk Officer			100%		06.10.01	25.01.02	38,400		no
	Manpower Services Australia Pty Ltd	ACN 071 884 994	USA	IT Contractor - Help Desk Officer			100%		28.01.02	30.06.02	50,400		no
	Manpower Services Australia Pty Ltd	ACN 071 884 994	USA	IT Contractor - Help Desk Officer			100%		09.07.01	05.10.01	28,800		no
	Mastech Asia Pacific Pty Ltd	ACN 080 574 616	USA	IT Contractor - ARMIS development and testing			100%		07.01.02	05.04.02	28,555		no
3000000313	Mastech Asia Pacific Pty Ltd	ACN 080 574 616	USA	IT Contractor - ARMIS development and testing			100%		06.04.02	05.10.02	61,870	30,935	no
	Powers IT Consulting	ACN 086 506 998	n/a	IT Contractor - Project Management			100%		01.07.01	30.11.01	121,000		no
	Powers IT Consulting	ACN 086 506 998	n/a	IT Contractor - Project Management			100%		01.12.01	17.03.02	66,000		no
	Powers IT Consulting	ACN 086 506 998	n/a	IT Contractor - Project Management			100%		18.03.02	30.06.02	30,800		no
3000000438	Powers IT Consulting	ACN 086 506 998	n/a	Development of Approvals Round Management Information System		100%			03.06.02	01.06.03	220,000	146,817	no
	DMR Consulting Pty Ltd	90 006 091 774	Japan	Development and Implementation of Enhancements to the HACC PlanNet System		50%	50%		10/12/01	31/3/02	147,464		no
	DMR Consulting Pty Ltd	90 006 091 774	Japan	Completion of the HACC PlanNet System		50%	50%		26/3/02	27/5/02	96,538		no
	DMR Consulting Pty Ltd	90 006 091 774	Japan	Development, Implementation and Maintenance of the HACC PlanNet Claims Processing Module		50%	50%		8/10/01	31/3/02	46,783		no

30000000698	DMR Consulting Pty Ltd	90 006 091 774	Japan	Redevelopment and maintenance of Carelink IT system	10%	40%	50%		14/3/02	28/2/05	344,137	192,000	no
	Practical PC	77 008 649 787	n/a	IT Services			100%		1/7/01	30/8/02	93,330		no
	SMS Management & Technology	ACN: 006 515 028	Australia	Review seniors internet portal			100%		5/9/01	3/10/01	36,300		no
	Quay Connections	ABN: 67054863866	Australia	To redevelop the Ageing & Aged Care internet site and create a community care book.			100%		20/6/00	17/7/02	385,000	11,446	no
Purchase Order No 4500005367	Australian Institute of Health and Welfare	16 515 245 497	Australia	The Building Ageing Research Capacity (BARC) project is to develop and encourage maximum collaboration and coordination between Australian researchers of ageing issues. One part of the project involves the development of an Ageing Research On-line (ARO) web-site.		50%	50%		1/7/02	30/6/03	$240 000, of which about $90 000 will be used to support the development of the ARO web-site	$240 000, of which about $90 000 will be used to support the development of the ARO web-site	no
4500003589	Cognos Pty Ltd	82002909248	Canada	Purchase business intelligence software		100%			1/7/01	30/6/02	82,500		no
4500004831	Cognos Pty Ltd	82002909248	Canada	Business intelligence software support and user licences		100%			1/7/01	30/6/02	49,456		no
4500003564	IBM Global Services Australia	85001538736	USA/Australia joint venture	Supply and install server for business intelligence software and install software	71%	29%			1/7/01	30/6/02	21,216		no
4500001753	Manpower Services (Australasia) Pty Ltd	15071884994	USA	Data development for business intelligence tool			100%		13/10/00	21/12/01	118,303		no
3000000119	Symmarl Pty Ltd	75080485310	n/a	Data development for business intelligence tool			100%		20/12/01	29/8/03	235,000	150,000	no
2001/044551	Social Change Online Pty Ltd	44 075 603 306	Australia	Software development for a referral database		100%			4/7/01	31/12/02	447,304	11,183	no
Purchase Order No: 20725	Australian Indigenous Health*Infonet*	54361485361	n/a	provision of funds for use in providing research/communications/information services for Aboriginal and Torres Strait Islander health			100%		April '99	June '02	477,360		no

Purchase Order No: 4500002132	JSC Aust Pty Ltd	68 080 986 312	UK	Establishing electronic health information for Indigenous Communities				100%	1/7/01	1/6/02	111,161		no
4500005398	Medisys Australia Pty Ltd	79 060 856 662	Australia	Deliver on-site training in use of Communicare Patient Information and Recall System to 12 Aboriginal Community Controlled Health Services			100%		06/04/02	12/01/02	60,398	46,180	no
4500003947	Consulting Insights Pty Ltd	32091631159	Australia	Review of Medicare Data Storage and Access			100%		22/1/02	60/6/03	132,836	33,616	no
4500003122	Albert Research	93 094 326 735	n/a	Developmental research to assist with the development of the communication strategy for HealthConnect.			100%		21.6.01	3.8.01	82,596		no
4500003122	Albert Research	93 094 326 735	n/a	Developmental research to assist with the development of the communication strategy for HealthConnect.			100%		21.6.01	3.8.01	82,596		no
4500003570	Jackson Wells Morris P/L	16 054 785 456	n/a	Consultancy services for Issues Management & Public Relations for HealthConnect.			100%		9.7.01	30.6.02	200,000	136,315	no
4500003570	Jackson Wells Morris P/L	16 054 785 456	n/a	Consultancy services for Issues Management & Public Relations for HealthConnect.			100%		9.7.01	30.6.02	200,000	136,315	no
4500003699	Outside Information P/L	20 094 504 122	n/a	Develop a discussion paper in relation to consent & access control issues for HealthConnect.			100%		16.10.01	7.12.01	22,000		no
4500003699	Outside Information P/L	20 094 504 122	n/a	Develop a discussion paper in relation to consent & access control issues for HealthConnect.			100%		16.10.01	7.12.01	22,000		no
4500003579	Territory Health Services	84 085 734 992	n/a	HealthConnect Exploratory Project - to investigate issues surrounding client identification at both the local NT and national levels.			100%		5.10.01	21.12.01	127,677		no
4500003579	Territory Health Services	84 085 734 992	n/a	HealthConnect Exploratory Project - to investigate issues surrounding client identification at both the local NT and national levels.			100%		5.10.01	21.12.01	127,677		no
4500004787	Kate Moore & Enduring Solutions P/L	47 221 988 047	n/a	Development of consent models in the context of the HealthConnect Trials.			100%		9.4.02	29.5.02	23,375	9,350	no

4500004787	Kate Moore & Enduring Solutions P/L	47 221 988 047	n/a	Development of consent models in the context of the HealthConnect Trials.			100%		9.4.02	29.5.02	23,375	9,350	no
4500002950	KPMG	12 093 054 623	n/a	Examine & recommend options to encourage the widespread adoption of national health information standards.			100%		30.7.01	19.10.01	40,698		no
4500002950	KPMG	12 093 054 623	n/a	Examine & recommend options to encourage the widespread adoption of national health information standards.			100%		30.7.01	19.10.01	40,698		no
	DCG P/L	95 091 338 206	n/a	Development of functional specifications for a health info standards website/portal.			100%		30.5.02	14.6.02	25,529		no
	DCG P/L	95 091 338 206	n/a	Development of functional specifications for a health info standards website/portal.			100%		30.5.02	14.6.02	25,529		no
PRO/0781	Queensland Health	66 329 169 412	n/a	To provide secretariat support to Standards Australia International's (SAI's) IT 14-6 & IT 14-9 Technical Committee Working Groups.			100%		28.6.02	30.6.03	121,000		no
PRO/0781	Queensland Health	66 329 169 412	n/a	To provide secretariat support to Standards Australia International's (SAI's) IT 14-6 & IT 14-9 Technical Committee Working Groups.			100%		28.6.02	30.6.03	121,000		no
4700000153	HIC	75 174 030 967	n/a	To identify synergy/synchronisation protential between HIC & Provider*Connect* work programs.			100%		1.7.02	30.8.02	60,000	20,000	no
4700000153	HIC	75 174 030 967	n/a	To identify synergy/synchronisation protential between HIC & Provider*Connect* work programs.			100%		1.7.02	30.8.02	60,000	20,000	no
4700000154	InfoHEALTH Alliance	13 993 250 709	n/a	Produce a report on a national Provider*Connect* Directory Model.			100%		29.6.02	28.2.03	137,797	137,797	no
4700000154	InfoHEALTH Alliance	13 993 250 709	n/a	Produce a report on a national Provider*Connect* Directory Model.			100%		29.6.02	28.2.03	137,797	137,797	no
4700000153	AIHW (1st)	16 515 245 497	n/a	Development of a family of health classification & criteria for inclusion in the family.			100%		1.3.02	27.1.03	134,408	26,882	no

4700000153	AIHW (1st)	16 515 245 497	n/a	Development of a family of health classification & criteria for inclusion in the family.			100%		1.3.02	27.1.03	134,408	26,882	no
4500004098	LMC Consulting	92 064 986 554	n/a	Develop HealthConnect business architecture.			100%		17.9.01	30.11.01	72,514		no
4500004098	LMC Consulting	92 064 986 554	n/a	Develop HealthConnect business architecture.			100%		17.9.01	30.11.01	72,514		no
4500003472	Territory Health Services	84 085 734 992	n/a	HealthConnect Exploratory project - examining telecommunications infrastructure issues in NT.			100%		5.10.01	21.12.01	73,008		no
4500003472	Territory Health Services	84 085 734 992	n/a	HealthConnect Exploratory project - examining telecommunications infrastructure issues in NT.			100%		5.10.01	21.12.01	73,008		no
4500003472	Health Informatics Society of Australia	36 071 934 855	n/a	To development guidelines & educational standards needed for health informatics courses.			100%		1.7.01	21.12.01	40,000		no
4500003472	Health Informatics Society of Australia	36 071 934 855	n/a	To development guidelines & educational standards needed for health informatics courses.			100%		1.7.01	21.12.01	40,000		no
4500004894	Health & Human Services	11 255 872 006	n/a	HealthConnect Trial - to test the feasibility of HealthConnect in defined population setting in TAS.	10%	10%	80%		2.4.02	30.6.03	1,509,981	985,797	no
4500004894	Health & Human Services	11 255 872 006	n/a	HealthConnect Trial - to test the feasibility of HealthConnect in defined population setting in TAS.	10%	10%	80%		2.4.02	30.6.03	1,509,981	985,797	no
4700000193	Health & Community Services	84 085 734 992	n/a	HealthConnect Trial - to test the feasibility of HealthConnect in defined population setting in NT.	10%	10%	80%		2.4.02	30.6.03	914,000	464,000	no
4700000193	Health & Community Services	84 085 734 992	n/a	HealthConnect Trial - to test the feasibility of HealthConnect in defined population setting in NT.	10%	10%	80%		2.4.02	30.6.03	914,000	464,000	no
4700000284	DMR Consulting P/L	90 006 091 774	n/a	Scoping Study for the C'th's HealthConnect Systems Architecture Project.			100%		22.5.02	8.7.02	64,575	42,000	no
4700000633	DSTC P/L	48 052 372 577	n/a	To determine the suitability of the GEHR architecture as an underpinning record architecture for HealthConnect.			100%		1.5.02	30.6.02	685,163	342,582	no
4700000282	IBM	85 001 538 736	n/a	Provide security risk assessment & risk management for			100%		22.5.02	15.7.02	40,733	16,474	no

				HealthConnect.									
4500004621	Solomon Reynard P/L	40 096 524 864	n/a	Review of NHIMAC			100%		7.3.02	6.6.02	86,000		no
2002/73153	LMC P/L	92 064 986 554	n/a	To provide a written qualitative assessment of a select number of applications submitted to the National Comm. Fund that have a health focus.			100%		25.3.02	20.4.02	22,122		no
4700000194	Trilogy Information Solutions P/L	60 100 625 929	n/a	To produce a report on Electronic Decision support Systems Requirements.			100%		24.6.02	23.8.02	144,320	101,024	no
4700000187	Trilogy Information Solutions P/L	60 100 625 929	n/a	To develop a research & evaluation methodology for HealthConnect.			100%		26.6.02	10.8.02	77,440	69,586	no
4700000191	Centre for Health Informatics	57 195 873 179	n/a	To produce a report on Electronic Decision Support activities in different health care settings in Australia.			100%		24.6.02	23.8.02	139,552	97,685	no
	KPMG Consulting Australia Pty Ltd	12 093 054 623	n/a	To report on the compliance of the Better Medication Management System (BMMS) with standards of interoperability to enable future integration with the proposed HealthConnect systems.			100%		13.3.02	9.9.02	75,793	37,490	no
	Walter and Turnbull Pty Ltd	97 099 740 879	n/a	To consider the Governance & Quality Assurance Role of the Medicines Coding Council of Australia (MCCA) with Particular Regard to the Introduction and Use of Standardised Medicines Codes and Associated Liability Issues.			100%		8.5.02	13.9.03	165,397	105,970	no
PO 4500003673	iSOFT Australia Pty Ltd	ABN 31 088 674 757	UK	Operate Private Hospitals Data Bureau			100%		20/11/01	30/11/02	539,000		no
PO 4500003563	Luminis Pty Ltd		Australia	Report on Private Hospitals data collections			100%		1/9/01	1/12/01	77,209		no
PO 4500003117	Practical PC Pty Ltd	ABN 77 008 649 787	Australia	Develop programs (Casemix Information System) to enable analysis of private hospital patient episodes			100%		1/9/01	31/12/01	70,400		no

PO 4500004639	Practical PC Pty Ltd	ABN 77 008 649 787	Australia	Develop programs (Casemix Information System) to enable analysis of private hospital patient episodes			100%		1/1/02	30/5/01	37,406		no
PO 4500003672	Wizard Pty Ltd	ABN 46 008 617 114	Australia	Extract Hospitals Casemix Protocol data to be supplied with Casemix Information System			100%		1/9/01	31/12/01	42,900		no
PO 4500004640	Wizard Pty Ltd	ABN 46 008 617 114	Australia	Extract Hospitals Casemix Protocol data to be supplied with Casemix Information System			100%		1/1/02	30/6/02	72,000		no
PO 4500004001	Cypkom Pty Ltd	ABN 23 008 625 116	Australia	Develop Casemix Information System			100%		10/12/01	30/6/03	97,500	92,308	no
PO 4500003976	Mastech Asia Pacific Pty Ltd	ABN 20 080 574 616	Australia	CCL Project and CCF Analysis			100%		10/12/01	30/6/03	97,500	52,928	no
PO 4500003978	Meltech Pty Ltd	ABN 92 094 908 764	Australia	Support of Toolkit(AN-DRG V4)			100%		17/12/01	30/6/03	99,840	58,676	no
PO 4500003977	Quasar Professionals Pty Ltd* novated to Patriot Alliance	ABN 29 063 618 548	Australia	Test and certify Grouper software			100%		10/12/01	21/5/02	143,180 ($115,275 novated to Patriot)		no
PO 4500005088	Patriot Alliance Pty Ltd	ABN 50 098 484 747	Australia	IT support for Casemix Development Program			100%		21/5/02	30/6/03	115,275	87,915	no
PO 4500003979	Solutions Pty Ltd	ABN 35 005 705 546	USA	Maintain Casemix Website			100%		20/12/01	30/6/03	85,000	53,213	no
PO 4500003279	Little Oak Pty Ltd	ABN 63092107125	Australia	Review of the arrangements for and the computer software used to produce reports for the National Hospital Cost Data Collection (NHCDC)			100%		30/8/01	28/2/02	82,280		no
PO 4500004716	Meltech Pty Ltd	ABN 92094908764	Australia	Contractor services for NHCDC Data Team			100%		11/4/02	30/6/03	99,840	79,167	no
PO 4500005131	Patriot Alliance Pty Ltd	ABN 50098484747	Australia	Contractor services for NHCDC Data Team			100%		27/8/01	30/6/03	77,935	69,220	no
PO 4500003043	Patriot Alliance Pty Ltd	ABN 50098484747	Australia	Contractor services for NHCDC Data Team			100%		27/8/01	10/7/02	127,216		no
PO 4500000572	Visasys Pty Ltd	ABN 61008592514	Australia	Technical Support to NHCDC and COMBO Software		50%	50%		18/1/00	30/6/03	321,000	267,512	no
PO 4500001671	Visasys Pty Ltd	ABN 61008592514	Australia	Software Licence fees for COMBO Software for NHCDC		100%			19/3/01	30/6/03	297,000	148,500	no

PO 4500000172	Kowalski Consulting Pty Ltd	ABN 68502454562	Australia	Contractor services for NHCDC Data Team			100%		8/11/00	30/6/03	1,124,334	328,108	no
1999/048011	Dialog Information Technology	ACN 010 089 175	Australia	Strategic Information Management Environment Project (SIME-1)		100%			27/10/99	Ongoing	4,600,000	1,100,000	no
3-783	Kellogg Brown & Root Pty Ltd	ABN 91 007 660 317	Australia	Provision of Team Leader expertise for the SIME-1 Project			100%		7/8/02	28/3/03	$780.00 per day	90,916	no
1999/056538	Acumen Alliance (ACT) Pty Ltd	ABN 67 094 078 396	Australia	Provision of Independent Quality Assurance services to the SIME-1 Project (Implementation Planning)			100%		20/12/01	30/6/02	$1,120.00 per day to a max of 65 days		no
2002/071179	Arbiter Pty Ltd	ABN 15 072 236 821	Australia	Provision of high level strategic advice to the SIME Board			100%		1/7/02	31/12/02	$1,600.00 per day to a max of 24 days plus travel expenses	24,674	no
3-970	Dialog Information Technology	16010089175	Australia	Development & Implementation of the Gene Technology Information Management System (GTIMS)		100%			July 2000	Ongoing	2,054,693	135,258	no
106823	Business Essentials	98006144449	Australia	Bimonthly CD/Audio program for GPs			100%		30/8/02	30/6/03	435,600	435,600	no
2002/026665	Opticon Australia, UXC ltd	ABN 31 060 674 580	Australia	Health Call Centre Meta-evaluation. Review of national and international HCC literature to inform policy development			100%		11/9/02	10/3/03	319,000	219,000	no
2002/060508	Australian Institute for Primary Care, La Trobe University	ABN 64 804 735 113	Australia	Health Call Centre Standards Development Study. To provide recommendations for a standards and quality framework to ensure the safety and quality of existing HCC and to guide planning and development of HCC in Australia			100%		4/10/03	27/2/03	111,000	91,480	no
30000000456	University of Sydney	15211513464	Australia	The development of the Australian Classification and Terminology for Community Health (CATCH) project.		50%	50%		11.07.02	31.07.04	437,030	228,701	no

2001/063840 -	The University of Western Australia through the Western Australian Centre for Remote and Rural Medicine	37882817280	Australia	Upgrade the Western Australian Centre for Remote and Rural Medicine communication system by connecting its fibre optic cable to the fibre optic cable network of the University of Western Australia	5%		95%		10/6/02	30/9/02	33,525		no
2002/020060	Adelaide Research and Innovation PTY LTD	80 098 579 684	Australia	Construction of a controlled GP vocabulary		20%	80%		21/6/02	30/6/03	394,624	394,624	no
2002/012431	Australian Division of General Practice LTD	95 082 812 146	n/a	Redevelopment of ADGP website			100%		19/11/01	30/6/03	229,370	89,685	no
2001/074149	Royal Australian College of General Practitioners	34 000 223 807	n/a	General Practice Computing Group Secretariat			100%		28/9/01	30/6/04	3,082,342	1,555,836	no
2001/076930	Health Communication Network	76 068 458 515	n/a	Production of General Practitioner Term List			100%		21/6/02	1/2/02	45,388	4,533	no
2001/054652	Australian Division of General Practice LTD	95 082 812 146	n/a	An Information Management Coordinator engaged to work with the Divisions of General Practice to raise awareness of and promote the benefits that IM/IT may bring to General Practice.			100%		16/8/01	30/9/02	248,077	15,000	no
2000/66085	Flinders Consulting PTY LTD	70 058 894 456	Australia	Demonstrate Good Electronic Health Records (GEHR) creating, retrieving, and storing information for patients with diabetes in general practice.		20%	80%		12/1/02	10/9/02	93,676	33,676	no
2002/026629	Australian Division of General Practice LTD	95 082 812 146	n/a	Funding provided to develop and trial clinical decision support software for use in General Practice through a Joint Venture Agreement. The focus is initially on the disease areas of Asthma and Depression.		60%	40%		10/9/01	31/3/03	666,941	332,880	no
1999/036737	Australian Medical Association	008 426 793	n/a	Secretariat Services For General Practice Computing Group			100%		1/8/99	1/2/03	1,635,601		no
2000/066458	Corrs Chambers Westgarth	89 690 832 091	n/a	Develop a general practitioner's guide to legal issues in general practice computerisation.			100%		1/1/01	1/8/01	112,410		no

2000/066456	Klaus Veil trading as HL7 Systems and Services	89 289 191 161	n/a	Mapping the GP Data Model and Core Data Set to components of HL7 standards relevant to General Practice, by comparing the GP Data Model and Core Data Set to the HL7 Reference Information Model and the HL7 V2.x messages used in General Practice.			100%		1/1/01	1/11/01	35,500		no
2000/066088	Medical Communications Association	30 059 379 029	n/a	Investigate issues involved in undertaking the care of people with diabetes in various settings using the Good Electronic Health Records kernel amd archetypes.			100%		1/1/01	1/7/01	68,310		no
2000/066463	Monash University	50 746 519 383	n/a	An examination of the role and effectiveness of Divisions of General Practice in providing support to GPs and to make recommendations for future IT funding for divisions			100%		1/1/01	1/7/01	87,782		no
2000/066087	North Queensland Rural Division of General Practice	28 960 855 064	n/a	Development Implementation and evaluation of a system for an electronic preoperative assessment for elective surgery			100%		1/1/01	1/10/01	161,075		no
2000/066452	Therapeutic Guidelines LTD	45 074 766 224	n/a	Apply ICD-10-AM and EAN Coding to therapeutic Guidelines			100%		1/3/01	1/7/01	72,550		no
2000/066454	Therapeutic Guidelines LTD	45 074 766 224	n/a	Data Modelling of Therapeutic Guidelines for Decision support			100%		1/3/01	1/8/01	56,000		no
2000/066102	Centre for General Practice Integration Studies	57 195 873 179	Australia	Develop HL7 messaging standards for communication between general practitioners clinical management software and Divisions of General Practice register/recall systems.			100%		1/6/01	1/9/01	255,353		no
2000/066093	University of New South Wales	57 195 873 179	n/a	The Integration of GP Managed Home Telecare with established clinical services for chronic disease management and ambulatory care			100%		1/3/01	1/12/01	286 573		no
2000/066461	University of Queensland	63 942 912 684	n/a	Measuring Information Technology use in General Practice			100%		1/2/01	1/7/01	120,565		no

2002/013749	Elizabeth Moss Consulting	98 503 839 012	n/a	Development for the requirements for achieving an Australian GP terminology suitable for recording at the point of care			100%		1/6/01	1/10/01	25,105		no
2000/010291	Flinders Consulting PTY LTD	70 058 894 456	Australia	Develop a methodology for transforming clinical data from a non-Good Electronic Health Records hospital clinical system to Good Electronic Health Records (GEHR) format data suitable for use in GEHR compliant clinical applications used in general practice.		20%	80%		6/3/00	16/12/01	218,700		no
2000/066084	Capricornia Division of General Practice	12 081 863 738	n/a	Development of an inter-operable, portable web-basd health portal for the Central West Queensland region, to couple, coordinate and synchronise clinical information at the point of use.				100%	1/2/01	1/10/01	344,634		no
2001/049838	General Practice Divisions of Western Australia LTD	18 081 325 402	n/a	Development of business case for improved communication of patient information through highlighting the key components of Information Management/Information Technology integration initiatives to support further work in this area in Western Australia..			100%		1/7/01	1/11/01	82,256		no
2000/066470	Software Engineering Australia LTD	34 080 057 067	n/a	Identification of an audit and certification process for medical software companies to meet the requirements of General Practice.			100%		1/7/01	1/8/01	60,610		no
2001/053536	The University of Melbourne	84 002 705 224	n/a	GP data model and terminology in falls prevention			100%		1/7/01	1/9/01	152,806		no
2000/066274	Price Waterhouse Coopers	52 780 433 757	n/a	Development of a business case for future investment in General practice Information Management and Technology			100%		1/7/01	1/8/01	121,000		no

2001/051061	Price Waterhouse Coopers	52 780 433 757	n/a	An analysis of the General Practice Computing Group (GPCG) infrastructure, and an assessment of the GPCG directions and development of recommendations for future collaboration of GP Information Management/Information Technology organisations in e-health.			100%		12/7/01	1/8/01	104,500		no

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-055

OUTCOME WHOLE OF PORTFOLIO

Topic: DEVOLUTION OF MATERNITY LEAVE COSTS WITHIN THE DEPARTMENT

Written Question on Notice

Senator Stott Despoja asked:

The DOHA structure has organisational units at various levels including divisions and branches

(a) Do the organisational units in DOHA have their own internal budgets (as distinct from program budgets they manage)?
(b) Does this include staffing budgets?
(c) If yes, how are the costs of maternity leave handled in the Department? Is it:
    (i) central costs, or
    (ii) does each organisational unit cover their own maternity leave costs in their own budgets?
(d) If maternity leave is a devolved cost can you please identify all of the organisational units which are required to handle maternity leave?
(e) Can you provide analysis (actual, FTE and percent) of staffing numbers per organisational unit by:
    (i) gender, and
    (ii) provide number (actual, FTE and percent) or women under 45 per organisational unit.

Answer:

(a) Yes.

(b) Yes.

(c) Organisational units budget for maternity leave as part of their operating budgets.

(d) To lessen the financial impact of staff taking maternity leave on small organisational units, maternity leave costs are posted centrally and then attributed across all branches as a proportion of the overall Departmental salary payments. Organisational unit budgets are consistent with this.

(e) (i)(ii)

Org. Unit	Total Staff	Females	% of Org. Unit	Males	% of Org. Unit	Females under 45	% of Org. Unit
Acute Care Division	194	146	75	48	25	107	54
AACD	295	198	67	97	33	122	41
Audit and Fraud Control	13	5	38	8	62	2	15
Business Group	429	257	60	172	40	173	40
Executive	7	5	71	2	29	4	57
HSID	255	202	79	53	81	130	51
ICD	130	102	78	28	22	77	59
MPSD	335	219	65	116	35	142	42
NHMRC	137	91	66	46	34	56	41
OATSIH	126	85	67	41	33	59	47
PHD	254	199	78	55	22	140	55
PSD	123	73	59	50	40	55	40
Primary Care Division	226	170	75	56	25	126	56
TGA	471	239	51	232	49	50	10
NICNAS	41	25	61	16	39	14	34
PSR	28	17	61	11	39	0	0
OGTR	68	39	57	29	43	32	47
Unattached	7	4	57	3	43	1	14
ACT	28	23	82	5	18	15	54
NSW	200	142	71	58	29	82	41
NT	58	43	74	15	26	29	50
SA	94	57	61	37	39	33	35
QLD	140	109	78	31	22	63	45
TAS	44	29	66	15	34	16	36
VIC	172	113	66	59	34	66	38
WA	102	71	70	31	30	37	36
Total	**3977**	**2663**	**67%**	**1314**	**33%**	**1731**	**44%**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-195

OUTCOME WHOLE OF PORTFOLIO

Topic: PERFORMANCE MEASURES

Written Question on Notice

Senator McLucas asked:

For each outcome in relation to the period from July 2002 to January 2003, please provide a month by month breakdown of the number of:

(a) responses to Ministerial correspondence;
(b) Question Time briefs;
(c) Parliamentary Questions on Notice; and
(d) ministerial requests for briefings and the subject of each of those requests.

Answer:

(a) – (d) See Attachment A.

In relation to part (d) the number of briefing requests has been provided against each outcome, therefore providing a broad indication of the subject matter. However, the detailed subject matter of each brief is not recorded in a format that is readily available. In light of the large number of briefing requests, substantial resources would be required to retrieve the information. Furthermore, the specific information could reveal the nature of policy advice to the Minister as part of the deliberative processes of Government.

Jul-02

Outcome	Responses to Ministerial Correspondence	Question Time Briefs	PQoNs*	Briefings
1. Population Health and Safety	114	0	3	13
2. Access to Medicare	292	0	10	8
3. Enhanced Quality of Life for Older Australians	175	0	1	50
4. Quality Health Care	29	0	1	10
5. Rural Health	1	0	0	4
6. Hearing Services	9	0	0	2
7. Aboriginal and Torres Strait Islander Health	8	0	0	4
8. Choice through Private Health	51	0	3	1
9. Health Investment	70	0	1	18
Whole of Portfolio	57	0	2	3

August-02

Outcome	Responses to Ministerial Correspondence	Question Time Briefs	PQoNs*	Briefings
1. Population Health and Safety	118	114	0	14
2. Access to Medicare	392	70	7	22
3. Enhanced Quality of Life for Older Australians	213	74	3	58
4. Quality Health Care	28	30	0	19
5. Rural Health	3	7	0	6
6. Hearing Services	10	5	0	0
7. Aboriginal and Torres Strait Islander Health	6	5	0	4
8. Choice through Private Health	43	27	0	0
9. Health Investment	69	43	1	23
Whole of Portfolio	32	5	2	7

September-02

Outcome	Responses to Ministerial Correspondence	Question Time Briefs	PQoNs*	Briefings
1. Population Health and Safety	137	37	2	16
2. Access to Medicare	426	34	2	10
3. Enhanced Quality of Life for Older	172	66	0	38

Australians				
4. Quality Health Care	43	10	0	16
5. Rural Health	8	2	0	3
6. Hearing Services	8	0	0	0
7. Aboriginal and Torres Strait Islander Health	9	0	0	0
8. Choice through Private Health	43	15	1	1
9. Health Investment	92	20	0	17
Whole of Portfolio	20	3	3	4

October-02

Outcome	Responses to Ministerial Correspondence	Question Time Briefs	PQoNs*	Briefings
1. Population Health and Safety	173	50	3	12
2. Access to Medicare	266	28	6	4
3. Enhanced Quality of Life for Older Australians	154	47	2	27
4. Quality Health Care	30	9	1	8
5. Rural Health	5	6	0	2
6. Hearing Services	5	1	0	1
7. Aboriginal and Torres Strait Islander Health	2	0	0	2
8. Choice through Private Health	39	10	0	2
9. Health Investment	90	18	2	15
Whole of Portfolio	37	1	2	2

November-02

Outcome	Responses to Ministerial Correspondence	Question Time Briefs	PQoNs*	Briefings
1. Population Health and Safety	71	28	4	14
2. Access to Medicare	218	39	2	6
3. Enhanced Quality of Life for Older Australians	89	53	0	32

4. Quality Health Care	34	14	0	9
5. Rural Health	1	3	0	2
6. Hearing Services	6	0	0	0
7. Aboriginal and Torres Strait Islander Health	2	4	0	1
8. Choice through Private Health	43	21	0	1
9. Health Investment	74	22	2	13
Whole of Portfolio	25	4	0	2

December-02

Outcome	Responses to Ministerial Correspondence	Question Time Briefs	PQoNs*	Briefings
1. Population Health and Safety	115	66	0	6
2. Access to Medicare	182	31	4	5
3. Enhanced Quality of Life for Older Australians	150	65	7	12
4. Quality Health Care	35	25	0	8
5. Rural Health	2	4	0	2
6. Hearing Services	2	0	0	1
7. Aboriginal and Torres Strait Islander Health	6	8	0	1
8. Choice through Private Health	42	15	1	1
9. Health Investment	65	20	1	0
Whole of Portfolio	186	8	4	1

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-197

OUTCOME WHOLE OF PORTFOLIO

Topic: STAFFING LEVELS

Written Question of Notice

Senator McLucas asked:

Please provide an annual breakdown of Departmental and Agency staffing levels since 1995/96.

Answer:

The Department's staffing levels are as follows:

	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02
Total	**5623**	**4968**	**5419**	**3168**	**3287**	**3238**	**3771**

1995-96 includes core Department, CRS, TGA and AGHS
1996-97 includes core Department, CRS, TGA and AGHS
1997-98 includes core Department, CRS and TGA
1998-99 includes core Department and TGA
1999-2000 includes core Department and TGA
2000-2001 includes core Department and TGA
2001-2002 includes core Department and TGA

The Department does not collect data on the staffing levels of Agencies within the Portfolio. Answering this question would require the allocation of resources at the expense of higher health and ageing priorities. The Department is not in the position to divert resources to preparing an answer to this question at this time. The information is readily available through the Annual Reports of each Agency.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-192

OUTCOME: WHOLE OF PORTFOLIO

Topic: ADDITIONAL FUNDING FOR THE HIC - EXPLANATION OF APPROPRIATION

Written Question on Notice

Senator McLucas asked:

The explanation for this measure states that:

"The Government will provide the HIC with an additional $12.3m in 02-03 to administer a range of health and medical programmes. The expense for these activities has already been recognised in the 2002-2003 budget and as such there is no additional impact on the fiscal balance."

Can you please point out where the expense for these activities has already been recognised in the 2002-2003 budget?

Answer:

The expenditure relating to the Health Insurance Commission (HIC) measure referred to above was included in the HIC estimated expenditure for 2002-03 of $455 million as recorded in the HIC's Financial Statements reported in the Health and Ageing Portfolio Budget Statements for 2002-03 (p242).

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-198

OUTCOME WHOLE OF PORTFOLIO

Topic: VACANT OFFICE SPACE

Written Question on Notice

Senator McLucas asked:

(a) Does the Department or agency own or lease property with vacant space?
(b) If so, what is the location of the building?
(c) What is the vacant lettable space and the cost per square metre of that space and the contract term? Have there been any attempts to sub-let, make alternative arrangements or re-negotiate?

Answer:

(a) The Department leases two properties with vacant space.

(b) The properties are located at 2 Lonsdale Street, Melbourne and 47 Brookman Street, Kalgoorlie.

(c) The vacant lettable space in 2 Lonsdale Street is approximately 370 square metres. The cost per square metre is $340 per annum and the contract term is 4 years. The space is intended for occupation as part of a broader space consolidation strategy that is founded on an expiring lease on a significant tenancy in another building.

The vacant lettable space in 47 Brookman Street is approximately 12 square metres. The cost per square metre is $610 per annum. The contract has expired and the space is being held over on a month-to-month basis pending the outcome of recruitment action for the Kalgoorlie Regional Coordinator position.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Additional Estimates 2002-2003, 13 February 2003

Question: E03-199

OUTCOME WHOLE OF PORTFOLIO

Topic: APPOINTMENTS WITHIN THE DEPARTMENT AND EACH PORTFOLIO AGENCY

Written Question on Notice

Senator McLucas asked:

(a) What appointments within the Department and each of the agencies are currently outstanding? When did these appointments become vacant, and what is the timetable for filling of these positions?
(b) Are there any vacant positions that will not be filled?
(c) What appointments within the Department and each of the agencies have been made since November 2001?
(d) In each case, who was appointed, what is the term of appointment and what process of selection was adopted?

Answer:

Answers to these very general questions would require considerable resources at the expense of higher health and ageing priorities. Given the very large number of appointments since 2001 and the time-consuming nature of the exercise, the Department is not in a position to divert the substantial resources required to answer this question.

If the focus of the questions is more clearly defined, for example by targeting specific types of appointments, the Department will endeavour to assist in the provision of the relevant information.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-191

OUTCOME: WHOLE OF PORTFOLIO

Topic: GOODS AND SERVICES TAX

Written Question on Notice

Senator McLucas asked:

(a) How many applications have been received for a GST exemption for health goods under Clause 38-47 of the A New Tax System (Goods and Services Tax) Bill 1998? Can you provide a list of the applicants and the products for which exemption has been sought and which were granted?
(b) What difficulties have been experienced in applying the GST exemption to the items originally selected by the Government (sunscreen, folate, condoms and lubricants)? What work has been done to quantify the costs of these exemptions?
(c) What work has the Department done to assess the benefits of these exemptions and whether they should be extended to other products?
(d) Has the department examined the range of products which were previously free from wholesales sales tax because of their benefits to public health to see whether this exemption should be extended to them?
(e) What is the estimated loss of GST revenue from the exemption of goods specifically covered by this exemption?

Answer:

(a) A total of 47 applications for exempting 'other health goods' under Clause 38-47 of the A New Tax System (Goods and Services Tax) Act 1999 have been identified.

Having regard to privacy principles and rights under the Freedom of Information Act 1982, I am not able to release information identifying the applicants. However, applications were sought for:

- Anti-heartburn medication (2);
- Mouthwash (2);
- Bowel cancer screening kits (3);
- Safe return bracelets (1);
- Air conditioning equipment (1);
- Feminine hygiene products (32);
- Excluded lubricants (1);
- Breast pumps and feminine hygiene products (1);
- Latex dam (1);
- Laxatives and nasal saline solution (1); and
- Infant mattress (1).

None of these applications have been granted a GST-exemption.

Since the introduction of the A New Tax System (Goods and Services Tax) Bill 1998, there has only been one Ministerial determination issued under clause 38-47. This was the *GST-free Supply (Health Goods) Determination 2000*, which granted condoms, barrier dams, femidoms, personal and surgical lubricants, folate pills and SPF 15+ sunscreen GST-free status.

(b) There has been some difficulty applying the GST to sunscreen products. Under subsection 38-47(1) of the *A New Tax System (Goods and Services Tax) Act 1999*, the supply of a sunscreen preparation that is marketed principally for use as sunscreen, and has a SPF of 15 or more is GST-free. In some instances sunscreen has a dual use, as in the case of lip balm, and it is uncertain whether or not this item then meets the criteria for a GST-exemption under the Act. However, the Australian Taxation Office is working with industry to rectify this problem.

My department is not aware of any other problems with applying the GST to the items listed in the Determination.

My Department has not undertaken any work relating to the costs of these exemptions.

(c) None.

(d) No.

(e) This is a matter for Treasury.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-013

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: TOUGH ON DRUGS

Written Question on Notice

Senator Denman asked:

While resulting in a very welcome substantial reduction in heroin overdose deaths in Australia, did the heroin shortage also result in increased use of psychostimulants (such as cocaine and amphetamine) with a consequent increased risk of spread of HIV and hepatitis B and C?

Answer:

The findings of the Illicit Drug Reporting System in December 2002 indicate that the use of methamphetamine among intravenous drug users (IDU) has stabilised or decreased in most jurisdictions. Frequency of cocaine use decreased in prevalence and frequency among IDU in NSW and remains relatively uncommon and infrequent in other jurisdictions. In earlier 2002, there were reports of an increase in amphetamine injection and an increase in cocaine use that corresponded to a general increase in availability of psychostimulants. It has been suggested that an increase in psychostimulant injecting may result in an increase in blood borne virus transmission, however, there is currently no data available to support this claim.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-014

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: TOUGH ON DRUGS

Written Question on Notice

Senator Denman asked:

(a) There has been widespread approval in the community for the increased Commonwealth and state funding for drug treatment in recent years. How much of the increased funding for drug treatment has gone to abstinence programs and how much has gone to programs using pharmaceutical drugs like methadone or buprenorphine?
(b) Does the government have any estimate of the cost of abstinence programs per person and the proportion of persons entering abstinence programs who are drug free 12 months later?

Answer:

(a) Under the National Illicit Drug Strategy the Commonwealth has allocated funding of $58.6 million (over four years) to 140 non-government organisations under the Non Government Organisation Treatment Grants Program.

Treatment activities funded cover a range of strategies including brief interventions, self help programs, psychological therapies, outreach support, outpatient counselling, inpatient and outpatient detoxification, medium to long term rehabilitation counselling, social skills training and relapse prevention.

The Government is not able to identify how much of this funding has gone to abstinence programs.

(b) The Government is not able to estimate the cost of abstinence programs per person or the proportion of persons entering abstinence programs who are drug free 12 months later.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-015

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: TOUGH ON DRUGS

Written Question on Notice

Senator Denman asked:

How much is the Commonwealth government spending in response to illicit drugs on
(a) attempts to reduce supply;
(b) attempts to reduce demand; and
(c) attempts to reduce harm?

Answer:

The Commonwealth Government has committed over $625 million since 1997 to the National Illicit Drug Strategy "Tough on Drugs". The Strategy is consistent with the three tiers of the National Drug Strategic Framework, supply, demand and harm reduction. Of this commitment:

(a) $216.618 million in funding has been allocated for supply reduction initiatives to date;

(b) $383.977 million in funding has been allocated for demand reduction initiatives to date; and

(c) $30.577 million in funding has been allocated for harm reduction initiatives to date.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-009

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: TOUGH ON DRUGS

Written Question on Notice

Senator Denman asked:

On April 2 1985, the then Prime Minister, all state Premiers and both Chief Ministers adopted harm minimisation as Australia's official national drug policy. The Ministerial Council on Drug Strategy, Australia's paramount official drug policy making body, has since ratified this decision on several occasions, including since 1996. In late 2001, the Prime Minister and several other Ministers asserted that harm minimisation is not Australia's official national drug policy.

(a) Is harm minimisation still Australia's official national drug policy?
(b) If not, when was this changed, why was this changed?
(c) Was MCDS informed, when did MCDS cease being Australia's paramount drug policy and what is Australia's official national drug policy.

Answer:

(a) There has been no change to the Government's approach to drug policy. The Government is aiming to reduce illicit and inappropriate licit drug use and the harm it causes.

(b) See (a) above.

(c) The Ministerial Council on Drug Strategy (MCDS) is the peak policy and decision-making body in relation to licit and illicit drugs in Australia and is one of the key elements of Australia's National Drug Strategy. The MCDS brings together Commonwealth, State and Territory Ministers responsible for health and law enforcement to collectively determine national policies and programs to reduce the harm caused by drugs.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-010

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: TOUGH ON DRUGS

Written Question on Notice

Senator Denman asked:

If harm minimisation is not Australia's official national drug policy, does the government propose to eliminate or reduce Australia's successful HIV prevention strategy based on needle syringe programme and methadone programmes?

Answer:

There has been no change to the Government's approach to drug policy. The Government is aiming to reduce illicit and inappropriate licit drug use and the harm it causes.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-011

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: TOUGH ON DRUGS

Written Question on Notice

Senator Denman asked:

(a) How does the government view the 'Return on Investment' study commissioned by the Commonwealth Department of Health which estimated that Australia's needle syringe programmes cost federal and state governments $122 million, prevented 25,000 HIV infections, 21,000 hepatitis C infections, saved (by 2010) 4,500 lives and saved at least $2.4 billion. Does the government accept these findings testifying to the low cost and high effectiveness of harm reduction, and if not why not?

(b) If the government does accept these findings, and bearing in mind that the Commonwealth government to its credit provided additional funding of over $30 million for needle syringe programmes a few years ago, does the government intend to at least maintain support for these programmes or does it intend to reduce support for them?

Answer:

(a) The Government views the study *Return on Investment in Needle and Syringe Programs in Australia* as a valuable document. This is one of many documents used to highlight the significant public health benefit of harm reduction measures such as Needle and Syringe Programs. The findings of the *Return on Investment in Needle and Syringe Programs in Australia* Report are based on the best available data and on reasonable assumptions of the impact of an NSP.

The authors estimate that by the year 2000 approximately 25,000 HIV and 21,000 hepatitis C cases were prevented among injecting drug users by the introduction of NSPs. However, the Government recognises that there would be a wide variation around these estimates. The return on investment in NSPs to government and in total, having regard to the impacts on HIV and HCV combined, is estimated at $255 million in all years to the year 2000. The $2.4 billion net saving referred to in the report represents the present value of potential savings associated with the lifetime costs modelled to the year 2075.

(b) The Government currently supports harm reduction interventions through mechanisms such as the *National Hepatitis C Strategy 1999-2000 to 2003-2004* and the *National HIV/AIDS Strategy 1999-2000 to 2003-2004*. Both these National Strategies recognise the need to minimise the harm caused by risk behaviours such as illicit drug use and to undertake health promotion through a variety of activities appropriate to specific contexts. The Government does not condone illicit injecting drug use but it does acknowledge that these behaviours occur, and it will continue to support harm reduction interventions while there is continuing evidence that they are effective in reducing risk behaviour and the transmission of bloodborne viruses.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-154

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: TOUGH ON DRUGS AND DRUGS DIVERSION INTIATIVE

Written Question on Notice

Senator McLucas asked:

(a) How much money has been announced by the government and how much has actually been spent under the Tough on Drugs program and subsequent Drugs diversion initiative since 1998?

(b) What funds remain unspent from earlier commitments and what amount has been rolled over at the end of each of the last two years?

(c) What funds will be available for allocation in the year 2003 and what process will be undertaken to allocate these funds

(d) What progress has been made with the commencement of services for each of these projects funded by the Tough on Drugs program?

(e) How many additional treatment places have been created as a result of these projects?

(f) Has the Government examined the extent to which treatment places funded under this program have replaced other programs that lost funding under the new arrangements?

Answer:

(a-f) The Commonwealth Government has allocated $625 million since 1998 to a range of supply reduction and demand reduction measures and measures designed to minimise harm, to be coordinated and managed by the following portfolios and agencies:

- Family and Community Services;
- Attorney General;
- Australian Federal Police;
- Customs;
- Finance and Administration
- AUSAid;
- Australian Crime Commission;
- AUSTRAC;
- State and Territory governments; and
- Individual service providers.

The Department of Health and Ageing is responsible for administering a number of programs under the "Tough on Drugs" rubric but does not have the responsibility or the resources to report on programs under "Tough on Drugs" that are managed by other

agencies, including those listed above. The Committee may wish to seek information from those agencies.

The Department of Health and Ageing is currently obtaining the detailed information sought in relation to its "Tough on Drugs" programs and will respond as soon as possible.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-003

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: COAG ILLICIT DRUG DIVERSION INITIATIVE

Written Question on Notice

Senator Denman asked:

On 31 December 2002, the Prime Minister announced that he has allocated $215 million over four years for a second phase of the Council of Australian Governments Illicit Drug Diversion Initiative.

(a) How will funding be divided?
(b) Will there be a process of applying for funding?
(c) How will the funding be divided by State?
(d) Are any particular organisations/activities likely to receive funding?

Answer:

Discussions around the continuation and further development of the second phase of the Diversion Initiative are under way.

(a) No decisions have been taken as yet about how funding will be divided.

(b) See (a) above.

(c) No decisions have been taken regarding the distribution of funding to States and Territories.

(d) See response to (a) and (c) above.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-005

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: REVIEW OF TOBACCO ADVERTISING PROHIBITION ACT

Written Question on Notice

Senator Denman asked:

In a previous estimates response, it was noted that the review of the tobacco advertising guidelines was due to report at the end of 2002.

(a) Has it reported?
(b) Is it possible to get a copy of the report?
(c) What was the cost of the review?

Answer:

(a) The Review of the *Tobacco Advertising Prohibition Act 1992* has not yet reported.

(b) The Department has developed an issues paper with the assistance of an Expert Advisory Panel. It is anticipated that the paper will be released for public consultation early this year.

(c) At this stage, the only costs associated with the review have been the travel and catering costs associated with the first meeting of the Advisory Panel held in Sydney on 4 September 2002. These costs totalled $4587.40.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-006

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: RATES OF HEPATITIS INFECTION

Written Question on Notice

Senator Denman asked:

Figures in the current Annual Report (see page 46) estimate that in 2020 between 320,000 to 840,000 will be living with hepatitis C. Could I please have the numbers of newly diagnosed cases of hepatitis C for 1992 - 2002?

Answer:

Hepatitis C infection has been a notifiable disease in most States and Territories since 1990, and all States and Territories since 1995. The vast majority of notified hepatitis C cases have been of unknown duration; only a minority are known to be newly acquired. In the years 1992 to 2002, there were the following numbers of notifications of hepatitis C infection:

- in 1992, 8813;
- in 1993, 16,124;
- in 1994, 20,487;
- in 1995, 19,127;
- in 1996, 19,366;
- in 1997, 17,261;
- in 1998, 18,182;
- in 1999, 18,840;
- in 2000, 19,945; and
- in 2001, 16,734.

The number of notifications of hepatitis C infection in the year 2002 will not be available until the 2003 *HIV/AIDS, viral hepatitis and sexually transmissable infections in Australia: Annual Surveillance Report* is published during 2003. This is due to the need to adjust data for reporting delays and to collate data gathered from many sources.

(Source: *HIV/AIDS, viral hepatitis and sexually transmissable infections in Australia: Annual Surveillance Reports 1997-2003).*

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-007

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: RATES OF HEPATITIS INFECTION

Written Question on Notice

Senator Denman asked:

The Government was completing a review of the National Hepatitis C Strategy 1999-2000 to 2003-2004 (due to be completed late 2002 according to a QON from June Estimates).
(a) Is it released?
(b) Is it possible to get a copy?

Answer:

(a) The report from the Review of the National Hepatitis C Strategy is completed. The recommendations of the report and their implications for Government are still being analysed. A decision on the public release of the report will be made following this analysis.

(b) See (a) above.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-008

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: RETRACTABLE NEEDLE AND SYRINGE TECHNOLOGY INITIATIVE

Written Question on Notice

Senator Denman asked:

In the last budget, $27.5m was announced to fund development and implementation of the introduction of retractable needles and syringes. When questioned at the Budget Estimates June 2002 – it was still too early to get a clear idea of the detail of how this money would be spent. However, it was indicated that the initial phase was to be a 'collection of research to inform future developments'.

(a) What stage is this initiative at?
(b) Has research began into retractable needles?
(c) Who is carrying out the research?
(d) What was the process by which research agencies were selected?
(e) When are they due to report?
(f) What is the cost of the research?

Answer:

(a) The Minister for Health and Ageing approved an Implementation Plan for the initiative on 30 August 2002. Two components of the Implementation Plan, namely seeking 'Requests for Information' from industry, and a national consultation process on the implementation of the initiative, have been undertaken.

(b) The Department held consultations in each state and territory. Through the consultation meetings stakeholders from the health care sector, the diabetes sector, the injecting drug user sector, and industry, provided comments and feedback on the implementation of the initiative to the Department. There were recommendations made on research topics and these recommendations are being considered by the Government.

(c) See (b) above.

(d) No decisions have yet been made on the selection of appropriate researchers. The final decision on researchers will be made by the Implementation Reference Group - a group established by the Department to provide advice on implementation of the initiative.

(e) See (b) above.

(f) See (b) above.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-012

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: USE OF EXCESS COLLECTIONS FOR A 'TOBACCO FOUNDATION'

Written Question on Notice

Senator Denman asked:

Why does the government not return the excess funding accrued from tobacco taxes at the time of the introduction of the GST along the same lines that allowed similar funding from alcohol to be used to establish the Alcohol Education and Rehabilitation Foundation?

Answer:

This is not a matter for the Department of Health and Ageing.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-045

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: BREAKDOWN OF FAMILY PLANNING SERVICES BY STATE AND TERRITORY

Written Question on Notice

Senator Harradine asked:

You provided a table (Q: Amended E02-013) of statistics detailing services provided by family planning clinics over the past six years. Would you please provide a new table to show the statistics for each of the States and Territories over the same period?

Answer:

Sexual Health and Family Planning Australia, the Family Planning Organisation federation peak body, has advised the Department that, due to the definitional differences in clinical service use data between Family Planning Organisations, the break down of data by State and Territory would not be meaningful.

Under the 2001-04 Funding Agreements, the Family Planning Organisations in conjunction with the Commonwealth is moving towards a nationally consistent narrative and statistical data reporting proforma for the Family Planning Organisations. A first draft of this narrative and statistical data proforma is due at the end of April 2003.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-046

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: EXPLANATION OF THE CHANGE OF FAMILY PLANNING SERVICES PROFILES

Written Question on Notice

Senator Harradine asked:

You provided a table (Q: Amended E02-013) of statistics detailing services provided by family planning clinics over the past six years.

(a) Can you explain the sharp drop shown in the table in services provided over the past six years for the categories "contraceptive services", "early intervention and health promotion services", "total services" and "number of client visits"?

(b) Only one service - "reproductive and sexual health management" - has increased in services provided over the past six years. Does this service include providing abortions, which is a key business of at least one of the family planning clinics?

Answer:

(a) Consistent with the provisions of the output based funding arrangements, Family Planning Organisations have reoriented their services to provide a greater focus on education and training services for health and other professionals.

Those receiving the training, including General Practitioners, are then better able to provide contraceptive, early intervention and health promotion services.

(b) The Commonwealth does not fund the Family Planning Organisations to provide abortions or collect information regarding abortion.

The increases in “reproductive and sexual health management” figures are due to:

- a greater proportion of clients presenting that are symptomatic;
- a greater proportion of complicated cases seen by Family Planning Organisations, for example, longer consultation with disadvantaged groups presenting with numerous co-morbidities; and
- increased hours of work (including weekend) by Family Planning Organisations.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-047

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: COMMONWEALTH FUNDING FOR THE FAMILY PLANNING PROGRAM

Written Question on Notice

Senator Harradine asked:

You provided a table (Q: Amended E02-013) of statistics detailing services provided by family planning clinics over the past six years.

(a) Please provide a table showing Commonwealth Government funding for family planning clinics each year over the same time period.
(b) Is Commonwealth funding linked to the number of services provided?
(c) Please explain the formula for determining funding levels.

Answer:

(a) This data is not collected.

Under the 2001-04 funding agreements, the Commonwealth requires Family Planning Organisations to report against a range of outputs, including the provision of information, health education and promotion, professional training, counselling and clinical services. They are not required to attribute costs to the type of services provided.

(b) No.

(c) In 2002, the Department developed a funding model (based on Population Health Outcome Funding Agreement model), which takes into account the service population in each State and Territory, the socioeconomic status, the percentage of Aboriginal and Torres Strait Islander people, and the Commonwealth Grants Commission relativities.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-048

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: LINKING FAMILY PLANNING SERVICES TO THE HEALTH SECTOR

Written Question on Notice

Senator Harradine asked:

You provided a table (Q: Amended E02-013) of statistics detailing services provided by family planning clinics over the past six years.

(a) Which of the services provided by family planning clinics could not be provided by general practitioners?

(b) If services can be provided by local general practitioners, why are separate organisations, often located remotely from clients, being funded to provide these services?

Answer:

(a) There are no services provided by the Family Planning Organisation clinics that could not be provided by a General Practitioner.

(b) This was a decision by Government in order promote increased access and choice of provider in the provision of sexual and reproductive health services.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-051

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: FEMALE GENITAL MUTILATION

Written Question on Notice

Senator Harradine asked:

(a) Please provide details of any programs funded and/or designed by the Department to discourage Female Genital Mutilation.
(b) Does the department have any statistics which would indicate a decline in this practice among certain ethnic groups who are immigrants to Australia?

Answer:

(a) The Commonwealth contributes broadbanded funding assistance to the States and Territories under the Public Health Outcome Funding Agreements (PHOFAs) for eight public health programs, including the National Education Program on Female Genital Mutilation (FGM). The present Agreements are for the five years 1999-2000 to 2003-2004. The total Commonwealth contribution through the PHOFA's for the eight programs is $124 million for 2002-2003.

Each State and Territory reports annually against performance indicators and the Department publishes these reports on its website.

(b) The Department does not collect data on trends in FGM among certain ethnic groups who are immigrants to Australia.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 13 February 2003

Question: E03-052

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: IMPLANON

Written Question on Notice

Senator Harradine asked:

In the answer to question E02-014 the Department quotes Organon (Australia) Pty Ltd as stating that "if ovulation occurs in year three [of the life of an implanon injection] contraceptive efficacy is dependent on its secondary mode of action, changes in the cervical mucus which hinders spermatazoa passage".

(a) Is Organon (Australia) Pty Ltd asserting that this secondary mode of action is 100% effective?
(b) Has Organon (Australia) Pty Ltd provided the Therapeutic Goods Administration with any research evidence that this secondary mode of action is 100% effective?
(c) If this secondary mode of action is not, or has not been conclusively proved to be 100% effective, does Organon (Australia) Pty Ltd or the Therapeutic Goods Administration acknowledge that, as shown by the research evidence in the articles referred to in question E0200083, there is a third mode of action of Implanon in which a thinning of the endometrial wall would prevent the implantation of a fertilised embryo causing the loss of the developing embryo?
(d) Whether or not the Therapeutic Goods Administration is prepared to call this mode of action abortifacient, does it at least agree that consumers should be accurately informed about this possible third mode of action in clear and concrete terms, that is with reference to the prevention of implantation of a fertilised embryo, so they can make a fully informed decision about the use of Implanon?

Answer:

(a-b) The Therapeutic Goods Administration (TGA) referred these questions to Organon (Australia) Pty Limited for comment. Organon has provided the following response:

"Organon has never claimed that Implanon is 100% effective. It has unprecedented contraceptive efficacy, but no method of contraception is 100% effective. Implanon® was developed with the specific aim of inhibiting ovulation. Early dose finding studies revealed that a release rate of 25-30 mg ENG [etonogestrel] per day is required to inhibit ovulation. Since etonogestrel is mainly bound to albumin, serum concentrations have more predictive values than other implants[2]. Based on the results of the dose finding studies, an implant was developed with a release rate of approximately 30 mg ENG per day at the end of its projected duration of use of 3 years. As indicated by Croxatto et al[1] the high efficacy of Implanon is attributed to the combination of its primary mechanism of action i.e. that it effectively inhibits ovulation, and the absence of user compliance factors. Studies indicated however that a very small percentage of women began to ovulate after Implanon had been in situ for approximately 2.5 years and thus, it was necessary to establish that changes in the cervical mucus added further contraceptive protection.

This was investigated using a modified implant[1], previously leached to represent approximately 30 months in situ. In this study the mean Insler scores decreased from 12.8 before insertion to between 0.8 and 4.2 during treatment. In addition sperm penetration tests were negative throughout the study except in the case of one woman who upon further investigation was shown, based on serum progestogen and confirmed by ultrasound, to have ovulation inhibition.

During clinical studies using Implanon, endometrial thickness has been measured. This has been shown to be thin but not atrophic[1].

To summarise, the contraceptive efficacy of Implanon is high, as reported by Croxatto, with zero pregnancies during 53,530 cycles (4103 women years) resulting in a pearl index of 0.0 (95% CI 0.00-0.09)[1]. This is achieved by inhibition of ovulation as the primary mode of action and, in addition, by increased viscosity of the cervical mucus. The endometrium is thin but not atrophic."

(c-d) The TGA referred these questions to Organon for comment. Organon provided the following comments:

"As indicated above, the reliability of both the primary and secondary modes of action of Implanon is well documented[1,2,3]. There is an absence of evidence to indicate that contraceptive protection is dependent upon the endometrial wall thickness and we therefore believe that the current Product Information adequately describes the current state of knowledge."

NOTE: References

(1) The Pharmacodynamics and Efficacy of Implanon, An Overview of the Data. H.B. Croxatto and L Makarainent. *Contraception*, 1998, 58: 91S-97S

(2) Ovarian function during the use of a single contraceptive implant: Implanon compared to Norplant. Makarainen et al, *Fertility and Sterility*, Vol 69, No. 4 April 1998, 714-720.

(3) Implanon Approved Product Information.

Question: E03 - 053

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: IMPLANON

Written Question on Notice

Senator Brian Harradine asked:

(e) Is the Department investigating reports that 47 women have become pregnant despite being fitted with the implant Implanon?
(f) Is the Department seeking details on these 47 cases? If so, please provide details of the results of your enquiries.
(g) Is the department aware of any other cases? If so, please provide details.
(h) Please provide information on the how many Implanon capsules were fitted by a doctor and how many were fitted in family planning clinics in the 47 cases.

Answer:

(a) Yes

(b-c) There have been media reports that 47 women have become pregnant despite apparently being fitted with the implant Implanon. The source of this number is not clear. The Adverse Drug Reactions Advisory Committee (ADRAC) has received 134 such reports. These reports have been received either directly, or via the sponsor company (Organon Australia).

The 134 reports have been analysed as follows:

- in 20 cases, there was insufficient information to make an assessment;
- in 57 cases, the Implanon implant had not been inserted correctly (as judged by negative blood test for etonogestrel, or negative ultrasound);
- in 43 cases, either the woman was already pregnant at the time of Implanon insertion, or the timing of Implanon insertion was too late (more than 5 days after the start of the menstrual cycle);
- in 13 cases, failure of the Implanon implant is possible, although insufficient information is provided to make a complete judgement (for example, date of conception cannot be accurately estimated); and
- there appears to be a single case of well-documented Implanon failure

The sponsor company has indicated that it is further investigating a number of these reports, and will provide the results of this investigation to the TGA.

(d) In 14 reports, it was explicitly stated that Implanon had been inserted by someone other than the reporter. None of the reports explicitly states that the product was inserted at a family planning clinic. That does not however preclude the possibility that the product was inserted at a family planning clinic.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03 - 054

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: INDUCED ABORTION

Written Question on Notice

Senator Harradine asked:

Is the Department undertaking any work in relation to induced abortion? If so, please provide some details of this work.

Answer: No

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-074

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANTHRAX IMMUNISATION

Written Question on Notice

Senator Allison asked:

What is the process for authorising the use of a vaccine that has not been licensed by the TGA for general use?

Answer:

The *Therapeutic Goods Act 1989* (the Act) contains provisions for the supply of unregistered therapeutic goods in certain circumstances. Under the Act, and in accordance with regulation 47A of the *Therapeutic Goods Regulations 1990*, the Secretary to the Department of Health and Ageing may delegate authority to exercise power under section 19(1)(a) of the Act to approve the importation into, exportation from, or supply in Australia of specified unregistered products.

This delegation may be made to registered medical practitioners who are not officers of the Department of Health and Ageing in certain circumstances only. These include that the registered medical practitioner be supervised by a nominating medical superintendent or equivalent, that exercise of the delegated power is limited to the use of specified products in defined classes of persons, in response to an application made by another doctor, and that use in these circumstances is supported by an ethics committee.

There are also provisions for use of unregistered therapeutic products on the basis of Category A or Category B of the Special Access Scheme (SAS), or under authorised prescriber provisions, if use of the product meets the requirements of these.

Under Category A of the Special Access Scheme (or SAS), a medical practitioner may notify the Therapeutic Goods Administration (TGA) of their intention to supply an unregistered drug to a patient who is terminally or seriously ill with a life-threatening condition. This is an exemption under section 18 of the Act and is described in regulation 12 of the *Therapeutic Goods Regulations 1990*.

Under Category B of the SAS, a medical practitioner may apply to the TGA for approval to supply an unregistered product to an individual patient who does not fit the Category A criteria. Category B applications are considered by the TGA on a case-by-case basis, and the TGA Delegates exercise power under section 19(1)(a) of the Act for approval.

In addition, under section 19(5) of the Act, prescribers may be authorised by the TGA to supply a specified unregistered drug to patients in their immediate care without seeking approval from the TGA on an individual patient basis. Regulation 12B outlines certain criteria for authorised prescribers, including that the doctor be endorsed by an institutional ethics committee or relevant specialist medical college, and that the individuals being treated suffer from a life-threatening, or otherwise serious, illness or condition.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2002-2003, 13 February 2003

Question: E03-075

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANTHRAX IMMUNISATION

Written Question on Notice

Senator Allison asked:

Why is the anthrax vaccine recommended on the Health Website as being only for those at high exposure?

Answer:

Summary
The Institute of Medicine of the National Academy of Sciences in the USA has recently concluded that the current anthrax vaccine is safe and effective. They point out that it has certain drawbacks, including the reliance on older vaccine technology, and a six-dose vaccination schedule for the US vaccine. Although the current vaccine can continue to be used they recommend new research towards improved vaccines.

History of anthrax vaccines
The first anthrax vaccine, to protect animals, was developed by Louis Pasteur in 1882. Anthrax vaccines for human use were subsequently used to protect wool-sorters and others who were occupationally exposed to anthrax spores. In the modern era, anthrax vaccines were developed predominantly for defence uses as a number of countries had experimented with anthrax spores as a biological weapon. Large numbers of defence personnel, particularly in the USA, have received anthrax vaccine. (Following the signing of the Biological Weapons Convention in 1972 it is believed that anthrax weapons exist only in the hands of rogue states or terrorists.) In recent years there has been very limited use of anthrax vaccines to protect occupationally exposed civilians as the risk of anthrax is exceedingly low.

Suppliers of anthrax vaccine and administration
There are two suppliers:

Bioport of Michigan, USA. This vaccine is administered at 0, 2 and 4 weeks with booster doses at 6,12 and 18 months.

CAMR (Centre for Applied Microbiology Research) Porton Down, UK. This vaccine is adminsitered at 0, 3, and 6 weeks, with a booster at 6 months.

Vaccines for anthrax have been developed empirically, and there may be little rationale for the difference in dosage schedules. The protective antibody response in each case develops progressively after the early doses, falling slowly from the peak reached after the 4 or 6 week doses. The doses after 6 months serve to boost the declining antibody levels.

Effectiveness of anthrax vaccines

In a randomised study of occupationally exposed workers, published in the early 1960s, anthrax vaccine was shown to have a protective efficacy of 92.5% against anthrax, predominantly the cutaneous form. Because inhalational anthrax is so rare, and because it would be unethical to have a controlled trial in a situation of known exposure to airborne spores, there is no randomised human study to show protective efficacy against inhalational anthrax. However, the human vaccine has been shown in well controlled experiments to protect monkeys against inhaled anthrax spores. The protective effects have been shown to correlate with the levels of antibody to protective antigen.

Adverse effects of anthrax vaccines

The expected adverse effects of vaccination are mild and self-limiting and include a sore arm, and less often, fever. Serious adverse reactions (ie, those requiring hospitalisation) are very rare (76 following 1.8 million doses in a US study) and not all are necessarily attributable to the vaccine. Two deaths have been recorded but were not proven to be related to vaccine use.

Significance of the fact that anthrax vaccine is not registered for use in Australia

Neither the Bioport nor the CAMR vaccine is registered in Australia because neither manufacturer has applied for registration under the *Therapeutic Goods Act 1989.*

However, the vaccine can be used in Australia under the provisions of the Therapeutic Goods Act (the Act), where certain Australian Defence Force medical officers have been delegated power under the Act to approve the importation of, exportation from, and use in Australia of anthrax vaccines as unapproved medicines. The use of these delegations has allowed nominated Australian Defence Force medical officers to approve vaccine use by other Australian Defence Force medical officers. Such approvals must be given under the Therapeutic Goods Act and in accordance with any requirements of that Act. In issuing Australian delegations under the Act, the Secretary for the Department of Health and Ageing was reassured that the use of vaccine would accord with best practice in the UK and the USA. It should be noted that the US Food and Drug Administration has approved the Bioport vaccine for defence use, and that the UK Secretary of State for Health holds the delegation for the CAMR vaccine.

Indications for civilian anthrax vaccine use

Pre-exposure vaccination is not recommended for civilian use except for persons who may be at risk of repeated exposure to anthrax spores. This could include laboratory workers in special laboratories, or those who would be involved in the clean-up of any areas known to be contaminated with anthrax spores. Workers in routine microbiological laboratories are not regarded as being at special risk and vaccination is not indicated for such individuals. Vaccination is not recommended for members of the general public.

Post-exposure vaccination may be indicated, as an adjunct to antibiotic prophylaxis, in persons known to have been exposed to anthrax spores, to protect against inhalation anthrax. However, this procedure is still experimental and subject to further investigation by US authorities. It may not prove to add additional benefit over and above the 60 days of antibiotic treatment which is currently recommended.

Policy considerations

The facts that the vaccine is not registered for use in Australia, and the lengthy administration schedule, means that the administration of this vaccine to the Australian public would be a very expensive and logistically difficult undertaking.

Considering that the risk of exposure to anthrax for the Australian population is considered to be low, and the risk of adverse effects from the vaccine (although generally mild), it is not considered desirable to offer the vaccine to the Australian public.

A more practical and cost effective solution to the risk of public exposure to anthrax is the prompt administration of appropriate antibiotics to those exposed. Antibiotics are effective in the prevention of infection when administered early. The Government has acquired a stockpile of antibiotics for this purpose.

Further information

http://www.nap.edu/html/anthrax/index.html
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4915a1.htm
http://www.bt.cdc.gov/agent/anthrax/basics/factsheets.asp
Anthrax as a Biological Weapon: Medical and Public Health Management
JAMA 1999;281(18):1735-1745.
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5145a4.htm

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-076

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ANTHRAX IMMUNISATION

Written Question on Notice

Senator Allison asked:

Are the risks of adverse reaction a consideration in anthrax vaccinations not being licensed by TGA in Australia?

Answer:

The Therapeutic Goods Administration has not received an application to register the anthrax vaccine in Australia and is unable to approve a product in the absence of such an application. As no data concerning the quality, safety or effectiveness of this product have been submitted for review in Australia, the TGA is unable to make any comment as to whether adverse reactions would be a barrier to registration in Australia.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-124

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: DELEGATIONS IN RELATION TO ANTHRAX AND THE MEDICAL OFFICERS IN THE AUSTRALIAN DEFENCE FORCES

Hansard Page: CA 221-222

Senator Evans asked:

To be clear then, I am not asking what other products the vaccinations were approved for; I am just trying to understand the nature of the July and October delegations as they relate to Defence and anthrax. Can you give me an understanding of what happened? Is it fair to say one was for authority for the US and one for the UK one? Which one did they get first?

Answer:

The US authority was first and the UK second.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-136

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ADDITIONAL APPROPRIATION – THERAPEUTIC GOODS ADMINISTRATION

Written Question on Notice

Senator McLucas asked:

The TGA received an additional appropriation of $525,000 for policy advice. Why? Can you please provide a full breakdown of how this additional $525,000 will be applied.

Answer:

The additional appropriation of $525,000 is broken down as follows:

	Additional Estimates
TGA (Budget appropriation)	$47,000 (1)
NICNAS	$478,000 (2)
Total	**$525,000**

(1) $47,000 - This is a reimbursement to the Therapeutic Goods Administration from the Department of Finance and Administration of initial deductions made to appropriations in 1999 for the implementation of Agency Banking.

(2) $478,000 - This allocation covers the cost of non-cost recovery activities undertaken by the National Industrial Chemicals Notification and Assessment Scheme (NICNAS).

NICNAS provides a national notification and assessment scheme to protect the health and safety of workers, the public and the environment from the harmful effects of industrial chemicals. An Administration Arrangements Order (AAO) was issued on 26 November 2001, transferring responsibility for the Scheme from the Department of Employment and Workplace Relations to the Department of Health and Ageing. Legislation was required to give effect to the AAO, and on 27 June 2002, Parliament passed amendments to the NICNAS legislation. Administrative responsibility for NICNAS is included in the Therapeutic Goods Administration sub-program of 'Program 1 – Population Health'.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-137

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: DRUG STOCKPILE

Senator McLucas asked:

Page 31 Additional Estimates notes that there is a transfer of $10,731,000 from Bill 1 to Bill 2 for the purpose of a purchase of a drug stockpile by equity injection.

(a) Please provide a breakdown of the components of this drug stockpile – which products (vaccines and drugs) and in what quantities?
(b) Is the stockpile now complete?
(c) Is use-by-date replacement provided for in the forward estimates for 2003-2004 through 2005-2006?

Answers:

(a) The National Medicines Stockpile will contain a range of antibiotics that are suitable for the treatment of anthrax and plague bacteria, vaccine for the prevention of smallpox and antiviral drugs for the treatment of influenza. In addition, several types of antidotes to chemical nerve agents have been purchased. The types and quantities of medicines in the stockpile is confidential.

(b) No. As announced by the Government, additional smallpox vaccine will be procured later this year when it becomes available from the manufacturer. Also, some antiviral agents and antibiotics have yet to be delivered.

(c) The initial funding provides for the maintenance of the stockpile for three years following 2002-03. Within this allocation, the Department of Health and Ageing has arranged for use-by-date replacement where possible. At the end of the four year funding period, the program will be reviewed under standard government processes.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-138

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: DRUG STOCKPILE

Senator McLucas asked:

The recent brochure to Australian Households says that the Government is developing a stockpile of 'anti-viral drugs' to counter bioterrorism threats.

(a) What viral diseases will these drugs be used to treat?
(b) What specific anti-viral drugs are being stockpiled?

Answer:

(a) The drugs will be used to treat pandemic influenza.

(b) The composition of the stockpile is confidential.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-139

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: PREVENTATIVE HEALTH - RETURNS ON INVESTMENT IN PUBLIC HEALTH

Written Question on Notice

Senator McLucas, asked:

When will the study “Returns on Investment in Public Health: an Epidemiological and Economic Analysis” be published.

Answer:

The report will be published in April 2003.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-140

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: PREVENTIVE HEALTH AND TOBACCO COSTS

Senator McLucas asked:

(a) What additional funds will be available for the National Tobacco Campaign in 2003-2004?
(b) What are the current smoking rates for
    (i) the general population;
    (ii) women;
    (iii) young people; and
    (iv) indigenous people?
(c) What is the Government's target for smoking rates for 2003-2004 for the same groups as above?
(d) Is there a priority target group?

Answer:

(a) Specific allocations are not pre-determined for the outyears, but allocated each year on the basis of Government priorities.

(b) The current smoking rates for:

    (i) the general population is 19.5%. This represents daily smokers aged 14 years and over (2001 National Drug Strategy Household Survey);
    (ii) women is 18%. This represents daily smokers aged 14 years and over (2001 National Drug Strategy Household Survey);
    (iii) young people aged 12-15 is 14% and 16-17 is 30%. This represents young people who had smoked in the week prior to the survey (1999 Australian Secondary Schools Alcohol and Other Drugs Survey); and
    (iv) indigenous people is 49.9%. This represents daily smokers aged 14 years and over (2001 National Drug Strategy Household Survey).

(c) The Government does not have a policy of setting target prevalence rates for tobacco use.

(d) The National Tobacco Strategy (NTS) 1999 to 2003-2004 identifies six at-risk population groups:

- Aboriginal and Torres Strait Islander people;
- children and young people under 18 years of age;
- pregnant women and their partners;
- people with a mental illness;
- people from culturally and linguistically diverse backgrounds; and
- low income earners.

The NTS recognises that there is some overlap between these population groups.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-141

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: CHILDHOOD OBESITY

Written Question on Notice

Senator McLucas asked:

(a) What is the timeline for the completion of the study 'Best Investments to Address Childhood Obesity: A scoping exercise'?
(b) Who is doing the work?
(c) What is the budget for this proposal?

Answer:

(a) The draft report was received by the Department of Health and Ageing in November 2002 and is currently being considered by the Department.

(b) Boyd Swinburn, Professor of Public Health Nutrition at Deakin University Victoria, was commissioned in June 2002 to undertake the project. The contract specified that:

- Dr Tim Gill, from the NSW Centre for Public Health Nutrition and also Asia-Pacific Coordinator of the International Obesity TaskForce and Executive Officer of the Australasian Society for the Study of Obesity be sub-contracted for the task; and

- Professor Rob Carter of the Centre for Health Program Evaluation, Melbourne University, be sub-contracted to contribute to the economic and cost effectiveness analysis component of the project.

(c) The budget for the contracted project is $57,000.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-143

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: IMMUNISATION COSTS

Written Question on Notice

Senator McLucas asked:

(a) Has the Minister reviewed the September 5 recommendations of the Australian Technical Advisory Group on Immunisation (ATAGI) on the vaccines to be included in the Australian Standard Vaccination Schedule?
(b) What did ATAGI say about the cost effectiveness of pneumococcal vaccines?
(c) Please provide the ATAGI analysis for pneumococcal, varicella, influenza and meningococcal vaccinations.
(d) If pneumococcal vaccine is not added to the National Immunisation Schedule, will this mean that parents will have to pay the full costs of this vaccine?
(e) What would be the estimated cost of a full vaccination schedule with conjugate pneumococcal vaccine?

Answer:

(a) The recommendations are being considered by Government.

(b) See answer to (a) above.

(c) Please see reply to question E03-125.

(d) Children eligible to be immunised under the High-Risk National Pneumococcal Vaccination Program receive this vaccine free.

(e) See answer to (a) above.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-144

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: SEXUALLY TRANSMITTED DISEASES

Written Question on Notice

Senator McLucas asked:

(a) What initiatives does the Department have to address this growing problem?
(b) What is the funding provided for these initiatives?
(c) Does the Government see the need for a national health strategy in this area?
(d) What specific initiatives for STDs are in place or planned for areas with high indigenous populations?
(e) What is the funding provided for these initiatives?

Answer:

(a) The Department provides funding to a range of organisations to enable them to develop, implement and evaluate safe sex and HIV/AIDS prevention and education activities and resources. Prevention and education activities are targeted at homosexually active men and other men who have sex with men, but also include sex workers, health care professionals, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, young people and the general public. Initiatives include the development and distribution of printed resources, training packages, videos, websites, campaigns, including World AIDS Day, workshops and satellite broadcasts. The Family Planning Program also provides funding to improve access and choice of family planning advice to the Australian community through the delivery of professional and community sexual and reproductive health services, including information, education, training, and the treatment and care of sexually transmitted infections.

(b) In 2002/2003 financial year, the Commonwealth will provide funds totalling $1,662,000 directly to organisations undertaking national HIV/AIDS health promotion and education projects. In 2002-2003, the Commonwealth will also provide funding to States and Territories totaling $124.2 million under the Public Health Outcomes Funding Agreements, some of which will be used to undertake health promotion and education programs addressing sexually transmitted infections and HIV/AIDS. In 2002 - 2003 the Department provided a total of $15.9 million to family planning organisations.

(c) The Commonwealth Department of Health and Ageing has commissioned the National Public Health Partnership to undertake a scoping activity which involves the review of current activity in sexually transmitted infection (STI) control in Australia. This has not yet been completed.

(d) The Commonwealth makes funding available to the State and Territory Health Departments, Aboriginal community controlled health organisations and non-government organisations to implement the National Indigenous Australians' Sexual Health Strategy 1996-97 to 2003-04 (NIASHS). Projects are wide ranging and include the following:

- Local and regional based projects engage more than 100 male and female Indigenous sexual health workers. They deliver a range of services including clinical treatment, counselling, contact tracing and sexually transmissible infections (STI)/ HIV education. These sexual health workers work in partnership with other providers in the local/regional health system.
- Nucleic Acid Amplification (NAA/ PCR) urine screening program is a joint project with Queensland, New South Wales, Northern Territory and Victorian Health Departments to provide laboratory costs for state / territory health services to provide non-invasive STI screening for Aboriginal and Torres Strait Islanders. The Commonwealth also supports this program via Medicare for Aboriginal Medical Services.
- The *"National Donovanosis Elimination Project (2001 -2004)"* aims to eliminate donovanosis from Australia. Donovanosis is an ulcerative bacterial STI that is easily treated, once detected, with *Azithromycin* funded under the S100 provisions of the PBS. The Commonwealth is collaborating with health departments in Queensland, Northern Territory and Western Australia, where donovanosis is endemic to remote areas within these jurisdictions.
- Tri- State STI project in Central Australia is a collaborative project between the Commonwealth, Western Australia, South Australia and Northern Territory to coordinate STI services, education, treatment and care.

Implementation of the Strategy also includes building community and practitioner capacity by investing in enhancing the evidence base through the production and distribution of manuals.

In addition, the Indigenous Australians' Sexual Health Committee, in partnership with other peak groups involved in STI/HIV control, have developed the evidence base for best practice by investing in research, national projects and workshops.

(e) Total NIASHS funding available for 2002/2003 is $11.825 million.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-145

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: HEPATITIS C

Written Question on Notice

Senator McLucas asked:

(a) How many new infections of hepatitis C have been recorded each year since 1996?
(b) How does this rate of infection compare with other OECD countries?
(c) What are main sources of infection?
(d) What programs does the Department fund to address each of these possible infection routes?
(e) How are these programs delivered?
(f) Please provide the funding levels for these programs.
(g) How does the Department measure the effectiveness of these programs?

Answer:

(a) The vast majority of notified hepatitis C cases have been of unknown duration; only a minority are known to be newly acquired. In the years since 1996, there were the following numbers of notifications of hepatitis C infection:

- in 1996, 19,366. Of these, 79 were newly acquired;
- in 1997, 17,261. Of these, 154 were newly acquired;
- in 1998, 18,182. Of these, 349 were newly acquired;
- in 1999, 18,840. Of these, 396 were newly acquired;
- in 2000, 19,945. Of these, 441 were newly acquired;
- in 2001, 16,734. Of these, 587 were newly acquired.

The number of notifications of hepatitis C infection in the year 2002 will not be available until the 2003 *HIV/AIDS, viral hepatitis and sexually transmissable infections in Australia:Annual Surveillance Report* is published during 2003. This is due to the need to adjust data for reporting delays and to collate data gathered from many sources. (Source: *HIV/AIDS, viral hepatitis and sexually transmissable infections in Australia: Annual Surveillance Reports 1997-2003).*

(b) It is difficult to compare Australia's rate of infection with other OECD countries, as surveillance mechanisms for hepatitis C are not universal or necessarily comparable across the world.

(c) Hepatitis C is transmitted through blood-to-blood contact. To date, the majority of hepatitis C infections in Australia have been caused by the sharing of injecting

equipment among people who inject drugs (80 per cent). 5 to 10 per cent of people may have contracted hepatitis C through transfusion of blood products prior to 1990, when an antibody test for the detection of hepatitis C became available and the screening of blood products for the hepatitis C virus commenced. Other people may have become infected with hepatitis C through non-sterile medical or dental procedures; non-sterile tattooing or body-piercing procedures; needlestick injuries and accidental exposure to infected blood; or some other form of blood-to-blood contact.

(d) The Department funds two programs to address hepatitis C transmission. The first is the 1999-2000 Hepatitis C Education and Prevention Budget Initiative. The majority of funding under this Initiative was allocated to States and Territories to develop and implement hepatitis C education and prevention programs. The remainder was allocated to national hepatitis C education and prevention activities.

Under the national education and prevention component of this Initiative, the transmission of hepatitis C through the sharing of injecting equipment is addressed by conducting education and prevention activities through community based organisations with expertise in reaching specific high risk groups. The transmission of hepatitis C through non-sterile tattooing or body-piercing procedures is addressed by the development of educational materials on the need to ensure that these procedures are conducted in a sterile manner. The transmission of hepatitis C through non-sterile medical or dental procedures and accidental exposure to infected blood in a healthcare setting is addressed by conducting education activities through professional medical organisations.

The second program funded by the Department is the 1999-2000 COAG Illicit Drug Diversion Package – Supporting Measures Relating to Needle and Syringe Programs. The majority of the funding under these Supporting Measures was allocated to States and Territories for two specific initiatives, namely Increased Education, Counselling and Referral Services provided through Community Based Programs; and Diversification of Needle and Syringe Programs.

The remainder was allocated to the Commonwealth for national initiatives and projects. These included resources and training packages for healthcare workers, and pharmacists and pharmacy workers, in order to increase awareness and knowledge regarding hepatitis C and its transmission.

(e) The component of the 1999-2000 Hepatitis C Education and Prevention Budget Initiative that is funding to States and Territories is delivered through State and Territory Health Departments. The component relating to national hepatitis C education and prevention initiatives is delivered through a range of organisations external to the Department, including medical professional organisations, national research centres and community organisations with specific expertise.

The component of the COAG Illicit Drug Diversion Package – Supporting Measures Relating to Needle and Syringe Programs that is funding to States and Territories is delivered through State and Territory Health Departments. The component relating to national initiatives and projects is delivered through a range of organisations external to the Department, including educational institutions, medical professional organisations, and healthcare worker associations.

(f) The 1999-2000 Hepatitis C Education and Prevention Budget Initiative totalled $12.4 million over four years. Approximately $6.6 million of this initiative was funding to States and Territories to develop and implement hepatitis C education and prevention

programs. The remainder was allocated to national hepatitis C education and prevention initiatives.

The 1999-2000 the COAG Illicit Drug Diversion Package – Supporting Measures Relating to Needle and Syringe Programs allocated an additional $30.5 million over four years. $27.3 million was funding to States and Territories for two specific initiatives, namely Increased Education, Counselling and Referral Services provided through Community Based Programs; and Diversification of Needle and Syringe Programs. The remaining $3.2 million has been administered by the Commonwealth for national initiatives and projects.

(g) In the case of the 1999-2000 Hepatitis C Education and Prevention Budget Initiative, the effectiveness of activities under the State and Territory component is measured through annual performance reporting against agreed performance indicators and through an overall evaluation by an external consultant.

The effectiveness of activities under the component relating to national initiatives and projects is assessed through a range of measures. These measures include annual performance reporting against agreed outcomes and timeframes.

In the case of the 1999-2000 the COAG Illicit Drug Diversion Package – Supporting Measures Relating to Needle and Syringe Programs, the effectiveness of activities under the State and Territory component is measured through annual performance reporting against agreed performance indicators and through an overall evaluation by an external consultant.

The effectiveness of activities under the component relating to national initiatives and projects is measured through annual performance reporting against agreed outcomes and timeframes, and evaluations by external consultants.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-146

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: HIV/AIDS

Written Question on Notice

Senator McLucas asked:

(a) How many new infections of HIV have been recorded each year since 1996?
(b) How does this rate of infection compare with other OECD countries?
(c) What are main sources of infection?
(d) What programs does the Department fund to address each of these possible infection routes?
(e) How are these programs delivered?
(f) Please provide the funding levels for these programs?
(g) How does the Department measure the effectiveness of these programs?

Answer:

(a) The number of diagnoses of newly acquired HIV infection recorded each year since 1996 to end 2001 are as follows:

Year	1997	1998	1999	2000	2001
Number	157	153	171	199	202

[Source: National Centre in HIV Epidemiology and Clinical Research 2002 - *"HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia"* – Annual Surveillance Report]

(b) In epidemiological terms, Australia's infection rate is too small to draw any meaningful conclusions from comparisons on a global scale. In addition, the circumstances of HIV infection are complex and differ from country to country. In general, Australia is seen as doing comparatively well in controlling the rate of HIV infection.

Further information on regional comparisons can be found in the *UNAIDS Epidemic Update: December 2002*, a copy of which is attached.

(c) The main source of transmission of HIV in Australia continues to be through sexual contact between men (approximately 85% of cases).

(d) The Department funds a range of education and health promotion projects principally targeting gay and other homosexually active men including:

- An Education Project organised jointly by the Australian Federation of AIDS Organisations(AFAO) and the National Association of People Living with HIV/AIDS (NAPWA);
- National Indigenous Gay and Transgender (Sistergirl) Project;
- Australasian Society for HIV Medicine Education Program;
- Scarlet Alliance National Training Project;
- National Positive Diversity Project;
- Blood Borne Virus (BBV) Education in Secondary Schools; and
- HIV Living Project.

(e) These programs are delivered though various community organisations such as the Australian Federation of AIDS Organisations (AFAO), the National Association of People living with HIV/AIDS (NAPWA), and Australasian Society for HIV Medicine (ASHM), as well as through State and Territory governments and in each State and Territory through community based organisations such as the AIDS Action Councils.

(f) In 2002/2003 financial year, the Commonwealth will provide funds totalling $1,662,000 directly to organisations undertaking national HIV/AIDS health promotion and education projects. The Commonwealth will also provide funds totalling $124.2million to the States and Territories as part of the broadbanded Public Health Outcomes Funding Agreements (PHOFA) for national public health programs, one of which is HIV/AIDS.

(g) The Department measures the effectiveness of these programs through ongoing reviews of evaluation reports provided under the funding agreements.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-147

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: EYE HEALTH

Written Question on Notice

Senator McLucas asked:

(a) Has the Department responded to the National Eye Health Strategy presented in 2002?
(b) If not, why not and when will the Department respond?
(c) Please provide a list of programs and funding levels for programs targeted at eye health.

Answer:

(a) No.

(b) The Department has been conducting a coordinated approach to vision issues that includes holding discussions with Vision 2020 and other vision groups on the complexities of eye health to ensure that the views of all groups are considered in the Department's response to the Vision 2020 National Eye Health Strategy.

The Department plans to respond to Vision 2020 by 1 April 2003.

(c)

Program	**Funding**
Medicare Benefits Schedule (MBS) A full range of ophthalmology consultation, diagnostic and procedural items are included.	MBS Funding: • Expenditure on Medicare benefits for ophthalmology items in 2001-02 was $86,661,543 on attendances, $36,353,295 on diagnostic ophthalmology and $87,009,834 on procedural ophthalmology.
The Optometry Schedule to the MBS also provides for a range of attendance items performed by participating optometrists.	• Expenditure on Medicare benefits for optometry items in 2001-02 was $171,937,000.
A range of items (Visudyne therapy) for treatment of macular degeneration (mostly affecting older Australians) was introduced into the MBS in June 2002 for patients with specific clinical indications for which evidence suggested the	• The Government has committed funding of $140 million to this treatment over a four-year period starting in June 2002.

treatment may be effective.	
Visiting Optometrists Scheme (VOS) Under S 129A of the *Health Insurance Act 1973* payments are made to reimburse the travel costs and part of the accommodation costs of optometrists, registered with the scheme and participating in Medicare, who are providing services to patients in isolated areas.	Total expenditure on the VOS in 2001-02 was $614,898.
National Aboriginal and Torres Strait Islander Eye Health Program	Expenditure under this program for the period 1998-99 to 2001-02 was $11.6m. Funds are provided to Aboriginal community controlled health services for regional coordination, and the provision of eye health equipment. Funds are also made available for training.
Vision Impairment Prevention program: sub component of the National Diabetes Strategy.	• Funding of $2.3m to the State and Territory governments and to the Australian Diabetes Society to improve knowledge and understanding and adherence to the NHMRC guidelines on Diabetic Retinopathy. The program commenced in April 1999 and is currently undergoing national evaluation. • Grant to the Centre for Eye Research Australia of $0.06m for the implementation of a Diabetic Retinopathy study as an extension of the Australian Diabetes Obesity and Lifestyle Study (Ausdiab 2000) Survey.
National Health and Medical Research Council.	$9m for 78 grants for vision research in 2003.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-148

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: FOOD SAFETY

Written Question on Notice

Senator McLucas asked:

(a) What efforts is the Australian Government undertaking in response or planning to undertake in response to advice from the World Health Organisation to develop better safeguards to ensure that food supplies are protected from terrorist threats?
(b) What resources have been allocated to these efforts?

Answer:

(a) In Australia, OzFoodNet, an enhanced system for surveillance of foodborne illness, has the capacity to detect outbreaks which result from deliberate contamination of the food supply. OzFoodNet is complementary to the National Notifiable Diseases Surveillance System, which provides regular information on illness that may be associated with food safety. The World Health Organisation made specific mention of OzFoodNet in the report on food bioterrorism. In the event of a known bioterrorist incident, the Department has well established coordination and advisory mechanisms to manage any health emergencies. These mechanisms have been developed with State/Territory and other key Commonwealth agencies including Emergency Management Australia and utilise existing national groups such as the Australian Disaster Medicine Group and the Communicable Diseases Network Australia.

    Many sectors of the food industry servicing the majority of the Australian population also have preventative measures in place to ensure that food does not become deliberately contaminated. The Food Policy Group within the Department is finalising programs to assist small to medium industry in the continued uptake of preventative measures, which will assist in protecting consumers from intentional contamination.

(b) OzFoodNet is currently funded at $2 million per annum.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-112

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: FUNDING FOR NIGHT PATROLS

Hansard Page: CA 193

Senator Crossin asked:

(a) Last year the Prime Minister announced an extra $1 million to Tangentyere council to provide funds to increase their night patrols. Have these moneys been allocated as yet?
(b) The other funding was $36,000 to the congress and $63,000 to the Central Australian Aboriginal Alcohol Programs Unit. Will the $36,000 for congress after hours support and the $63,000 to the Aboriginal Alcohol Programs Unit to employ a life skills officer come out of your funds?
(c) Are these moneys new monies or have they come out of an existing program and what is the time line on the expenditure on those funds?

Answer:

(a) The Alcohol Education and Rehabilitation Foundation has advised that contract negotiations between Tangentyere Council and the Foundation regarding allocation of the funds are nearing completion.

(b) The $36,000 to the Central Australian Aboriginal Congress and the $63,000 provided to the Central Australian Aboriginal Alcohol Programs Unit will come out of Foundation funds.

(c) These moneys will come out of funds from the Alcohol Education and Rehabilitation Foundation. The Foundation has advised that the grant to the Tangentyere Council will be made over 3 years. The other grants are over 12 months.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-123

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: FULL COST RECOVERY FOR THE OFFICE OF THE GENE TECHNOLOGY REGULATOR

Hansard Page: CA 225

Senator McLucas asked:

Can a copy of the Acumen Alliance report be made available to the committee?

Answer:

A copy of the Acumen Alliance report is attached. [Note: the report has not been included in the electronic/printed volume]

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2002-2003, 13 February 2003

Question: E03 – 044

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ACTIVITIES OF MUTUAL INTEREST AND THE GENE AND RELATED THERAPIES RESEARCH ADVISORY PANEL

Written Question on Notice

Senator Brian Harradine asked:

I understand that in a meeting last year, the Gene Technology Ethics Committee (Office of the Gene Technology Regulator) received a report from the cross-member with the NHMRC Australian Health Ethics in relation to activities of mutual interest and the Gene and Related Therapies Research Advisory Panel. Please provide a copy of that report and a copy of the May 2002 meeting minutes and agenda papers.

Answer:

The Gene Technology Ethics Committee (GTEC) held its second meeting in Canberra on the 15th and 16th of May 2002. GTEC was established by the *Gene Technology Act 2000* as a statutory advisory committee to the Gene Technology Regulator (the Regulator) and the Gene Technology Ministerial Council.

At its May 2002 meeting GTEC received a verbal report from the cross-member with the National Health and Medical Research Council's Australian Health Ethics Committee.

A copy of Agenda Item 8 *Communication with the Australian Health Ethics Committee* is attached (Attachment 1), with deletions in respect of matters that would impinge on personal privacy. Also attached is a copy of the meeting Minutes for Agenda Item 8 (Attachment 2), with deletions in respect of matters that would impinge on personal privacy.

The GTEC does not have a direct cross-member with the Gene and Related Therapies Research Advisory Panel.

GENE TECHNOLOGY ETHICS COMMITTEE

Meeting No. 2/2002
15-16 May 2002
Canberra

Agenda Item 8

Communication with the Australian Health Ethics Committee (AHEC)

PURPOSE OF THE PAPER:

- To provide members with a discussion paper on the role of the GTEC/AHEC cross-member.

A verbal report will be provided by the GTEC/AHEC cross-member at the 15-16 May 2002 GTEC meeting.

KEY ISSUES:

- Ensuring an adequate and efficient flow of information is achieved between GTEC and AHEC on relevant matters.

DRAFT RESOLUTION:

That GTEC:
(i) Note the discussion paper on the role of the GTEC/AHEC cross-member at Attachment A;
(ii) Note that an agenda item has been included in the GTEC meeting papers for May 2002 for the cross-member to report on relevant AHEC matters; and
(iii) Thank [redacted] for [redacted] cross-member report and note the content.

BACKGROUND:

At its first meeting on 12-13 December 2001, GTEC considered a background/scoping paper (Agenda Item 8.1), prepared by the Office of the Gene Technology Regulator (OGTR). The paper provided members with an overview of the regulatory environment for gene technology in Australia in order to enable consideration of options for managing GTEC's relations with other relevant national committees.

In relation to Agenda Item 8.1 GTEC resolved as follows:

(i) The OGTR will develop a paper on the role of the cross-member with AHEC (with a view to developing clear communication links between the two committees) and will provide this advice at GTEC's next meeting; and
(ii) A standing item will be included on every GTEC agenda for consideration of relevant AHEC matters.

The OGTR Secretariat has prepared the attached paper in consultation with [redacted] and the AHEC Secretariat.

DOCUMENTS ATTACHED:

Attachment A: Paper on the Role of the GTEC/AHEC Cross-Member.

Prepared by [redacted]
Cleared by

ROLE OF GTEC/AHEC CROSS-MEMBER

Background

During development of the *Gene Technology Act 2000* consideration was given to utilising AHEC as a source of advice on ethics issues within the new regulatory system. However, this would have required changes to the current legislative basis of the National Health and Medical Research Council (NHMRC); the *National Health and Medical Research Council Act 1992*.

Under the *National Health and Medical Research Council Act 1992*, the NHMRC, through AHEC, must issue guidelines for the conduct of medical research involving humans. AHEC advises the NHMRC on ethical issues relating to human health and has the ability to promote community debate, and undertake consultation on health and ethical issues. Included in AHEC's terms of reference is a role in monitoring and advising on the workings of human research ethics committees and monitoring international developments in relation to health ethics issues and liaison with relevant international organisations and individuals. There is the capacity to establish working parties and expert panels to assist in carrying out these functions.

In the end it was decided to establish a separate ethics advisory committee for the new regulatory system. In recognition of AHEC's existing role, GTEC has a statutory requirement to include a current member of AHEC with medical research experience in its membership.

Role of the Cross-Member

The AHEC member appointed to GTEC has full membership of both GTEC and AHEC. Therefore, in theory, this cross-member is able to participate fully in the activities of both committees. However, all GTEC committee members and expert advisers hold office on a part-time basis and their contributions in practice are on a voluntary basis, as their full-time paid employment and other committee workloads allow.

Communication

Given that there is the potential for issues in common to emerge between GTEC and AHEC, it is appropriate to include a standing item on the GTEC agenda for the cross-member to report on relevant matters that have arisen at an AHEC meeting.

The AHEC Secretariat has agreed to support the cross-member in identifying and reporting on these relevant AHEC matters to GTEC.

Similarly, AHEC have agreed that there should be a standing item on the AHEC agenda for the cross-member to report on matters of interest to AHEC arising from meetings of GTEC, either verbally or by tabling a copy of the final meeting communique from GTEC.

Current Situation

Current cross-member

The current cross-member is [redacted]. [redacted] was appointed to AHEC as a person with experience in public health research, but has some past experience in medical research.

Current issues of interest to both Committees

[redacted] is currently developing a paper on one of GTEC's working groups, *Trans-species hybrid and transgenic animals: State of the art.* Some aspects of this work relate to both committees.

GTEC will be kept informed of progress on the NHMRC's current xenotransplantation work. AHEC and the Research Committee (through the Gene and Related Therapies Research Advisory Panel) have a working party considering xenotransplantation guidelines.

GTEC Minutes
15-16 May 2002
Extract – Agenda Item 8

8. NHMRC Committee Matters

- **Australian Health Ethics Committee**

[redacted] highlighted that, as the GTEC/AHEC cross-member, [redacted] is a full member of both committees and that AHEC had also agreed to a standing item on their agenda for consideration of relevant GTEC matters.

Xenotransplantation

[redacted] reported that draft guidelines on xenotransplantation research, taking into consideration relevant legislation such as Health Acts, the *Therapeutic Goods Act 1989* and the GT Act, would be completed later in 2002 and are currently still in draft form.

Approximately 800 copies of the draft guidelines will be sent to a targeted mailing list with an invitation to submit comments within 60 days. Public meetings will be held in Perth, Sydney and Melbourne during the latter part of the consultation period. The views expressed in submissions will be considered in the preparation of the final guidelines. It is intended that the final guidelines will be forwarded to the NHMRC for endorsement late 2002/early 2003.

Assisted Reproductive Technology (ART) Guidelines

Governments in all jurisdictions have agreed to put in place a strict regulatory regime under nationally consistent legislation to be administered by the NHMRC as the national regulatory and licensing body.

AHEC are currently working on a five year review of the guidelines for ART as required under the *National Health and Medical Research Council Act 1992*. A revised draft will be circulated for public comment. The guidelines will cover the offence of making a hybrid animal and human embryo.

GTEC has already determined that matters relating to the transfer of cells between animals and humans are of interest and this has been communicated in a letter to the AHEC Chair drawing attention to section 192 of the GT Act.

Draft Legislation – Human Cloning and Embryo Research

[redacted] also noted the NHMRC's current consultation process in relation to the above draft legislation. (Refer to Agenda Item 4, 'Chair's Report' for more detail).

- **Gene and Related Therapies Research Advisory Panel (GTRAP)**

[redacted] advised the Committee that [redacted] had recently attended a meeting of GTRAP at which four main points of interest to GTEC arose during discussion:

- GTRAP was concerned that GTEC may develop ethical guidelines in a vacuum that would then be imposed on GTRAP;
- Reassurance was given in relation to the cross-member relationships for GTEC and AHEC and arrangement for contact with GTRAP via GTTAC;
- GTRAP was concerned that GTEC should be fully informed of any relevant international agreements before considering a prohibition on animal research, particularly in relation to xenotransplantation; and
- Concern that the OGTR recognise that whilst the NHMRC and its committees do not have a legislative role, nevertheless, the NHMRC's potential to withdraw funding is a significant sanction to encourage compliance with the Council's recommendations.

GTEC noted the significance of point four and that [redacted] had addressed all of the matters raised during the meeting with GTRAP. The Committee appreciated the clarification and information and asked [redacted] to continue to provide feedback from any future meetings [redacted] may have with GTRAP.

RESOLUTION:

(i) GTEC noted the content of the discussion paper on the role of the GTEC/AHEC cross-member; and
(ii) The Committee thanked [redacted] for [redacted] verbal report on relevant AHEC activities.

AGREED ACTIONS

(i) GTEC will provide comment on the NHMRC draft xenotransplantation guidelines, possibly, in the first instance via the working group examining genetic modification of animals;
(ii) When the revised draft ART guidelines are received from AHEC, [redacted] will draft an initial response in relation to the proposed legislative implications and will co-ordinate GTEC's overall response to AHEC; and
(iii) [redacted], following discussion with the Secretariat, will report back to the next GTEC meeting in relation to allocating resources to effectively support GTEC's cross-members. This will include consideration of enhancing the role of the cross-member, as described in Attachment A to this agenda item, to include references to informing the committees; facilitating work between the committees; and progressing work by avoiding duplication.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-125

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: ATAGI MEETING OF JULY 2002

Hansard Page: CA 217

Senator McLucas asked:

Could you provide the Committee with the cost-benefit analysis for all the recommendations from the ATAGI meeting of July 2002?

Answer:

The Australian Technical Advisory Group on Immunisation (ATAGI) not only considers cost-effectiveness of interventions but also examines the evidence-base; the total cost of the intervention; a commitment to using the safest vaccines available; the short and long term benefits for the Australian population; and, the certainty of the intended public health outcome to ensure the integrity of its recommendations.

In developing recommendations, the ATAGI establishes Working Parties to provide advice on the factors mentioned above. Working Party reports are generally not released for public consultation and are therefore not on the public record. ATAGI recommendations are being considered by the Government.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-126

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: NATIONAL CHILDHOOD PNEUMOCOCCAL VACCINATION PROGRAM

Hansard Page: CA 218

Senator McLucas asked:

Could I get some detail on the childhood pneumococcal program?

Answer:

Commencing in 2001, the Commonwealth funded the National Childhood Pneumococcal Vaccination Program. The Government has allocated $15.2 million for the program over the last two years.

This targeted program aims to reduce rates and severity of pneumococcal disease in high risk childhood populations in Australia and provides access to free pneumococcal conjugate vaccine for children considered at highest risk from invasive pneumococcal disease. These groups include:

- All Aboriginal and Torres Strait Islander children aged up to 2 years;
- Aboriginal children aged up to 5 years in Central Australia and any region likely to have a similar high incidence of pneumococcal infection;
- Non-Aboriginal children living in Central Australia aged up to 2 years; and
- Children under 5 years of age with medical risk factors that predispose them to high rates or high severity of pneumococcal infection.

The recommendations for pneumococcal vaccination of infants and children in Australia are based directly on the burden of pneumococcal disease. Disease rates are highest in Indigenous children, particularly those in Central Australia. Rates of pneumococcal disease in these groups are 15 times higher than non-Indigenous children in urban areas. Non-Indigenous children in Central Australia are also at increased risk, so vaccination is recommended for them. Non-Indigenous children in other parts of Australia have not been shown to have increased rates of pneumococcal disease.

While Australian data are not available, children with impaired immune responses and anatomical abnormalities have been shown overseas to be at increased risk of pneumococcal infection, and have access to free vaccine.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2002-2003, 21& 22 November 2002

Question: Amended E02-067

OUTCOME 1: POPULATION HEALTH AND SAFETY

Topic: AUSTRALIAN NATIONAL COUNCIL ON DRUGS - FUNDING

Written Question on Notice

Senator McLucas asked:

(a) Can you provide the travel allowance and sitting fees for all the executive members and the Chair of the ANCD Board?
(b) Can you provide the total sitting fees and travel allowances for the Chair of ANCD for each year since the Council's inception in 1998, year by year, including the purpose of travel?
(c) Can you detail the cost and purpose of any overseas travel for the Chair since 1998?

Answer:

(a) The Australian National Council on Drugs (ANCD) has provided the following information in respect to travel allowance and sitting fees for all of the executive members and the Chair of the ANCD Board.

The current rates payable are set to those determined by the Remuneration Tribunal and are as follows:

Sitting Fees:

Office	Category 2
rperson	.00 per day
ıber	.00 per day

Travel Allowance per overnight stay:

ey	.00
ɔourne, Brisbane, Perth	.00
aide, Darwin, Hobart & Canberra	.00
r than a Capital City	.00

(b) The ANCD was established in March 1998 and the Department of Health and Ageing provided secretariat support for the Council until 5 May 1999 when the function was outsourced to the Alcohol and other Drugs Council of Australia (ADCA). Departmental records indicate that the following amounts were expended on sitting fees and travel allowances for the Chair of the ANCD for that period.

Purpose	Sitting Fees	Travel Costs
1998 Council Meetings	$1,500	$1054.40
1998 National & International Conferences	$3,900	$5287.00
1998 Other National Travel/Meetings	$2,700	$841.40
1999 Council Meetings	$600	$470.74

The ADCA has provided the following information in respect to the Chairman's sitting fees, travel allowances and overseas travel costs for the financial years 1999-2000 to 2001-02. Prior to 2002-03, the ANCD did not code sitting fees for individual members of the ANCD, nor did they code overseas travel separate from domestic travel. As such the information provided has been drawn primarily from an assessment of written records and represents, to the best of ADCA's knowledge, an accurate record of expenditure relating to the Chairman against each of the three categories requested.

	1999/2000	2000/2001	2001/2002
Sitting Fees	$26,975	$46,067	$45,560
Travel Costs (flights, allowances and other fares and associated costs)	$33,055	$25,317	$25,031
Overseas travel	$4,611	$13,686	
TOTAL	**$64,641**	**$85,070**	**$70,591**

The purpose of the domestic travel undertaken by the Chair has been for a variety of reasons including attendance at the ANCD, Commonwealth and jurisdictional meetings, participation at program launches, presentation of papers, attendance at conferences and agency visits.

The purpose of overseas travel by the Chair has been to present papers at international conferences, attend meetings with senior officials from international agencies and visit relevant agencies and services to collect information on behalf of the ANCD.

(c) The costs and purpose of overseas travel undertaken by the Chair are detailed in the response provided above in (b).

Medicines Australia Code of Conduct Edition 14 may be accessed at:
www.medicinesaustralia.com.au

Note: the following information is indicative only and is subject to continual change

Department of Health and Ageing funding to ADGP – 2002-03		
Source of Funding	**Contact Area**	
DIVISIONS OF GENERAL PRACTICE PROGRAM - CORE FUNDING (INDEXED)		
Core funding only	Divisions Section – PCQ&B Br	$2,242,727
Divisions of General Practice Program – non-core funding		
General Practice MOU - ADGP only	Divisions Section – PCQ&B Br	$16,500
Innovations Funding Pool	Divisions Section – PCQ&B Br	$100,000
PROGRAM / PROJECT FUNDING		
ADGP website redevelopment	HSI Section - GP Branch	$89,685
ADGP National Divisions Youth Alliance		$396,000
After Hours Primary Medical Care Program	GPSPDU	$818,000
Better Outcomes in Mental Health Initiative	MH&SPB	
Familiarisation Training (ADGP only)		$515,897
Chronic Disease Management - 2001 Budget Initiatives	GPI Section - GP Access Br	$200,000
EDQUM		$350,000
Integrated Care		$197,059
National Primary Mental Health Care Initiative		
ADGP Coordinator		$220,000
DLO meetings (ADGP only)		$61,600
Postgraduate Scholarships for GPs		$74,144
Nursing in General Practice (Practice Nurses) Initiative		
ADGP Policy Advisor		$154,860
Practice Nurse website (ADGP only)		$50,557
Business Case Models (ADGP only)		$32,073
Palliative Care Initiative (Phase 1)	MH&SPB	$289,032
	TOTAL	$5,808,134

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-090

OUTCOME 2: ACCESS TO MEDICARE

Topic: CONSULTATION WITH GP GROUPS ABOUT THE REFORM OF MEDICARE

Hansard Page: CA 108

Senator McLucas asked:

It would be useful if you could let us know when you (the Department or the Minister) last met with the Medicare action group or groups.

Answer:

The Department and the Minister meet regularly with various GP organisations and consumers. While the Department may have met with individual organisations who are members of the National Medicare Alliance it is unaware of any formal meetings occurring with the National Medicare Alliance. The Department is unaware of any further Medicare action groups.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-094

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACY PAYMENTS FOR PARTICIPATION IN IME

Hansard Page: CA 132

Senator Nettle asked:

"What are we seeing as the current average payment to the participating pharmacies?"

Answer:

Pharmacies will be paid 10 cents for each PBS prescription that includes a valid Medicare number for the period 1 February 2002 to 30 April 2002 and 5 cents per prescription for the period 1 May 2002 to 28 February 2003. Pharmacies will receive payment in two tranches. The first was made in January 2003 for the period 1 February 2002 to 31 October 2002. The second payment will be made in May 2003 for the period 1 November 2002 to 28 February 2003. Payments for the first tranche averaged approximately $1,670 per pharmacy.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-115

OUTCOME 2: ACCESS TO MEDICARE

Topic: PIP COMPLIANCE AUDIT

Hansard Page: CA133

Senator Allison asked:

According to [the report in *Australian Doctor* on 24 January regarding a PIP compliance audit], the final report is not to be made public. Can you indicate why that is the case?

Answer:

The *Australian Doctor* did not correctly report the answer provided at an earlier interview by the HIC spokesperson. The HIC spokesperson advised *Australian Doctor* that on completion of the review of payments for after hours services, the Department of Health and Ageing (the Department) would be provided with a report of the review. The reporter was advised that it was not for the HIC to decide if its report would be made public. That decision would rest with the Department.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-116

OUTCOME 2: ACCESS TO MEDICARE

Topic: PIP COMPLIANCE AUDIT

Hansard Page: CA134

Senator Allison asked:

But are you writing [to those providers who were found by audit to be non-compliant]? When you said you would write or you are writing or you will write to those doctors, has that already taken place?

Answer:

When the Department of Health and Ageing has received and considered the report, the HIC will advise doctors in writing of the outcome of the review of their practices. They will also be advised of any action to be taken.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-117

OUTCOME 2: ACCESS TO MEDICARE

Topic: PIP COMPLIANCE AUDIT

Hansard Page: CA134

Senator Allison asked:

Can [the amounts of overpayments that were waived] be provided? What was the difference in general terms between those you chose to waive and those it was agreed would be repaid? What number were waived?

Answer:

The report is currently being written and, once the report has been considered by the Department of Health and Ageing, HIC will be in a position to take action with respect to recovery or waiver of incorrect payments.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-118

OUTCOME 2: ACCESS TO MEDICARE

Topic: PIP COMPLIANCE AUDIT

Hansard Page: CA135

Senator Allison asked:

Do you expect that the next audit will target a similar number? Has that already been planned?

Answer:

Review activity for 2003-04 has not yet been determined. The number of practices selected for review or audit activity is determined by the selection criteria set for the audit. These criteria are determined taking into account various risks and previous audit results.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-119

OUTCOME 2:ACCESS TO MEDICARE

Topic: PIP COMPLIANCE AUDIT

Hansard Page: CA135

Senator Allison asked:

Once the Department has had time with this [audit report], once individual names can be removed, is there any reason why it should not be made public?

Answer:

No. The results contained within this audit report may be released for information once individual names or identifying information has been removed.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-120

OUTCOME 2: ACCESS TO MEDICARE

Topic: PIP COMPLIANCE AUDIT

Hansard Page: CA136

Senator Allison asked:

If [the audit report] was released, it would have the quantum of non-compliance by doctors. Presumably that would be in the report?

Answer:

The findings of the audit will include the degree of non-compliance with the PIP Program criteria.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-121

Topic: MEDICARE STATISTICS

Hansard Page: CA136

Senator McLucas asked:

Can you provide us with the dates and times of the release of the Medicare statistics?

Answer:

The aggregated Medicare statistics for the fourth quarter of 2002, covering the months October to December, were posted on the HIC website at 12 noon on Friday, 14 February 2003.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question E03-096

Topic: PBS COMMUNITY AWARENESS CAMPAIGN

Hansard Page: CA 142

Senator McLucas asked:

When was the decision taken to rephase the $6.75 million expenditure from 2004-05 and 2005-06 to 2002-03 and 2003-04?

Answer:

12 November 2002.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-073

OUTCOME 2: ACCESS TO MEDICARE

Topic: SATISFACTION WITH MEDICARE

Written Question on Notice

Senator Allison asked:

What has been the percentage satisfaction for the categories of Medicare, doctors and pharmacists in each of the HIC surveys since 1996 to the latest survey?

Answer:

Customer satisfaction research is undertaken by HIC annually and its findings are used to track customer satisfaction measures for reporting in the HIC Annual Report as well as the corporate scorecard and business planning purposes.

The percentage satisfaction for the three customer segments, consumers, doctors and pharmacists, from the HIC customer satisfaction research since 1996 to the 2002 are as follows:

Satisfaction Levels (%)	**1995-1996**	**1996-1997**	**1997-1998**	**1998-1999**	**1999-2000**	**2000-2001**	**2001-2002**
Health Consumers	93	91	88	86	83	92	90
Health Providers	74	79	81	73	78	71	72
Pharmacists	87	86	89	93	89	90	92

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-151

OUTCOME 2: ACCESS TO MEDICARE

Topic: PBS SAVINGS MEASURES

Written Question on Notice & CA138

Senator McLucas asked:

The 2002-2003 Budget contained measures that were estimated to save the PBS budget some $800 million over the next 4 years. Could you please provide for each of those measures the current state of their implementation?

Answer:

Sustaining the Pharmaceutical Benefits Scheme

Measure Description	**Initial Start Date**	**Current State of Implementation**
1. Realigning Patient Co-payments and Safety Nets	1 August 2002	▪ Legislation rejected in Senate.
2. Reinforcing the Commitment to Evidence Based Medicine This measure includes the following strategies: • Enhancement of PBS restrictions; Ensuring Authority required drugs are prescribed in accordance with PBS listing conditions; Electronic Authorities, including Public Key Infrastructure (PKI).	1 October 2002	▪ Program is progressing as scheduled.

• GP electronic decision support initiative	1 February 2003	▪ Consultations undertaken with all stakeholders. ▪ Statement of requirement distributed to software vendors. ▪ Revised start date 1 May 2003.
• Changes to PBS Listing Process including improved estimation of financial implications and increased opportunities for medical input.	1 November 2002	▪ Fully implemented.
3. Pharmaceutical Industry PBS Quality Enhancement Programme	1 November 2002	▪ Revised Code of Conduct came into effect 1 January 2003. Industry is actively participating to promote PBS restrictions to prescribers under industry Code of Conduct. ▪ Evaluation has commenced.
4. Reductions in Pharmacy Fraud	1 January 2003	▪ The Health Insurance Commission is undertaking a range of interventions to reduce the level of risk to the Pharmaceutical Benefits Scheme.
5. Restrictions on Doctor Shopping	1 January 2003	▪ Some delays due to the need for the Health Insurance Commission to ensure doctors are not placed in breach of privacy legislation or guidelines. ▪ Revised implementation date is 1 April 2003.
6. Facilitating the Use of Generic Medicines	1 November 2002	▪ Regulatory change in effect from 1 February 2003. ▪ Department currently reviewing software package. ▪ PBS price reductions of generic medicines commenced 1 February 2003.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-155

OUTCOME 2: ACCESS TO MEDICARE

Topic: MAGNETIC RESONANCE IMAGING (MRI)

Written Question on Notice

Senator McLucas asked:

Can the HIC or the Department please provide the Committee with an update on the location by city of all currently MRI scanners approved for receiving Medicare rebates and the number of rebates paid in each case?

Answer:

A list of Medicare eligible Magnetic Resonance Imaging (MRI) units, by location, is at Attachment A. The Department cannot release information on the number of rebates paid at individual sites as this may reveal sensitive information on providers' incomes, which is confidential under the National Health Act.

Magnetic Resonance Imaging (MRI) - Medicare Eligible Units at July 2002

QLD
- Holy Spirit Imaging, 259 Wickham Terrace, Brisbane
- St Andrew's X-ray & CT, St Andrew's Hospital, 457 Wickham Terrace, Brisbane
- Royal Brisbane Hospital, Herston Road, Brisbane
- Day Centre Wesley Hospital, Radiology Department, Auchenflower
- Mater Private Hospital, 301 Vulture Street, South Brisbane
- Princess Alexandra Hospital, MRI Unit, Ipswich Road, Woolloongabba
- South Coast Radiology, John Flynn Hospital, Inland Drive, Tugun
- North Coast Diagnostic Imaging, Buderim Private Hospital, Buderim
- Mater Miser Private Hospital, Spencer Street X-ray Department, Rockhampton
- Townsville General Hospital, Eyre Street, Townsville
- Cairns Diagnostic Imaging, Calvary Hospital, 144 Lake Street, Cairns
- Queensland Health, Gold Coast Hospital, 108 Nerang St, Southport
- Queensland Health, Nambour Hospital, Hospital Road, Nambour

SA
- St Andrews Hospital, 350 South Terrace, Adelaide
- Royal Adelaide Hospital, North Terrace, Adelaide
- Perrett Medical Imaging, Memorial Hospital, Sir Edwin Smith Drive, North Adelaide
- Ashford Specialist Centre, 57-59 Anzac Hwy, Ashford, Adelaide
- Flinders Medical Centre, Department of Medical Imaging, Adelaide

TAS
- Royal Hobart Hospital, 48 Liverpool Street, Hobart
- Calvary Hospital, 49 Augusta Road, Lenah Valley, Hobart
- St Lukes Private Hospital, Radiology, 24 Lyttleton Street, Launceston

NT
- Royal Darwin Hospital, Rockland Drive, Tiwi

VIC
- Mercy Private Hospital, 1/141 Grey Street, East Melbourne
- Peter MacCallum Cancer Institute, Diagnostic Imaging Department, St Andrews Place, Melbourne
- Royal Melbourne Hospital, Melbourne
- Royal Children's Hospital, Radiology Department, Flemington Road, Parkville, Melbourne
- National Diagnostic Imaging, 32 Queensberry St, Carlton, Melbourne
- Central Melbourne Medical Imaging, 55 Victoria Parade, Fitzroy, Melbourne
- St Vincent's Hospital, Healy Wing Basement, 41 Victoria Parade, Fitzroy, Melbourne
- Austin and Repatriation Medical Centre, Studley Road, Heidelberg, Melbourne
- Epworth Hospital, Richmond, Melbourne
- Cabrini Hospital, 183 Wattletree Road, Malvern, Melbourne
- Monash Medical Centre, 246 Clayton Road, Clayton, Melbourne
- Alfred Hospital, MRI Building, Prahran, Melbourne
- Geelong Hospital, MRI Unit, Ryrie Street, Geelong
- Geelong Radiological Clinic, 80 Myers Street, Geelong
- Ballarat Health Services, Drummond Street North, Ballarat
- Southern Health, Dandenong Hospital, David St, Dandenong

NSW

- St Vincents Private Hospital and Clinic, 438 Victoria Street, Darlinghurst
- North Shore Radiology, North Shore Private Hospital, St Leonards
- Sydney CT and MRI Centre, 251 New South Head Road, Edgecliff
- Prince of Wales Hospital, The High Street Building, Randwick
- RPAH Medical Centre, 100 Carillion Avenue, Newtown
- Royal Prince Alfred Hospital, Missenden Road, Camperdown
- Royal North Shore Hospital, X-Ray Department, Pacific Highway, St Leonards
- Crows Nest Sports Imaging, 286 Pacific Highway, Crows Nest
- Hornsby MRI, 53 Palmerston Road, Hornsby
- Westmead Hospital, Department of Radiology, Cnr Darcy and Hawkesbury Road, Westmead
- New Childrens Hospital, Hawkesbury Road, Westmead
- Castlereagh Radiology, 24 Mons Road, Westmead
- Rayscan Imaging, 41-43 Goulburn Street, Liverpool
- Penrith Castlereagh Radiology, 16-18 Castlereagh Street, Penrith
- St George Public Hospital, MRI Building, Cnr Belgrave Street and South Streets, Kogarah
- Gosford Radiology, 43 Williams Street, Gosford
- Hunter Valley Imaging, 48 Thomas Street, Cardiff
- John Hunter Imaging, John Hunter Hospital, Lookout Road, New Lambton, Newcastle
- Castlereagh Radiology, 201-203 Peel Street, Tamworth
- Port Macquarie Base Hospital, Wrights Road, Port Macquarie
- Coffs Harbour Radiology, 140 West High Street, Coffs Harbour
- IRG Medical Imaging, MRI Facility, 383-385 Crown Street, Wollongong
- Wagga Medical Imaging MRI, 271 Edwards Street, Wagga Wagga
- Mayne Health/MIA, Orana Services, 83 Dalton St, Orange
- Border Medical Imaging, Albury-Wodonga Private Hospital, Albury-Wodonga
- Wentworth Area Health Service, Medical Imaging Department, Nepean Public Hospital, Crn Derby and Clarke St, Penrith
- South Sydney Area Health Service, Liverpool Hospital, Elizabeth St, Liverpool

ACT

- Canberra Specialist Centre, 161 Strickland Crescent, Deakin, Canberra
- Canberra Hospital, Yamba Drive, Medical Imaging, MRI Department, Garran, Canberra

WA

- Royal Perth Hospital, North Block, Wellington Street, Perth
- Magnetic Resonance Centre, 127 Hamersley Road and Cnr Rokeby Road, Subiaco, Perth
- SJOG Hospital, 175 Cambridge Street, Subiaco, Perth
- Sir Charles Gairdner Hospital, Verdun Street, Nedlands, Perth
- SJOG Hospital, 100 Murdoch Drive, Radiology Department, Murdoch, Perth
- Perth Imaging, Mt Medical Centre, Mount Bay Road, Perth

Total number of eligible MRI units in Australia = 73

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Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E02-156

OUTCOME 2: ACCESS TO MEDICARE

Topic: MAGNETIC RESONANCE IMAGING (MRI)

Written Question on Notice

Senator McLucas asked:

Where have new MRI scanners been approved for use since the recommendations of the Implementation Committee chaired by Professor Blandford in early 2001?

Answer:

As a result of a tender process completed in September 2001, overseen by the MRI Monitoring and Evaluation Group (MEG) chaired by Professor Blandford, an additional 6 MRI units have been made eligible under Medicare, allocated to the following providers at the following sites:

- Liverpool Public Hospital, NSW;
- Nepean Public Hospital, Penrith, NSW;
- Mayne Health, Orange, NSW;
- Gold Coast Hospital, Southport, Queensland.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-157

OUTCOME 2: ACCESS TO MEDICARE

Topic: MAGNETIC RESONANCE IMAGING (MRI)

Written Question on Notice

Senator McLucas asked:

What plans has the Department made to further increase the number of MRI units in Australia and what process will be followed to allocate these new licences?

Answer:

There are no specific plans or formal government commitments to further increase the number of Medicare eligible MRI units. The relevant independent expert advisory committee, the MEG, has been monitoring and providing technical advice on Medicare access to MRI on an ongoing basis and the Department has been working through the implications of their latest round of advice. Any decisions on future priorities and processes for allocating additional MRI services will also need to be considered in the context of negotiations with the radiology profession on future Diagnostic Imaging Agreements, which are currently occurring.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-158

OUTCOME 2: ACCESS TO MEDICARE

Topic: MAGNETIC RESONANCE IMAGING (MRI)

Written Question on Notice

Senator Evans asked:

(a) Why was the MRI licence for Gippsland allocated to the Dandenong Hospital?
(b) What steps will the Government take to ensure that a Medicare eligible MRI machine is allocated urgently to fill the need at the Latrobe Regional Hospital and the Bendigo Base hospital, which remain the two major non-metropolitan hospitals in Victoria without an MRI unit?

Answer:

(a) The Area of Need for this tender was actually much wider than the Gippsland region. In addition to the Gippsland statistical division, it included the Mornington Peninsula Shire, Frankston City, Greater Dandenong City and South Eastern Outer Melbourne statistical subdivisions of Victoria. The successful tenderer achieved a higher weighted score against the selection criteria than the other tenderers for this Area of Need. The five criteria, listed in priority order, were:

    (a) Comparative advantage in terms of access within an Area of Need.
    (b) Patient affordability.
    (c) Location in or co-location/proximity with a Tertiary Referral Centre/Hospital.
    (d) Location of relevant specialist referral base relative to the proposed location of the MRI.
    (e) Hours of operation – emergency services or after hours availability.

    Having regard to population distribution and transport corridors, the Dandenong tender was considered to demonstrate advantages in terms of patient access. The Dandenong tender also compared favourably with the other tenders in terms of proximity to support services, offering location within a tertiary referral centre and access to a diverse and relevant specialist referral base.

(b) As indicated above in the answer to question EO3 – 157, the Government has not made a decision to increase the number of units or on future associated processes. Future priorities and processes for additional MRI services, including advice from the MEG, will need to be considered in the context of negotiations with the radiology profession on future Diagnostic Imaging Agreements.

The Commonwealth does not licence MRI machines: It determines which will be eligible for Medicare Benefits. There is no impediment to the Victorian State Government establishing MRI units at these public hospitals without Medicare Benefits if these are considered to be priorities for public hospital in-patient MRI services, which are a State responsibility.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-159

OUTCOME 2: ACCESS TO MEDICARE

Topic: MAGNETIC RESONANCE IMAGING (MRI)

Written Question on Notice

Senator McLucas asked:

(a) Can the HIC or the Department please table an update on the monthly statistics for the radiology spending under Medicare showing both the number of claims and the amount paid out for each modality?
(b) What projection does the HIC or the Department make for the number of MRI scans to be paid for through Medicare over the next two years?

Answer:

(a) Tables showing monthly statistics on the number of diagnostic imaging claims and benefits paid in 2002, by modality, are at Attachment A.

(b) In 2001-02, more than 226,000 MRI scans were funded under Medicare, growth of around 17% on the previous year, but in the six months to the end of December 2002, growth slowed to around 11%. The number of scans to be provided over the next two years is difficult to predict as MRI is still a relatively new technology, with some units still in the process of becoming fully established. The Department is currently in the process of discussing with the profession possible arrangements for including MRI in future Diagnostic Imaging agreements.

Month	**Ultrasound**	**Computed tomography**	**Diagnostic radiology**	**Nuclear medicine imaging**	**Magnetic resonance imaging**	**Total diagnostic imaging**
2002 January	284,061	92,812	574,333	22,726	17,668	991,600
2002 February	293,200	96,837	587,732	23,561	18,112	1,019,442
2002 March	300,705	97,381	597,830	25,947	17,950	1,039,813
2002 April	304,912	100,290	617,988	25,378	18,817	1,067,385
2002 May	350,912	115,537	716,619	29,835	22,143	1,235,046
2002 June	294,144	95,289	585,885	24,348	19,307	1,018,973
2002 July	339,487	107,828	681,632	28,591	22,163	1,179,701
2002 August	332,987	107,730	669,726	27,603	20,506	1,158,552
2002 September	322,828	106,108	645,640	27,469	21,775	1,123,820
2002 October	340,969	109,707	670,612	27,680	21,633	1,170,601
2002 November	326,362	103,727	622,014	26,712	20,402	1,099,217
2002 December	294,472	91,326	535,584	23,915	19,008	964,305

Table 2: Benefits paid ($m) by diagnostic imaging modality and month, 2002

Month	Ultrasound	Computed tomography	Diagnostic radiology	Nuclear medicine imaging	Magnetic resonance imaging	Total diagnostic imaging
2002 January	27.29	23.04	27.07	8.75	7.34	93.50
2002 February	28.63	24.11	27.45	9.27	7.53	96.99
2002 March	29.47	24.12	28.23	10.36	7.46	99.63
2002 April	29.79	24.80	29.29	9.95	7.82	101.65
2002 May	33.88	28.51	33.76	11.78	9.21	117.14
2002 June	28.44	23.67	27.34	9.89	8.06	97.40
2002 July	32.93	26.92	31.82	11.51	9.26	112.44
2002 August	32.23	26.72	30.96	11.05	8.57	109.53
2002 September	31.35	26.42	29.96	11.05	9.10	107.88
2002 October	32.92	27.53	31.37	11.06	9.04	111.92
2002 November	31.49	26.00	29.66	11.01	8.48	106.65
2002 December	28.47	22.96	25.52	9.87	7.90	94.72

Note: Diagnostic imaging services are not just provided by radiologists, but rather a range of medical practitioner groups, including nuclear medicine physicians, general practitioners, cardiologists and obstetricians and gynaecologists.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03 - 161

OUTCOME 2: ACCESS TO MEDICARE

Topic: RURAL RADIOTHERAPY UNITS

Written Question on Notice

Senator McLucas asked:

(a) What progress has been made with the allocation of the promise of $88 m to build six new radiotherapy centres in rural Australia?
(b) Have sites been selected and will these funds be distributed between States in proportion to their population and need?
(c) What measures is the Commonwealth going to take in relation to the 2001 report from the Royal College of Radiologists identifying a major backlog in radiotherapy machines around Australia and an urgent need to upgrade many of the existing machines at major cancer hospitals?

Answer:

(a) and (b)

In May 2002, the Federal Budget allocated $72.7 million to improve regional patient access to radiotherapy including funding for up to six new regional radiotherapy facilities. Implementation of the measure was to be informed by the findings of the Baume Inquiry into Radiation Oncology. The Inquiry's report was publicly released in September 2002.

The Inquiry emphasised that all governments needed to work together to increase patient access to radiotherapy. Consequently, in October 2002 a reference group was established, consisting of representatives from each State and Territory as well as the Commonwealth, to specifically assess priority areas of need for radiotherapy.

The deliberations of the group are near completion with a final list of priority areas provided to Senator Patterson for her consideration in March 2003. The Department then expects to enter formal discussions with States and Territories on how to meet the need of identified areas, including selection of the precise locations for any new facilities funded by the Budget measure.

(c) The Government is taking a number of measures to address patient access to radiotherapy and ensure that equipment is up-to-date.

The Baume Inquiry was announced in response to concerns regarding patient access to radiotherapy (including those raised by the Royal Australian and New Zealand College of Radiologists in 2001), by the previous Minister for Health and Aged Care, the Hon Dr Michael Wooldridge on 27 August 2001.

Following the release of the Inquiry's report, the Australian Health Ministers' Conference agreed in November 2002 to the Government's proposal that the report's recommendations be considered by a Radiation Oncology Jurisdictional Implementation Group (ROJIG) established for this purpose. The first meeting of the ROJIG will be in March 2003. This group will examine patient access issues as a matter of priority.

Additionally, in 2002 Senator Patterson also approved funding to increase the number of radiation therapist undergraduate trainees in the 2002 and 2003 cohorts, as well as several other measures to increase non-medical workforce numbers. A shortage of radiation therapists was identified by the Inquiry as the main factor limiting the availability of radiotherapy services.

The sum of $3.6 million in up-front Health Program Grant funding was also provided in 2002 to replace grossly outdated equipment in seven radiotherapy facilities across Australia.

Implementation of the Budget measure will also assist in improving patient access to radiotherapy.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-162

OUTCOME 2: ACCESS TO MEDICARE

Topic: RELATIVE VALUE STUDY

Written Question on Notice

Senator McLucas asked:

What is the official position about the Relative Value study – was a final report ever produced and what recommendations and modelling by the Committee is available? Can this material now be supplied to the Committee?

Answer:

The outcome of the Relative Value Study (RVS) consists of three technical reports which cover the issues of professional work relativities, practice costs and remuneration rates in relation to items listed in the Medicare Benefits Schedule (MBS). These reports can be found on the Department's website at www.health.gov.au/rvs. This work was completed in December 2000.

These reports do not provide a result in dollar terms of the appropriate level of fees for particular services listed in the MBS. To obtain these fees the results of the Studies need to be combined.

As the reports contain a series of conflicting issues between the Australian Medical Association (AMA) and the Department of Health and Ageing that affect the calculation of RVS fees, a final agreed RVS result has not been possible. The reports effectively constitute a database which contains information that the Government and the medical profession can use to inform policy discussions in relation to Medicare funding issues.

The Department has also undertaken some indicative modelling based on the content of the RVS technical reports. This provides a theoretical RVS result in the context of one set of assumptions about matters that were disagreed in the RVS between the Department and the AMA. The report of this modelling is also available through the RVS web site.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-163

OUTCOME 2: ACCESS TO MEDICARE

Topic: RELATIVE VALUE STUDY

Written Question on Notice

Senator McLucas asked:

(a) What changes were made to Medicare schedule fees for GP services as a result of the Relative Value study and were any changes made to specialist's rebates?

(b) What process is being used to adjust rebates in future? Will there be indexation of the rebate levels established in the wake of the terminated Relative Value Study?

Answer:

(a) As a direct response to the Relative Valus Study (RVS), the 2001-02 Federal Budget provided almost $300 million over 4 years in additional Medicare funding through increases in patient rebates for GP services, as part of an overall package of $750 million to be spent on general practice over that period. Implementation of the additional funding through the General Practice Memorandum of Understanding for GP services was determined in consultation with general practitioner representatives to ensure that it was consistent with the needs of GPs. The outcome was an increase in rebates, especially for longer consultations and a range of practice incentives to improve the quality of services and reward better practice. There have been no changes to specialist's rebates as a result of the RVS.

(b) Indexation of rebates for services in the Medicare Benefits Schedule (with a few exceptions) are considered annually. Since the end of the RVS annual indexation for the majority of items has been 1.6 per cent on 1 November 2001 and 2.5 per cent on 1 November 2002.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-164

OUTCOME 2: ACCESS TO MEDICARE

Topic: NEW MEDICARE ITEM NUMBERS INTRODUCED IN 2001

Written Question on Notice

Senator McLucas asked:

(a) What progress has been made with implementation of the new medicare rebates for asthma, mental health and diabetes?
(b) How many claims have now been made under each of these categories and what has been the total cost?
(c) What was the original budget allocation?
(d) What evaluation has been done or will be done of the effectiveness of these initiatives?

Answer:

(a) New Medicare items for asthma and diabetes were introduced in November 2001 and the mental health items for the 3-step Mental Health Process and Focussed Psychological Strategies were introduced in July 2002 and November 2002 respectively.

(b) The table at (Attachment A) outlines the number of claims and rebates made under each category.

(c) There is no specific budget allocation for these Medicare Benefit Schedule items.

(d) Evaluation of the effectiveness of each of these initiatives will be undertaken as follows:

Asthma – The evaluation of the new Medicare rebate items introduced for the Asthma will be undertaken as part of a broader evaluation of the GP Asthma Initiative. An evaluation plan is currently under development and will see a staged evaluation occur over the next 6-18 months.

Diabetes - The evaluation of the Medicare rebate items introduced for Diabetes will be undertaken as part of a broader evaluation of the National Integrated Diabetes Program. An evaluation plan is currently under development.

Mental Health - The evaluation of the Medicare rebate items introduced for mental health will be undertaken as part of a broader evaluation of the *Better Outcomes in Mental Health Care* initiative. The initial evaluation is expected to be completed by July 2004.

ATTACHMENT A

Question On Notice - E03000164 (Question b)
'How many claims have now been made under each of these categories
and what has been the total cost?'

		MBS Group							
		A18 – General Practitioner Attendance Associated with PIP Incentive Payments			A19 – Other Non-Referred Attendances Associated with PIP Incentive Payments			A20 – Focussed Psychological Strategies	
		MBS Sub-group			MBS Sub-group			MBS Sub-group	
		2- Diabetes	3- Asthma	4 - Mental Health	2- Diabetes	3- Asthma	4 - Mental Health	1- Focussed Psychological Strategies	TOTAL
Quarter and Year									
October – December 2001	Number of Claims	14,755	3,459	n/a	361	114	n/a	n/a	18,689
	Cost(Benefit Paid)	$516,067	$112,997	n/a	$9,570	$2,604	n/a	n/a	$641,239
January – March 2002	Number of Claims	27,576	8,519	n/a	404	223	n/a	n/a	36,722
	Cost(Benefit Paid)	$971,957	$277,961	n/a	$11,855	$5,237	n/a	n/a	$1,267,010
April – June 2002	Number of Claims	24,440	11,602	n/a	493	385	n/a	n/a	36,920
	Cost(Benefit Paid)	$853,715	$376,927	n/a	$14,145	$9,193	n/a	n/a	$1,253,980
July – September 2002	Number of Claims	19,222	10,409	285	359	312	38	n/a	30,625
	Cost(Benefit Paid)	$678,670	$338,008	$15,562	$11,340	$8,289	$1,849	n/a	$1,053,718
October – December 2002	Number of Claims	19,115	7,430	1,580	318	205	91	n/a	28,739
	Cost(Benefit Paid)	$675,598	$249,832	$84,225	$9,396	$5,558	$3,706	n/a	$1,028,316
January – March 2003	Number of Claims	14,631	3,534	1,563	227	112	66	149	20,282
	Cost(Benefit Paid)	$523,185	$121,043	$82,378	$6,348	$2,999	$2,523	$11,878	$750,353
TOTAL	Number of Claims	119,739	44,953	3,428	2,162	1,351	195	149	171,977
	Cost(Benefit Paid)	$4,219,192	$1,476,770	$182,165	$62,653	$33,881	$8,078	$11,878	$5,994,615

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-165

OUTCOME 2: ACCESS TO MEDICARE

Topic: EARLIER TRIALS OF MEDICARE ITEM NUMBER FOR COMPLEX CARE.

Written Question on Notice

Senator McLucas asked:

(a) Has an evaluation been completed of the new Medicare item numbers introduced for case management and complex care in 2000?
(b) How much has been spent on these measures and what have been the measured benefits?
(c) Can the Department indicate whether the use of these item numbers is focussed on particular geographic areas or types of medicine?

Answer:

(a) An evaluation of the Enhanced Primary Care (EPC) Medicare items (health assessments, care plans and case conferences) was undertaken in 2001 and 2002. A final report of the evaluation is expected shortly.

(b) In the period between November 1999, when the EPC items were introduced, and January 2003 approximately $127.6 million was paid in Medicare benefits for claims against these items. When completed, the evaluation will describe the measured benefits.

(c) The EPC Medicare items are not focussed on particular geographic areas or on types of medicine.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH INSURANCE COMMISSION

Additional Estimates 2002-03, 13 February 2003

Question: EO3-166

Topic: ELECTRONIC CLAIMING

Written Question on Notice

Senator McLucas asked:

(a) What has been the outcome of the trials being undertaken in Canberra and the Northern Territory to allow electronic claims to be lodged for Medicare rebates within the doctor's surgery?

(b) How many doctors participated in this program and what was the outcome in relation to changes in bulk billing behaviour and the average gap fee charged by doctors?

(c) Has the Department or the HIC checked to see what the longer term trend has been after the trials to see whether electronic claims ultimately result in the patient paying more?

Answer:

(a) There has been no specific trial undertaken in only Canberra and the Northern Territory of this nature. In 1997 a trial began to examine the viability of the electronic submission of patient claims from doctors' surgeries using IBA health point devices. This trial which includes participants in Canberra and the Northern Territory is still underway. The major outcome of this trial is that it has demonstrated that patient claiming from doctors' surgeries is viable and attractive to patients but that re-keying of data, required for every claim, is an issue that will restrict a high volume take-up of this kind of claiming. This trial therefore led to the development of an integrated claiming product, now known as HIC Online, which does not require claiming data to be re-keyed for every claim.

(b) Currently there are 152 providers using this system Australia-wide. HIC has not measured any changes or trends in bulk-billing rates or patient co-payments for these sites relative to general trends in such figures. Even if bulk-billing rates or patient co-payments in trial sites were to trend differently, this could not be attributed solely to the impact of the trial because patient participation in the trial is voluntary (i.e. not all patient claims necessarily come through the electronic claim channel). In addition, practices are free to set their own fees and any changes in patient co-payments could not be causally linked to the trial.

(c) There have been no studies undertaken, by the Department of Health and Ageing or HIC, into the impact on payments by consumers with electronic claiming from doctors' surgeries.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-167

Topic: PAY DOCTOR CHEQUES

Written Questions on Notice

Senator McLucas asked:

(a) Has the agreement on pay-doctor cheques now been fully implemented?
(b) As a result of this agreement, how many claims are being made by doctors for direct payment on services provided?
(c) What problems or complaints have been received from patients as a result of the new arrangements?

Answer:

(a) The 90 Day Pay Doctor Cheque Scheme, was fully implemented in the second week of July 2001.

(b) Since the Scheme's inception to 28 February 2003, 419,292 cheques have been cancelled and re-directed automatically into the provider's nominated financial institution account.

(c) Where a provider is registered in the Scheme and a pay provider cheque has not been presented 90 days after the issue date, the cheque is automatically cancelled and deposited into the providers nominated financial institution account. Patients are not involved in this process, therefore HIC does not receive complaints from patients.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-169

OUTCOME 2: ACCESS TO MEDICARE

Topic: QUALITY INITIATIVES FOR PRESCRIBING
(now known as ENHANCED DIVISIONAL QUALITY USE OF MEDICINES)

Written Question on Notice

Senator McLucas asked:

(a) Has agreement been reached on the implementation of this scheme? When will its operation commence and is this later than was assumed in estimating the Budgetsavings anticipated?
(b) What system will be used to attribute savings to individual GPs and allocate the bonus payments? How will these arrangements ensure the integrity of the prescribing system and ensure that doctors are not put in a position of having a financial incentive not to prescribe when clinically they ought to?
(c) How is the government planning to deal with any abuse of the incentive arrangements under this scheme?
(d) What outcome measures besides PBS cost savings will the government be considering to judge the success of this initiative?
(e) If there is an increase in hospitalisation costs as a result of this initiative, how will the State Governments be compensated?
(f) How are GPs expected to monitor the outcome for their patients? What reporting arrangements will this involve?

Answer:

(a) Agreement has been reached with the Australian Divisions of General Practice on the implementation of the Enhanced Divisional Quality Use of Medicines (EDQUM) program.

It was implemented as a two-year pilot program in July 2002, following protracted consultation with the general practice profession.

Budget savings were originally estimated for the program to commence in the 1999/2000 financial year.

(b) Savings will be calculated by comparing the actual cost to the PBS in respect of the target drug groups per Division over each financial year against expected cost, taking into account savings achieved through the implementation of other budget initiatives.

Fifty percent of any savings identified will be made available to the participating Division in the following financial year.

No payments will be made to any individual GP.

Any savings distributed to Divisions are to be used by the Divisions to undertake agreed primary health care activities.

Divisional activities are coordinated by the Australian Divisions of General Practice in consultation with the Department and the National Prescribing Service (NPS). Existing NPS resources are used by the Divisions for their EDQUM activities and the NPS has taken on the development role for additional required resources. The role of the NPS is to provide independent evidence-based medicine information to prescribers.

(c) The EDQUM program is overseen by a Steering Group, which, in addition to Departmental staff includes representation from the National Prescribing Service, the Australian Divisions of General Practice and the Consumers Health Forum.

Primary health care activities on which any savings are to be spent must be agreed by the Steering Group.

No savings will be distributed to individual GPs. See (b) above.

(d) The EDQUM program incorporates a quality cycle comprising a process of review and measurement of quality outcomes in the context of improving patient care. In the latter part of 2003, the Government will be undertaking a comprehensive, quality-targeted evaluation of the first year of the pilot of the EDQUM program. Quality-focussed outcome measures will be agreed by the Steering Group for that evaluation.

(e) As the program is designed to encourage prescribing practices that improve standards of patient care through evidence based Quality Use of Medicines initiatives, the EDQUM program is not expected to increase hospitalisation costs.

(f) GPs working within the EDQUM program will not need to change their usual procedures in monitoring patient outcomes. Individual GPs will not be required to make any special reports for this program.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question:E03-170

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACEUTICAL BENEFITS SCHEME

Written Question on Notice

Senator McLucas asked:

(a) What was the actual spending on the PBS for the last two years and how is it anticipated to rise over the next two years?
(b) Has the department done an analysis of the factors driving these increases, if so what were the detailed causes of the rise being greater than CPI?

Answer:

(a) The actual spending on the PBS over the last two years is as follows:

2000-2001 - $4,257,505,000

2001-2002 - $4,578,141,000

2002-2003 - $4,825,917,000 (PBS Forward Estimate as at Additional Estimates 2002-2003 and includes Co-payment measure with revised start date of 1 January 2003)

2003-2004 - $5,034,940,000 (PBS Forward Estimate as at Additional Estimates 2002-2003)

(b) The Department undertakes ongoing analysis and monitoring of drivers for PBS growth. From time to time items are added to or removed from PBS schedule following independent assessments of cost-effectiveness. Major new developments in medicines could result in increases in expenses that exceed the provision in the forward estimates. Similarly, significant shifts in usage patterns, which may occur for particular drugs or groups of drugs from time to time, could result in increases in expenses that exceed the provision in the forward estimates.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-171

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACEUTICAL BENEFITS SCHEME

Written Question on Notice

Senator McLucas asked:

Specifically what was the cost over the last two years due to:
(a) Celebrex;
(b) Zyban;
(c) Newly listed cancer drugs;
(d) Other newly listed drugs;
(e) The expansion of the number of people with Seniors cards given access to the PBS concessional rate?

Answer:

	2000-2001	**2001-2002**	**Total**
Celebrex (listed 1 August 2000)	$160,554,639	$103,415,761	**$263,970,400**
Zyban (listed 1 February 2001)	$65,635,857	$28,826,538	**$94,462,395**
Seniors Cards Access to PBS Concessional Rate	$3,069,648	$22,069,263	**$25,138,911**
Newly Listed Cancer Drugs *	$4,416,294	$16,973,129	**$21,389,423**
Other Newly Listed Drugs *	$333,830,333	$574,422,210	**$908,252,543**

* This includes new drugs not previously listed and new forms and strengths of previously listed drugs. In order to extract only newly listed chemical entities from this data would require a substantial resource commitment. Accordingly, the Department is not in a position to divert the substantial resources required to provide this more specific information.

* These figures represent actual expenditure and do not take into account the reduction in expenditure on other PBS drugs resulting from these new listings.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question:E03-172

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACEUTICAL BENEFITS SCHEME

Written Question on Notice

Senator McLucas asked:

What have been the measured cost savings due to:

(a) The delisting of various drugs from the PBS.
(b) Anti Fraud measures
(c) The work of the National Prescribing Service
(d) The requirement for people to show their Medicare card when collecting prescriptions at a chemist?

Answer:

(a) The figures shown below represent what is estimated to be saved from the point of de-listing.

- Deletion of Nasal Sprays from the Pharmaceutical Benefits Scheme (2000-2001)

Expense ($m)

2000-01	**2001-02**	**2002-03**	**2003-04**
-7.0	-17.6	-18.4	-19.2

- Deletion of Caverject from the Pharmaceutical Benefits Scheme (2002-2003)

Expense ($m)

2002-03	**2003-04**	**2004-05**	**2005-06**
-7.4	-7.6	-7.0	-6.5

From time to time items are removed from the PBS schedule, usually as a result of the company withdrawing the product from the market. An estimate of costs saved as a result of such de-listings would require an unreasonable commitment of Departmental resources with little to be gained as these occur on an ad-hoc basis.

(b) The HIC is currently developing a PBS Fraud program evaluation methodology that will provide evidence of savings achieved. A report will be provided to ERC in 2004. It is too early to quantify savings that have been realised since the implementation of the program.

(c) An estimated $44 million of PBS costs has been saved by the NPS in the period 1998/99 to 2000/01, which has been confirmed by an independent evaluation commissioned by the Department. The 2001/02 Federal Budget required the NPS to achieve savings to the PBS totalling $111 million over the four year period 2001/02 to 2004/05:

2001/02 - $28.5 million
2002/03 - $27.5 million
2003/04 - $27.5 million
2004/05 - $27.5 million

A methodology for calculating savings has been developed and evaluation of savings attributable to NPS activities is currently underway.

(d) Current 99.9% compliance with providing Medicare card details indicates that PBS benefits are being provided to eligible people only. A cost savings methodology will be developed for this measure as part of a program evaluation being undertaken this year. That methodology will enable the demonstration of savings later this year.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question:E03-173

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACEUTICAL BENEFITS SCHEME

Written Question on Notice

Senator McLucas asked:

Given the wide variation between the Budget estimates and the actual outcomes in recent years, what has the Department done to improve its forecasting capability in relation to future PBS costs?

Answer:

The Department of Health and Ageing has recently examined its procedures for producing Forward Estimates of Expenditure on the Pharmaceutical Benefits Scheme (PBS). The Department has drawn from a variety of internal and external expertise in this area. The Department has recently brought together the relevant modelling, statistical and financial resources into one area of the Department to focus on this area of activity.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-174

OUTCOME 2: ACCESS TO MEDICARE

Topic: RADIATION AGREEMENT

Written Question on Notice

Senator McLucas asked:

(a) Can the Department advise the recent spending over the last two years under the radiology agreement with the Royal College of Radiologists and what are the current projections?
(b) When will a new agreement be required? Is the department planning major changes in future agreements?
(c) On current projections for usage, by how much will radiology spending exceed the cap set under the Agreement between the Government and the Royal of Radiologists? What action is being planned to bring the agreement into line with the cap?

Answer:

(a) Actual expenditure for 2000-01 and 2001-02, and projected expenditure for 2002-03, is set out below ($ billion):

2000-01	2001-02	2002-03
1.030	1.067	1.117

(b) The current agreement with the Royal Australian and New Zealand College of Radiologists and the Australian Diagnostic Imaging Association expires on 30 June 2003. The Department is currently discussing with a number of diagnostic imaging craft groups the possibility of future agreements that would commence from 1 July 2003. The nature of any proposed future agreements, including possible changes that may be introduced as part of these agreements, will be subject to the outcome of these discussions and government consideration.

(c) Current projections suggest that the agreement will finish around $5 million above agreed tolerances. This is small in the context of the overall agreement cap and it is difficult to estimate expenditure to this level of precision. Discussions on the next agreement include consideration of recovery action in the event if over expenditure in the current agreement.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-175

OUTCOME 2: ACCESS TO MEDICARE

Topic: PATHOLOGY AGREEMENT

Written Question on Notice

Senator McLucas asked:

(a) Can the Department advise recent spending over the last two years under the pathology agreement with the Royal College of Pathologists and what are the current projections. When will a new agreement be required?
(b) On current projections for usage, by how much will pathology spending exceed the cap set under the agreement between the Government and the Royal College of Pathologists. What action is being planned to bring the agreement into line with the cap?

Answer:

(a) Actual expenditure for 2000-01 and 2001-02, and projected expenditure for 2002-03 as at March 2003, is set out below ($ billion):

2000-01	2001-02	2002-03
1.157	1.254	1.322

The current agreement expires on 30 June 2004

(b) Current projections suggest that the agreement will finish around $27 million above agreed tolerances.

Given that the agreement has some fifteen months before its completion it is anticipated that any amount to be recovered in the final year of the agreement (2003-04), will be through strategies agreed with the pathology industry. These will be discussed at regular meetings of the Pathology Consultative Committee.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-104

OUTCOME 2: ACCESS TO MEDICARE

Topic: BULK BILLING – GENDER COMPARISON IN RURAL AREAS

Hansard Page: CA 122

Senator McLucas asked:

Are women in rural areas less likely than men in rural areas to be bulk-billed?

Answer:

The following data is for the 2002 calender year, for unreferred (GP) attendances.

	Bulk Billed Services		Bulk Billing %
RRMA 3-7			
Female	7,589,690	13,566,068	55.95
Male	5,553,060	9,693,122	57.29

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-149

OUTCOME 2: ACCESS TO MEDICARE

Topic: BULK BILLING AND INCENTIVE PAYMENTS

Written Question on Notice

Senator McLucas asked:

(a) What is the rate of bulk billing by GPs who participate in PIP?
(b) What is the rate of bulk billing of GPs who participate in the Rural and Remote GP Program?

Answer:

(a) During financial year 2001-02, some 71 per cent of non-referred attendances rendered by GPs in PIP practices were bulk billed.
(b) The Rural and Remote General Practice Program (RRGPP) was primarily developed to provide support strategies for the attraction, recruitment and retention of GPs and their families in rural and remote areas. Funding is provided to State and Northern Territory based Rural Workforce Agencies (RWAs) to administer the various elements of the RRGPP. Each RWA has the flexibility to match the range of incentives and support to community needs within each state; what is available in one state will not necessarily be available in another. The Department does not maintain a register of GPs who receive support from the RWAs therefore the rate of bulk billing cannot be calculated.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-086

OUTCOME 2: ACCESS TO MEDICARE

Topic: ADVICE TO THE MINISTER ON BULK BILLING

Hansard Page: CA 103-7

Senator Ms Jan McLucas asked:

Can the Department advise:

(a) On what date the department first advised the minister that there was a decline in bulk billing?
(b) Whether the first advice on the decline in bulk billing (identified in (a)) a minute to the Minister or a briefing to the Minister?
(c) Every time the department communicated with the Minister on the issue of bulk billing from the point in time when the decline was advised?
(d) The dates, with the exception of the regular minutes that the department provides, that the minister requested briefs from the department on either the issue of bulk billing or the reform of Medicare?

Answer:

(a) and (b) The Department first provided advice to the Minister in her Incoming Government Brief, which was provided at the end of November 2001.

(c) and (d) The Minister (and the Government) have been active in undertaking policy analysis and exploring options to deal with Medicare affordability and access. This has been supported by a range of briefings and advice from the Department and has culminated in the recently announced Medicare package.

The volume and range of briefing and advice to the Minister on this issue since November 2001 is very extensive. The information sought is not readily available and a detailed search of all advice and all requests would be a very resource intensive process.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-186

OUTCOME 2: ACCESS TO MEDICARE

Topic: BULK BILLING STATISTICS (electorate by electorate) (figures for 12 months to end of December quarter).

Written Question on Notice

Senator McLucas asked:

(a) What is the electorate-by-electorate breakdown of the percentage of total unreferred (GP) attendances bulk billed by Federal Electoral Division for the 12 months ending 30 December 2001 and 30 December 2002 (period of processing)?
(b) What is the electorate-by-electorate breakdown of the number of total unreferred (GP) attendances bulk billed by Federal Electoral Division for the 12 months ending 30 December 2000, 30 December 2001 and 30 December 2002 (period of processing)?
(c) What is the electorate-by-electorate breakdown for the average patient contribution per service (patient billed services only) for total unreferred (GP) attendances by Federal Electoral Division for the 12 months ending 30 December 2000, 30 December 2001 and 30 December 2002 (period of processing).
(d) What is the electorate-by-electorate breakdown for the number of services for total unreferred (GP) attendances by Federal Electoral Division for the 12 months ending 30 December 2000, 30 December 2001 and 30 December 2002 (period of processing)?

Answer:

(a)

Federal Electoral Division	End Dec 00	End Dec 01	End Dec 02
	Bulk Billing %	Bulk Billing %	Bulk Billing %
Adelaide	82.8%	81.1%	71.5%
Aston	85.8%	84.7%	79.2%
	65.4%	63.3%	58.0%
Banks	87.6%	87.1%	86.4%
Barker	43.3%	43.8%	40.6%
Barton	92.8%	92.7%	92.1%
Bass	51.9%	50.6%	50.0%
Batman	92.3%	90.7%	87.1%
Bendigo	50.8%	49.3%	48.9%
Bennelong	82.5%	82.3%	82.0%
Berowra	77.6%	76.8%	73.2%
Blair	83.2%	80.8%	76.3%
Blaxland	96.3%	96.5%	95.9%

Bonython	93.3%	92.5%	89.2%
Boothby	66.0%	65.9%	57.7%
Bowman	85.7%	84.0%	76.7%
Braddon	65.8%	64.0%	61.8%
Bradfield	68.3%	66.5%	62.8%
Brand	80.0%	72.4%	64.9%
Brisbane	85.8%	81.0%	71.3%
Bruce	85.7%	83.4%	78.8%
Burke	71.6%	71.0%	67.2%
Calare	61.2%	60.9%	61.2%
Calwell	93.9%	92.0%	87.7%
Canberra	58.2%	54.1%	45.2%
Canning	69.9%	68.0%	59.8%
Capricornia	45.7%	48.8%	45.9%
Casey	76.1%	74.9%	68.6%
Charlton	78.2%	68.7%	61.3%
Chifley	98.6%	98.5%	98.5%
Chisholm	83.1%	80.9%	77.7%
Cook	81.1%	79.7%	77.8%
Corangamite	54.3%	50.5%	44.0%
Corio	67.9%	64.4%	60.3%
Cowan	87.7%	84.0%	79.2%
Cowper	54.6%	54.4%	51.8%
Cunningham	85.5%	85.6%	82.8%
Curtin	63.9%	62.9%	59.8%
Dawson	57.7%	64.6%	66.1%
Deakin	79.7%	78.0%	73.5%
Denison	59.2%	59.1%	52.1%
Dickson	78.2%	71.9%	58.8%
Dobell	82.3%	73.5%	63.6%
Dunkley	78.6%	71.4%	54.5%
Eden-Monaro	42.7%	41.9%	39.2%
Fadden	87.5%	84.8%	78.1%
Fairfax	77.8%	74.9%	64.0%
Farrer	45.8%	44.0%	41.7%
Fisher	89.5%	87.1%	75.6%
Flinders	70.6%	59.3%	51.9%
Forde	90.9%	89.0%	84.6%
Forrest	52.8%	52.7%	52.6%
Fowler	98.3%	98.3%	98.2%
Franklin	58.9%	57.0%	54.8%
Fraser	64.6%	58.5%	42.8%
Fremantle	81.7%	79.0%	71.5%
Gellibrand	94.0%	92.8%	89.1%
Gilmore	65.3%	64.8%	61.9%
Gippsland	54.7%	55.2%	53.8%
Goldstein	71.7%	66.5%	61.0%
Grayndler	95.0%	94.0%	92.5%
Greenway	95.5%	95.2%	94.9%
Grey	67.4%	68.7%	65.4%
Griffith	87.7%	83.0%	73.0%
Groom	72.0%	69.5%	61.5%
Gwydir	61.4%	61.4%	62.9%
Hasluck	81.3%	78.3%	74.1%

Herbert	65.9%	60.3%	57.8%
Higgins	73.6%	69.2%	65.0%
Hindmarsh	75.8%	76.3%	69.1%
Hinkler	39.4%	42.1%	43.4%
Holt	90.8%	86.7%	80.0%
Hotham	86.9%	85.0%	81.1%
Hughes	80.1%	79.4%	78.5%
Hume	60.9%	61.2%	59.8%
Hunter	58.5%	54.9%	52.5%
Indi	41.4%	41.0%	34.4%
Isaacs	84.8%	80.9%	72.8%
Jagajaga	77.0%	74.7%	72.6%
Kalgoorlie	64.2%	62.6%	61.4%
Kennedy	64.0%	64.6%	62.0%
Kingsford-Smith	93.0%	92.2%	91.0%
Kingston	78.6%	76.2%	67.5%
Kooyong	70.1%	66.1%	63.2%
La Trobe	78.2%	73.9%	67.3%
Lalor	90.9%	89.5%	85.0%
Leichhardt	80.9%	81.0%	80.0%
Lilley	85.2%	81.2%	71.7%
Lindsay	93.2%	92.9%	90.6%
Lingiari	71.4%	71.5%	70.1%
Longman	92.5%	91.2%	81.2%
Lowe	93.9%	93.2%	92.4%
Lyne	67.9%	67.5%	64.2%
Lyons	70.1%	67.9%	68.2%
Macarthur	91.1%	91.0%	90.3%
Mackellar	79.8%	78.1%	75.5%
Macquarie	80.0%	79.1%	75.6%
Makin	77.9%	73.1%	64.7%
Mallee	56.0%	53.9%	54.3%
Maranoa	54.5%	53.6%	52.9%
Maribyrnong	92.1%	90.5%	87.2%
Mayo	67.3%	61.6%	55.2%
McEwen	72.2%	70.8%	66.7%
McMillan	67.6%	68.1%	67.0%
McPherson	83.8%	81.2%	76.1%
Melbourne	89.1%	87.2%	83.9%
Melbourne Ports	83.2%	78.5%	73.6%
Menzies	80.1%	78.8%	75.3%
Mitchell	83.0%	82.7%	81.6%
Moncrieff	83.3%	79.6%	72.7%
Moore	77.9%	75.3%	71.2%
Moreton	88.8%	86.5%	78.7%
Murray	41.0%	38.2%	33.4%
New England	56.8%	55.2%	49.0%
Newcastle	79.2%	77.0%	70.5%
North Sydney	72.4%	70.6%	66.3%
O'Connor	48.8%	50.3%	50.9%
Oxley	92.5%	90.9%	82.0%
Page	51.5%	48.9%	47.3%
Parkes	62.2%	62.4%	67.3%
Parramatta	92.8%	92.6%	92.4%

Paterson	68.1%	65.9%	58.5%
Pearce	78.4%	75.4%	73.0%
Perth	87.6%	85.1%	79.6%
Petrie	87.0%	84.3%	70.7%
Port Adelaide	90.6%	90.3%	87.5%
Prospect	97.9%	97.8%	97.6%
Rankin	94.3%	93.4%	89.2%
Reid	98.4%	98.2%	98.0%
Richmond	76.3%	72.1%	69.3%
Riverina	45.2%	44.5%	45.9%
Robertson	78.9%	71.9%	64.3%
Ryan	74.4%	69.6%	56.9%
Scullin	90.6%	89.1%	87.6%
Shortland	75.9%	63.7%	56.5%
Solomon	61.2%	61.3%	58.4%
Stirling	85.4%	83.7%	79.3%
Sturt	70.8%	67.2%	60.4%
Swan	83.9%	81.9%	78.3%
Sydney	90.7%	88.1%	85.2%
Tangney	74.0%	72.0%	68.0%
Throsby	92.7%	92.9%	92.8%
Wakefield	52.4%	48.8%	44.1%
Wannon	55.2%	55.2%	51.8%
Warringah	77.6%	76.0%	73.3%
Watson	97.1%	96.9%	96.3%
Wentworth	82.3%	78.0%	74.8%
Werriwa	95.9%	95.7%	95.7%
Wide Bay	69.6%	68.5%	62.2%
Wills	90.2%	88.7%	84.7%
Total (a)	78.5%	76.5%	72.3%

(b)

Federal Electoral Division	**End Dec 00**	**End Dec 01**	**End Dec 02**
	Bulk Billed Services	**Bulk Billed Services**	**Bulk Billed Services**
Adelaide	534,936	529,238	449,041
Aston	627,752	618,880	575,234
Ballarat	365,744	354,244	318,733
Banks	710,250	701,836	688,819
Barker	241,076	246,501	234,771
Barton	800,816	797,545	784,872
Bass	218,906	210,686	206,295
Batman	809,820	783,711	733,668
Bendigo	254,943	249,096	251,167
Bennelong	586,880	584,016	576,200
Berowra	523,452	528,612	500,362
Blair	487,963	491,528	462,244
Blaxland	1,070,829	1,076,907	1,053,723
Bonython	808,398	817,213	741,498
Boothby	423,424	432,982	365,593
Bowman	642,227	637,080	559,435
Braddon	291,786	291,852	282,806
Bradfield	436,990	426,044	399,196

Brand	465,982	411,829	374,582
Brisbane	582,927	551,009	456,388
Bruce	690,062	654,829	607,523
Burke	501,780	517,459	500,428
Calare	318,411	321,924	317,636
Calwell	907,379	898,260	872,494
Canberra	382,626	354,272	279,287
Canning	351,914	349,285	298,646
Capricornia	229,265	257,644	242,902
Casey	489,356	478,897	428,537
Charlton	482,484	417,461	358,532
Chifley	1,049,206	1,045,210	1,050,337
Chisholm	589,581	560,356	523,109
Cook	527,618	524,473	512,898
Corangamite	280,440	266,483	230,146
Corio	394,003	377,606	349,335
Cowan	545,737	528,308	483,675
Cowper	278,862	287,528	269,374
Cunningham	598,459	594,169	567,854
Curtin	348,155	342,650	319,841
Dawson	320,143	384,914	408,596
Deakin	537,882	514,457	477,269
Denison	285,562	292,709	254,636
Dickson	513,042	478,185	371,289
Dobell	563,096	497,362	409,488
Dunkley	528,181	461,662	333,097
Eden-Monaro	205,400	206,413	190,475
Fadden	655,202	653,821	582,719
Fairfax	498,875	500,655	424,159
Farrer	220,324	212,114	198,843
Fisher	697,241	701,104	585,975
Flinders	462,723	379,360	327,120
Forde	650,931	652,495	608,037
Forrest	237,275	246,514	253,706
Fowler	1,148,979	1,152,799	1,131,299
Franklin	278,099	275,145	262,644
Fraser	432,381	389,519	262,709
Fremantle	490,460	482,363	425,476
Gellibrand	763,185	730,877	678,100
Gilmore	355,126	366,146	347,523
Gippsland	263,856	274,770	273,259
Goldstein	509,495	468,921	440,154
Grayndler	820,870	790,505	757,409
Greenway	865,108	886,250	898,535
Grey	384,201	406,095	383,711
Griffith	644,859	608,134	506,774
Groom	461,014	447,648	372,376
Gwydir	323,895	328,433	333,501
Hasluck	503,320	489,407	450,508
Herbert	377,173	342,941	319,522
Higgins	486,673	449,594	424,458
Hindmarsh	515,921	528,200	462,762
Hinkler	187,013	218,343	239,132
Holt	809,433	764,181	697,026

Hotham	664,623	634,237	593,804
Hughes	579,963	583,025	570,370
Hume	322,103	335,323	330,044
Hunter	310,043	291,087	281,090
Indi	204,694	203,644	166,702
Isaacs	606,737	574,642	513,571
Jagajaga	507,949	492,879	476,005
Kalgoorlie	256,935	253,092	241,186
Kennedy	341,171	344,769	324,943
Kingsford-Smith	835,974	827,723	793,957
Kingston	551,880	542,096	456,520
Kooyong	407,411	378,459	362,343
La Trobe	532,850	514,085	470,384
Lalor	657,597	651,732	615,246
Leichhardt	514,401	535,129	521,393
Lilley	620,692	585,007	481,155
Lindsay	736,116	723,575	686,218
Lingiari	144,022	149,539	146,237
Longman	698,276	701,733	600,925
Lowe	742,077	736,815	729,355
Lyne	412,500	429,112	404,245
Lyons	293,142	283,806	284,173
Macarthur	778,377	813,258	810,280
Mackellar	543,715	528,594	495,942
Macquarie	519,826	513,757	478,080
Makin	523,052	493,541	418,727
Mallee	287,177	281,687	278,889
Maranoa	294,282	296,742	289,284
Maribyrnong	748,215	721,831	681,629
Mayo	410,086	383,939	334,951
McEwen	453,675	459,360	444,187
McMillan	385,770	396,758	394,869
McPherson	714,113	703,557	635,859
Melbourne	734,321	709,361	670,885
Melbourne Ports	607,862	550,997	513,736
Menzies	503,456	499,474	479,337
Mitchell	541,538	554,540	552,700
Moncrieff	698,672	675,445	598,842
Moore	444,525	434,337	400,107
Moreton	634,754	619,984	538,484
Murray	205,093	189,752	162,762
New England	276,794	273,082	234,644
Newcastle	519,925	494,582	437,203
North Sydney	449,236	438,930	401,778
O'Connor	226,173	242,385	238,983
Oxley	778,158	773,134	650,822
Page	262,452	257,138	244,225
Parkes	295,079	303,358	333,041
Parramatta	845,879	844,349	831,961
Paterson	384,491	383,412	329,610
Pearce	430,360	431,016	416,596
Perth	600,493	577,387	522,047
Petrie	656,646	637,526	503,636
Port Adelaide	727,597	728,165	675,921

Prospect	1,031,217	1,028,707	1,008,710
Rankin	800,574	807,656	738,002
Reid	1,041,270	1,032,599	1,025,416
Richmond	460,826	447,130	435,416
Riverina	208,244	206,862	208,317
Robertson	546,803	499,381	425,502
Ryan	443,026	416,500	324,823
Scullin	744,893	737,823	733,677
Shortland	485,589	398,438	341,271
Solomon	187,023	191,107	167,729
Stirling	647,425	633,136	584,842
Sturt	466,872	448,449	389,526
Swan	514,837	502,092	469,966
Sydney	720,253	708,624	678,775
Tangney	466,248	452,585	422,097
Throsby	693,378	719,011	724,774
Wakefield	294,382	282,519	256,286
Wannon	263,476	267,082	248,014
Warringah	538,251	525,794	495,133
Watson	959,982	951,781	927,360
Wentworth	587,313	546,676	503,419
Werriwa	810,697	819,982	820,891
Wide Bay	417,827	425,150	384,375
Wills	778,570	755,134	705,208
Total (a)	78,379,303	76,886,758	71,388,875

(c)

Federal Electoral Division	**End Dec 00**	**End Dec 01**	**End Dec 02**
	Average Patient Contribution	**Average Patient Contribution**	**Average Patient Contribution**
Adelaide	$10.16	$10.68	$11.22
Aston	$12.29	$13.42	$14.29
Ballarat	$10.00	$10.06	$11.00
Banks	$9.25	$9.95	$10.91
Barker	$8.56	$9.05	$9.75
Barton	$10.48	$11.63	$13.08
Bass	$9.65	$10.32	$11.43
Batman	$11.69	$12.13	$12.45
Bendigo	$7.94	$8.86	$9.98
Bennelong	$11.98	$12.72	$13.96
Berowra	$11.24	$12.45	$13.33
Blair	$9.11	$8.99	$9.31
Blaxland	$8.06	$8.62	$9.48
Bonython	$8.08	$8.42	$8.93
Boothby	$9.41	$10.08	$10.64
Bowman	$11.47	$12.18	$13.14
Braddon	$7.95	$8.13	$8.23
Bradfield	$13.64	$14.85	$16.54
Brand	$9.03	$9.23	$9.75
Brisbane	$13.23	$13.54	$14.31
Bruce	$12.49	$13.08	$14.03
Burke	$10.59	$11.20	$12.38

Calare	$10.32	$11.11	$11.99
Calwell	$10.54	$10.99	$12.79
Canberra	$13.54	$14.21	$15.71
Canning	$10.06	$10.47	$10.75
Capricornia	$9.61	$10.07	$10.91
Casey	$11.80	$12.64	$13.49
Charlton	$10.72	$10.39	$11.09
Chifley	$12.64	$13.88	$14.70
Chisholm	$13.04	$13.24	$14.59
Cook	$10.29	$11.20	$12.29
Corangamite	$9.48	$10.02	$11.37
Corio	$8.99	$9.69	$10.67
Cowan	$10.83	$9.54	$10.99
Cowper	$8.17	$8.85	$10.23
Cunningham	$8.39	$9.30	$9.86
Curtin	$14.07	$14.43	$15.73
Dawson	$13.84	$14.23	$14.77
Deakin	$11.82	$12.64	$14.21
Denison	$7.91	$8.39	$8.73
Dickson	$10.15	$10.93	$12.15
Dobell	$8.91	$9.26	$10.04
Dunkley	$11.53	$12.13	$12.26
Eden-Monaro	$9.81	$10.47	$11.88
Fadden	$11.39	$12.13	$13.14
Fairfax	$7.35	$7.47	$8.61
Farrer	$9.68	$10.06	$11.02
Fisher	$9.35	$8.73	$9.89
Flinders	$9.53	$9.90	$10.70
Forde	$10.20	$10.77	$11.54
Forrest	$10.57	$11.26	$12.14
Fowler	$9.46	$9.99	$11.26
Franklin	$8.13	$8.41	$8.93
Fraser	$14.11	$15.08	$15.59
Fremantle	$13.05	$14.10	$14.61
Gellibrand	$12.28	$12.78	$12.91
Gilmore	$9.03	$9.70	$11.06
Gippsland	$8.55	$8.97	$9.61
Goldstein	$13.22	$14.05	$15.68
Grayndler	$14.08	$15.92	$17.54
Greenway	$13.10	$14.76	$16.31
Grey	$8.52	$8.81	$9.03
Griffith	$13.18	$13.75	$14.58
Groom	$9.96	$10.54	$11.76
Gwydir	$9.84	$10.24	$11.26
Hasluck	$10.58	$10.39	$11.30
Herbert	$12.94	$14.18	$15.38
Higgins	$15.08	$15.70	$16.96
Hindmarsh	$9.50	$10.24	$10.56
Hinkler	$9.70	$10.01	$11.25
Holt	$10.60	$11.18	$11.69
Hotham	$10.35	$11.12	$12.09
Hughes	$9.90	$10.91	$11.99
Hume	$10.51	$11.31	$12.98
Hunter	$9.55	$10.16	$11.18

Indi	$9.27	$9.75	$10.19
Isaacs	$10.72	$11.21	$11.75
Jagajaga	$11.35	$11.88	$13.20
Kalgoorlie	$13.28	$13.22	$14.67
Kennedy	$11.01	$12.05	$13.18
Kingsford-Smith	$13.32	$14.64	$15.51
Kingston	$8.49	$8.94	$9.16
Kooyong	$14.59	$15.60	$16.85
La Trobe	$11.40	$11.98	$13.74
Lalor	$10.45	$10.68	$11.13
Leichhardt	$12.01	$12.38	$13.53
Lilley	$11.64	$12.36	$13.70
Lindsay	$10.03	$11.21	$12.11
Lingiari	$15.13	$15.86	$16.31
Longman	$9.49	$10.12	$9.68
Lowe	$13.88	$15.17	$16.75
Lyne	$8.17	$8.72	$9.44
Lyons	$8.97	$9.00	$9.46
Macarthur	$10.24	$10.80	$12.07
Mackellar	$14.26	$15.14	$17.06
Macquarie	$10.28	$11.27	$12.29
Makin	$9.47	$9.75	$10.09
Mallee	$9.67	$9.41	$10.55
Maranoa	$9.73	$10.03	$11.74
Maribyrnong	$10.82	$11.29	$11.73
Mayo	$9.32	$10.10	$10.94
McEwen	$10.92	$11.30	$11.86
McMillan	$8.44	$8.84	$9.92
McPherson	$10.38	$11.77	$13.12
Melbourne	$14.79	$15.60	$16.96
Melbourne Ports	$14.04	$15.10	$16.48
Menzies	$13.23	$13.76	$15.02
Mitchell	$14.02	$15.37	$16.89
Moncrieff	$12.36	$13.53	$14.34
Moore	$10.03	$10.17	$11.53
Moreton	$12.68	$13.56	$14.23
Murray	$10.60	$11.49	$12.60
New England	$9.59	$10.18	$10.70
Newcastle	$11.77	$12.03	$12.32
North Sydney	$15.41	$16.64	$18.40
O'Connor	$10.55	$10.68	$11.82
Oxley	$9.96	$10.17	$10.50
Page	$9.17	$9.70	$10.70
Parkes	$10.05	$10.63	$11.64
Parramatta	$12.18	$13.33	$14.73
Paterson	$10.72	$11.17	$11.98
Pearce	$11.27	$10.76	$11.52
Perth	$13.21	$11.54	$12.69
Petrie	$11.09	$11.96	$11.82
Port Adelaide	$9.30	$10.05	$10.57
Prospect	$11.29	$12.34	$13.36
Rankin	$12.25	$13.11	$13.66
Reid	$11.67	$12.42	$13.56
Richmond	$9.62	$9.85	$10.37

Riverina	$9.75	$10.44	$12.24
Robertson	$8.79	$8.96	$10.13
Ryan	$12.30	$13.18	$14.18
Scullin	$10.05	$10.53	$11.74
Shortland	$10.11	$9.29	$10.21
Solomon	$16.87	$17.54	$18.98
Stirling	$12.54	$11.46	$12.25
Sturt	$9.55	$10.22	$11.15
Swan	$11.76	$11.94	$13.10
Sydney	$17.29	$18.27	$19.31
Tangney	$12.41	$14.13	$15.65
Throsby	$10.35	$11.09	$11.58
Wakefield	$8.54	$8.92	$9.60
Wannon	$9.23	$9.51	$10.37
Warringah	$15.82	$16.97	$18.78
Watson	$9.64	$10.94	$12.43
Wentworth	$17.56	$19.07	$20.26
Werriwa	$9.02	$9.61	$11.19
Wide Bay	$8.78	$9.33	$9.68
Wills	$11.04	$12.07	$12.31
Total (a)	$10.74	$11.33	$12.30

(d)

Federal Electoral Division	**End Dec 00**	**End Dec 01**	**End Dec 02**
	Total Services	**Total Services**	**Total Services**
Adelaide	646,370	652,910	628,402
Aston	731,901	730,665	725,989
Ballarat	559,327	559,611	549,244
Banks	810,940	805,671	797,624
Barker	557,387	562,480	578,368
Barton	863,339	860,051	852,231
Bass	421,986	416,251	412,365
Batman	876,961	864,534	842,478
Bendigo	501,627	505,393	513,735
Bennelong	711,092	709,515	702,857
Berowra	674,954	688,524	683,726
Blair	586,816	608,106	606,160
Blaxland	1,111,649	1,115,520	1,098,346
Bonython	866,211	883,854	830,814
Boothby	641,525	657,126	633,907
Bowman	749,503	758,384	729,400
Braddon	443,520	456,273	457,272
Bradfield	639,434	640,822	635,805
Brand	582,450	569,011	577,044
Brisbane	679,308	680,129	639,758
Bruce	804,975	785,235	771,144
Burke	701,142	728,327	744,253
Calare	520,295	528,187	519,262
Calwell	965,825	976,870	995,285
Canberra	657,422	654,736	617,596
Canning	503,336	513,437	499,631
Capricornia	501,517	528,009	529,118

Casey	643,174	639,127	624,478
Charlton	617,014	607,998	584,963
Chifley	1,064,143	1,060,757	1,066,280
Chisholm	709,378	692,780	673,231
Cook	650,681	657,771	659,474
Corangamite	516,520	528,188	522,881
Corio	580,099	586,143	579,044
Cowan	622,123	628,926	610,959
Cowper	510,818	528,058	520,371
Cunningham	699,990	694,357	685,792
Curtin	544,867	544,559	534,896
Dawson	554,927	596,019	618,017
Deakin	674,560	659,266	648,946
Denison	482,725	495,391	488,597
Dickson	655,988	665,463	631,509
Dobell	684,292	676,353	643,438
Dunkley	672,099	646,179	611,414
Eden-Monaro	480,641	492,940	485,796
Fadden	748,610	770,807	745,665
Fairfax	641,526	668,415	662,448
Farrer	480,936	481,797	476,307
Fisher	778,926	805,072	775,372
Flinders	655,321	639,586	630,342
Forde	716,449	733,033	718,797
Forrest	449,608	468,158	482,586
Fowler	1,169,340	1,172,499	1,152,097
Franklin	472,365	482,412	479,368
Fraser	669,572	665,792	613,720
Fremantle	600,640	610,818	595,136
Gellibrand	812,183	787,230	760,937
Gilmore	544,051	565,302	561,069
Gippsland	482,276	497,389	507,735
Goldstein	710,466	705,371	721,497
Grayndler	864,195	841,329	818,861
Greenway	905,745	930,639	947,145
Grey	570,388	591,148	587,057
Griffith	735,041	732,383	694,285
Groom	640,315	644,308	605,683
Gwydir	527,819	535,121	529,930
Hasluck	618,904	624,946	607,622
Herbert	572,336	568,706	552,870
Higgins	661,272	649,679	652,570
Hindmarsh	680,514	692,336	669,400
Hinkler	474,629	518,799	550,633
Holt	891,557	881,389	871,358
Hotham	764,705	746,002	732,031
Hughes	723,829	734,342	726,130
Hume	528,693	548,160	552,205
Hunter	530,018	530,558	535,475
Indi	494,332	497,161	484,747
Isaacs	715,746	710,174	705,019
Jagajaga	659,501	660,247	655,603
Kalgoorlie	400,204	404,436	392,527
Kennedy	533,175	533,796	523,788

Kingsford-Smith	898,981	897,882	872,658
Kingston	702,382	710,969	676,011
Kooyong	581,083	572,902	573,307
La Trobe	681,225	695,678	698,709
Lalor	723,490	728,181	723,575
Leichhardt	635,649	660,426	651,523
Lilley	728,859	720,120	671,157
Lindsay	789,694	779,199	757,810
Lingiari	201,800	209,104	208,559
Longman	755,074	769,657	739,669
Lowe	790,059	790,595	789,069
Lyne	607,496	635,804	629,732
Lyons	418,463	417,830	416,935
Macarthur	854,715	893,244	897,336
Mackellar	681,608	676,850	657,229
Macquarie	649,703	649,321	632,520
Makin	671,053	675,553	647,083
Mallee	513,071	522,378	513,521
Maranoa	540,034	553,178	546,716
Maribyrnong	812,359	797,642	782,045
Mayo	609,100	623,161	606,808
McEwen	628,548	648,757	666,245
McMillan	570,362	583,000	589,291
McPherson	852,162	866,852	835,331
Melbourne	824,193	813,784	799,660
Melbourne Ports	730,365	701,536	697,702
Menzies	628,148	633,809	636,430
Mitchell	652,078	670,358	677,190
Moncrieff	838,414	848,208	824,240
Moore	570,614	576,589	561,978
Moreton	714,893	717,105	683,808
Murray	500,283	497,149	486,898
New England	487,540	494,958	478,576
Newcastle	656,176	642,356	620,354
North Sydney	620,248	622,001	605,936
O'Connor	463,517	481,832	469,326
Oxley	840,978	850,238	793,208
Page	509,557	526,256	516,157
Parkes	474,334	486,109	495,031
Parramatta	911,121	911,412	900,450
Paterson	564,754	581,537	563,305
Pearce	548,839	571,556	570,332
Perth	685,348	678,849	655,680
Petrie	755,151	755,912	712,590
Port Adelaide	803,382	806,491	772,704
Prospect	1,053,756	1,052,135	1,033,921
Rankin	848,606	865,071	827,011
Reid	1,058,691	1,051,037	1,046,410
Richmond	604,128	620,475	628,712
Riverina	461,225	465,261	453,611
Robertson	692,814	694,668	661,362
Ryan	595,378	598,431	571,124
Scullin	821,987	828,288	837,872
Shortland	639,853	625,211	603,951

Solomon	305,351	311,742	287,008
Stirling	758,552	755,984	737,900
Sturt	659,872	667,762	645,181
Swan	613,827	613,358	600,500
Sydney	794,461	804,460	796,317
Tangney	629,974	628,532	620,875
Throsby	747,835	773,552	780,857
Wakefield	562,028	579,451	580,587
Wannon	476,931	484,104	478,941
Warringah	693,876	691,386	675,593
Watson	989,044	981,801	962,608
Wentworth	713,212	700,470	673,413
Werriwa	845,319	856,648	858,053
Wide Bay	600,182	620,708	618,092
Wills	863,613	851,594	832,280
Total[(a)]	99,807,448	100,537,704	98,756,488

[(a)] Electorate statistics were compiled from statistics by enrolment postcode. Since some postcodes overlap federal electoral division boundaries, data by enrolment postcode were mapped to electorate using data from the Census of Population and Housing showing the percentage of the population of the postcode in each federal electoral division. Excludes statistics for postcodes which could not be mapped to electorate - In particular, Australia Post post box/mail centre postcodes.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-187

OUTCOME 2: ACCESS TO MEDICARE

Topic: BULK BILLING STATISTICS (electorate by electorate) (figures for December quarter only).

Written Question on Notice

Senator McLucas asked:

(a) What is the electorate-by-electorate breakdown of the percentage of total unreferred (GP) attendances bulk billed by Federal Electoral Division for the quarter ending 30 December 2000, 30 December 2001 and 30 December 2002 (period of processing)?
(b) What is the electorate-by-electorate breakdown of the number of total unreferred (GP) attendances bulk billed by Federal Electoral Division for the quarter ending 30 December 2000, 30 December 2001 and 30 December 2002 (period of processing)?
(c) What is the electorate-by-electorate breakdown for the average patient contribution per service (patient billed services only) for total unreferred (GP) attendances by Federal Electoral Division for the quarter ending 30 December 2000, 30 December 2001 and 30 December 2002 (period of processing).
(d) What is the electorate-by-electorate breakdown for the number of services for total unreferred (GP) attendances by Federal Electoral Division for the quarter ending 30 December 2000, 30 December 2001 and 30 December 2002 (period of processing)?

Answer:

(a)

Federal Electoral Division	**Dec 00**	**Dec 01**	**Dec 02**
	Bulk Billing %	**Bulk Billing %**	**Bulk Billing %**
Adelaide	82.0%	78.5%	65.5%
Aston	85.2%	83.8%	74.3%
Ballarat	62.8%	61.8%	52.8%
Banks	87.7%	87.0%	85.5%
Barker	41.9%	43.3%	39.6%
Barton	93.0%	92.8%	91.8%
Bass	50.7%	49.1%	48.6%
Batman	91.6%	89.3%	85.0%
Bendigo	50.4%	48.7%	48.9%
Bennelong	82.1%	82.5%	81.1%
Berowra	76.8%	76.0%	71.0%
Blair	82.6%	80.2%	73.0%

Blaxland	96.6%	96.4%	95.6%
Bonython	92.9%	90.9%	87.7%
Boothby	63.9%	65.3%	52.7%
Bowman	85.2%	82.1%	71.3%
Braddon	65.2%	63.1%	59.0%
Bradfield	67.4%	66.0%	60.8%
Brand	77.6%	67.3%	61.6%
Brisbane	83.9%	78.9%	63.9%
Bruce	85.0%	81.8%	76.7%
Burke	71.5%	70.2%	59.8%
Calare	60.1%	60.1%	60.3%
Calwell	92.9%	91.5%	84.5%
Canberra	55.8%	52.2%	41.0%
Canning	69.1%	65.2%	55.3%
Capricornia	44.5%	49.4%	43.8%
Casey	75.6%	73.8%	63.9%
Charlton	77.2%	66.2%	58.4%
Chifley	98.6%	98.5%	98.4%
Chisholm	82.4%	79.9%	75.4%
Cook	80.6%	79.9%	75.1%
Corangamite	51.8%	48.0%	42.2%
Corio	66.9%	61.5%	58.5%
Cowan	86.9%	80.7%	76.6%
Cowper	53.9%	54.0%	50.2%
Cunningham	86.5%	85.8%	81.1%
Curtin	63.2%	62.8%	57.2%
Dawson	58.7%	65.1%	64.5%
Deakin	79.1%	76.9%	68.0%
Denison	59.0%	58.1%	50.7%
Dickson	76.0%	67.3%	49.8%
Dobell	78.9%	71.6%	59.1%
Dunkley	77.6%	66.3%	49.0%
Eden-Monaro	40.5%	41.0%	38.0%
Fadden	86.7%	82.6%	72.5%
Fairfax	76.7%	72.4%	57.1%
Farrer	46.4%	42.6%	42.3%
Fisher	88.7%	86.6%	63.6%
Flinders	69.4%	54.5%	47.8%
Forde	90.3%	88.0%	79.7%
Forrest	51.9%	52.1%	51.1%
Fowler	98.3%	98.4%	98.0%
Franklin	58.5%	56.2%	53.6%
Fraser	63.1%	54.7%	35.2%
Fremantle	80.2%	77.4%	67.1%
Gellibrand	93.7%	91.6%	87.4%
Gilmore	64.6%	64.0%	60.6%
Gippsland	53.1%	55.3%	52.1%
Goldstein	70.8%	63.9%	58.0%
Grayndler	94.9%	93.3%	91.7%
Greenway	95.4%	95.2%	94.5%
Grey	66.7%	67.2%	65.8%
Griffith	87.1%	79.9%	63.5%
Groom	70.5%	68.1%	54.0%
Gwydir	60.2%	61.8%	63.3%

Hasluck	80.7%	76.8%	71.7%
Herbert	62.5%	58.8%	59.6%
Higgins	72.5%	68.0%	63.4%
Hindmarsh	74.9%	75.7%	64.4%
Hinkler	38.5%	42.5%	42.7%
Holt	89.8%	84.7%	76.2%
Hotham	86.4%	83.9%	79.6%
Hughes	80.0%	79.3%	76.9%
Hume	60.7%	60.6%	59.2%
Hunter	57.3%	53.3%	50.6%
Indi	40.7%	39.7%	29.7%
Isaacs	84.1%	78.3%	67.6%
Jagajaga	76.4%	73.3%	71.5%
Kalgoorlie	63.6%	61.4%	60.7%
Kennedy	64.2%	64.2%	58.3%
Kingsford-Smith	92.6%	92.0%	90.0%
Kingston	77.7%	73.7%	60.8%
Kooyong	69.0%	65.1%	61.7%
La Trobe	76.3%	72.4%	63.0%
Lalor	89.9%	89.1%	81.0%
Leichhardt	80.3%	80.8%	77.7%
Lilley	83.4%	79.1%	64.6%
Lindsay	92.9%	92.8%	89.0%
Lingiari	71.6%	70.3%	71.8%
Longman	92.1%	88.9%	75.0%
Lowe	93.6%	93.0%	92.2%
Lyne	68.8%	66.3%	63.0%
Lyons	67.7%	68.1%	67.2%
Macarthur	90.6%	91.1%	89.6%
Mackellar	79.5%	77.8%	73.5%
Macquarie	79.5%	78.6%	73.7%
Makin	77.0%	68.6%	62.7%
Mallee	53.8%	52.6%	55.2%
Maranoa	53.6%	52.9%	51.5%
Maribyrnong	92.1%	89.2%	85.0%
Mayo	65.2%	59.5%	50.0%
McEwen	70.4%	69.5%	63.2%
McMillan	67.0%	67.6%	66.7%
McPherson	82.9%	79.3%	73.2%
Melbourne	88.2%	86.5%	81.9%
Melbourne Ports	82.2%	76.2%	72.2%
Menzies	80.2%	77.3%	72.2%
Mitchell	82.7%	82.1%	81.2%
Moncrieff	82.5%	76.4%	70.0%
Moore	76.8%	73.3%	68.1%
Moreton	89.0%	84.1%	72.2%
Murray	39.8%	36.2%	30.9%
New England	55.2%	53.0%	47.1%
Newcastle	79.0%	75.9%	67.0%
North Sydney	71.7%	69.3%	64.0%
O'Connor	47.6%	50.6%	50.0%
Oxley	92.2%	89.8%	76.9%
Page	49.1%	47.2%	47.0%
Parkes	60.3%	62.4%	66.5%

Parramatta	92.8%	92.5%	91.9%
Paterson	66.7%	63.5%	54.4%
Pearce	77.8%	73.6%	72.3%
Perth	86.7%	83.6%	76.4%
Petrie	86.2%	81.4%	60.4%
Port Adelaide	90.1%	89.8%	85.1%
Prospect	97.7%	97.7%	97.3%
Rankin	94.3%	92.2%	84.4%
Reid	98.4%	98.2%	97.7%
Richmond	74.3%	69.7%	67.5%
Riverina	44.2%	43.5%	45.9%
Robertson	77.0%	70.0%	59.8%
Ryan	73.2%	66.0%	50.8%
Scullin	90.6%	88.0%	87.3%
Shortland	71.1%	62.6%	53.4%
Solomon	59.0%	59.2%	57.2%
Stirling	84.7%	82.3%	76.1%
Sturt	69.5%	65.0%	55.2%
Swan	83.3%	80.8%	75.6%
Sydney	90.1%	86.5%	84.3%
Tangney	73.4%	70.6%	65.2%
Throsby	92.9%	93.0%	93.6%
Wakefield	49.2%	46.2%	43.2%
Wannon	55.3%	54.3%	46.2%
Warringah	77.1%	75.3%	71.7%
Watson	97.1%	96.9%	96.0%
Wentworth	80.2%	77.2%	73.1%
Werriwa	95.9%	95.6%	95.5%
Wide Bay	68.9%	67.5%	58.8%
Wills	89.7%	87.6%	82.4%
Total[(a)]	77.6%	75.2%	69.6%

(b)

Federal Electoral Division	**Dec 00**	**Dec 01**	**Dec 02**
	Bulk Billed Services	**Bulk Billed Services**	**Bulk Billed Services**
Adelaide	126,319	125,318	97,483
Aston	148,518	147,113	128,371
Ballarat	83,154	84,379	67,704
Banks	164,992	166,939	162,210
Barker	56,759	58,815	54,723
Barton	186,917	191,958	186,070
Bass	51,311	48,847	48,766
Batman	191,104	181,640	169,873
Bendigo	60,962	59,779	60,050
Bennelong	133,268	140,410	134,829
Berowra	121,812	124,244	112,426
Blair	117,366	117,817	104,681
Blaxland	251,224	256,259	248,705
Bonython	190,086	192,692	171,669
Boothby	96,880	103,598	79,509
Bowman	152,102	148,609	121,839

Braddon	72,079	71,447	63,998
Bradfield	101,181	99,826	91,971
Brand	110,242	90,711	86,499
Brisbane	136,273	128,626	96,589
Bruce	163,931	153,507	141,177
Burke	120,278	124,453	104,222
Calare	74,197	74,777	74,987
Calwell	217,216	214,583	203,872
Canberra	85,760	81,056	59,224
Canning	83,392	80,259	66,490
Capricornia	54,437	63,782	56,397
Casey	116,293	111,460	92,829
Charlton	110,219	94,927	78,670
Chifley	248,586	246,112	246,899
Chisholm	139,030	131,717	119,617
Cook	122,794	124,073	117,355
Corangamite	64,694	61,061	51,684
Corio	93,458	85,395	79,918
Cowan	130,981	121,645	113,292
Cowper	65,220	68,089	62,229
Cunningham	142,173	144,362	133,141
Curtin	82,572	83,501	74,337
Dawson	79,918	97,866	96,170
Deakin	127,138	119,877	103,595
Denison	69,793	70,822	58,943
Dickson	118,772	105,923	72,756
Dobell	123,103	114,503	87,953
Dunkley	123,891	100,085	69,459
Eden-Monaro	46,494	47,819	43,275
Fadden	156,036	151,062	127,172
Fairfax	119,080	117,430	89,622
Farrer	53,096	48,028	49,036
Fisher	166,465	169,872	115,202
Flinders	108,174	82,781	70,466
Forde	153,188	154,598	133,983
Forrest	56,682	59,257	60,137
Fowler	270,066	274,776	273,371
Franklin	68,029	67,159	60,903
Fraser	102,069	85,669	50,412
Fremantle	115,358	114,231	95,782
Gellibrand	184,294	173,624	158,213
Gilmore	82,955	85,355	80,491
Gippsland	62,558	67,038	63,295
Goldstein	119,942	108,388	99,620
Grayndler	191,183	186,264	178,362
Greenway	202,575	212,023	210,452
Grey	92,360	96,017	94,965
Griffith	153,378	139,046	102,479
Groom	107,175	106,030	75,431
Gwydir	74,129	78,516	78,793
Hasluck	120,831	115,607	103,855
Herbert	85,788	80,254	85,016
Higgins	115,838	105,572	99,127
Hindmarsh	121,337	127,839	103,254

Hinkler	45,094	54,187	57,183
Holt	192,513	178,570	157,018
Hotham	159,236	148,691	138,794
Hughes	133,613	136,956	130,541
Hume	76,467	79,500	77,131
Hunter	70,724	66,135	63,166
Indi	49,036	47,022	34,081
Isaacs	143,791	131,608	111,526
Jagajaga	120,669	115,274	111,784
Kalgoorlie	63,548	59,453	60,513
Kennedy	83,336	82,385	73,209
Kingsford-Smith	193,778	201,052	184,776
Kingston	130,014	125,379	96,891
Kooyong	97,329	89,224	84,522
La Trobe	124,118	121,385	103,637
Lalor	156,374	155,407	139,502
Leichhardt	123,847	128,319	119,449
Lilley	144,653	135,501	101,085
Lindsay	168,177	169,268	155,251
Lingiari	36,540	36,446	42,279
Longman	168,213	162,180	131,912
Lowe	170,272	173,943	172,269
Lyne	100,957	101,107	94,187
Lyons	68,011	68,881	66,376
Macarthur	179,003	195,929	192,092
Mackellar	126,938	124,052	113,147
Macquarie	120,683	120,706	108,831
Makin	123,710	110,878	96,197
Mallee	66,017	66,490	68,302
Maranoa	69,872	70,254	67,070
Maribyrnong	182,415	170,606	158,501
Mayo	94,914	90,158	71,512
McEwen	106,053	108,215	100,661
McMillan	93,675	95,535	93,410
McPherson	169,312	164,567	145,745
Melbourne	178,292	169,487	157,385
Melbourne Ports	145,527	128,551	120,417
Menzies	122,338	116,467	109,626
Mitchell	126,633	130,333	129,817
Moncrieff	165,244	155,401	138,378
Moore	105,747	100,911	92,911
Moreton	152,002	143,361	114,902
Murray	47,594	43,099	35,800
New England	62,373	61,841	53,747
Newcastle	119,944	116,847	96,897
North Sydney	104,361	101,452	92,573
O'Connor	54,135	58,704	57,587
Oxley	184,088	180,721	142,960
Page	59,625	58,269	57,853
Parkes	66,849	72,737	79,987
Parramatta	195,323	201,381	196,838
Paterson	87,157	86,906	71,160
Pearce	104,185	102,172	100,472
Perth	143,066	137,430	120,844

Petrie	154,950	147,005	99,418
Port Adelaide	170,468	175,573	158,398
Prospect	238,164	243,465	242,406
Rankin	189,086	188,471	160,121
Reid	238,787	244,931	240,884
Richmond	106,813	105,015	100,161
Riverina	48,479	47,311	49,426
Robertson	124,334	114,272	91,445
Ryan	103,165	93,687	67,631
Scullin	179,400	174,118	177,913
Shortland	104,338	93,669	75,210
Solomon	44,362	47,000	40,772
Stirling	154,428	147,655	135,822
Sturt	109,303	104,662	84,159
Swan	121,143	120,027	108,613
Sydney	168,472	166,192	160,953
Tangney	110,362	105,446	97,783
Throsby	165,325	176,165	177,613
Wakefield	66,702	65,545	60,551
Wannon	64,616	62,961	52,287
Warringah	125,410	122,570	113,467
Watson	222,450	225,512	217,238
Wentworth	130,922	127,838	117,669
Werriwa	185,814	192,917	193,279
Wide Bay	101,774	101,917	87,322
Wills	185,555	176,957	165,509
Total[(a)]	18,431,480	18,089,338	16,324,648

(c)

Federal Electoral Division	**Dec 00**	**Dec 01**	**Dec 02**
	Ave Patient Contribution	**Ave Patient Contribution**	**Ave Patient Contribution**
Adelaide	$10.25	$10.68	$11.66
Aston	$12.60	$13.31	$14.50
Ballarat	$9.97	$10.44	$11.11
Banks	$9.48	$10.71	$11.24
Barker	$8.78	$9.16	$10.40
Barton	$10.65	$12.20	$13.53
Bass	$10.01	$10.57	$11.97
Batman	$11.70	$11.96	$12.52
Bendigo	$8.18	$9.29	$10.49
Bennelong	$11.87	$12.90	$14.81
Berowra	$11.50	$12.86	$13.54
Blair	$9.05	$9.14	$9.67
Blaxland	$8.17	$9.02	$10.13
Bonython	$8.30	$8.32	$9.08
Boothby	$9.60	$10.39	$10.93
Bowman	$11.55	$12.40	$13.42
Braddon	$7.99	$7.91	$8.56
Bradfield	$13.88	$15.26	$17.44
Brand	$9.00	$9.06	$10.22
Brisbane	$13.07	$13.95	$14.46

Bruce	$13.09	$12.98	$14.42
Burke	$10.86	$11.21	$13.07
Calare	$10.56	$11.25	$12.18
Calwell	$10.93	$11.16	$12.94
Canberra	$13.87	$14.48	$16.59
Canning	$10.48	$10.40	$11.05
Capricornia	$9.73	$10.11	$11.51
Casey	$12.06	$12.76	$13.85
Charlton	$10.95	$10.35	$11.79
Chifley	$12.82	$14.65	$14.73
Chisholm	$13.03	$13.38	$15.02
Cook	$10.59	$11.29	$13.20
Corangamite	$9.48	$10.28	$12.16
Corio	$9.27	$9.77	$11.31
Cowan	$10.05	$9.31	$11.57
Cowper	$8.24	$9.07	$11.14
Cunningham	$8.65	$9.42	$10.24
Curtin	$14.27	$14.50	$16.39
Dawson	$13.91	$14.08	$15.02
Deakin	$12.10	$12.99	$14.08
Denison	$8.05	$8.69	$9.15
Dickson	$10.38	$11.24	$12.54
Dobell	$8.94	$9.43	$10.38
Dunkley	$11.89	$12.14	$12.45
Eden-Monaro	$9.99	$10.70	$12.46
Fadden	$11.82	$12.28	$13.27
Fairfax	$7.34	$7.50	$9.36
Farrer	$9.98	$10.19	$11.77
Fisher	$8.93	$8.89	$10.11
Flinders	$9.65	$10.07	$11.22
Forde	$10.58	$11.01	$11.71
Forrest	$10.80	$11.54	$12.69
Fowler	$9.60	$10.10	$11.76
Franklin	$8.30	$8.45	$9.34
Fraser	$14.47	$14.98	$16.12
Fremantle	$14.64	$14.68	$14.96
Gellibrand	$12.77	$12.70	$12.90
Gilmore	$9.39	$10.19	$12.04
Gippsland	$8.90	$9.19	$10.15
Goldstein	$13.31	$14.46	$16.20
Grayndler	$15.15	$16.40	$18.21
Greenway	$13.78	$15.02	$16.65
Grey	$8.56	$9.00	$9.20
Griffith	$13.58	$13.58	$14.35
Groom	$10.17	$10.73	$12.06
Gwydir	$9.70	$10.22	$11.85
Hasluck	$11.00	$10.31	$11.88
Herbert	$13.60	$14.58	$15.73
Higgins	$15.33	$15.90	$17.37
Hindmarsh	$9.75	$10.42	$10.66
Hinkler	$9.81	$10.28	$11.94
Holt	$10.90	$11.49	$11.65
Hotham	$10.44	$11.64	$12.36
Hughes	$10.08	$10.95	$12.68

Hume	$10.90	$11.53	$13.86
Hunter	$9.73	$10.34	$11.90
Indi	$9.41	$9.81	$10.50
Isaacs	$11.14	$11.47	$11.77
Jagajaga	$11.45	$11.99	$13.72
Kalgoorlie	$13.38	$13.70	$15.18
Kennedy	$11.44	$12.37	$13.34
Kingsford-Smith	$13.38	$15.09	$15.93
Kingston	$8.82	$8.97	$9.76
Kooyong	$14.83	$15.73	$17.25
La Trobe	$11.51	$12.28	$14.31
Lalor	$10.31	$10.76	$11.38
Leichhardt	$12.24	$12.44	$14.34
Lilley	$11.67	$12.83	$14.02
Lindsay	$10.42	$11.60	$12.26
Lingiari	$15.33	$15.72	$16.97
Longman	$9.63	$9.94	$10.10
Lowe	$14.11	$15.50	$17.66
Lyne	$8.39	$8.69	$10.06
Lyons	$8.96	$9.09	$9.79
Macarthur	$10.40	$11.20	$12.84
Mackellar	$14.59	$15.55	$17.65
Macquarie	$10.64	$11.57	$12.96
Makin	$9.82	$9.57	$10.57
Mallee	$9.59	$9.32	$11.60
Maranoa	$9.81	$10.47	$12.23
Maribyrnong	$11.08	$11.05	$12.12
Mayo	$9.58	$10.50	$11.21
McEwen	$10.81	$11.45	$12.01
McMillan	$8.48	$9.09	$10.46
McPherson	$10.97	$12.10	$13.58
Melbourne	$14.55	$15.56	$17.17
Melbourne Ports	$14.05	$15.20	$17.18
Menzies	$13.18	$13.95	$15.05
Mitchell	$14.59	$15.44	$17.71
Moncrieff	$12.84	$13.68	$14.76
Moore	$10.45	$10.12	$12.10
Moreton	$13.31	$13.34	$14.20
Murray	$10.92	$11.74	$13.16
New England	$9.64	$10.30	$11.21
Newcastle	$12.30	$11.81	$12.70
North Sydney	$15.81	$17.13	$19.56
O'Connor	$10.66	$10.95	$12.55
Oxley	$10.32	$10.25	$10.89
Page	$9.40	$9.76	$11.30
Parkes	$10.51	$10.62	$12.34
Parramatta	$12.61	$13.87	$15.00
Paterson	$10.91	$11.19	$12.56
Pearce	$11.25	$10.56	$12.25
Perth	$13.73	$11.39	$12.94
Petrie	$11.38	$11.93	$11.85
Port Adelaide	$9.42	$10.24	$10.39
Prospect	$11.33	$12.63	$13.55
Rankin	$12.46	$13.33	$13.46

Reid	$11.55	$13.18	$13.24
Richmond	$9.85	$9.66	$10.82
Riverina	$10.15	$10.67	$13.55
Robertson	$8.90	$9.21	$10.58
Ryan	$12.20	$13.72	$14.83
Scullin	$10.38	$10.85	$12.34
Shortland	$9.53	$9.30	$10.83
Solomon	$16.85	$17.94	$19.42
Stirling	$12.17	$11.45	$12.57
Sturt	$9.72	$10.38	$11.59
Swan	$11.88	$12.18	$13.54
Sydney	$17.65	$18.58	$19.62
Tangney	$13.54	$14.73	$16.30
Throsby	$10.76	$11.32	$11.93
Wakefield	$8.65	$9.01	$10.24
Wannon	$9.21	$9.64	$10.44
Warringah	$16.15	$17.32	$19.60
Watson	$9.89	$11.14	$13.06
Wentworth	$17.58	$19.31	$20.94
Werriwa	$9.25	$9.88	$12.07
Wide Bay	$9.11	$9.49	$9.82
Wills	$11.32	$12.16	$12.26
Total[(a)]	$10.95	$11.50	$12.77

(d)

Federal Electoral Division	**Dec 00**	**Dec 01**	**Dec 02**
	Total Services	**Total Services**	**Total Services**
Adelaide	153,983	159,586	148,807
Aston	174,254	175,495	172,667
Ballarat	132,487	136,431	128,224
Banks	188,230	191,810	189,650
Barker	135,441	135,987	138,078
Barton	201,032	206,805	202,669
Bass	101,127	99,575	100,403
Batman	208,653	203,349	199,798
Bendigo	121,076	122,668	122,856
Bennelong	162,292	170,178	166,210
Berowra	158,522	163,459	158,437
Blair	142,139	146,975	143,483
Blaxland	260,163	265,855	260,141
Bonython	204,660	211,934	195,804
Boothby	151,705	158,763	150,797
Bowman	178,433	181,039	170,931
Braddon	110,509	113,309	108,478
Bradfield	150,127	151,187	151,161
Brand	142,038	134,790	140,424
Brisbane	162,354	163,089	151,123
Bruce	192,796	187,695	184,140
Burke	168,243	177,175	174,212
Calare	123,523	124,336	124,392
Calwell	233,803	234,560	241,187
Canberra	153,710	155,158	144,360

Canning	120,686	123,102	120,296
Capricornia	122,298	129,203	128,767
Casey	153,857	150,972	145,212
Charlton	142,812	143,326	134,758
Chifley	252,149	249,973	250,973
Chisholm	168,746	164,846	158,710
Cook	152,433	155,337	156,358
Corangamite	124,837	127,206	122,605
Corio	139,783	138,822	136,726
Cowan	150,796	150,723	147,916
Cowper	120,953	126,097	124,075
Cunningham	164,413	168,236	164,218
Curtin	130,643	133,037	130,068
Dawson	136,118	150,282	149,050
Deakin	160,657	155,795	152,417
Denison	118,286	121,796	116,340
Dickson	156,235	157,394	146,202
Dobell	156,061	159,986	148,917
Dunkley	159,594	151,064	141,615
Eden-Monaro	114,802	116,685	113,953
Fadden	179,925	182,889	175,455
Fairfax	155,290	162,265	157,073
Farrer	114,368	112,814	115,818
Fisher	187,625	196,132	181,078
Flinders	155,883	151,799	147,481
Forde	169,557	175,778	168,210
Forrest	109,298	113,820	117,798
Fowler	274,764	279,275	278,957
Franklin	116,329	119,547	113,588
Fraser	161,864	156,575	143,029
Fremantle	143,781	147,547	142,745
Gellibrand	196,730	189,627	181,036
Gilmore	128,432	133,456	132,801
Gippsland	117,766	121,260	121,501
Goldstein	169,378	169,717	171,737
Grayndler	201,368	199,587	194,562
Greenway	212,250	222,785	222,606
Grey	138,433	142,844	144,400
Griffith	175,999	173,970	161,419
Groom	152,015	155,747	139,572
Gwydir	123,073	126,983	124,549
Hasluck	149,804	150,459	144,947
Herbert	137,268	136,391	142,592
Higgins	159,840	155,222	156,318
Hindmarsh	162,048	168,824	160,242
Hinkler	117,162	127,365	133,926
Holt	214,298	210,834	205,933
Hotham	184,288	177,229	174,295
Hughes	167,097	172,671	169,697
Hume	125,982	131,224	130,204
Hunter	123,429	124,025	124,746
Indi	120,592	118,324	114,812
Isaacs	170,932	168,119	164,925
Jagajaga	157,913	157,314	156,322

Kalgoorlie	99,882	96,790	99,627
Kennedy	129,765	128,306	125,577
Kingsford-Smith	209,238	218,474	205,392
Kingston	167,299	170,118	159,353
Kooyong	141,126	137,146	137,063
La Trobe	162,692	167,630	164,435
Lalor	173,854	174,359	172,118
Leichhardt	154,206	158,866	153,769
Lilley	173,512	171,310	156,398
Lindsay	181,100	182,375	174,487
Lingiari	51,052	51,827	58,891
Longman	182,608	182,394	175,933
Lowe	181,914	186,937	186,879
Lyne	146,734	152,423	149,400
Lyons	100,407	101,195	98,785
Macarthur	197,593	215,036	214,425
Mackellar	159,693	159,536	153,910
Macquarie	151,869	153,565	147,657
Makin	160,738	161,597	153,335
Mallee	122,683	126,438	123,752
Maranoa	130,478	132,818	130,212
Maribyrnong	198,074	191,233	186,578
Mayo	145,487	151,510	143,156
McEwen	150,652	155,701	159,247
McMillan	139,756	141,308	140,143
McPherson	204,295	207,547	198,985
Melbourne	202,188	195,903	192,209
Melbourne Ports	176,949	168,716	166,816
Menzies	152,584	150,632	151,900
Mitchell	153,170	158,754	159,858
Moncrieff	200,349	203,496	197,655
Moore	137,622	137,622	136,507
Moreton	170,870	170,482	159,155
Murray	119,645	118,937	115,776
New England	112,933	116,650	114,002
Newcastle	151,921	153,941	144,629
North Sydney	145,651	146,323	144,713
O'Connor	113,617	116,085	115,285
Oxley	199,731	201,218	185,943
Page	121,469	123,550	123,063
Parkes	110,841	116,598	120,205
Parramatta	210,588	217,744	214,135
Paterson	130,679	136,957	130,763
Pearce	133,965	138,770	139,009
Perth	164,976	164,422	158,119
Petrie	179,690	180,625	164,634
Port Adelaide	189,099	195,468	186,170
Prospect	243,658	249,150	249,043
Rankin	200,524	204,358	189,631
Reid	242,771	249,399	246,591
Richmond	143,837	150,732	148,373
Riverina	109,741	108,768	107,733
Robertson	161,478	163,210	152,873
Ryan	141,023	141,985	133,243

Scullin	198,012	197,883	203,826
Shortland	146,797	149,599	140,814
Solomon	75,138	79,415	71,285
Stirling	182,378	179,343	178,384
Sturt	157,203	161,123	152,507
Swan	145,508	148,507	143,716
Sydney	186,916	192,237	190,849
Tangney	150,423	149,416	150,015
Throsby	177,935	189,346	189,659
Wakefield	135,471	141,866	140,004
Wannon	116,744	115,879	113,158
Warringah	162,739	162,714	158,284
Watson	229,144	232,842	226,295
Wentworth	163,344	165,542	161,051
Werriwa	193,743	201,777	202,470
Wide Bay	147,647	150,891	148,485
Wills	206,747	202,024	200,820
Total[(a)]	23,746,408	24,054,845	23,461,144

[(a)] Electorate statistics were compiled from statistics by enrolment postcode. Since some postcodes overlap federal electoral division boundaries, data by enrolment postcode were mapped to electorate using data from the Census of Population and Housing showing the percentage of the population of the postcode in each federal electoral division. Excludes statistics for postcodes which could not be mapped to electorate - In particular, Australia Post post box/mail centre postcodes.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-188

OUTCOME 2: ACCESS TO MEDICARE

Topic: BULK BILLING STATISTICS (state by state) (December quarter figures).

Written Question on Notice

Senator McLucas asked:

(a) What are the state and territory breakdowns of the percentage of total unreferred (GP) attendances bulk billed for the quarters ending 30 December 2000, 30 December 2001 and 30 December 2002?
(b) What are the state and territory breakdowns of the number of total unreferred (GP) attendances bulk billed for the quarters ending 30 December 2000, 30 December 2001 and 30 December 2002?
(c) What are the state and territory breakdowns for the average patient contribution per service (patient billed services only) for total unreferred (GP) attendances for the quarters ending 30 December 2000, 30 December 2001 and 30 December 2002?
(d) What are the state and territory breakdowns for the number of services for total unreferred (GP) attendances for the quarters ending 30 December 2000, 30 December 2001 and 30 December 2002?

Answer:

(a)

	Dec 00	**Dec 01**	**Dec 02**
State/Territory	**Bulk Billing %**	**Bulk Billing %**	**Bulk Billing %**
NSW	81.4%	80.0%	77.4%
VIC	77.0%	73.7%	67.8%
QLD	78.7%	75.8%	65.2%
SA	72.5%	70.3%	62.5%
WA	75.0%	71.8%	66.6%
TAS	60.2%	58.9%	55.6%
NT	63.9%	63.3%	63.3%
ACT	59.4%	53.4%	38.1%
TOTAL	77.6%	75.2%	69.6%

(b)

State/Territory	Dec 00 Bulk Billed Services	Dec 01 Bulk Billed Services	Dec 02 Bulk Billed Services
NSW	6,804,666	6,856,008	6,521,096
VIC	4,666,468	4,425,612	4,016,520
QLD	3,458,896	3,394,843	2,789,944
SA	1,381,133	1,378,815	1,171,734
WA	1,566,639	1,509,049	1,386,105
TAS	330,257	327,881	299,651
NT	83,364	86,422	85,397
ACT	189,975	168,710	111,241
TOTAL	18,481,398	18,147,340	16,381,688

(c)

State/Territory	Dec 00 Average Patient Contribution[(a)]	Dec 01 Average Patient Contribution[(a)]	Dec 02 Average Patient Contribution[(a)]
NSW	$11.00	$11.69	$13.29
VIC	$11.03	$11.66	$12.94
QLD	$11.07	$11.70	$12.66
SA	$9.24	$9.72	$10.58
WA	$11.83	$11.73	$13.13
TAS	$8.68	$8.97	$9.78
NT	$16.37	$17.20	$18.61
ACT	$14.15	$14.73	$16.36
TOTAL	$10.96	$11.51	$12.78

[(a)] These are averages for when a patient contribution is charged.

(d)

State/Territory	Dec 00 Total Services	Dec 01 Total Services	Dec 02 Total Services
NSW	8,364,119	8,572,081	8,421,317
VIC	6,064,101	6,007,537	5,920,506
QLD	4,393,285	4,481,601	4,278,236
SA	1,904,630	1,962,695	1,875,852
WA	2,089,275	2,101,481	2,082,278
TAS	548,659	557,037	539,285
NT	130,405	136,476	134,957
ACT	319,991	316,168	292,002
TOTAL	23,814,465	24,135,076	23,544,433

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-189

OUTCOME 2: ACCESS TO MEDICARE

Topic: BULK BILLING STATISTICS – FURTHER BREAKDOWNS.

Written Question on Notice

Senator McLucas asked:

(a) Please provide the Committee with a breakdown of bulk billing rates for unreferred services by RRMA, 1996/97 – 2002/03 (December quarter), in the form of Table 1 in Attachment A of the Paper addressing bulk billing rates, Department Policy Forum (document provided in response to an FOI request lodged by the Australian newspaper).

(b) Please provide the Committee with a breakdown of bulk billing rates for unreferred services for persons aged 65+ and Rest of Population, 1996/97 – 2002/03 (December quarter), in the form of Table 2 in Attachment A of the Paper addressing bulk billing rates, Departmental Policy Forum, December 2001 (document provided in response to an FOI request lodged by The Australian newspaper).

(c) Please provide the Committee with a breakdown of bulk billing rates for unreferred services by RRMA for persons aged 65+ and Rest of Population, 1996/97 – 2002/03 (December quarter), in the form of Table 3 in Attachment A of the Paper addressing bulk billing rates, Departmental Policy Forum, December 2001 (document provided in response to an FOI request lodged by The Australian newspaper).

(d) Please provide the Committee with a breakdown of the percentage of general practice providers with 1000 or more service levels by RRMA who bulk bill in the following bands: Less than 30%, 30% to 60%, 60% to 90% and 90% to 100%, December 2002, in the form of Chart 2 Attachment A of the Paper addressing bulk billing rates, Departmental Policy Forum, December 2001 (document provided in response to an FOI request lodged by The Australian newspaper).

(e) Please provide the Committee with a breakdown of GP bulk billing rates and patient contribution by age group for December quarter 2002, in the form of Table 2 in the June Quarter 2002 Quarterly Medicare Report (document provided in response to an FOI request lodged by The Australian newspaper).

(f) Please provide the Committee with a breakdown of GP bulk billing rates and patient contribution by RRMA for December quarter 2002, in the form of Table 3 in the June Quarter 2002 Quarterly Medicare Report (Document provided in response to an FOI request lodged by The Australian newspaper).

(g) Please provide the Committee with a breakdown of bulk billing rates by item for December quarter 2002, in the form of Table 4 in the June Quarter 2002 Quarterly Medicare Report (document provided in response to an FOI request lodged by The Australian newspaper).

(h) Please provide the Committee with a comparison of persons per FTE GP Ratio and Bulkbilling rate by RRMA showing figures for the December quarter 1996/97 and December quarter 2002/2003, in the form of Table 3 in the paper addressing bulk billing rates for the Department Policy Forum, December 2001 (document 8 provided in response to an FOI request lodged by The Australian newspaper).

Answer:

(a)
Bulk Billing rates for unreferred services by RRMA

	RRMA 1	RRMA 2	RRMA 3	RRMA 4	RRMA 5	RRMA 6	RRMA 7	Total
	Capital Cities	Other Metro Area	Large Rural Area	Small Rural Area	Other Rural	Remote	Other Remote	
1996/97	85.9	81.3	65.7	64.8	62.1	56.0	70.1	80.6
1997/98	85.6	80.1	63.7	63.1	59.6	56.7	69.6	79.8
1998/99	85.4	79.5	61.7	61.7	59.1	57.6	70.1	79.4
1999/2000	85.2	78.6	60.8	61.7	58.6	59.0	70.1	79.1
2000/2001	83.8	76.2	59.8	60.9	57.7	60.0	69.5	78.6
2001/2002	80.8	72.3	59.0	59.3	56.6	58.9	70.0	74.9
2002/2003 (to Dec)	76.0	68.2	54.4	54.4	53.6	57.3	70.2	70.4
Difference 96/97 - 02/03	-9.9	-13.1	-11.3	-10.4	-8.5	1.3	0.1	-10.2

(b)
Bulk Billing and Patient Charge for 65+ Population and Rest of Population

Patients 65+			
	Bulk Billed (%)	Average Patient Contribution (for Patient Billed Services)	GP Income from Patient Charges
1996/97	86.88	$7.33	$20.5m
1997/98	85.94	$7.59	$23.3m
1998/99	85.46	$7.82	$24.9m
1999/00	85.34	$8.12	$26.4m
2000/01	84.31	$8.54	$30.2m
2001/02	82.29	$9.08	$36.7m
2002/03 (Dec qtr)	78.37	$9.77	$24.1m

Rest of Population			
	Bulk Billed (%)	Average Patient Contribution (for Patient Billed Services)	GP Income from Patient Charges
1996/97	78.90	$9.20	$157.6m
1997/98	78.18	$9.77	$173.4m
1998/99	77.78	$10.31	$184.7m
1999/00	77.32	$10.93	$196.6m
2000/01	75.71	$11.58	$219.4m
2001/02	72.75	$12.29	$258.1m
2002/03 (Dec qtr)	68.05	$13.36	$164.2m

(c)

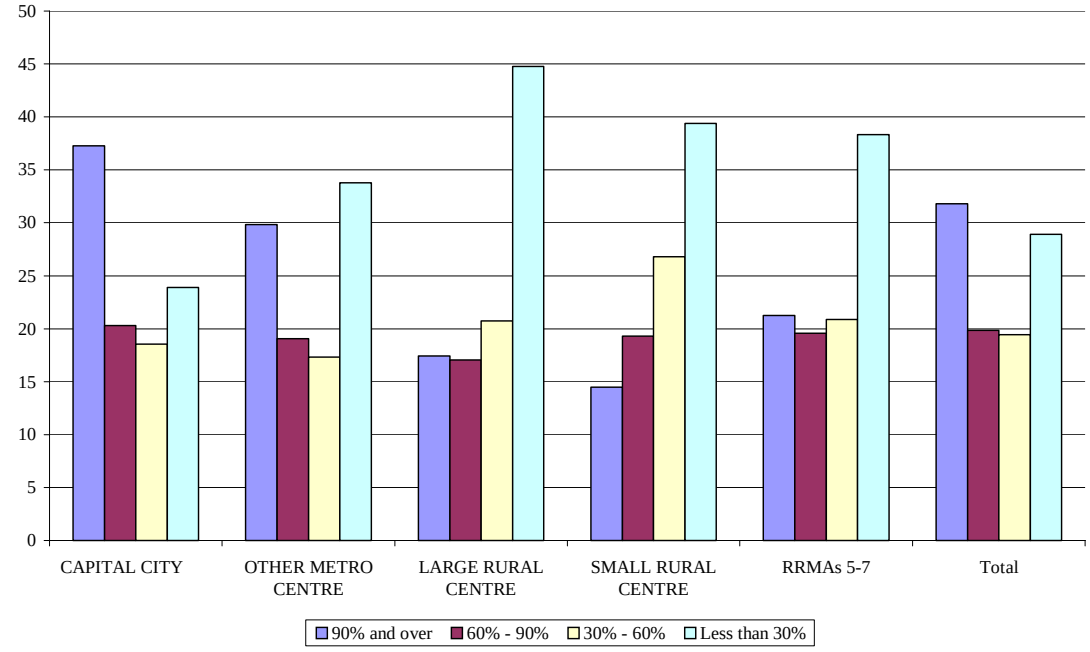
Bulk Billing for Patients aged 65+ years and Rest of Population by RRMA (percent)

	RRMA 1	RRMA 2	RRMA 3	RRMA 4	RRMA 5	RRMA 6	RRMA 7	Australia
	Capital Cities	Other Metro Area	Large Rural Area	Small Rural Area	Other Rural	Remote	Other Remote	
Patients Aged 65+ years								
1996/97	90.93	89.55	77.38	78.26	71.92	76.05	80.37	86.88
1997/98	90.65	88.08	74.09	76.98	69.03	76.56	78.88	85.94
1998/99	90.66	87.48	71.19	74.62	68.04	76.94	79.98	85.46
1999/00	90.85	86.59	70.10	74.06	67.78	76.17	80.11	85.34
2000/01	90.19	84.43	69.01	72.33	66.86	76.15	79.36	84.31
2001/02	88.31	80.35	67.49	70.00	65.87	76.28	80.64	82.29
2002/03 (Dec qtr)	84.52	76.21	62.78	64.49	62.68	75.56	79.35	78.37
Difference 96/97 - 02/03	-6.4	-13.3	-14.6	-13.8	-9.2	-0.5	-1.0	-8.5

	RRMA 1	RRMA 2	RRMA 3	RRMA 4	RRMA 5	RRMA 6	RRMA 7	Australia
	Capital Cities	Other Metro Area	Large Rural Area	Small Rural Area	Other Rural	Remote	Other Remote	
Rest of Population								
1996/97	84.68	78.77	62.29	60.36	59.08	53.42	68.22	78.90
1997/98	84.36	77.57	60.63	58.45	56.59	54.07	67.87	78.18
1998/99	84.09	76.93	58.88	57.36	56.17	54.91	68.16	77.78
1999/00	83.68	75.90	57.98	57.39	55.48	56.42	67.98	77.32
2000/01	82.09	73.41	56.90	56.70	54.51	57.53	67.39	75.71
2001/02	78.74	69.47	56.27	55.19	53.24	56.11	67.65	72.75
2002/03 (Dec qtr)	73.66	65.45	51.64	50.52	50.28	54.47	68.16	68.05
Difference 96/97 - 02/03	-11.0	-13.3	-10.7	-9.8	-8.8	1.1	-0.1	-10.8

(d)

General Practice Providers with 1,000 or more service levels – Bulk Billing Rate (percent) for the December Quarter 2002



(e)

Bulk Billing Rates and Patient Contribution by Age for December Qtr 2002

Age Group	Total Services	Bulk Billed	Bulk Billing Rate	Total C'bution	Average C'bution *
	Number	Number	Percent	$	$
Total	23,533,271	16,374,144	69.58	92,155,981	12.87
0-14	3,544,927	2,500,792	70.55	12,839,026	12.30
15-29	3,630,789	2,528,293	69.93	15,022,744	13.63
30-44	4,554,741	3,003,801	65.95	22,015,229	14.19
45-59	4,819,610	3,057,265	63.43	24,646,413	13.99
60-64	1,420,648	983,226	69.21	5,276,531	12.06
65+	5,562,556	4,300,767	77.32	12,355,938	9.79

*for patient billed services

(f)
Bulk Billing rates and Patient Contribution for Unreferred services by RRMA – Dec Qtr 2002

	Total Services	Bulk Billed	Bulk Billing (%)	Total C'bution	Ave. C'bution *
	Number	Number	Percent	$	$
Total	23,544,433	16,381,688	69.58	92,211,730	$12.87
Sydney	5,863,705	4,988,709	85.08	13,106,890	$14.98
Rest of RRMA 1	10,283,741	7,135,503	69.39	41,724,414	$13.25
Total RRMA 1	16,147,446	12,124,212	75.08	54,831,305	$13.63
RRMA 2	1,820,724	1,236,509	67.91	7,632,623	$13.06
RRMA 1 & 2	17,968,170	13,360,721	74.36	62,463,927	$13.56
RRMA 3	1,269,298	677,563	53.38	7,120,678	$12.03
RRMA 4	1,358,117	729,878	53.74	7,193,825	$11.45
RRMA 5	2,528,984	1,339,396	52.96	13,295,098	$11.18
RRMA 6	171,795	99,058	57.66	1,127,858	$15.51
RRMA 7	236,909	167,528	70.71	954,705	$13.76
RRMA 3-7	5,565,103	3,013,423	54.15	29,692,163	$11.64

* for patient billed services

(g)
A1, A2, Item 23 and EPC Bulk Billing (%) by RRMA for December Qtr 2002

	RRMA 1	RRMA 2	RRMA 3	RRMA 4	RRMA 5	RRMA 6	RRMA 7
A1	68.76	69.55	68.58	64.91	62.59	68.62	76.71
A2	80.09	83.52	81.98	79.10	75.97	79.02	81.12
Item 23	66.79	72.96	65.32	47.89	49.92	52.30	66.88
EPC	95.85	94.64	97.23	96.2	95.79	95.80	95.80

(h)
This question is unable to be answered at this time as data will not be available until the end of April.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-193

Topic: HEALTH INSURANCE COMMISSION

Written Questions on Notice

Senator McLucas asked:

Could you please brief the Committee on any changes to payment processes which the HIC is currently implementing or has recently implemented?

Answer:

HIC currently provides a number of payment options for both providers and patients.

For Bulk Bill claims, no payment is required direct to the patient. Providers have the option of claiming either by cheque or an EFT payment into their nominated bank account. All payments are made after appropriate assessing and in line with the required policy and legislative guidelines.

Until recently, the option of receiving EFT payments for Bulk Bill claims was only available to those providers that submitted their claims electronically under the Medclaims system. This was originally instigated as an incentive for providers to take up electronic claiming. HIC has now provided the option of direct EFT payments to all bulk billing providers, regardless of their method of claiming.

There have been no recent changes to the payment processes for patient claims. In general, patients have the following options:

(a) Pay the bill directly to the provider and either:
- claim the rebate at a Medicare office and receive either a cash or cheque payment or have their payment directly deposited to their nominated bank account;
- submit the claim by telephone, fax, mail, HIC Online or IBA Healthpoint device to HIC, and have the choice of receiving a cheque rebate by post or have their payment directly deposited to their nominated bank account.

(b) Obtain an invoice from the provider and submit a claim for an unpaid account to Medicare. A cheque is issued, in the name of the provider, to the claimant for them to forward to the provider, together with any balance owing by the patient.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-142

OUTCOME 2: ACCESS TO MEDICARE

Topic: PREVENTION - OSTEOPOROSIS

Written Question on Notice

Senator McLucas asked:

(a) What preventative measures is the Government taking to address osteoporosis?
(b) What funding is available for these measures?
(c) Why can women at risk of osteoporosis get HRT medication on the PBS, but are unable to get the PBS subsidy on other proven pharmaceutical treatments such as bisphosphonates unless they have actually had a bone fracture?
(d) Will the Government make early detection tests such as measurement of Bone Mineral Density, more readily available under Medicare?
(e) Has the Government assessed the cost effectiveness of making people determined to be at risk for osteoporosis eligible for testing and access to subsidised medications?
(f) If yes, what do these results say?
(g) If not, why not?
(h) Will osteoporosis be made a National Health Priority?

Answer:

(a) No drugs are listed on the PBS specifically for the prevention of osteoporosis. Hormone replacement therapy (HRT) is listed as an unrestricted benefit, but its long-term use for prevention of osteoporosis is no longer encouraged. The Commonwealth also funds under Medicare and Pharmaceutical benefits arrangements diagnosis and treatment for certain groups at risk of, or with, osteoporosis. The 2002-03 Budget measure, and the new National Health Priority area (see h) will focus on osteoporosis, osteoarthritis and rheumatoid arthritis across the continuum of care, in particular, addressing modifiable risk factors. This budget initiative and new national health priority area will be implemented with advice from an expert group and in accordance with a National Action Plan.

(b) In the 2002-03 Federal Budget, the Government provided $11.5 million over four years to improve care for people with arthritis and musculoskeletal conditions through access to quality treatment, diagnosis and prescribing information, and the promotion of self management options such as improved nutrition and physical activity.

Medicare benefits expenses in 2001-2002 for bone mineral density testing were $9,645,121.

(c) For a medicine to be considered for subsidy under the PBS, an application needs to be put forward (usually by the manufacturer) to the Pharmaceutical Benefits Advisory Committee (PBAC), the independent expert advisory body which advises the Government on such matters. The Committee is legally required to take into account a number of criteria, including the medical conditions for which the medicine has been approved for marketing in Australia, and its medical effectiveness, cost-effectiveness (value for money) and safety compared with other treatments.

Several HRT formulations are available as unrestricted pharmaceutical benefits, and hence, although no longer encouraged, may be prescribed for use in the treatment and prevention of osteoporosis irrespective of whether a women has had a bone fracture due to minimal trauma. For these formulations, the PBAC has deemed use is cost-effective when these formulations are use in accordance with the medical conditions for which they were approved for marketing.

The pharmaceutical benefit availability of drugs known as the bisphosphonates (Fosamax, Actonel and Didrocal) and Evista (raloxifene) for the treatment of osteoporosis, is limited to patients with osteoporosis who have experienced a fracture due to minimal trauma. This is because this is the only patient group in which cost-effectiveness has been demonstrated. To date, no manufacturer has presented data to substantiate that their drug is cost-effective in prophylactic treatment of osteoporotic fracture. Since the Committee's decisions are evidence based, it can not recommend a change to listing in the absence of the necessary supporting cost-effectiveness data.

The PBAC is aware of the importance of prevention of disease. It takes into account many factors in assessing the cost-effectiveness of a medication proposed for PBS listing. These include costs of hospitalisation or other medical treatments that may be required if the medication is not available, as well as less tangible factors such as patients' quality of life.

(d) The Department has recently referred the indications for Bone Mineral Density (BMD) testing to the Medical Services Advisory Committee (MSAC) for review and advice. MSAC's advice will be based on the scientific evidence for safety, effectiveness and cost effectiveness of BMD testing and will inform any decisions about indications for this technology.

(e) See answer to question (d).

(f) See answer to question (d).

(g) See answer to question (d).

(h) In July 2002, the Commonwealth Minister for Health and Ageing gained the support of all Australian Health Ministers to establish arthritis and musculoskeletal conditions as the seventh national health priority area.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-184

OUTCOME 2: ACCESS TO MEDICARE

Topic: PHARMACY PROVISION IN RURAL AREAS

Written Question on Notice

Senator McLucas asked:

(a) What are the latest statistics in relation to the number of pharmacies in rural areas per capita?
(b) What measures has the Government taken to provide incentives for pharmacists to locate in rural areas to buy into pharmacies where existing people are retiring? and
(c) What are the benefits actually generated by these programs and are they making any headway against the increasing ageing of rural pharmacists?

Answer:

(a) Statistics showing the number of pharmacies per capita in rural areas are published in the Department's Annual Report. The most recent Annual Report shows an average of 4,193 people per rural pharmacy (Department of Health and Ageing Annual Report, 2001-02, page 97).

(b) In the 2000 Budget the Government introduced the Enhanced Rural and Remote Pharmacy Package. The package provides an additional amount of $41.6 million over four years aimed at retaining and improving access to pharmacies for communities in rural and remote areas.

One of the measures in the package, the Succession Allowance, provides $60,000 over two years to purchasers of existing pharmacies in more remote communities where there is a need for a community pharmacy and the existing owners have had difficulty in attracting a purchaser. These arrangements are providing particular assistance to retiring pharmacists by attracting purchasers for pharmacies which would otherwise have closed down. A total of eighteen Succession Allowances have been taken up in Victoria, New South Wales, Western Australia, Tasmania and Queensland.

In addition rural and remote pharmacies can receive ongoing financial support through the Rural and Remote Pharmacy Allowance (RPMA). Payments under the RPMA are structured so that smaller, more remote pharmacies receive the highest degree of support. This assistance promotes the ongoing sustainability of pharmacies in regional Australia, making them a more attractive investment.

(c) In addition to the programs aimed at retaining pharmacies in rural and remote areas of Australia the Rural and Remote Pharmacy Workforce Development Program (RRPWDP) includes a number of measures specifically targeting the ageing of the rural pharmacy workforce. RRPWDP offers two scholarship schemes to encourage students to choose rural pharmacy as a career. The *Rural and Remote Undergraduate Scholarship Scheme* provides fifty scholarships to students from rural and remote Australia to undertake tertiary undergraduate studies in Pharmacy. Twenty-nine of these scholarships have been awarded in 2002-03. A process to award the remaining scholarships is currently in place.

The *Aboriginal and Torres Strait Islander Pharmacy Scholarships Scheme* provides scholarships to Aboriginal and Torres Strait Islander students to encourage and enable indigenous students to undertake undergraduate studies in Pharmacy at University. Four of the fifteen scholarships available have been awarded since the scheme was introduced in 2001-02. The Pharmacy Guild has a process in place to ensure the availability of the remaining scholarships is promoted to potential applicants.

The *Rural Pharmacy Promotion Campaign* was launched by the Deputy Prime Minister, John Anderson MP on 17 October 2002, to promote pharmacy as a career to rural students. This campaign is funded through the Department under the RRPWDP and incorporated television ads featuring Adam Spencer (Triple J ABC radio presenter) and the distribution of brochures to regional high school students. This was seen to be successful campaign due to the level of positive feedback received by the Pharmacy Guild.

A formal independent evaluation of the program will be undertaken in 2004.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-185

OUTCOME 2: ACCESS TO MEDICARE

Topic: PATHOLOGY PROVISION IN RURAL AREAS

Written Question on Notice

Senator McLucas asked:

(a) How many additional pathology collection centres have been established since the new legislation in 2000 in each of the 7 classifications of urban and rural zones?
(b) How many public pathology collection centres at small hospitals have closed in that time in rural areas?
(c) Has an evaluation been undertaken of the net impact of the new rules to promote competition between private pathology centres and has this demonstrated that services for the public have improved?

Answer:

(a) The new pathology specimen collection arrangements commenced on 1 December 2001 and as at 30 September 2002 there were 1,645 approved collection centres (370 Rural and Remote, 1,275 Other (includes metropolitan areas)) operating. This is comparable to 1,444 (314 Rural and Remote and 1,130 Other) collection centres operating prior to the commencement of the Approved Collection Centre arrangements. This equates to an increase in collection centres of 201(56 Rural and Remote, 145 Other). We are unable to categorise the collection centres into 7 classifications of urban and rural zones as the only information necessary to manage the arrangements is reported under the above categories. It should be noted that the location of collection centres is not the only relevant factor in determining access to pathology services for the public as collection centres are not the only way that specimens are collected in the community. Pathology specimens can be collected at other places such as nursing homes, private hospitals, day hospital facilities, the premises of recognised hospitals, doctors' surgeries and patients' homes.

(b) Under both under the Licensed Collection Centre arrangements and the new pathology specimen collection arrangements effective 1 December 2001, collection facilities located at public hospitals were/are not required to be approved collection centres as defined under the *Health Insurance Act 1973.* No information on whether any collection facilities at small public hospitals have closed, therefore, is available as part of the Commonwealth's pathology specimen collection arrangements.

(c) The Review of Commonwealth legislation for pathology arrangements under Medicare considered the issue of the new pathology specimen collection arrangements and in its final report dated December 2002 recommended that:

- The current way of regulating collection centres may not be appropriate or sustainable in the longer term. However, as new arrangements for collection centres have recently been put in place, further changes in this area should be deferred until any benefits from the new arrangements have had time to be realised.

A government response to this recommendation is currently being developed. The new approved collection centre arrangements are being phased in over a four year period. The financial year 2002-03 is the first full year of the arrangements so the net impact cannot be evaluated at present. The transitional arrangements cease on 30 June 2005. The implementation of the new arrangements is being monitored by the Pathology Consultative Committee as part of the Pathology Quality and Outlays Agreement.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-152

OUTCOME 2: ACCESS TO MEDICARE

Topic: CANCER TREATMENT

Written Question on Notice

Senator McLucas asked:

Surveys by the Royal Australian and New Zealand College of Radiologists have shown that Australian cancer patients are not getting the radiation treatment they need.

What is the Department doing to improve this situation?

Answer:

In response to concerns regarding access to radiotherapy services (including those raised by the Royal Australian and New Zealand College of Radiologists in 2001), the Radiation Oncology Inquiry was announced by the previous Minister for Health and Aged Care, the Hon Dr Michael Wooldridge on 27 August 2001. The Inquiry, chaired by Professor Peter Baume AO, examined the complete picture for radiation oncology and developed a national plan to promote increased patient access to these treatment services in the future.

The Inquiry's report and the Government's response were publicly released in September 2002. In November 2002, the Australian Health Ministers' Conference agreed to the Government's proposal that the Inquiry's recommendations be considered by a Radiation Oncology Jurisdictional Implementation Group (ROJIG) established for this purpose. The first meeting of the ROJIG will be in March 2003. This group will examine patient access issues as a matter of priority.

Additionally, in May 2002 the Federal Budget committed an extra $72.7 million over four years under the 'Better treatment for cancer patients' measure to improve regional patient access to radiotherapy services. In 2002, Senator Patterson also approved funding to increase the number of radiation therapist undergraduate trainees in the 2002 and 2003 cohorts. A shortage of radiation therapists was identified by the Inquiry as the main factor limiting the availability of radiotherapy services.

In 2002, Senator Patterson also approved $3.6 million in up-front Health Program Grant funding to replace grossly outdated equipment in seven radiotherapy facilities across Australia.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-153

OUTCOME 2: ACCESS TO MEDICARE

Topic: CANCER TREATMENT

Written Question on Notice

Senator McLucas asked:

There are 859 funded positions for radiation therapists in Australia and only 770 are filled.

(a) How many positions of radiation therapists are funded?
(b) How many of these are filled?
(c) What is the Department doing to ensure that sufficient numbers of radiologists, radiation therapists, and radiation physicists are trained in Australia?
(d) How many training places are provided annually for radiologists and for radiation therapists?
(e) What is the estimate of need for radiologists and radiation therapists?

Answer:

(a-b) In 2000, the Royal Australian and New Zealand College of Radiologists' (RANZCR) *National Strategic Plan for Radiation Oncology* identified 841 radiation therapists filling 771 full-time equivalent (FTE) positions, with 88 FTE positions remaining vacant. As these positions are located in facilities which are operated either privately or by State and Territory health departments, the Department does not have more current information on these positions.

(c-d) Radiation oncologists are the medical specialists responsible for radiotherapy treatment. Currently, the Australian Medical Workforce Advisory Committee (AMWAC) makes recommendations on the number of medical training positions.

Based on a report from AMWAC, the Baume Inquiry into Radiation Oncology considered that the number of radiation oncologists is sufficient to meet current needs, and that the vacancy rate of 3% does not indicate an acute problem.

However, in 1998 AMWAC also recommended that there should be 69 total training positions for radiotherapy in Australia to avoid future shortfalls. In 2002, the RANZCR only offered 58 accredited training positions. To ensure that radiation oncologist numbers continue to meet demand, the Inquiry recommended this be increased to meet AMWAC's 1998 recommendations. This recommendation will be progressed through the Radiation Oncology Jurisdictional Implementation Group (ROJIG).

The Department does not have responsibility for non-medical workforce numbers. However, the recent Baume Inquiry identified non-medical workforce shortages as the greatest immediate problem. The recommendations of the Inquiry will be taken forward by the ROJIG, which was agreed by Health Ministers in November 2002.

Although significant workforce reform will be sought through the ROJIG, the Department is also addressing the non-medical workforce shortages by:

- *providing funding for an additional 114 university places for radiation therapy students over the 2002 and 2003 intakes;*
- *providing $70,000 in seed funding for the development of a medical physicist trainee program, which will be administered by the Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM); and*
- exploring alternative entry-ways to the radiation therapist profession, by providing Monash University with seed funding of $15,000 to draw up a graduate-entry course for radiation therapists.

The Department's understanding is that, following the additional funding for radiation therapist undergraduate students, 169 places were offered by universities in the 2002 intake and the same number will be offered in 2003. 112 places were offered in the 2001 intake.

(e) As mentioned, AMWAC makes recommendations on the number of medical training positions required.

There is currently no national planning for radiation therapists. Such planning was recommended by the Inquiry and will be taken forward by the ROJIG.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-095

OUTCOME 2: ACCESS TO MEDICARE

Topic: COMMUNITY PHARMACY AGREEMENT

Hansard Page: CA 137

Senator McLucas asked:

So I can get an understanding of the community pharmacy agreement, could you provide us with a breakdown of the funds, in subprogram, that are part of that agreement?

Answer:

The Third Community Pharmacy Agreement (Agreement) between the Commonwealth and the Pharmacy Guild of Australia (Guild) is for a five year period from 1 July 2000 to 30 June 2005. Under the Agreement the Commonwealth has made a commitment to spend $397 million, over the life of the Agreement, on community pharmacy programs developed in close consultation with and agreed to by the Guild. It also provides the flexibility to respond to emerging needs and changing priorities within the scope of the Agreement.

Funds appropriate for the Agreement are distributed in accordance with the terms of the Agreement across three main subprogram areas over the life of the Agreement:

- $74 million for a set of rural initiatives to maintain access to quality pharmacy services for the community in rural and remote areas of Australia;
- $114 million for Medication Management Services, including Home Medicines Reviews introduced in 2001; and
- $188 million for the Pharmacy Development Program (PDP), promoting the enhanced involvement of community pharmacy in the pursuit of quality and cost effective services delivery.

These funds are in addition to the remuneration provided to pharmacists for dispensing Pharmaceutical Benefits Scheme medicines.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-03, 13 February 2003

Question: E03-190
(Revised)

OUTCOME 2: ACCESS TO MEDICARE

Topic: IMPROVED MONITORING OF ENTITLEMENTS

Written Question on Notice

Senator McLucas asked:

(a) Community Pharmacy Agreement: "Could you please provide the Committee with a breakdown of the total funds which are available under the Community Pharmacy Agreement in each financial year from 1 July 2000 to 30 June 2005, identifying the programmes or measures to which funds have been committed and any remaining uncommitted funds in each year of the agreement?"
(b) Improved Monitoring of Entitlements: "What is the cost of the review?"
(c) Improved Monitoring of Entitlements: "Where is the funding for the review being sourced?"
(d) What is the timetable for that review?

Answer:

(a) Please refer to the answer for E03 – 095 (Hansard page CA 137 refers)

(b) $198,000

(c) From departmental running costs.

(d) March-April 2002.

Ageing and Aged Care
GPO Box 9848, Canberra ACT 2601
Telephone: (02) 6213 4817 Fax: (02) 6213 4834

Senator Knowles
Senate Community Affairs Legislation Committee
Parliament House
CANBERRA ACT 2600

Dear Senator Knowles

Additional Estimates Hearing of 13 February 2003: Outcome 3

On 13 February 2003 I appeared before the Senate Community Affairs Legislation Committee to answer questions in relation to Outcome 3: Enhanced Quality of Life for Older Australians.

I would like to amend a statement made by me at this time. When asked about the National Model Care Documentation System for residential aged care, I stated:

The contract has been signed for people who are going to do a pilot. We hope to have this pilot operational in the third week of March, I think *(see page CA214 of the Proof Committee Hansard of 13 February 2003).*

This was incorrect. A select tender process had been completed but a contract was yet to be signed.

Jane Bailey
Assistant Secretary
Quality Outcomes Branch
February 2003

Ageing and Aged Care
GPO Box 9848, Canberra ACT 2601
Telephone: (02) 6213 4817 Fax: (02) 6213 4834

Chair, Senate Community Affairs Legislation Committee
Parliament House
CANBERRA ACT 2600

Dear Senator Knowles

Clarification to record of Senate Community Affairs Legislation Committee, Consideration of Additional Estimates, Thursday 13 February 2003

I am writing to clarify information provided in answer to a question regarding Outcome 3, on page CA208 of the proof Hansard.

Senator Moore asked "How many allocations have actually been revoked in the last 12 months?", referring to provisionally allocated aged care places under the *Aged Care Act 1997*.

In response, I advised that in the last 12 months, 161 provisionally allocated places had been revoked, surrendered or lapsed. The figure of 161 actually refers to the number of provisionally allocated places more than 2 years old that were revoked, surrendered or lapsed in the last 12 months, not to all provisionally allocated places that may have been revoked, surrendered or lapsed over this period. I was answering in the context of Senator Moore's preceding questions, which concerned the number of provisionally allocated places that were more than 2 years old.

I apologise for not fully qualifying my answer and would ask you to accept this clarification to the record.

Yours sincerely

Lesley Podesta
Assistant Secretary
Residential Program Management Branch
21 February 2003

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-057

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: NATIONAL ADVISORY COMMITTEE ON AGEING

Written Question on Notice

Senator Moore asked:

(a) Why are there only two consumer representatives out of 14 members on the Government's National Advisory Committee on Ageing?
(b) How were Committee members selected?
(c) Has the Government received any complaints about the low proportion of consumer representatives on the Committee? If so, how many?
(d) If so, what is the Government planning to do to increase the proportion of consumer representatives on the Committee?

Answer:

(a) The membership of the National Advisory Committee on Ageing reflects the diversity and breadth of issues arising from the consideration of the structural ageing of Australia's population. The membership was not decided on the basis of representation of specific interest, industry or consumer groups.

(b) Members of the National Advisory Committee on Ageing were appointed by the Minister for Ageing from a range of options put forward by the Office for an Ageing Australia.

(c) The premise of the question is incorrect. It is not a body which represents a particular organisation, group or sector.

(d) As with all advisory committees the membership of the National Advisory Committee on Ageing will be periodically reviewed.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-058

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: ACCESS TO RESIDENTIAL AGED CARE

Written Question on Notice

Senator Moore asked:

Has the Department ever collected data to determine waiting times for entry into a residential aged care facility? Not 'entry period' data which is collected by AIHW, but the waiting time between interest in entering a residential aged care facility and the opportunity to do so.

Answer:

No. The Department has not collected data on waiting times for entry into a residential aged care facility.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-059

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: RESIDENTIAL CARE - ACCREDITATION

Written Question on Notice

Senator Claire Moore asked:

In relation to Aminya Village Hostel (SA):

(a) What was the Department's response to the Accreditation Agency's report – we would like detailed information about the process and timelines – eg were residents and family notified? When and how were they notified?

(b) Were sanctions placed on the facility to ensure that no new residents entered the facility? If not, why not?

(c) How often were unannounced spot inspections done in the facility since the previous Site Audit? If they weren't done often, why not?

(d) Had the Department received any complaints about the facility? If so, what action was taken?

Answer:

(a) The Department imposed sanctions on the approved provider on 23 September 2002 and sent a letter to all residents and their representatives on 26 September 2002. A meeting between the approved provider and residents and relatives was held on 6 October 2002. Departmental representatives attended this meeting. Information on the sanctions imposed is available on the Department's website.

(b) Yes

(c) The Department and the Agency undertook over 900 spot checks nationally in 2002.

(d) No.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-060

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: RESIDENTIAL CARE - ACCREDITATION

Written Question on Notice

Senator Claire Moore asked:

In relation to Girrawheen Court Hostel (Vic):

(e) What was the Department's response to the Accreditation Agency's report – we would like detailed information about the process and timelines – eg were residents and family notified? When and how were they notified?

(f) Were sanctions placed on the facility to ensure that no new residents entered the facility? If not, why not?

(g) How often were unannounced spot inspections done in the facility since the previous Site Audit? If they weren't done often, why not?

(h) Had the Department received any complaints about the facility? If so, what action was taken?

Answer:

(a) The Department imposed sanctions on the approved provider of Girrawheen Community Hostel on 20 January 2003 and sent a letter to all residents and their representatives on 23 January 2003. A meeting between the approved provider and residents and relatives was held on 4 February 2003. Departmental representatives attended this meeting. Information on the sanctions imposed is available on the Department's website.

(b) Yes

(c) The Department and the Agency undertook over 900 spot checks nationally in 2002.

(d) Yes. The complaints were dealt with under the Aged Care Complaints Resolution Scheme (CRS). The CRS is a free service available to anyone who wishes to make a complaint about a Commonwealth funded aged care service.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-061

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: RESIDENTIAL CARE - ACCREDITATION

Written Question on Notice

Senator Claire Moore asked:

In relation to Girrawheen Nursing Home (Vic):

(i) What was the Department's response to the Accreditation Agency's report – we would like detailed information about the process and timelines – eg were residents and family notified? When and how were they notified?

(j) Were sanctions placed on the facility to ensure that no new residents entered the facility? If not, why not?

(k) How often were unannounced spot inspections done in the facility since the previous Site Audit? If they weren't done often, why not?

(l) Had the Department received any complaints about the facility? If so, what action was taken?

Answer:

(a) Residents and relatives were informed on 15 October 2002 that the home's accreditation period had been reduced. The Department issued a Notice of Non-Compliance on 18 October 2002.

(b) No. The Department issued a Notice to Remedy Non-Compliance on 15 November 2002.

(c) The Department and the Agency undertook over 900 spot checks nationally in 2002.

(d) No.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-062

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: RESIDENTIAL CARE - ACCREDITATION

Written Question on Notice

Senator Claire Moore asked:

In relation to Heiden Park Lodge (NSW);

(m) What was the Department's response to the Accreditation Agency's report – we would like detailed information about the process and timelines – eg were residents and family notified? When and how were they notified?

(n) Were sanctions placed on the facility to ensure that no new residents entered the facility? If not, why not?

(o) How often were unannonced spot inspections done in the facility since the previous Site Audit? If they weren't done often, why not?

(p) Had the Department received any complaints about the facility? If so, what action was taken?

Answer:

(a) Departmental Officers met with the approved provider to discuss the implications of the fire and ensure residents continued to receive appropriate care and accomodation.

(b) No.

(c) The Department and the Agency undertook over 900 Spot Checks nationally in 2002.

(d) Yes. The complaints were dealt with under the Complaints Resolution Scheme (CRS). The CRS is a free service available to anyone who wishes to make a complaint about a Commonwealth funded aged care service.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-063

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: RESIDENTIAL CARE - ACCREDITATION

Written Question on Notice

Senator Claire Moore asked:

In relation to Nunawading Community Hostel (Vic):

(q) What was the Department's response to the Accreditation Agency's report – we would like detailed information about the process and timelines – eg were residents and family notified? When and how were they notified?

(r) Were sanctions placed on the facility to ensure that no new residents entered the facility? If not, why not?

(s) How often were unannounced spot inspections done in the facility since the previous Site Audit? If they weren't done often, why not?

(t) Had the Department received any complaints about the facility? If so, what action was taken?

Answer:

(a) The home achieved three years accreditation. No Departmental action was initiated.

(b) No.

(c) The Department and the Agency undertook over 900 Spot Checks nationally in 2002.

(d) No.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-064

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: RESIDENTIAL CARE - ACCREDITATION

Written Question on Notice

Senator Claire Moore asked:

In relation to Ripplebrook Village (Vic):

(u) What was the Department's response to the Accreditation Agency's report – we would like detailed information about the process and timelines – eg were residents and family notified? When and how were they notified?

(v) Were sanctions placed on the facility to ensure that no new residents entered the facility? If not, why not?

(w) How often were unannonced spot inspections done in the facility since the previous Site Audit? If they weren't done often, why not?

(x) Had the Department received any complaints about the facility? If so, what action was taken?

Answer:

(a) The Department issued a Notice of Non-Compliance on 16 January 2003. Residents are not generally informed when a Notice of Non-Compliance is issued.

(b) No. The Department issued a Notice to Remedy Non-Compliance on 25 February 2003.

(c) The Department and the Agency undertook over 900 spot checks nationally in 2002.

(d) Yes. The complaints were dealt with under the Aged Care Complaints Resolution Scheme (CRS). The CRS is a free service available to anyone who wishes to make a complaint about a Commonwealth funded aged care service.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-065

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: VIABILITY FUNDING

Written Question on Notice

Senator Moore asked:

In relation to overpaid funds given to agencies for viability funding during the Interim Payment System, have any agencies indicated any difficulty in repaying the funds to the Government?

Answer:

The Department will commence recovery action in March 2003. Each provider will be given the opportunity to contact the Department to discuss their situation, should the amount of the repayment cause financial hardship.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-102

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: VIABILITY FUNDING

Hansard Page: CA215

Senator Forshaw asked:

In relation to a report by Aged and Community Services Australia which referred to the fact that a small number of homes were over and under paid viability funding, due to a Departmental administrative error, I would like to know the names of the facilities, how much funding they were either underpaid or overpaid, and details as to how the error occurred.

Answer:

Changes to the calculation of viability funding in relation to residential care were announced in June 2001, with effect from January 2001. To support these changes, the Viability Interim Payment System (VIPS) was developed to determine eligibility and calculate entitlements for aged care homes in respect of viability funding until required modifications could be made to the Department's mainframe aged care payment system, SPARC.

The required SPARC changes were successfully implemented in March 2002, after which viability payments were paid automatically from the SPARC system for claims processed subsequent to 9 March 2002.

Unlike SPARC viability payments, which are calculated based on accurate occupancy information submitted with each claim, VIPS payments for the period 1 January 2001 to 28 February 2002 were calculated based on a predicted, rolling average entitlement.

As a result, a reconciliation of viability funding paid during the period 1 January 2001 to 28 February 2002 was undertaken, with the results being subject to an external quality review by Ernst & Young.

Underpayments were remitted to providers in early February 2003. Action to recover overpayments commenced in March 2003. Providers were notified appropriately in February and March 2003.

The actual names of the facilities, or services, involved is protected information under the *Aged Care Act 1997*

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-066

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: YOUNGER PEOPLE IN NURSING HOMES

Written Question on Notice

Senator Moore asked:

(a) What are the latest figures of people under age 65 years in residential aged care facilities. Can these figures be broken down by State/Territory and aged care planning region?
(b) Do those figures include Aboriginal and Torres Strait Islander people aged under 65, or are some Aboriginal and Torres Strait Islander people aged under 65 years excluded from this data due to an alternative definition of 'aged' for Aboriginal and Torres Strait Islander people?
(c) What is the government doing to ensure that people aged under 65 years in residential aged care facilities are receiving appropriate care?

Answer:

(a) There were 6071 people aged less than 65 years in permanent Commonwealth-subsidised residential aged care at 28 February 2003 as detailed in the table below. There were in addition 120 respite care residents aged less than 65 years.

State / Territory	Aged Care Planning Region	
NSW	Central Coast	76
	Central West	68
	Far North Coast	68
	Hunter	180
	Illawarra	85
	Inner West	344
	Mid North Coast	89
	Nepean	138
	New England	68
	Northern Sydney	197
	Orana Far West	53
	Riverina/Murray	97
	South East Sydney	248
	South West Sydney	191
	Southern Highlands	68

	Western Sydney		255
		NSW	2225
Vic	Barwon-South Western		97
	Eastern Metro		241
	Gippsland		68
	Grampians		82
	Hume		62
	Loddon-Mallee		85
	Northern Metro		279
	Southern Metro		302
	Western Metro		223
		Vic	1439
Qld	Brisbane North		159
	Brisbane South		206
	Cabool		89
	Central West		8
	Darling Downs		95
	Far North		100
	Fitzroy		43
	Logan River Valley		63
	Mackay		37
	North West		28
	Northern		80
	South Coast		111
	South West		15
	Sunshine Coast		91
	West Moreton		61
	Wide Bay		96
		Qld	1282
WA	Goldfields		18
	Great Southern		19
	Kimberley		25
	Metropolitan East		119
	Metropolitan North		83
	Metropolitan South East		94
	Metropolitan South West		67
	Mid West		8
	Pilbara		9
	South West		22
	Wheatbelt		9
		WA	473
SA	Eyre Peninsula		1
	Hills, Mallee & Southern		27
	Metropolitan East		108
	Metropolitan North		47
	Metropolitan South		59
	Metropolitan West		66
	Mid North		12
	Riverland		12
	South East		13
	Whyalla, Flinders & Far North		10

	Yorke, Lower North & Barossa		30
		SA	385
Tas	North Western		38
	Northern		40
	Southern		77
		Tas	155
ACT			47
NT	Alice Springs		18
	Barkly		6
	Darwin		34
	Katherine		7
		NT	65
Australia			**6071**

Note: These figures are as extracted on 15 May 2003 and are subject to some variation as adjusted data are received from aged care providers

(b) The above figures are for all residents aged less than 65 years, including Aboriginal and Torres Strait Islander people.

(c) Residential aged care is not the most appropriate setting for the delivery of care to a younger person. That younger people are accommodated in residential aged care suggests that residential aged care is acting as an overflow system for State and Territory disability services.

The Commonwealth does not directly fund or plan accommodation support for people with disabilities. This is a State and Territory responsibility under the Commonwealth-State/Territory Disability Agreements (CSTDA) that have been in operation since 1991.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-067

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: RESIDENTIAL CARE USER CHARGES

Written Question on Notice

Senator Moore asked:

(a) In relation to 'Australia's Welfare 2001' report which states that "Taking all payments by the Commonwealth Government and residents into account, residents contributed 27.6% in 1997-98, and 29.0% in 1999-00" (page 244), can you provide the latest information about user charges in residential aged care, and give a breakdown by State/Territory?
(b) Has this trend of an increased proportion of user contributions continued?

Answer:

(a) Current rates (from 20 September 2002) for aged care residents' contributions to the cost of their care are made up as follows.

Basic daily care fee:

- all respite residents - maximum $25.08;
- residents receiving a full or part means tested Australian pension - maximum $25.08
- other non-pensioners residents - maximum $31.31;
- residents who were receiving care in a hostel on 30 September 1997 and who have not since moved into a former nursing home and who are residents receiving full or part means tested Australian pension - maximum $24.28;
- residents who were receiving care in a hostel on 30 September 1997 and who have not since move into a former nursing home and who are non-pensioners up to $30.51.

Daily income tested fee:

- residents receiving a full means tested Australian pension - not applicable;
- residents receiving part means tested Australian pension may be asked to pay up to $19.42 if they have a private income per year of $31,292 (single) or $61,855 (married - combined);
- non-pensioner residents may be asked to pay up to $43.93 if they have a private income per year of $66,978 (single) or $133,228 (married - combined).

Daily accommodation charges (high care recipients):

- concessional residents - not applicable;
- assisted residents - maximum of $6.73;
- other residents - maximum of $13.45

Analysis of the results of the 2002 Survey of Aged Care Homes indicates that the estimated mean daily accommodation charges paid by those new residents who agreed to pay a charge in 2001-02 were: Australian Capital Territory $12.72, New South Wales $12.24, Queensland $12.24, South Australia $12.06, Tasmania $12.02, Victoria $12.17, Western Australia $12.20, AUSTRALIA, $12.20. (No data are available for the Northern Territory). The mean figures for all residents could be expected to be lower.

Accommodation bond retention amounts (low care recipients):

Subject to certain limitations to protect low income residents, including pensioners, the value of accommodation bonds is a matter of agreement between the resident and the approved provider. The whole of the bond amount is not ultimately a charge to the resident. Approved providers of aged care may retain a certain amount of the bond money, the balance of which must be repaid. Accommodation bond retention amounts depend on the capped maximum amount applicable at the time the resident enters the aged care home, (which is indexed annually in line with the CPI); and the amount the provider and resident determine in the accommodation bond agreement entered into when the resident enters the aged care home. Data on average retention amounts per resident are not available.

From the Survey of Aged Care Homes mentioned above, the estimated mean of the accommodation bonds paid by new residents who agreed to pay a bond in 2001-02 was: Australian Capital Territory $97,462, New South Wales $92,974, Queensland $61,791, South Australia $66,632, Tasmania $55,680, Victoria $95,831, Western Australia $67,809, AUSTRALIA $82,989. (No data are available for the Northern Territory). The mean figure for all residents has not been surveyed, but would be expected to be lower.

(b) The figures quoted in the question were estimated by the Australian Institute of Health and Welfare. The AIHW has not yet decided whether to publish further estimates in the next edition of *Australia's Welfare*, due in late 2003. The Department's estimate of the proportion of the cost of their care borne by residents in 2001-02 is 28.5%, which falls between the 1997-98 and 1999-2000 estimates made by the AIHW.

The methodology used by the AIHW, however, may differ in some minor respects from that used by the Department.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-068

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: AGED POPULATION STATISTICS

Written Question on Notice

Senator Moore asked:

What is the latest population data of persons aged 70 and over by electorate, aged care planning regions and State/Territory?

Answer:

Below are population projections for June 2002 by aged care planning region.

The Department does not undertake aged care planning on an electorate basis.

JUNE 2002 PROJECTIONS FOR THE POPULATION OF PERSONS AGED 70 YEARS AND OVER, BY STATE/TERRITORY AND AGED CARE PLANNING REGION

Australian Capital Territory	
ACT	18,875
New South Wales	
Central Coast	39,739
Central West	16,530
Far North Coast	32,476
Hunter	56,933
Illawarra	37,939
Inner West	40,546
Mid North Coast	36,561
Nepean	19,395
New England	16,750
Northern Sydney	82,171
Orana Far West	13,843
Riverina/Murray	27,235
South East Sydney	80,754
South West Sydney	49,831
Southern Highlands	22,016
Western Sydney	47,132
New South Wales total	619,851

Northern Territory	
Alice Springs	801
Barkly	140
Darwin	2,756
East Arnhem	159
Katherine	284
Northern Territory total	4,140
Queensland	
Brisbane North	41,100
Brisbane South	52,709
Cabool	22,210
Central West	1,058
Darling Downs	20,367
Far North	13,878
Fitzroy	12,368
Logan River Valley	12,244
Mackay	7,465
North West	1,435
Northern	14,174
South Coast	38,448
South West	1,990
Sunshine Coast	29,540
West Moreton	11,257
Wide Bay	21,495
Queensland total	301,738
South Australia	
Eyre Peninsula	3,409
Hills, Mallee & Southern	12,321
Metropolitan East	33,772
Metropolitan North	21,011
Metropolitan South	36,878
Metropolitan West	29,660
Mid North	3,645
Riverland	3,787
South East	6,214
Whyalla, Flinders & Far North	3,729
Yorke, Lower North & Barossa	9,549
South Australia total	163,975
Tasmania	
North Western	10,524
Northern	13,910
Southern	22,332
Tasmania total	46,766
Victoria	
Barwon-Southwestern	38,299
Eastern Metro	92,340
Gippsland	25,976

Grampians	21,566
Hume	24,789
Loddon-Mallee	30,508
Northern Metro	64,021
Southern Metro	113,678
Western Metro	45,316
Victoria total	456,493
Western Australia	
Goldfields	2,124
Great Southern	6,570
Kimberley	997
Metropolitan East	22,465
Metropolitan North	39,311
Metropolitan South East	25,194
Metropolitan South West	32,378
Mid West	4,033
Pilbara	653
South West	10,330
Wheatbelt	4,180
Western Australia total	148,235
AUSTRALIA TOTAL	1,760,073

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-069

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: GENERAL ACTIVITY

Written Question on Notice

Senator Moore asked:

Please provide a list of all Advisory committees, taskforces or any other reference group established within Outcome 3 since March 1996, including their Terms of Reference and Membership.

For each of the above groupings, please provide the original timeline of operation and details of any subsequent extensions of time (ie when they started, how often they met and if applicable when they stopped meeting).

Please provide details of the original budget for each grouping including details of meeting costs, production of reports etc.

Please provide details of actual costs associated with each grouping and where applicable, forward estimates of costs.

Foe each grouping, please provide details of any community consultations, round tables, forums or any meetings that have been held, details of who attended these event, where were these held and the cost of each event?

For each grouping please provide details of any reports that were produced.

Please indicate the cost of the writing and producing each of these reports.

Answer:

The detailed information sought is either not available or would require a very substantial resource commitment to retrieve. Accordingly, the Department is not in a position to divert the substantial resources required to answer this question.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-097

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: RESIDENTIAL AGED CARE - OPERATING AND NON-OPERATING PLACES

Hansard Pages: CA206-209

Senator Moore asked:

(a) What are the latest figures:
  (i) for operational and allocated residential aged care places and community aged care packages (including the aged care allocation round announced in November 2002)?
  (ii) Can these figures be refined to a State/Territory level?
  (iii) We are also asking for the electorate base as well.
(b) Of the allocated places that are in the system, how many (by State and Territory) are not yet operational?
(c) How many of those beds that are not operational are around or over two years old (by State and Territory)?
(d) What is the oldest allocated bed? (there may be more than one).

Answer:

(a) Figures provided for operating and allocated residential aged care places and Community Aged Care Packages (including the aged care allocation round announced in November 2002) are as at 31 December 2002.

  (i-ii) Allocated and operating places by State and Territory, as advised to the Committee on 13 February 2003, are at Attachment 1.

  (iii) Aged care planning is undertaken on the basis of Aged Care Planning Regions, not electorates.

(b) Under the *Aged Care Act 1997*, approved providers have two years in which to make their provisionally allocated places operational. The number of allocated places includes provisionally allocated places.

(c) Attachment 2 shows the number of provisionally allocated places that were allocated more than 2 years previously at 31 December 2002 (by State and Territory).

(d) The longest-standing provisional allocation is one for a special needs group for 30 places that was allocated on 22 December 1988. The service is expected to open in June 2003.

State/Territory	High Care	Low Care	Total Residential	Community Aged Care Packages	TOTAL PLACES
NSW	30,692	28,315	**59,007**	9,643	**68,650**
VIC	19,744	23,817	**43,561**	7,159	**50,720**
QLD	13,594	15,538	**29,132**	4,479	**33,611**
WA	6,658	8,062	**14,720**	2,354	**17,074**
SA	7,868	8,113	**15,980**	2,629	**18,609**
TAS	2,263	2,185	**4,448**	800	**5,248**
ACT	757	969	**1,726**	362	**2,088**
NT	327	243	**570**	505	**1,075**
Australia	**81,903**	**87,242**	**169,144**	**27,931**	**197,075**

Note: Flexible care places are attributed as high care, low care and CACPs. As some places are attributed on the basis of less than a whole place, totals may not add due to rounding.

Operating Aged Care Places by State and Territory at 31 December 2002

State/Territory	High Care	Low Care	Total Residential	Community Aged Care Packages	TOTAL PLACES
NSW	28,835	22,966	**51,801**	9,470	**61,271**
VIC	17,462	19,074	**36,536**	6,811	**43,347**
QLD	12,518	14,293	**26,811**	4,459	**31,270**
WA	5,940	6,765	**12,705**	2,349	**15,054**
SA	7,262	6,890	**14,151**	2,525	**16,676**
TAS	2,225	1,788	**4,013**	768	**4,781**
ACT	635	890	**1,525**	362	**1,887**
NT	284	193	**477**	464	**941**
Australia	**75,161**	**72,859**	**148,019**	**27,208**	**175,227**

Note: Flexible care places are attributed as high care, low care and CACPs. As some places are attributed on the basis of less than a whole place, totals may not add due to rounding.

Provisionally Allocated Places Allocated More than 2 Years Previously by State and Territory at 31 December 2002

State/Territory	High Care	Low Care	Total Residential	CACP	TOTAL PLACES
NSW	78	435	**513**	0	**513**
VIC	94	368	**462**	0	**462**
QLD	0	136	**136**	0	**136**
WA	0	116	**116**	0	**116**
SA	0	50	**50**	0	**50**
TAS	0	25	**25**	0	**25**
ACT	0	0	**0**	0	**0**
NT	0	0	**0**	0	**0**
Australia	**172**	**1,130**	**1,302**	**0**	**1,302**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-098

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: RESIDENT CLASIFICATION SCALE

Hansard Page: CA 212

Senator Claire Moore asked:

Can we get an update on the table provided last time (RCS Reviews by State, 1 July 2001 to 30 June 2002) – can we update that table (for the next half year), dated the end of December 2002?

Answer:

RCS Reviews by State - 1 July 2002 to 31 December 2002

	Unchanged		**Upgraded**		**Downgraded**		
State	**No**	%	**No**	%	**No**	%	*Total*
NSW/ACT	1433	56	168	7	956	37	2557
Vic	554	55	42	4	409	41	1005
Qld	793	53	77	5	619	42	1489
WA	425	64	24	4	212	32	661
SA/NT	417	62	36	5	216	32	669
Tas	128	62	5	2	73	35	206
Total	3750	57	352	5	2485	38	6587

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-100

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: RESIDENT CLASIFICATION SCALE REVIEW

Hansard Page: CA 214

Senator Moore asked:

(In relation to the Resident Classification Scale Review) can we find out what were the costs related to that review?

Answer:

Final costs related to the Review are not yet available.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-099

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: FIRE SAFETY STANDARDS

Hansard Page: CA 213

Senator Forshaw asked:

Can you provide us with the number of residential aged care homes by state and territory that do not meet expected outcome 4.6 for audits undertaken for the second round of accreditation from May 2002.

Answer:

As at 31 January 2003 approximately 554 homes had their 'second round' accreditation decision. Of those homes the Agency found five: one in Queensland; one in South Australia; one in Victoria; and two homes in Western Australia to be non-compliant with expected outcome 4.6, fire, security and other emergencies.

All these homes were advised of what improvements were required and the Agency will continue to monitor them to ensure compliance with the Accreditation Standards.

Figures showing homes' compliance with each of the 44 expected outcomes for the entire second round of Accreditation will not be complete until all round two audits have been undertaken and decisions made. It is anticipated that this will be finalised early 2004.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2002-2003, 13 February 2003

Question: E03-101

OUTCOME 3: ENHANCED QUALITY OF LIFE FOR OLDER AUSTRALIANS

Topic: NATIONAL MODEL CARE DOCUMENTATION SYTEM FOR RESIDENTIAL AGED CARE

Hansard Page: CA 214-2

Senator Moore asked:

(a) Can we be advised of where those pilot sites (to pilot the model documentation system in operational homes) are?
(b) I am also interested in the costs in that review as well; how much that particular process is costing?

Answer:

(a) The pilot sites have not been selected as yet.

(b) Final costs are not available as the project is still in progress.