Community Affairs
Legislation Committee

Examination of Additional Estimates 2004-2005

Additional Information Received

VOLUME 4

Outcomes 3, 4, 6, 7, 8, 9

HEALTH AND AGEING PORTFOLIO

MAY 2005

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 2004-2005

Included in this volume are answers to written questions on notice and tabled papers relating to the additional estimates hearing on 17 February 2005

HEALTH AND AGEING PORTFOLIO

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 & 18 February 2005

Question: E05-001

OUTCOME 3: Enhanced Quality of Life for Older Australians

Written Question on Notice

Senator McLucas asked:

What is the ratio of allocated places (high and low residential and Community and Aged care Packages (CACP)) for each Aged Care Planning Region?

Answer:

As at 30 June 2004 the ratio of allocated places (high and low residential and community care [including community aged care packages and Extended Aged Care at Home] places) is at **Attachment A**. Table includes flexible care places: Extended Aged Care at Home, Multipurpose Services, permanently allocated Innovative Care and Aboriginal and Torres Strait Islander Flexible places.

The ratios do not include the 13,030 places being allocated through the 2004 Aged Care Approvals Round.

Attachment A

	30 June 2004 - Total allocated ratio				
Aged Care Planning Region	**HIGH**	**LOW**	**RESI**	**COMM.**	**TOTAL**
Central Coast	39.5	48.5	**88.0**	16.6	**104.6**
Central West	47.3	51.0	**98.3**	14.8	**113.1**
Far North Coast	38.4	47.9	**86.3**	16.1	**102.4**
Hunter	41.1	46.8	**87.9**	13.7	**101.6**
Illawarra	37.9	44.3	**82.2**	16.3	**98.5**
Inner West	79.1	40.6	**119.6**	19.0	**138.6**
Mid North Coast	37.8	49.2	**87.0**	16.1	**103.1**
Nepean	58.8	43.8	**102.7**	16.1	**118.7**
New England	43.8	51.2	**95.0**	17.7	**112.8**
Northern Sydney	56.7	50.5	**107.2**	12.9	**120.0**
Orana Far West	38.0	57.4	**95.3**	24.1	**119.4**
Riverina/Murray	40.3	47.5	**87.8**	15.9	**103.6**
South East Sydney	45.9	36.7	**82.6**	17.2	**99.9**
South West Sydney	47.6	41.1	**88.6**	15.8	**104.4**
Southern Highlands	36.3	54.7	**91.0**	14.5	**105.5**
Western Sydney	57.1	39.6	**96.7**	14.2	**110.8**
NEW SOUTH WALES TOTAL	47.8	45.4	**93.1**	15.8	**108.9**
Barwon-South Western	45.0	54.4	**99.4**	17.5	**116.9**
Eastern Metro	43.3	52.3	**95.6**	14.4	**110.0**
Gippsland	42.3	52.2	**94.5**	15.1	**109.5**
Grampians	43.4	50.5	**93.9**	18.3	**112.2**
Hume	43.5	54.5	**98.0**	15.8	**113.8**
Loddon-Mallee	41.8	50.8	**92.6**	16.5	**109.1**
Northern Metro	43.7	49.2	**92.8**	17.7	**110.5**
Southern Metro	42.7	51.0	**93.7**	15.5	**109.2**
Western Metro	41.6	56.4	**98.0**	17.5	**115.5**
VICTORIA TOTAL	43.0	52.1	**95.1**	16.1	**111.2**

	30 June 2004 - Total allocated ratio				
Aged Care Planning Region	**HIGH**	**LOW**	**RESI**	**COMM.**	**TOTAL**
Brisbane North	54.2	53.0	**107.2**	13.8	**121.0**
Brisbane South	47.5	49.9	**97.5**	13.3	**110.8**
Cabool	39.1	47.3	**86.5**	11.3	**97.8**
Central West	63.3	49.2	**112.6**	69.3	**181.9**
Darling Downs	44.7	51.4	**96.1**	16.3	**112.4**
Far North	38.5	50.4	**88.9**	21.6	**110.5**
Fitzroy	45.7	55.6	**101.4**	19.3	**120.7**
Logan River Valley	30.6	47.2	**77.8**	15.4	**93.2**
Mackay	41.5	44.7	**86.2**	16.2	**102.4**
North West	40.0	52.8	**92.8**	56.2	**149.1**
Northern	49.8	52.2	**102.0**	15.5	**117.5**
South Coast	37.2	46.4	**83.6**	12.4	**96.0**
South West	36.4	72.3	**108.8**	47.7	**156.5**
Sunshine Coast	36.9	45.7	**82.7**	12.2	**94.8**
West Moreton	39.9	58.5	**98.4**	12.1	**110.5**
Wide Bay	38.1	47.4	**85.5**	14.1	**99.6**
QUEENSLAND TOTAL	42.7	49.7	**92.4**	14.7	**107.1**
Goldfields	62.2	56.3	**118.6**	25.2	**143.8**
Great Southern	40.4	58.0	**98.4**	17.5	**115.9**
Kimberley	66.5	89.9	**156.4**	48.9	**205.3**
Metropolitan East	47.8	57.1	**104.8**	17.1	**121.9**
Metropolitan North	38.7	54.3	**93.0**	14.4	**107.4**
Metropolitan South East	58.5	52.4	**110.9**	17.2	**128.1**
Metropolitan South West	36.6	47.4	**84.0**	11.8	**95.8**
Mid West	34.5	46.3	**80.8**	21.0	**101.8**
Pilbara	51.5	90.9	**142.4**	85.8	**228.1**
South West	37.9	56.5	**94.4**	16.2	**110.6**
Wheatbelt	28.7	40.0	**68.6**	15.9	**84.5**
WESTERN AUSTRALIA TOTAL	43.1	52.9	**96.1**	15.8	**111.9**

	30 June 2004 - Total allocated ratio				
Aged Care Planning Region	**HIGH**	**LOW**	**RESI**	**COMM.**	**TOTAL**
Eyre Peninsula	30.9	57.7	**88.6**	23.9	**112.5**
Hills, Mallee & Southern	42.5	50.7	**93.2**	17.5	**110.8**
Metropolitan East	67.0	55.2	**122.1**	12.2	**134.4**
Metropolitan North	51.2	44.5	**95.6**	14.7	**110.4**
Metropolitan South	42.8	42.0	**84.8**	17.3	**102.1**
Metropolitan West	43.2	42.7	**85.9**	17.1	**103.0**
Mid North	19.7	64.7	**84.4**	19.1	**103.5**
Riverland	32.3	52.6	**84.9**	18.4	**103.3**
South East	30.7	58.2	**89.0**	15.3	**104.3**
Whyalla, Flinders & Far North	34.3	50.0	**84.3**	39.4	**123.6**
Yorke, Lower North & Barossa	38.9	57.9	**96.7**	19.9	**116.7**
SOUTH AUSTRALIA TOTAL	47.1	48.6	**95.7**	16.7	**112.4**
North Western	43.7	43.2	**86.9**	16.8	**103.7**
Northern	52.3	40.7	**92.9**	20.4	**113.3**
Southern	48.0	48.6	**96.5**	17.1	**113.6**
TASMANIA TOTAL	48.2	45.1	**93.3**	18.0	**111.3**
Australian Capital Territory	36.3	49.1	**85.3**	19.7	**105.0**
AUSTRALIAN CAPITAL TERRITORY TOTAL	36.3	49.1	**85.3**	19.7	**105.0**
Alice Springs	113.9	58.0	**171.8**	163.6	**335.4**
Barkly	144.1	16.9	**161.0**	322.0	**483.1**
Darwin	56.2	44.7	**100.9**	85.9	**186.8**
East Arnhem	39.1	46.9	**85.9**	562.5	**648.4**
Katherine	68.2	90.9	**159.1**	189.4	**348.5**
NORTHERN TERRITORY TOTAL	70.5	50.5	**121.0**	128.5	**249.5**
AUSTRALIAN TOTAL	45.1	48.8	**94.0**	16.2	**110.2**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 & 18 February 2005

Question: E05-002

OUTCOME 3: Enhanced Quality of Life for Older Australians

Written Question on Notice

Senator McLucas asked:

What is the ratio of operational places (both high and low residential places and CACP) for each Aged Care Planning Region?

Answer:

As at June 2004 the ratio of operational places (high and low residential and community care [including community aged care packages and Extended Aged Care at Home] places) for each Aged Care Planning Region is at **Attachment A**. Table includes flexible care places: Extended Aged Care at Home, Multipurpose Services, permanently allocated Innovative Care Aboriginal and Torres Strait Islander Flexible places.

Places allocated prior to the Aged Care Act 1997 (the Act) can be deemed by the approved provider to be either high or low care, provided the premises through which they are delivered are suitable.

Since the introduction of the Act, residents in places allocated for low level care may be subsidised at high care levels to enable residents to age in place. 25.5% of operational places allocated as low care are utilised for high care. Nearly 60% of all operational residential places are utilised for high care.

		30 June 2004 – Total operational ratio				
State / Territory	**Aged Care Planning Region**	**HIGH**	**LOW**	**RESI**	**COMM.**	**TOTAL PLACES**
NSW	Central Coast	36.5	29.8	**66.2**	16.6	**82.9**
	Central West	46.2	48.6	**94.8**	14.6	**109.4**
	Far North Coast	35.0	41.7	**76.7**	16.0	**92.7**
	Hunter	40.3	40.4	**80.7**	13.7	**94.5**
	Illawarra	34.7	32.4	**67.2**	16.3	**83.5**
	Inner West	75.2	33.7	**109.0**	18.0	**126.9**
	Mid North Coast	29.7	38.9	**68.6**	16.1	**84.7**
	Nepean	57.3	34.7	**92.1**	16.1	**108.1**
	New England	40.5	46.1	**86.6**	17.0	**103.7**
	Northern Sydney	54.9	47.1	**102.0**	12.9	**114.8**
	Orana Far West	35.3	51.8	**87.0**	23.8	**110.8**
	Riverina/Murray	36.4	43.8	**80.2**	15.2	**95.4**
	South East Sydney	43.8	27.6	**71.3**	17.2	**88.6**
	South West Sydney	46.7	32.3	**79.0**	15.8	**94.8**
	Southern Highlands	31.7	45.7	**77.4**	14.5	**91.9**
	Western Sydney	56.0	34.8	**90.8**	14.2	**105.0**
NEW SOUTH WALES TOTAL		45.2	37.7	**82.8**	15.7	**98.5**
VIC	Barwon-South Western	39.0	43.9	**82.9**	17.4	**100.3**
	Eastern Metro	38.4	45.4	**83.8**	14.4	**98.1**
	Gippsland	31.9	47.6	**79.5**	15.1	**94.5**
	Grampians	40.1	47.9	**88.0**	18.3	**106.3**
	Hume	37.0	48.0	**85.0**	15.8	**100.7**
	Loddon-Mallee	40.0	46.8	**86.8**	16.5	**103.3**
	Northern Metro	39.6	40.3	**79.9**	17.5	**97.4**
	Southern Metro	37.8	43.3	**81.1**	15.5	**96.6**
	Western Metro	36.4	45.2	**81.6**	17.5	**99.1**
VICTORIA TOTAL		38.0	44.5	**82.5**	16.1	**98.6**

		30 June 2004 – Total operational ratio				
State / Territory	**Aged Care Planning Region**	**HIGH**	**LOW**	**RESI**	**COMM.**	**TOTAL PLACES**
QLD	Brisbane North	51.9	48.1	**100.0**	13.7	**113.7**
	Brisbane South	45.1	44.7	**89.8**	13.3	**103.1**
	Cabool	36.4	44.5	**80.9**	11.3	**92.2**
	Central West	63.3	49.2	**112.6**	69.3	**181.9**
	Darling Downs	43.7	49.8	**93.6**	16.2	**109.7**
	Far North	37.7	48.2	**85.9**	20.0	**105.9**
	Fitzroy	39.5	51.8	**91.3**	18.6	**109.9**
	Logan River Valley	26.5	38.1	**64.5**	15.4	**80.0**
	Mackay	41.1	44.0	**85.1**	15.3	**100.4**
	North West	31.2	52.8	**84.0**	56.2	**140.2**
	Northern	46.3	51.5	**97.8**	15.5	**113.3**
	South Coast	32.8	42.4	**75.2**	12.4	**87.6**
	South West	36.4	72.3	**108.8**	47.7	**156.5**
	Sunshine Coast	32.7	42.2	**74.9**	12.2	**87.1**
	West Moreton	39.0	56.8	**95.8**	12.1	**108.0**
	Wide Bay	34.8	43.6	**78.3**	14.1	**92.4**
QUEENSLAND TOTAL		39.8	46.0	**85.7**	14.5	**100.3**
WA	Goldfields	51.3	56.3	**107.7**	25.2	**132.9**
	Great Southern	36.6	47.8	**84.5**	16.8	**101.3**
	Kimberley	54.7	80.2	**134.9**	48.9	**183.8**
	Metropolitan East	46.4	50.3	**96.7**	17.1	**113.8**
	Metropolitan North	31.1	43.3	**74.5**	14.0	**88.5**
	Metropolitan South East	56.2	49.4	**105.6**	17.2	**122.8**
	Metropolitan South West	30.7	41.3	**71.9**	11.8	**83.8**
	Mid West	29.1	37.0	**66.1**	20.8	**86.9**
	Pilbara	51.5	34.3	**85.8**	85.8	**171.5**
	South West	32.1	44.1	**76.2**	16.2	**92.4**
	Wheatbelt	26.3	36.9	**63.2**	15.9	**79.1**
WESTERN AUSTRALIA TOTAL		38.2	45.2	**83.4**	15.7	**99.2**

30 June 2004 – Total operational ratio

State / Territory	Aged Care Planning Region	HIGH	LOW	RESI	COMM.	TOTAL PLACES
SA	Eyre Peninsula	27.4	57.7	**85.1**	23.7	**108.8**
	Hills, Mallee & Southern	36.8	47.5	**84.3**	17.5	**101.8**
	Metropolitan East	66.4	54.7	**121.2**	12.2	**133.4**
	Metropolitan North	37.3	38.5	**75.7**	14.6	**90.4**
	Metropolitan South	42.3	38.9	**81.2**	17.3	**98.6**
	Metropolitan West	42.8	38.6	**81.5**	17.1	**98.6**
	Mid North	18.5	59.6	**78.1**	19.1	**97.2**
	Riverland	31.2	50.4	**81.6**	18.4	**100.0**
	South East	28.8	45.1	**73.9**	15.3	**89.1**
	Whyalla, Flinders & Far North	34.3	50.0	**84.3**	34.0	**118.3**
	Yorke, Lower North & Barossa	37.3	55.1	**92.5**	19.9	**112.4**
SOUTH AUSTRALIA TOTAL		44.2	45.2	**89.4**	16.5	**106.0**
TAS	North Western	43.1	40.3	**83.4**	16.8	**100.2**
	Northern	47.9	40.3	**88.3**	20.4	**108.7**
	Southern	45.0	41.7	**86.7**	17.1	**103.7**
TASMANIA TOTAL		45.4	41.0	**86.4**	18.0	**104.3**
ACT	Australian Capital Territory	30.2	43.7	**73.9**	19.1	**93.0**
AUSTRALIAN CAPITAL TERRITORY TOTAL		30.2	43.7	**73.9**	19.1	**93.0**
NT	Alice Springs	103.5	58.0	**161.5**	163.6	**325.1**
	Barkly	144.1	16.9	**161.0**	322.0	**483.1**
	Darwin	49.0	38.4	**87.4**	80.3	**167.7**
	East Arnhem	39.1	46.9	**85.9**	507.8	**593.8**
	Katherine	68.2	90.9	**159.1**	138.9	**298.0**
NORTHERN TERRITORY TOTAL		63.6	46.4	**110.0**	119.1	**229.1**
AUSTRALIAN TOTAL		41.6	42.4	**84.0**	16.0	**100.0**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 & 18 February 2005

Question: E05-003

OUTCOME 3: Enhanced Quality of Life for Older Australians

Written Question on Notice

Senator McLucas asked:

What is the total number of Extended Aged Care at Home (EACH) packages before and after the Minister's announcement on 14 January 2005, by Aged Care Planning Region?

Answer:

Extended Aged Care at Home places before and after the Minister's announcement are at **Attachment A**.

This table does not include the Government's election commitment to an additional $127.7 million over four years to provide 2,000 EACH Dementia specific packages which will be allocated in the 2005-06 Aged Care Approvals Round and beyond.

The EACH program grew out of a pilot study that commenced in 1998 with 290 packages to test the feasibility and cost effectiveness of providing high level residential aged care to people living in their own homes. In the 2002 Aged Care Approvals Round, a further 160 EACH packages were made available to provide for a moderate expansion of the EACH Program and the program has been growing steadily since.

State/Territory	Aged Care Planning Regions	EACH Places before Minister's announcement	EACH Places after Minister's announcement
NSW	Central Coast	20	40
	Central West	0	10
	Far North Coast	20	35
	Hunter	0	28
	Illawarra	43	68
	Inner West	72	72
	Mid North Coast	45	60
	Nepean	0	15
	New England	0	10
	Northern Sydney	28	48
	Orana Far West	0	10
	Riverina/Murray	25	35
	South East Sydney	0	35
	South West Sydney	28	38
	Southern Highlands	25	25
	Western Sydney	0	30
	Total NSW	306	559
Victoria	Barwon-South Western	5	30
	Eastern Metro	62	92
	Gippsland	0	30
	Grampians	35	45
	Hume	0	30
	Loddon Mallee	34	44
	Northern Metro	40	70
	Southern Metro	45	75
	Western Metro	32	62
	Total Victoria	253	478
Queensland	Brisbane North	30	30
	Brisbane South	30	30
	Cabool	10	20
	Darling Downs	10	20
	Far North	10	30
	Fitzroy	0	20
	Logan River Valley	10	25
	Mackay	0	10
	North West	4	4
	Northern	15	15
	South Coast	20	35
	West Moreton	0	10
	Wide Bay	0	20
	Total Queensland	139	269
WA	Metropolitan East	21	21
	Metropolitan North	29	64
	Metropolitan South East	25	25
	Metropolitan South West	0	45
	Total Western Australia	75	155

State/Territory	Aged Care Planning Regions	EACH Places before Minister's announcement	EACH Places after Minister's announcement
SA	Hills, Mallee & Southern	20	20
	Metropolitan East	35	35
	Metropolitan North	9	39
	Metropolitan South	8	8
	Metropolitan West	0	25
	Mid North	3	3
	South East	0	10
	Whyalla, Flinders & Far North	5	5
	Yorke, Lower North & Barossa	0	10
	Total South Australia	80	155
Tas	North Western	13	13
	Northern	0	10
	Southern	12	27
	Total Tasmania	25	50
ACT	ACT	30	50
	Total ACT	30	50
NT	Alice Springs		10
	Darwin	20	30
	Total NT	20	40
Australia	Total Australia	928	1756

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: Revised E05-004

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: REVOKED RESIDENTIAL ALLOCATIONS

Written Question on Notice

Senator McLucas asked:

Have any residential allocations been revoked within the past 12 months?

Answer:

In the period of 12 months from 1 July 2003 to 30 June 2004, no operational and 36 provisionally allocated residential places were revoked.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 & 18 February 2005

Question: E05-004

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic:

Written Question on Notice

Senator McLucas asked:

Have any residential allocations been revoked within the past 12 months?

Answer:

For the 12 month period June 2003 to June 2004 no allocations were revoked.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 & 18 February 2005

Question: E05-005

OUTCOME 3: Enhanced Quality of Life for Older Australians

Written Question on Notice

Senator McLucas asked:

How many places are currently more than 2 years old (by Aged care Planning Region)?

Answer:

It is understood that this question asks about the number of places which were allocated more than two years ago but which have yet to be brought into operation.

At 30 June 2004 there were 16,353 provisional allocations. Of these, 6,238 places were more than 2 years old. **Attachment A** breaks this information down by Aged Care Planning Region.

Note table excludes flexible care places; Extended Aged Care at Home, Multipurpose Services, permanently allocated Innovative Care places and places under the National Aboriginal and Torres Strait Islander Aged Care Strategy.

3,582 of these places represent residential places allocated in the 2001 Aged Care Approvals Round, which was announced on 30 January 2002. A total of 6,286 residential care places were allocated in the 2001 ACAR, building on the 7,642 residential places allocated in the previous year.

Nationally, 70% of delays in bringing provisional allocations of residential aged care places over two years old into operation are due to issues over planning approvals or land availability and site suitability.

ACT	ACT	74
ACT Total		**74**

NSW	Central Coast	461
	Central West	31
	Far North Coast	159
	Hunter	166
	Illawarra	249
	Inner West	172
	Mid North Coast	340
	Nepean	115
	New England	33
	Northern Sydney	53
	Orana/Far West	20
	Riverina/Murray	57
	South East Sydney	246
	South West Sydney	243
	Southern Highlands	177
	Western Sydney	122
NSW Total		**2644**

NT	Darwin	37
NT Total		**37**

QLD	Brisbane North	20
	Brisbane South	10
	Cabool	39
	Darling Downs	12
	Far North	16
	Fitzroy	112
	Northern	5
	South Coast	150
	Sunshine Coast	80
	Wide Bay	20
QLD Total		**464**

SA	Metropolitan North	107
	Metropolitan South	66
	Metropolitan West	90
	Riverland	15
	South East	47
	Yorke, Lower North, Barossa	37
SA Total		**362**

TAS	North Western	12
	Southern	98
TAS Total		**110**

Vic	Barwon South Western	144
	Eastern Metro	317
	Gippsland	105
	Grampians	29
	Hume	105
	Loddon-Mallee	83
	Northern Metro	409
	Southern Metro	258
	Western Metro	360
Vic Total		**1810**

WA	Great Southern	5
	Kimberley	22
	Metro East	100
	Metro North	194
	Metro South East	33
	Metro South West	133
	Metro SW	95
	Pilbara	24
	South West	106
	Wheatbelt	25
WA Total		**737**

Grand Total	**6238**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 & 18 February 2005

Question: E05-006

OUTCOME 3: Enhanced Quality of Life for Older Australians

Written Question on Notice

Senator McLucas asked:

What is the average time it takes for CACPs packages to become operational?

Answer:

The average time taken for Community Aged Care Packages to become operational is not measured. However, the Stocktake of Aged Care Places is performed every six months and almost all newly allocated Community Aged Care Packages are operational at the date of the next Stocktake.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 & 18 February 2005

Question: E05-007

OUTCOME 3: Enhanced Quality of Life for Older Australians

Written Question on Notice

Senator McLucas asked:

What is the average time it takes for EACH packages to become operational?

Answer:

The average time taken for Extended Aged Care at Home places to become operational is not measured. However, the Stocktake of Aged Care Places is performed every six months and almost all newly allocated Extended Aged Care at Home places are operational at the date of the next Stocktake.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 & 18 February 2005

Question: E05-008

OUTCOME 3: Enhanced Quality of Life for Older Australians

Written Question on Notice

Senator McLucas asked:

At the December 2004 Stocktake, how many allocated CACPs packages were operational, and how many were not yet operational?

Answer:

The December 2004 Stocktake result is not yet available. The stocktake figures for June 2004 were as at **Attachment A.**

State / Territory	Total allocated Community Care Packages	Total operational Community Care Packages
NSW	10,278	10,192
VIC	7,709	7,685
QLD	4,792	4,740
WA	2,528	2,507
SA	2,826	2,802
TAS	881	881
ACT	411	399
NT	618	573
Australia	**30,043**	**29,779**

* Data as at June 2004. Note: includes flexible and mainstream community aged care packages

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 & 18 February 2005

Question: E05-009

OUTCOME 3: Enhanced Quality of Life for Older Australians

Written Question on Notice

Senator McLucas asked:

At the December 2004 Stocktake, how many allocated EACH packages were operational, and how many were not yet operational?

Answer:

The December 2004 Stocktake result is not yet available. The stocktake figures for June 2004 were as at **Attachment A.**

State / Territory	Total allocated EACH places	Total operational EACH places
NSW	306	249
VIC	253	248
QLD	139	134
WA	75	75
SA	80	77
TAS	25	25
ACT	30	30
NT	20	20
Australia	**928**	**858**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-121

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: DECEMBER 2004 STOCKTAKE DATA

Written Question on Notice

Senator McLucas asked:

The Department stated it would provide the following data from the December 2004 stocktake as soon as it becomes available. The ratio of allocated places (high care, low care, CACPs and EACH) for each Aged Care Planning Region.

Answer:

Data from the December 2004 stocktake will be provided to the committee when it is available.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-122

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: DECEMBER 2004 STOCKTAKE DATA

Written Question on Notice

Senator McLucas asked:

The Department stated it would provide the following data from the December 2004 stocktake as soon as it becomes available. The ratio of operational places (high care, low care, CACPs and EACH) for each Aged Care Planning Region.

Answer:

Data from the December 2004 stocktake will be provided to the committee when it is available.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-121 & E05-122
Additional information

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: DECEMBER 2004 STOCKTAKE DATA

Written Question on Notice

Senator McLucas asked:

E05-121
The Department stated it would provide the following data from the December 2004 stocktake as soon as it becomes available. The ratio of allocated places (high care, low care, CACPs and EACH) for each Aged Care Planning Region.

E05-122
The Department stated it would provide the following data from the December 2004 stocktake as soon as it becomes available. The ratio of operational places (high care, low care, CACPs and EACH) for each Aged Care Planning Region.

Answer:

The results of the December 2004 stocktake are attached.

Total Allocated Places by State / Territory

as at 31 December 2004

State / Territory	High care	Low care	Total Residential	Community Care	TOTAL PLACES
NSW	31,052	29,548	60,600	10,277	70,877
VIC	20,649	24,766	45,415	7,699	53,114
QLD	13,956	16,175	30,131	4,784	34,915
SA	7,997	8,213	16,210	2,806	19,016
WA	6,889	8,444	15,333	2,531	17,864
TAS	2,366	2,209	4,575	881	5,456
ACT	749	1,024	1,773	411	2,184
NT	339	240	579	600	1,179
Australia	83,997	90,619	174,616	29,989	204,605

Total Allocated Ratio by State / Territory

as at 31 December 2004

State / Territory	High care	Low care	Total Residential	Community Care	TOTAL PLACES
NSW	47.7	45.4	93.1	15.8	108.9
VIC	43.2	51.9	95.1	16.1	111.2
QLD	42.8	49.6	92.4	14.7	107.1
SA	47.2	48.4	95.6	16.6	112.2
WA	43.2	52.9	96.1	15.9	111.9
TAS	48.3	45.1	93.3	18.0	111.3
ACT	35.9	49.1	85.0	19.7	104.6
NT	70.5	49.9	120.4	124.7	245.1
Australia	45.2	48.8	94.0	16.1	110.1

Note: Tables include flexible care places: Extended Aged Care at Home (EACH), Multipurpose Services (MPS), permanently allocated Innovative Care (IC) places and places under the National Aboriginal and Torres Strait Islander Aged Care Strategy (ATSI). EACH places are attributed as community care while MPS, IC and ATSI flexible care places are attributed as high care, low care and community care packages.

Total Operational Places by State / Territory

as at 31 December 2004

State / Territory	High care	Low care	Total Residential	Community Care	TOTAL PLACES
NSW	29,567	25,298	**54,865**	10,209	**65,074**
VIC	18,601	21,777	**40,378**	7,696	**48,074**
QLD	13,021	15,193	**28,214**	4,753	**32,967**
SA	7,677	7,744	**15,421**	2,805	**18,226**
WA	6,236	7,544	**13,780**	2,525	**16,305**
TAS	2,233	2,008	**4,241**	881	**5,122**
ACT	623	911	**1,534**	411	**1,945**
NT	306	223	**529**	573	**1,102**
Australia	78,264	80,698	**158,962**	29,853	**188,815**

Total Operational Ratio by State / Territory

as at 31 December 2004

State / Territory	High care	Low care	Total Residential	Community Care	TOTAL PLACES
NSW	45.4	38.9	**84.3**	15.7	**100.0**
VIC	38.9	45.6	**84.5**	16.1	**100.7**
QLD	39.9	46.6	**86.5**	14.6	**101.1**
SA	45.3	45.7	**91.0**	16.5	**107.5**
WA	39.1	47.3	**86.3**	15.8	**102.1**
TAS	45.6	41.0	**86.5**	18.0	**104.5**
ACT	29.9	43.7	**73.5**	19.7	**93.2**
NT	63.6	46.4	**110.0**	119.1	**229.1**
Australia	**42.1**	**43.4**	**85.5**	**16.1**	**101.6**

Note: Tables include flexible care places: Extended Aged Care at Home (EACH), Multipurpose Services (MPS), permanently allocated Innovative Care (IC) places and places under the National Aboriginal and Torres Strait Islander Aged Care Strategy (ATSI). EACH places are attributed as community care while MPS, IC and ATSI flexible care places are attributed as high care, low care and community care packages.

Total Provisionally Allocated Mainstream Places by State / Territory

as at 31 December 2004

State / Territory	High care	Low care	Total Residential	Community Care	TOTAL PLACES	% of Total
NSW	692	3,819	4,511		4,511	35.2%
VIC	1,683	2,400	4,083		4,083	31.8%
QLD	712	896	1,608		1,608	12.5%
SA	274	454	728		728	5.7%
WA	520	762	1,282		1,282	10.0%
TAS	133	199	332		332	2.6%
ACT	126	103	229		229	1.8%
NT	33	17	50	7	57	0.4%
Australia	4,173	8,650	12,823	7	12,830	100.0%

Offline places by State / Territory

as at 31 December 2004

State / Territory	HIGH	LOW	Total Residential	COMM.	TOTAL PLACES	% of Total
NSW	602	347	949		949	38.4%
VIC	365	589	954		954	38.6%
QLD	198	73	271	7	278	11.3%
SA	46	15	61		61	2.5%
WA	101	96	197		197	8.0%
TAS		2	2		2	0.1%
ACT		10	10		10	0.4%
NT		0	0	20	20	0.8%
Australia	1,312	1,132	2,444	27	2,471	100.0%

Note: Tables include flexible care places: Extended Aged Care at Home (EACH), Multipurpose Services (MPS), permanently allocated Innovative Care (IC) places and places under the National Aboriginal and Torres Strait Islander Aged Care Strategy (ATSI). EACH places are attributed as community care while MPS, IC and ATSI flexible care places are attributed as high care, low care and community care packages.

Total Allocated Aged Care Places and Ratios

as at 31 December 2004

Includes flexible places (EACH, MPS and ATSI).

State	Aged Care Planning Region	Total allocated places					Total allocated ratio				
		HIGH	LOW	RESI	COMM	TOTAL PLACES	HIGH	LOW	RESI	COMM	TOTAL
NSW	Central Coast	1,606	1,970	3,576	676	4,252	39.5	48.5	88.0	16.6	104.6
	Central West	814	910	1,724	258	1,982	46.4	51.9	98.3	14.7	113.0
	Far North Coast	1,346	1,690	3,036	570	3,606	38.1	47.9	86.0	16.1	102.1
	Hunter	2,535	2,856	5,391	836	6,227	41.6	46.9	88.5	13.7	102.3
	Illawarra	1,548	1,820	3,368	670	4,038	37.7	44.3	82.0	16.3	98.4
	Inner West	3,283	1,648	4,931	777	5,708	80.5	40.4	121.0	19.1	140.0
	Mid North Coast	1,492	1,936	3,428	636	4,064	37.8	49.0	86.8	16.1	102.9
	Nepean	1,178	847	2,025	324	2,349	58.8	42.3	101.2	16.2	117.3
	New England	798	936	1,734	326	2,060	44.0	51.6	95.5	18.0	113.5
	Northern Sydney	4,686	4,178	8,864	1,064	9,928	56.6	50.5	107.1	12.9	119.9
	Orana/Far West	559	856	1,415	350	1,765	37.5	57.4	94.9	23.5	118.3
	Riverina/Murray	1,091	1,297	2,388	439	2,827	39.9	47.5	87.4	16.1	103.5
	South East Sydney	3,722	3,062	6,784	1,422	8,206	45.3	37.3	82.6	17.3	100.0
	South West Sydney	2,767	2,388	5,155	921	6,076	47.6	41.1	88.6	15.8	104.5
	Southern Highlands	773	1,165	1,938	311	2,249	36.0	54.2	90.1	14.5	104.6
	Western Sydney	2,854	1,989	4,843	697	5,540	56.8	39.6	96.4	13.9	110.3
NSW Total		**31,052**	**29,548**	**60,600**	**10,277**	**70,877**	**47.7**	**45.4**	**93.1**	**15.8**	**108.9**
VIC	Barwon-South Western	1,780	2,187	3,967	705	4,672	44.3	54.4	98.6	17.5	116.2
	Eastern Metro	4,085	5,038	9,123	1,375	10,498	42.7	52.6	95.3	14.4	109.6
	Gippsland	1,174	1,448	2,622	418	3,040	42.3	52.2	94.5	15.1	109.5
	Grampians	991	1,147	2,138	416	2,554	43.4	50.3	93.7	18.2	111.9
	Hume	1,146	1,434	2,580	415	2,995	43.5	54.5	98.0	15.8	113.8
	Loddon-Mallee	1,363	1,655	3,018	538	3,556	41.8	50.8	92.6	16.5	109.1
	Northern Metro	3,033	3,221	6,254	1,193	7,447	45.0	47.8	92.8	17.7	110.5
	Southern Metro	5,049	5,901	10,950	1,798	12,748	43.5	50.9	94.4	15.5	109.9
	Western Metro	2,028	2,735	4,763	841	5,604	41.6	56.2	97.8	17.3	115.1
VIC Total		**20,649**	**24,766**	**45,415**	**7,699**	**53,114**	**43.2**	**51.9**	**95.1**	**16.1**	**111.2**
QLD	Brisbane North	2,182	2,104	4,286	555	4,841	54.2	52.3	106.5	13.8	120.3
	Brisbane South	2,562	2,692	5,254	719	5,973	47.5	49.9	97.5	13.3	110.8

Total Allocated Aged Care Places and Ratios

as at 31 December 2004

Includes flexible places (EACH, MPS and ATSI).

State	Aged Care Planning Region	Total allocated places					Total allocated ratio				
		HIGH	LOW	RESI	COMM	TOTAL PLACES	HIGH	LOW	RESI	COMM	TOTAL
	Cabool	990	1,163	2,153	278	2,431	40.3	47.3	87.6	11.3	98.9
	Central West	63	49	112	61	173	63.3	49.2	112.6	61.3	173.9
	Darling Downs	978	1,124	2,102	357	2,459	44.7	51.4	96.0	16.3	112.3
	Far North	606	792	1,398	339	1,737	38.5	50.4	88.9	21.6	110.5
	Fitzroy	643	782	1,425	272	1,697	45.7	55.6	101.4	19.3	120.7
	Logan River Valley	430	665	1,095	217	1,312	30.6	47.3	77.9	15.4	93.3
	Mackay	348	375	723	136	859	41.5	44.7	86.2	16.2	102.4
	North West	59	78	137	83	220	40.0	52.8	92.8	56.2	149.1
	Northern	749	784	1,533	233	1,766	49.8	52.2	102.0	15.5	117.5
	South Coast	1,588	1,978	3,566	529	4,095	37.2	46.4	83.6	12.4	96.0
	South West	72	149	221	97	318	35.4	73.3	108.8	47.7	156.5
	Sunshine Coast	1,280	1,584	2,864	421	3,285	36.9	45.7	82.7	12.2	94.8
	West Moreton	490	718	1,208	149	1,357	39.9	58.5	98.4	12.1	110.5
	Wide Bay	916	1,138	2,054	338	2,392	38.1	47.4	85.5	14.1	99.6
QLD Total		**13,956**	**16,175**	**30,131**	**4,784**	**34,915**	**42.8**	**49.6**	**92.4**	**14.7**	**107.1**
SA	Eyre Peninsula	103	185	288	83	371	29.7	53.4	83.1	23.9	107.0
	Hills, Mallee & Southern	550	608	1,158	215	1,373	44.9	49.6	94.4	17.5	112.0
	Metropolitan East	2,367	1,931	4,298	428	4,726	67.7	55.3	123.0	12.2	135.2
	Metropolitan North	1,183	1,044	2,227	346	2,573	50.4	44.5	94.9	14.7	109.6
	Metropolitan South	1,611	1,607	3,218	665	3,883	42.0	41.9	83.9	17.3	101.2
	Metropolitan West	1,262	1,248	2,510	500	3,010	43.2	42.7	86.0	17.1	103.1
	Mid North	69	227	296	67	363	19.7	64.7	84.4	19.1	103.5
	Riverland	146	238	384	83	467	32.3	52.6	84.9	18.4	103.3
	South East	189	358	547	94	641	30.7	58.2	89.0	15.3	104.3
	Whyalla, Flinders & Far North	133	195	328	128	456	35.4	51.8	87.2	34.0	121.2
	Yorke, Lower North & Barossa	384	572	956	197	1,153	38.9	57.9	96.7	19.9	116.7
SA Total		**7,997**	**8,213**	**16,210**	**2,806**	**19,016**	**47.2**	**48.4**	**95.6**	**16.6**	**112.2**
WA	Goldfields	148	134	282	60	342	62.2	56.3	118.6	25.2	143.8
	Great Southern	281	404	685	122	807	40.4	58.0	98.4	17.5	115.9
	Kimberley	68	92	160	53	213	66.5	89.9	156.4	51.8	208.2

Total Allocated Aged Care Places and Ratios

as at 31 December 2004

Includes flexible places (EACH, MPS and ATSI).

		Total allocated places					Total allocated ratio				
State	Aged Care Planning Region	HIGH	LOW	RESI	COMM	TOTAL PLACES	HIGH	LOW	RESI	COMM	TOTAL
	Metropolitan East	1,196	1,383	2,579	414	2,993	49.3	57.1	106.4	17.1	123.5
	Metropolitan North	1,610	2,239	3,849	595	4,444	39.0	54.2	93.1	14.4	107.5
	Metropolitan South East	1,539	1,410	2,949	463	3,412	57.2	52.4	109.6	17.2	126.8
	Metropolitan South West	1,300	1,695	2,995	423	3,418	36.3	47.4	83.7	11.8	95.5
	Mid West	153	205	358	93	451	34.5	46.3	80.8	21.0	101.8
	Pilbara	30	53	83	50	133	51.5	90.9	142.4	85.8	228.1
	South West	432	645	1,077	185	1,262	37.9	56.5	94.4	16.2	110.6
	Wheatbelt	132	184	316	73	389	28.7	40.0	68.6	15.9	84.5
WA Total		**6,889**	**8,444**	**15,333**	**2,531**	**17,864**	**43.2**	**52.9**	**96.1**	**15.9**	**111.9**
TAS	North Western	487	480	967	187	1,154	43.8	43.2	87.0	16.8	103.8
	Northern	740	576	1,316	289	1,605	52.3	40.7	92.9	20.4	113.3
	Southern	1,139	1,153	2,292	405	2,697	48.0	48.6	96.5	17.1	113.6
TAS Total		**2,366**	**2,209**	**4,575**	**881**	**5,456**	**48.3**	**45.1**	**93.3**	**18.0**	**111.3**
ACT	ACT	749	1,024	1,773	411	2,184	35.9	49.1	85.0	19.7	104.6
ACT Total		**749**	**1,024**	**1,773**	**411**	**2,184**	**35.9**	**49.1**	**85.0**	**19.7**	**104.6**
NT	Alice Springs	110	56	166	158	324	113.9	58.0	171.8	163.6	335.4
	Barkly	17	2	19	38	57	144.1	16.9	161.0	322.0	483.1
	Darwin	180	140	320	257	577	56.2	43.7	99.9	80.3	180.2
	East Arnhem	5	6	11	72	83	39.1	46.9	85.9	562.5	648.4
	Katherine	27	36	63	75	138	68.2	90.9	159.1	189.4	348.5
NT Total		**339**	**240**	**579**	**600**	**1,179**	**70.5**	**49.9**	**120.4**	**124.7**	**245.1**
Australia		**83,997**	**90,619**	**174,616**	**29,989**	**204,605**	**45.2**	**48.8**	**94.0**	**16.1**	**110.1**

Total Operational Aged Care Places and Ratios

as at 31 December 2004

Includes flexible places (EACH, MPS and ATSI).

State	Aged Care Planning Region	Total operational places					Total operational ratio				
		HIGH	LOW	RESI	COMM.	TOTAL PLACES	HIGH	LOW	RESI	COMM.	TOTAL
NSW	Central Coast	1,503	1,331	2,834	676	3,510	37.0	32.8	69.7	16.6	86.4
	Central West	794	869	1,663	254	1,917	45.3	49.5	94.8	14.5	109.3
	Far North Coast	1,253	1,478	2,731	570	3,301	35.5	41.9	77.3	16.1	93.5
	Hunter	2,491	2,569	5,060	836	5,896	40.9	42.2	83.1	13.7	96.8
	Illawarra	1,420	1,348	2,768	670	3,438	34.6	32.8	67.4	16.3	83.8
	Inner West	3,129	1,458	4,587	735	5,322	76.8	35.8	112.5	18.0	130.5
	Mid North Coast	1,241	1,623	2,864	636	3,500	31.4	41.1	72.5	16.1	88.6
	Nepean	1,148	695	1,843	324	2,167	57.3	34.7	92.1	16.2	108.2
	New England	736	868	1,604	309	1,913	40.5	47.8	88.4	17.0	105.4
	Northern Sydney	4,551	3,910	8,461	1,064	9,525	55.0	47.2	102.2	12.9	115.0
	Orana/Far West	536	805	1,341	349	1,690	35.9	54.0	89.9	23.4	113.3
	Riverina/Murray	997	1,205	2,202	435	2,637	36.5	44.1	80.6	15.9	96.5
	South East Sydney	3,576	2,364	5,940	1,422	7,362	43.6	28.8	72.4	17.3	89.7
	South West Sydney	2,717	2,055	4,772	921	5,693	46.7	35.3	82.0	15.8	97.9
	Southern Highlands	673	1,002	1,675	311	1,986	31.3	46.6	77.9	14.5	92.4
	Western Sydney	2,802	1,718	4,520	697	5,217	55.8	34.2	90.0	13.9	103.8
NSW Total		29,567	25,298	54,865	10,209	65,074	45.4	38.9	84.3	15.7	100.0
VIC	Barwon-South Western	1,600	1,833	3,433	702	4,135	39.8	45.6	85.3	17.5	102.8
	Eastern Metro	3,644	4,523	8,167	1,375	9,542	38.0	47.2	85.3	14.4	99.6
	Gippsland	908	1,328	2,236	418	2,654	32.7	47.9	80.6	15.1	95.6
	Grampians	921	1,104	2,025	416	2,441	40.4	48.4	88.7	18.2	107.0
	Hume	1,040	1,284	2,324	415	2,739	39.5	48.8	88.3	15.8	104.1
	Loddon-Mallee	1,313	1,560	2,873	538	3,411	40.3	47.8	88.1	16.5	104.6
	Northern Metro	2,756	2,784	5,540	1,193	6,733	40.9	41.3	82.2	17.7	99.9
	Southern Metro	4,634	5,159	9,793	1,798	11,591	39.9	44.5	84.4	15.5	99.9
	Western Metro	1,785	2,202	3,987	841	4,828	36.7	45.2	81.9	17.3	99.1
VIC Total		18,601	21,777	40,378	7,696	48,074	38.9	45.6	84.5	16.1	100.7

Total Operational Aged Care Places and Ratios

as at 31 December 2004

Includes flexible places (EACH, MPS and ATSI).

State	Aged Care Planning Region	Total operational places					Total operational ratio				
		HIGH	LOW	RESI	COMM.	TOTAL PLACES	HIGH	LOW	RESI	COMM.	TOTAL
QLD	Brisbane North	2,039	1,996	4,035	555	4,590	50.7	49.6	100.3	13.8	114.1
	Brisbane South	2,431	2,488	4,919	719	5,638	45.1	46.1	91.2	13.3	104.6
	Caboolture	926	1,110	2,036	278	2,314	37.7	45.2	82.8	11.3	94.1
	Central West	63	49	112	61	173	63.3	49.2	112.6	61.3	173.9
	Darling Downs	957	1,103	2,060	357	2,417	43.7	50.4	94.1	16.3	110.4
	Far North	600	768	1,368	334	1,702	38.2	48.9	87.0	21.2	108.3
	Fitzroy	555	729	1,284	261	1,545	39.5	51.8	91.3	18.6	109.9
	Logan River Valley	372	535	907	217	1,124	26.5	38.1	64.5	15.4	80.0
	Mackay	345	369	714	128	842	41.1	44.0	85.1	15.3	100.4
	North West	46	78	124	78	202	31.2	52.8	84.0	52.8	136.9
	Northern	689	779	1,468	233	1,701	45.8	51.8	97.7	15.5	113.2
	South Coast	1,421	1,811	3,232	527	3,759	33.3	42.4	75.7	12.4	88.1
	South West	72	149	221	97	318	35.4	73.3	108.8	47.7	156.5
	Sunshine Coast	1,157	1,493	2,650	421	3,071	33.4	43.1	76.5	12.2	88.6
	West Moreton	479	675	1,154	149	1,303	39.0	55.0	94.0	12.1	106.1
	Wide Bay	869	1,061	1,930	338	2,268	36.2	44.2	80.4	14.1	94.5
QLD Total		13,021	15,193	28,214	4,753	32,967	39.9	46.6	86.5	14.6	101.1
SA	Eyre Peninsula	103	185	288	83	371	29.7	53.4	83.1	23.9	107.0
	Hills, Mallee & Southern	480	568	1,048	215	1,263	39.1	46.3	85.5	17.5	103.0
	Metropolitan East	2,348	1,916	4,264	428	4,692	67.2	54.8	122.0	12.2	134.3
	Metropolitan North	1,019	962	1,981	345	2,326	43.4	41.0	84.4	14.7	99.1
	Metropolitan South	1,602	1,494	3,096	665	3,761	41.7	38.9	80.7	17.3	98.0
	Metropolitan West	1,230	1,128	2,358	500	2,858	42.1	38.6	80.8	17.1	97.9
	Mid North	65	211	276	67	343	18.5	60.1	78.7	19.1	97.8
	Riverland	146	238	384	83	467	32.3	52.6	84.9	18.4	103.3
	South East	177	283	460	94	554	28.8	46.0	74.8	15.3	90.1
	Whyalla, Flinders & Far North	133	195	328	128	456	35.4	51.8	87.2	34.0	121.2
	Yorke, Lower North & Barossa	374	564	938	197	1,135	37.8	57.1	94.9	19.9	114.8
SA Total		7,677	7,744	15,421	2,805	18,226	45.3	45.7	91.0	16.5	107.5

Total Operational Aged Care Places and Ratios

as at 31 December 2004

Includes flexible places (EACH, MPS and ATSI).

		Total operational places					Total operational ratio				
State	Aged Care Planning Region	HIGH	LOW	RESI	COMM.	TOTAL PLACES	HIGH	LOW	RESI	COMM.	TOTAL
WA	Goldfields	124	134	258	60	318	52.1	56.3	108.5	25.2	133.7
	Great Southern	255	333	588	117	705	36.6	47.8	84.5	16.8	101.3
	Kimberley	56	82	138	53	191	54.7	80.2	134.9	51.8	186.7
	Metropolitan East	1,170	1,286	2,456	414	2,870	48.3	53.1	101.3	17.1	118.4
	Metropolitan North	1,347	1,830	3,177	595	3,772	32.6	44.3	76.9	14.4	91.3
	Metropolitan South East	1,477	1,330	2,807	463	3,270	54.9	49.4	104.3	17.2	121.5
	Metropolitan South West	1,105	1,596	2,701	423	3,124	30.9	44.6	75.5	11.8	87.3
	Mid West	145	190	335	92	427	32.7	42.9	75.6	20.8	96.3
	Pilbara	30	20	50	50	100	51.5	34.3	85.8	85.8	171.5
	South West	406	573	979	185	1,164	35.6	50.2	85.8	16.2	102.0
	Wheatbelt	121	170	291	73	364	26.3	36.9	63.2	15.9	79.1
WA Total		**6,236**	**7,544**	**13,780**	**2,525**	**16,305**	39.1	47.3	86.3	15.8	102.1
TAS	North Western	480	448	928	187	1,115	43.2	40.3	83.4	16.8	100.3
	Northern	685	571	1,256	289	1,545	48.4	40.3	88.7	20.4	109.1
	Southern	1,068	989	2,057	405	2,462	45.0	41.7	86.7	17.1	103.7
TAS Total		**2,233**	**2,008**	**4,241**	**881**	**5,122**	45.6	41.0	86.5	18.0	104.5
ACT	ACT	623	911	1,534	411	1,945	29.9	43.7	73.5	19.7	93.2
ACT Total		**623**	**911**	**1,534**	**411**	**1,945**	29.9	43.7	73.5	19.7	93.2
NT	Alice Springs	100	56	156	158	314	103.5	58.0	161.5	163.6	325.1
	Barkly	17	2	19	38	57	144.1	16.9	161.0	322.0	483.1
	Darwin	157	123	280	257	537	49.0	38.4	87.4	80.3	167.7
	East Arnhem	5	6	11	65	76	39.1	46.9	85.9	507.8	593.8
	Katherine	27	36	63	55	118	68.2	90.9	159.1	138.9	298.0
NT Total		**306**	**223**	**529**	**573**	**1,102**	63.6	46.4	110.0	119.1	229.1
Australia		**78,264**	**80,698**	**158,962**	**29,853**	**188,815**	42.1	43.4	85.5	16.1	101.6

Total Allocated Places by Service Type as at 31 December 2004

Mainstream allocated places
(residential and community care places under the *Aged Care Act 1997*)

State / Territory	High care	Low care	Total Residential	COMM.	TOTAL
NSW	30,531	29,242	59,773	9,859	69,632
VIC	20,454	24,632	45,086	7,363	52,449
QLD	13,778	16,036	29,814	4,552	34,366
SA	7,853	8,036	15,889	2,671	18,560
WA	6,635	8,113	14,748	2,378	17,126
TAS	2,319	2,177	4,496	809	5,305
ACT	749	1,024	1,773	381	2,154
NT	294	186	480	514	994
Australia	82,613	89,446	172,059	28,527	200,586

Multipurpose allocated places
(flexible places under the *Aged Care Act 1997*)

State / Territory	High care	Low care	Total Residential	COMM.	TOTAL
NSW	512	265	777	65	842
VIC	180	124	304	14	318
QLD	137	107	244	87	331
SA	86	135	221	10	231
WA	227	297	524	76	600
TAS	47	32	79	6	85
ACT			-		-
NT			-		-
Australia	1,189	960	2,149	258	2,407

Innovative Care allocated places
(Permanent allocations)
(flexible places under the *Aged Care Act 1997*)

State / Territory	High care	Low care	Total Residential	COMM.	TOTAL
NSW			-		-
VIC			-		-
QLD			-		-
SA			-	-	-
WA	21	26	47		47
TAS			-		-
ACT			-		-
NT			-		-
Australia	21	26	47	-	47

National Aboriginal and Torres Strait Islander Aged Care Strategy allocated places
(not allocated under the *Aged Care Act 1997*)

State / Territory	High care	Low care	Total Residential	COMM.	TOTAL
NSW	9	41	50	47	97
VIC	15	10	25	69	94
QLD	41	32	73	6	79
SA	58	42	100	45	145
WA	6	8	14	2	16
TAS			-	41	41
ACT			-		-
NT	45	54	99	66	165
Australia	174	187	361	276	637

Extended Aged Care at Home (EACH) allocated places
(flexible places under the Aged Care Act 1997)
*All EACH places are attributed as Community Care as from 30 June 2004.

State / Territory	TOTAL
NSW	306
VIC	253
QLD	139
SA	80
WA	75
TAS	25
ACT	30
NT	20
Australia	928

Total Operational Places by Service Type as at 31 December 2004

Mainstream operational places
(residential and community care places under the *Aged Care Act 1997*)

State / Territory	High care	Low care	Total Residential	COMM.	TOTAL
NSW	29,237	25,080	54,317	9,859	64,176
VIC	18,406	21,643	40,049	7,363	47,412
QLD	12,868	15,067	27,935	4,545	32,480
SA	7,533	7,567	15,100	2,671	17,771
WA	6,014	7,255	13,269	2,378	15,647
TAS	2,186	1,976	4,162	809	4,971
ACT	623	911	1,534	381	1,915
NT	261	169	430	507	937
Australia	77,128	79,668	156,796	28,513	185,309

MPS operational places
(flexible places under the *Aged Care Act 1997*)

State / Territory	High care	Low care	Total Residential	COMM.	TOTAL
NSW	324	203	527	52	579
VIC	180	124	304	11	315
QLD	112	94	206	63	269
SA	86	135	221	10	231
WA	200	266	466	70	536
TAS	47	32	79	6	85
ACT			-		-
NT			-		-
Australia	949	854	1,803	212	2,015

Innovative Care operational places
(Permanent allocations)
(flexible places under the *Aged Care Act 1997*)

State / Territory	High care	Low care	Total Residential	COMM.	TOTAL
NSW			-		-
VIC			-		-
QLD			-		-
SA			-		-
WA	16	15	31		31
TAS			-		-
ACT			-		-
NT			-		-
Australia	16	15	31	-	31

National Aboriginal and Torres Strait Islander Aged Care Strategy operational places
(not allocated under the *Aged Care Act 1997*)

State / Territory	High care	Low care	Total Residential	COMM.	TOTAL
NSW	6	15	21	34	55
VIC	15	10	25	69	94
QLD	41	32	73	6	79
SA	58	42	100	45	145
WA	6	8	14	2	16
TAS			-	41	41
ACT			-		-
NT	45	54	99	46	145
Australia	171	161	332	243	575

Extended Aged Care at Home (EACH) operational places
(flexible places under the *Aged Care Act 1997*)

*All EACH places are attributed as Community Care as from 30 June 2004.

State / Territory	TOTAL
NSW	264
VIC	253
QLD	139
SA	79
WA	75
TAS	25
ACT	30
NT	20
Australia	885

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-123

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: NUMBER OF APPLICANTS AND PLACES FOR LAST THREE APPROVAL ROUNDS

Written Question on Notice

Senator McLucas asked:

Please provide for the last 3 Approval rounds:

(a) Number of applicants (providers) for high care, low care, extra services, CACPs and EACH by Aged Care Planning Region.

(b) Number of places (high care, low care, Extra Services, CACPs and EACH) applied for by each applicant (provider) by Aged Care Planning Region.

Answer:

(a) and (b)

It is not practical to provide details of the number of applicants applying for high care or low care by Aged Care Planning Region. Applicants are able to apply for any combination of high and/or low care places and they can also lodge applications in and across more than one Aged Care Planning Region. Additionally, places are not made available in every region in every year. This makes it impractical to provide useful information disaggregated by region.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-124

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: ALLOCATED AND OPERATIONAL PLACES

Senator McLucas asked:

Please provide as at June 2002, 2003, 2004:

(a) Number of places allocated (high care, low care, Extra Services, CACPs and EACH) by Aged Care Planning Region

(b) Number of operational places (high care, low care, Extra Services, CACPs and EACH) by Aged Care Planning Region

Answer:

(a) and (b)

The number of places allocated and the number of operational places as at June 2002, 2003, 2004 by Aged Care Planning Region are set out in **Attachments A, B and C**. In June 2002 and June 2003 Extended Aged Care at Home (EACH) places were counted as 'high' care, but from June 2004 onwards are counted as community care places. Extra Services information is provided separately as **Attachment D**.

The aged care planning ratio in June 2004 of 100.0 operational places for every 1,000 people aged 70 or over met the previous benchmark. This benchmark was increased in the 2004 Budget to 108 operational places for every 1,000 people aged 70 or over is comprised of 40 high care, 48 low care and 20 community care packages. To meet this benchmark, an estimated 26,652 new aged care places will be allocated over the next three years, including 11,093 which have been made available for allocation through the 2005 Aged Care Approvals Round. An estimated 14,559 new aged care places will be made available in the following two years consisting of 7,193 new places in 2006-07 and 7,366 new places in 2007-08. This is in addition to the 13,030 places that were released in 2004.

A further 1,000 new aged care places have also been made available for each of the next three years for the Innovative Pool Program, Transition Care Program and for Multi-Purpose Services.

Analysis of the reasons for delays in making allocated places operational within the two year timeframe under the *Aged Care Act 1997* shows that 70% of provisionally allocated places have been affected by delays in gaining planning approval or land availability and site problems.

Attachment A

(a) The total number of allocated places (high care, low care, Community Aged Care Packages (CACPs)) by Aged Care Planning Region as at June 2002 is as follows:

JUNE 2002-TOTAL ALLOCATED PLACES					
STATE	**Aged Care Planning Region**	**HIGH**	**LOW**	**CACP**	**TOTAL PLACES**
NSW	Central Coast	1,560	1,733	615	**3,908**
	Central West	785	952	214	**1,951**
	Far North Coast	1,256	1,595	504	**3,355**
	Hunter	2,562	2,631	756	**5,949**
	Illawarra	1,432	1,624	602	**3,658**
	Inner West	3,469	1,590	683	**5,742**
	Mid North Coast	1,228	1,727	558	**3,513**
	Nepean	1,197	803	287	**2,287**
	New England	714	856	302	**1,872**
	Northern Sydney	4,711	3,924	924	**9,559**
	Orana Far West	494	775	288	**1,557**
	Riverina/Murray	1,041	1,350	432	**2,823**
	South East Sydney	3,784	2,642	1,388	**7,814**
	South West Sydney	2,586	1,881	755	**5,222**
	Southern Highlands	833	1,166	311	**2,310**
	Western Sydney	2,788	1,831	671	**5,290**
VIC	Barwon-South Western	1,612	1,876	634	**4,122**
	Eastern Metro	3,997	4,660	1,209	**9,866**
	Gippsland	946	1,329	407	**2,682**
	Grampians	1,016	1,134	337	**2,487**
	Hume	1,008	1,306	372	**2,686**
	Loddon-Mallee	1,381	1,584	440	**3,405**
	Northern Metro	2,684	3,055	867	**6,606**
	Southern Metro	4,614	5,518	1,590.0	**11,722**
	Western Metro	1,820	2,624	615	**5,059**
	State Pool	19	-	296	**315**
QLD	Brisbane North	2,353	1,995	506	**4,854**
	Brisbane South	2,387	2,495	655	**5,537**
	Cabool	808	1,104	258	**2,170**
	Central West	57	46	74	**177**
	Darling Downs	940	1,091	329	**2,360**

	Far North	519	655	249	**1,423**
	Fitzroy	612	773	253	**1,638**
	Logan River Valley	372	542	207	**1,121**
	Mackay	313	374	118	**805**
	North West	46	93	67	**206**
	Northern	720	774	203	**1,697**
	South Coast	1,478	1,778	474	**3,730**
	South West	74	147	97	**318**
	Sunshine Coast	1,114	1,522	388	**3,024**
	West Moreton	475	698	137	**1,310**
	Wide Bay	832	1,030	338	**2,200**
WA	Goldfields	138	134	60	**332**
	Great Southern	254	333	107	**694**
	Kimberley	63	92	50	**205**
	Metropolitan East	1,137	1,399	397	**2,933**
	Metropolitan North	1,268	1,883	494	**3,645**
	Metropolitan South East	1,557	1,352	369	**3,278**
	Metropolitan South West	1,180	1,544	394	**3,118**
	Mid West	117	194	87	**398**
	Pilbara	30	43	50	**123**
	South West	384	525	185	**1,094**
	Wheatbelt	131	220	76	**427**
SA	Eyre Peninsula	95	204	71	**370**
	Hills, Mallee & Southern	437	614	204	**1,255**
	Metropolitan East	2,472	1,955	389	**4,816**
	Metropolitan North	823	951	327	**2,101**
	Metropolitan South	1,626	1,495	589	**3,710**
	Metropolitan West	1,226	1,187	497	**2,910**
	Mid North	65	260	60	**385**
	Riverland	147	223	50	**420**
	South East	178	320	94	**592**
	Whyalla, Flinders & Far North	129	188	113	**430**
	Yorke, Lower North & Barossa	356	510	152	**1,018**
TAS	North Western	472	448	167	**1,087**
	Northern	660	586	226	**1,472**
	Southern	1,107	1,098	353	**2,558**

ACT	Australian Capital Territory	715	942	352	**2,009**

	Barkly	17	2	38	**57**
	Darwin	180	136	163	**479**
	East Arnhem	5	6	52	**63**
	Katherine	27	36	64	**127**

The number of allocated EACH places included **within** the total allocated figures above as at June 2002 is as follows:

JUNE 2002 – ALLOCATED EACH PLACES		
STATE	**Aged Care Planning Region**	**TOTAL**
NSW	Illawarra	**20**
	Northern Sydney	**18**
	South West Sydney	**28**
VIC	Grampians	**35**
	Loddon-Mallee	**34**
	Western Metro	**15**
WA	Metropolitan East	**21**
	Metropolitan North	**29**
	Metropolitan South East	**25**
SA	Metropolitan East	**35**
ACT	Australian Capital Territory	**30**

(c) The number of operational places (high care, low care, CACPs) by Aged Care Planning Region as at June 2002 is as follows:

JUNE 2002 – TOTAL OPERATING PLACES					
State	**Aged Care Planning Region**	**HIGH**	**LOW**	**CACP**	**TOTAL PLACES**
NSW	Central Coast	1,356	1,155	615	**3,126**
	Central West	785	837	214	**1,836**
	Far North Coast	1,171	1,197	500	**2,868**
	Hunter	2,484	2,191	751	**5,426**
	Illawarra	1,362	1,219	602	**3,183**
	Inner West	3,309	1,413	683	**5,405**
	Mid North Coast	1,116	1,372	556	**3,044**
	Nepean	1,157	656	287	**2,100**
	New England	697	743	284	**1,724**
	Northern Sydney	4,364	3,756	924	**9,044**
	Orana Far West	457	675	270	**1,402**
	Riverina/Murray	1,001	1,175	431	**2,607**
	South East Sydney	3,585	2,265	1,388	**7,238**
	South West Sydney	2,483	1,485	755	**4,723**
	Southern Highlands	753	758	306	**1,817**
	Western Sydney	2,537	1,603	671	**4,811**
VIC	Barwon-South Western	1,497	1,532	626	**3,655**
	Eastern Metro	3,751	4,142	1,209	**9,102**
	Gippsland	753	1,057	380	**2,190**
	Grampians	930	1,080	337	**2,347**
	Hume	882	1,108	359	**2,349**
	Loddon-Mallee	1,295	1,344	430	**3,069**
	Northern Metro	2,559	2,251	792	**5,602**
	Southern Metro	4,190	4,166	1,532.0	**9,888**
	Western Metro	1,575	1,932	615	**4,122**
	State Pool	-	-	296	**296**
QLD	Brisbane North	2,350	1,910	506	**4,766**
	Brisbane South	2,365	2,362	655	**5,382**
	Cabool	769	961	258	**1,988**
	Central West	41	29	60	**130**
	Darling Downs	904	1,064	329	**2,297**

	FAR NORTH	**480**	**635**	**249**	1,364
	Fitzroy	531	657	253	**1,441**
	Logan River Valley	339	505	207	**1,051**
	Mackay	303	359	118	**780**
	North West	46	93	67	**206**
	Northern	690	724	203	**1,617**
	South Coast	1,342	1,629	474	**3,445**
	South West	74	142	97	**313**
	Sunshine Coast	1,002	1,290	388	**2,680**
	West Moreton	455	698	137	**1,290**
	Wide Bay	822	966	338	**2,126**
WA	Goldfields	138	134	60	**332**
	Great Southern	248	310	106	**664**
	Kimberley	51	74	50	**175**
	Metropolitan East	1,111	1,262	397	**2,770**
	Metropolitan North	1,188	1,616	494	**3,298**
	Metropolitan South East	1,534	1,266	369	**3,169**
	Metropolitan South West	1,045	1,231	394	**2,670**
	Mid West	112	165	79	**356**
	Pilbara	30	19	50	**99**
	South West	324	421	184	**929**
	Wheatbelt	102	160	72	**334**
SA	Eyre Peninsula	95	200	71	**366**
	Hills, Mallee & Southern	343	377	204	**924**
	Metropolitan East	2,396	1,911	389	**4,696**
	Metropolitan North	703	632	327	**1,662**
	Metropolitan South	1,608	1,389	537	**3,534**
	Metropolitan West	1,206	969	497	**2,672**
	Mid North	65	223	55	**343**
	Riverland	125	173	50	**348**
	South East	145	248	94	**487**
	Whyalla, Flinders & Far North	129	178	88	**395**
	Yorke, Lower North & Barossa	323	432	148	**903**
TAS	North Western	470	399	167	**1,036**
	Northern	655	484	219	**1,358**
	Southern	1,075	819	353	**2,247**

NT	Alice Springs	98	56	130	**284**
	Barkly	17	2	38	**57**
	Darwin	131	88	161	**380**
	East Arnhem	5	6	52	**63**
	Katherine	27	36	64	**127**

The number of operational EACH places included **within** the total operational figures above as at June 2002 is as follows:

(JUNE 2002 - OPERATIONAL EACH PLACES		
STATE	**Aged Care Planning Region**	**TOTAL**
NSW	Illawarra	**20**
	Northern Sydney	**18**
	South West Sydney	**28**
VIC	Grampians	**35**
	Loddon-Mallee	**34**
	Western Metro	**15**
WA	Metropolitan East	**21**
	Metropolitan North	**29**
	Metropolitan South East	**25**
SA	Metropolitan East	**35**
ACT	Australian Capital Territory	**30**

Attachment B

(a) The total number of allocated places (high care, low care, and CACPs) by Aged Care Planning Region as at June 2003 is as follows:

JUNE 2003 – TOTAL ALLOCATED PLACES					
STATE	**AGED CARE PLANNING REGION**	**HIGH**	**LOW**	**CACP**	**TOTAL PLACES**
NSW	Central Coast	1,543	1,879	632	**4,054**
	Central West	805	934	251	**1,990**
	Far North Coast	1,339	1,639	530	**3,508**
	Hunter	2,500	2,772	796	**6,068**
	Illawarra	1,477	1,723	612	**3,812**
	Inner West	3,348	1,609	683	**5,640**
	Mid North Coast	1,340	1,816	571	**3,727**
	Nepean	1,178	875	302	**2,355**
	New England	736	883	322	**1,941**
	Northern Sydney	4,773	4,097	984	**9,854**
	Orana Far West	558	819	316	**1,693**
	Riverina/Murray	1,067	1,373	442	**2,882**
	South East Sydney	3,779	2,824	1,396	**7,999**
	South West Sydney	2,576	2,037	785	**5,398**
	Southern Highlands	864	1,193	326	**2,383**
	Western Sydney	2,847	1,934	691	**5,472**
VIC	Barwon-South Western	1,687	2,021	680	**4,388**
	Eastern Metro	4,048	4,769	1,262	**10,079**
	Gippsland	1,103	1,367	428	**2,898**
	Grampians	1,026	1,141	372	**2,539**
	Hume	1,128	1,412	410	**2,950**
	Loddon-Mallee	1,397	1,642	479	**3,518**
	Northern Metro	2,813	3,201	1,020	**7,034**
	Southern Metro	4,645	5,664	1,737	**12,046**
	Western Metro	1,916	2,539	784	**5,239**
QLD	Brisbane North	2,283	2,009	516	**4,808**
	Brisbane South	2,548	2,524	665	**5,737**
	Cabool	823	1,143	258	**2,224**
	Central West	57	46	77	**180**
	Darling Downs	986	1,116	363	**2,465**
	Far North	588	739	283	**1,610**

	Logan River Valley	**430**	**612**	**207**	1,249
	Mackay	328	369	128	**825**
	North West	56	93	63	**212**
	Northern	760	784	208	**1,752**
	South Coast	1,564	1,884	489	**3,937**
	South West	74	147	97	**318**
	Sunshine Coast	1,189	1,535	397	**3,121**
	West Moreton	475	698	144	**1,317**
	Wide Bay	867	1,089	338	**2,294**
WA	Goldfields	138	133	60	**331**
	Great Southern	281	380	122	**783**
	Kimberley	63	92	50	**205**
	Metropolitan East	1,169	1,428	373	**2,970**
	Metropolitan North	1,464	2,025	545	**4,034**
	Metropolitan South East	1,563	1,371	375	**3,309**
	Metropolitan South West	1,275	1,663	454	**3,392**
	Mid West	132	181	91	**404**
	Pilbara	30	53	50	**133**
	South West	432	585	188	**1,205**
	Wheatbelt	132	184	73	**389**
SA	Eyre Peninsula	95	200	71	**366**
	Hills, Mallee & Southern	539	618	213	**1,370**
	Metropolitan East	2,397	1,936	418	**4,751**
	Metropolitan North	1,067	988	327	**2,382**
	Metropolitan South	1,626	1,594	589	**3,809**
	Metropolitan West	1,246	1,248	475	**2,969**
	Mid North	65	265	60	**390**
	Riverland	142	208	70	**420**
	South East	194	358	94	**646**
	Whyalla, Flinders & Far North	129	188	128	**445**
	Yorke, Lower North & Barossa	374	520	186	**1,080**
TAS	North Western	474	489	183	**1,146**
	Northern	683	552	249	**1,484**
	Southern	1,114	1,133	378	**2,625**
ACT	Australian Capital Territory	757	969	362	**2,088**

NT	Alice Springs	98	56	150	**304**
	Barkly	17	2	38	**57**
	Darwin	200	143	178	**521**
	East Arnhem	5	6	72	**83**
	Katherine	27	36	67	**130**

The number of allocated EACH places included **within** the total allocated figures above as at June 2003 is as follows:

JUNE 2003 - ALLOCATED EACH PLACES		
State / Territory	**Aged Care Planning Region**	**TOTAL**
NSW	Illawarra	**20**
	Mid North Coast	**20**
	Northern Sydney	**18**
	South West Sydney	**28**
VIC	Grampians	**35**
	Loddon-Mallee	**34**
	Western Metro	**15**
QLD	Brisbane North	**15**
	Brisbane South	**15**
	Darling Downs	**10**
	Northern	**15**
	South Coast	**20**
WA	Metropolitan East	**21**
	Metropolitan North	**29**
	Metropolitan South East	**25**
SA	Hills, Mallee & Southern	**20**
	Metropolitan East	**35**
TAS	Northern	**13**
	Southern	**12**
ACT	Australian Capital Territory	**30**
NT	Darwin	**20**

(b) The total number of operational places (high care, low care, and CACPs) by Aged Care Planning Region as at June 2003 is as follows:

JUNE 2003 – TOTAL OPERATING PLACES					
State / Territory	**Aged Care Planning Region**	**HIGH**	**LOW**	**CACP**	**TOTAL PLACES**
NSW	Central Coast	1,360	1,158	632	**3,150**
	Central West	805	881	251	**1,937**
	Far North Coast	1,201	1,319	520	**3,040**
	Hunter	2,449	2,375	796	**5,620**
	Illawarra	1,392	1,252	612	**3,256**
	Inner West	3,165	1,389	683	**5,237**
	Mid North Coast	1,130	1,429	571	**3,130**
	Nepean	1,147	668	302	**2,117**
	New England	720	805	309	**1,834**
	Northern Sydney	4,535	3,841	984	**9,360**
	Orana Far West	502	717	301	**1,520**
	Riverina/Murray	1,030	1,271	442	**2,743**
	South East Sydney	3,597	2,257	1,396	**7,250**
	South West Sydney	2,488	1,518	785	**4,791**
	Southern Highlands	753	867	326	**1,946**
	Western Sydney	2,619	1,630	691	**4,940**
VIC	Barwon-South Western	1,502	1,691	670	**3,863**
	Eastern Metro	3,724	4,298	1,262	**9,284**
	Gippsland	756	1,269	428	**2,453**
	Grampians	970	1,082	372	**2,424**
	Hume	925	1,182	402	**2,509**
	Loddon-Mallee	1,318	1,477	479	**3,274**
	Northern Metro	2,652	2,407	1,020	**6,079**
	Southern Metro	4,169	4,612	1,737	**10,518**
	Western Metro	1,689	2,093	742	**4,524**
QLD	Brisbane North	2,145	1,907	516	**4,568**
	Brisbane South	2,392	2,421	665	**5,478**
	Cabool	784	1,047	258	**2,089**
	Central West	57	46	77	**180**
	Darling Downs	925	1,076	363	**2,364**

	Far North	553	702	276	**1,531**
	Fitzroy	544	729	263	**1,536**
	Logan River Valley	339	535	207	**1,081**
	Mackay	318	364	128	**810**
	North West	46	93	63	**202**
	Northern	676	729	208	**1,613**
	South Coast	1,352	1,735	489	**3,576**
	South West	74	147	97	**318**
	Sunshine Coast	1,022	1,314	397	**2,733**
	West Moreton	475	698	144	**1,317**
	Wide Bay	827	1,021	338	**2,186**
WA	Goldfields	122	133	60	**315**
	Great Southern	255	329	117	**701**
	Kimberley	51	76	50	**177**
	Metropolitan East	1,146	1,264	373	**2,783**
	Metropolitan North	1,248	1,698	545	**3,491**
	Metropolitan South East	1,478	1,248	375	**3,101**
	Metropolitan South West	1,050	1,422	454	**2,926**
	Mid West	129	177	90	**396**
	Pilbara	30	20	50	**100**
	South West	333	431	188	**952**
	Wheatbelt	121	170	73	**364**
SA	Eyre Peninsula	95	200	71	**366**
	Hills, Mallee & Southern	465	461	213	**1,139**
	Metropolitan East	2,354	1,911	418	**4,683**
	Metropolitan North	814	809	327	**1,950**
	Metropolitan South	1,586	1,437	589	**3,612**
	Metropolitan West	1,214	1,044	475	**2,733**
	Mid North	65	224	60	**349**
	Riverland	137	183	70	**390**
	South East	182	273	94	**549**
	Whyalla, Flinders & Far North	129	188	108	**425**
	Yorke, Lower North & Barossa	347	468	186	**1,001**
TAS	North Western	474	432	183	**1,089**
	Northern	666	488	247	**1,401**
	Southern	1,094	914	378	**2,386**

ACT	Australian Capital Territory	635	910	362	**1,907**
NT	Alice Springs	98	56	144	**298**
	Barkly	17	2	38	**57**
	Darwin	137	93	178	**408**
	East Arnhem	5	6	65	**76**
	Katherine	27	36	67	**130**

The number of operational EACH places included **within** the total operational figures above as at June 2003 is as follows:

JUNE 2003 - OPERATIONAL EACH PLACES		
State	**Aged Care Planning Region**	**TOTAL PLACES**
NSW	Illawarra	**20**
	Northern Sydney	**18**
	South West Sydney	**28**
VIC	Grampians	**35**
	Loddon-Mallee	**34**
	Western Metro	**15**
WA	Metropolitan East	**21**
	Metropolitan North	**29**
	Metropolitan South East	**25**
SA	Metropolitan East	**35**
ACT	Australian Capital Territory	**30**

Attachment C

(a) The total number of allocated places (high care, low care, and CACPs) by Aged Care Planning Region as at June 2004 is as follows:

JUNE 2004 – TOTAL ALLOCATED PLACES					
State	**Aged Care Planning Region**	**HIGH**	**LOW**	**COMM.**	**TOTAL PLACES**
NSW	Central Coast	1,606	1,970	676	**4,252**
	Central West	830	894	260	**1,984**
	Far North Coast	1,356	1,690	570	**3,616**
	Hunter	2,500	2,852	836	**6,188**
	Illawarra	1,554	1,820	670	**4,044**
	Inner West	3,223	1,654	775	**5,652**
	Mid North Coast	1,492	1,944	636	**4,072**
	Nepean	1,178	877	322	**2,377**
	New England	795	930	322	**2,047**
	Northern Sydney	4,697	4,178	1,064	**9,939**
	Orana Far West	566	856	359	**1,781**
	Riverina/Murray	1,101	1,297	433	**2,831**
	South East Sydney	3,771	3,012	1,416	**8,199**
	South West Sydney	2,767	2,388	917	**6,072**
	Southern Highlands	781	1,176	311	**2,268**
	Western Sydney	2,868	1,989	711	**5,568**
VIC	Barwon-South Western	1,810	2,187	704	**4,701**
	Eastern Metro	4,145	5,013	1,375	**10,533**
	Gippsland	1,174	1,448	418	**3,040**
	Grampians	991	1,152	417	**2,560**
	Hume	1,146	1,434	415	**2,995**
	Loddon-Mallee	1,363	1,655	538	**3,556**
	Northern Metro	2,943	3,313	1,193	**7,449**
	Southern Metro	4,949	5,921	1,798	**12,668**
	Western Metro	2,028	2,745	851	**5,624**
QLD	Brisbane North	2,183	2,131	555	**4,869**
	Brisbane South	2,562	2,692	719	**5,973**
	Cabool	962	1,163	278	**2,403**
	Central West	63	49	69	**181**
	Darling Downs	978	1,126	357	**2,461**
	Far North	606	792	339	**1,737**

	Fitzroy	643	782	272	**1,697**
	Logan River Valley	430	663	217	**1,310**
	Mackay	348	375	136	**859**
	North West	59	78	83	**220**
	Northern	749	784	233	**1,766**
	South Coast	1,588	1,980	529	**4,097**
	South West	74	147	97	**318**
	Sunshine Coast	1,280	1,584	421	**3,285**
	West Moreton	490	718	149	**1,357**
	Wide Bay	916	1,138	338	**2,392**
WA	Goldfields	148	134	60	**342**
	Great Southern	281	404	122	**807**
	Kimberley	68	92	50	**210**
	Metropolitan East	1,158	1,383	414	**2,955**
	Metropolitan North	1,599	2,243	595	**4,437**
	Metropolitan South East	1,574	1,410	463	**3,447**
	Metropolitan South West	1,310	1,695	423	**3,428**
	Mid West	153	205	93	**451**
	Pilbara	30	53	50	**133**
	South West	432	645	185	**1,262**
	Wheatbelt	132	184	73	**389**
SA	Eyre Peninsula	107	200	83	**390**
	Hills, Mallee & Southern	521	622	215	**1,358**
	Metropolitan East	2,340	1,928	428	**4,696**
	Metropolitan North	1,201	1,044	346	**2,591**
	Metropolitan South	1,644	1,610	665	**3,919**
	Metropolitan West	1,260	1,248	500	**3,008**
	Mid North	69	227	67	**363**
	Riverland	146	238	83	**467**
	South East	189	358	94	**641**
	Whyalla, Flinders & Far North	129	188	148	**465**
	Yorke, Lower North & Barossa	384	572	197	**1,153**
TAS	North Western	486	480	187	**1,153**
	Northern	740	576	289	**1,605**
	Southern	1,139	1,153	405	**2,697**
ACT	Australian Capital Territory	757	1,024	411	**2,192**

NT	Alice Springs	110	56	158	**324**
	BARKLY	**17**	**2**	**38**	57
	Darwin	180	143	275	**598**
	East Arnhem	5	6	72	**83**
	Katherine	27	36	75	**138**

The number of allocated EACH places included **within** the total operational figures above as at June 2004 is as follows:

June 2004 –Allocated EACH places		
State	**Aged Care Planning Region**	**Total Places**
NSW	Central Coast	20
	Far North Coast	20
	Illawarra	43
	Inner West	72
	Mid North Coast	45
	Northern Sydney	28
	Riverina/Murray	25
	South West Sydney	40
	Southern Highlands	13
VIC	Barwon South Western	5
	Eastern Metro	62
	Grampians	35
	Loddon-Mallee	34
	Northern Metro	40
	Southern Metro	45
	Western Metro	32
QLD	Brisbane North	30
	Brisbane South	30
	Cabool	10
	Darling Downs	10
	Far North	10
	Logan River Valley	10
	North West	4
	Northern	15
	South Coast	20
WA	Metropolitan East	21
	Metropolitan North	29
	Metropolitan South East	25
SA	Hills, Mallee & Southern	20
	Metropolitan East	35
	Metropolitan North	9
	Metropolitan South	8
	Mid North	3
	Whyalla, Flinders & Far North	5
TAS	Northern	13
	Southern	12
ACT	ACT	30
NT	Darwin	20

(b) The total number of operational places (high care, low care, and CACP) by Aged Care Planning Region as at June 2004 is as follows:

JUNE **2004 - TOTAL OPERATIONAL PLACES**					
State	**Aged Care Planning Region**	**HIGH**	**LOW**	**COMM.**	**TOTAL PLACES**
NSW	Central Coast	1,483	1,209	676	**3,368**
	Central West	810	853	256	**1,919**
	Far North Coast	1,236	1,472	566	**3,274**
	Hunter	2,456	2,459	836	**5,751**
	Illawarra	1,426	1,332	670	**3,428**
	Inner West	3,067	1,375	733	**5,175**
	Mid North Coast	1,175	1,535	636	**3,346**
	Nepean	1,148	695	322	**2,165**
	New England	736	837	309	**1,882**
	Northern Sydney	4,542	3,902	1,064	**9,508**
	Orana Far West	526	772	355	**1,653**
	Riverina/Murray	995	1,197	414	**2,606**
	South East Sydney	3,592	2,264	1,416	**7,272**
	South West Sydney	2,715	1,881	917	**5,513**
	Southern Highlands	682	983	311	**1,976**
	Western Sydney	2,814	1,748	711	**5,273**
VIC	Barwon South Western	1,568	1,766	701	**4,035**
	Eastern Metro	3,679	4,344	1,375	**9,398**
	Gippsland	885	1,320	418	**2,623**
	Grampians	915	1,093	417	**2,425**
	Hume	973	1,263	415	**2,651**
	Loddon-Mallee	1,303	1,527	538	**3,368**
	Northern Metro	2,666	2,718	1,177	**6,561**
	Southern Metro	4,382	5,025	1,793	**11,200**
	Western Metro	1,775	2,200	851	**4,826**
QLD	Brisbane North	2,088	1,936	550	**4,574**
	Brisbane South	2,432	2,408	719	**5,559**
	Cabool	894	1,094	278	**2,266**
	Central West	63	49	69	**181**
	Darling Downs	957	1,091	354	**2,402**
	Far North	593	758	314	**1,665**

	Fitzroy	555	729	261	**1,545**
	Logan River Valley	372	535	217	**1,124**
	Mackay	345	369	128	**842**
	North West	46	78	83	**207**
	Northern	696	774	233	**1,703**
	South Coast	1,401	1,808	529	**3,738**
	South West	74	147	97	**318**
	Sunshine Coast	1,134	1,463	421	**3,018**
	West Moreton	479	698	149	**1,326**
	Wide Bay	835	1,046	338	**2,219**
WA	Goldfields	122	134	60	**316**
	Great Southern	255	333	117	**705**
	Kimberley	56	82	50	**188**
	Metropolitan East	1,125	1,219	414	**2,758**
	Metropolitan North	1,286	1,791	580	**3,657**
	Metropolitan South East	1,512	1,330	463	**3,305**
	Metropolitan South West	1,097	1,476	423	**2,996**
	Mid West	129	164	92	**385**
	Pilbara	30	20	50	**100**
	South West	366	503	185	**1,054**
	Wheatbelt	121	170	73	**364**
SA	Eyre Peninsula	95	200	82	**377**
	Hills, Mallee & Southern	451	582	215	**1,248**
	Metropolitan East	2,321	1,913	428	**4,662**
	Metropolitan North	875	903	343	**2,121**
	Metropolitan South	1,625	1,493	665	**3,783**
	Metropolitan West	1,250	1,128	500	**2,878**
	Mid North	65	209	67	**341**
	Riverland	141	228	83	**452**
	South East	177	277	94	**548**
	Whyalla, Flinders & Far North	129	188	128	**445**
	Yorke, Lower North & Barossa	369	545	197	**1,111**
TAS	North Western	479	448	187	**1,114**
	Northern	679	571	289	**1,539**
	Southern	1,068	989	405	**2,462**
ACT	Australian Capital Territory	631	911	399	**1,941**

NT	Alice Springs	100	56	158	**314**

	Darwin	157	123	257	**537**
	East Arnhem	5	6	65	**76**
	Katherine	27	36	55	**118**

The number of operational EACH places included **within** the total operational figures above as at June 2004 is as follows:

June 2004 – Operational EACH places		
State	**Aged Care Planning Region**	**Total Places**
NSW	Central Coast	20
	Far North Coast	20
	Illawarra	43
	Inner West	30
	Mid North Coast	45
	Northern Sydney	28
	Riverina/Murray	10
	South West Sydney	40
	Southern Highlands	13
VIC	Barwon South Western	5
	Eastern Metro	62
	Grampians	35
	Loddon-Mallee	34
	Northern Metro	40
	Southern Metro	40
	Western Metro	32
QLD	Brisbane North	25
	Brisbane South	30
	Cabool	10
	Darling Downs	10
	Far North	10
	Logan River Valley	10
	North West	4
	Northern	15
	South Coast	20
WA	Metropolitan East	21
	Metropolitan North	29
	Metropolitan South East	25
SA	Hills, Mallee & Southern	20
	Metropolitan East	35
	Metropolitan North	6
	Metropolitan South	8
	Mid North	3
	Whyalla, Flinders & Far North	5
TAS	Northern	13
	Southern	12
ACT	ACT	30
NT	Darwin	20

Attachment D

Total places approved for Extra Service Status at 31 May 2002 (the closest data collection date to June 2002)

State	Aged Care Planning Region	Total ESS Places Approved
ACT	Australian Capital Territory	26
NSW	Central Coast	146
	Hunter	56
	Illawarra	14
	Inner West	12
	Mid North Coast	75
	Northern Sydney	701
	Orana Far West	10
	South East Sydney	335
	Southern Highlands	66
	Western Sydney	100
QLD	Brisbane North	225
	Brisbane South	186
	Cabool	48
	Darling Downs	19
	South Coast	390
	Sunshine Coast	106
SA	Hills Mallee and Southern	51
	Metropolitan East	198
	Metropolitan North	40
	Metropolitan South	126
TAS	Northern	14
	Southern	31
VIC	Barwon South Western	150
	Eastern Metro	729
	Loddon-Mallee	41
	Northern Metro	204
	Southern Metro	929
	Western Metro	17
WA	Great Southern	32
	Metropolitan East	81
	Metropolitan North	123
	Metropolitan South West	99

Total operational places with Extra Service Status by Region at 31 May 2002 (the closest data collection date to June 2002)

State	Aged Care Planning Region	Operational ESS Places
ACT	Australian Capital Territory	26
NSW	Central Coast	134
	Inner West	12
	Northern Sydney	343
	Orana Far West	10
	South East Sydney	250
	Southern Highlands	25
QLD	Brisbane North	225
	Brisbane South	186
	Cabool	48
	Darling Downs	19
	South Coast	290
	Sunshine Coast	96

SA	Metropolitan East	112
	Metropolitan North	40
	Metropolitan South	126
TAS	Southern	5
VIC	Barwon South Western	150
	Eastern Metro	532
	Loddon-Mallee	21
	Northern Metro	140
	Southern Metro	660
	Western Metro	17
WA	Great Southern	32
	Metropolitan East	32
	Metropolitan North	48
	Metropolitan South West	99

Total places approved for Extra Service Status at 30 June 2003

State	Aged Care Planning Region	Allocated ESS places
ACT	Australian Capital Territory	77
NSW	Central Coast	134
	Hunter	56
	Illawarra	14
	Inner West	109
	Mid North Coast	75
	Northern Sydney	851
	Orana Far West	10
	Riverina Murray	38
	South East Sydney	444
	Southern Highlands	66
	Western Sydney	118
QLD	Brisbane North	219
	Brisbane South	186
	Cabool	74
	Darling Downs	19
	South Coast	452
	Sunshine Coast	102
SA	Hills, Mallee & Southern	61
	Metropolitan East	212
	Metropolitan North	93
	Metropolitan South	127
TAS	Southern	36
VIC	Barwon South Western	150
	Eastern Metro	731
	Gippsland	45
	Loddon-Mallee	41
	Northern Metro	197
	Southern Metro	1142
	Western Metro	17
WA	Great Southern	32
	Metropolitan East	81
	Metropolitan North	177
	Metropolitan South West	223
	Mid West	14

Total operational places with Extra Service Status by Region at 30 June 2003

State/Territory	Aged Care Planning Region	Places
ACT	Australian Capital Territory	44
NSW	Central Coast	134
	Hunter	26
	Inner West	12
	Mid North Coast	20
	Northern Sydney	583
	Orana Far West	10
	South East Sydney	304
	Southern Highlands	25
	Western Sydney	143
QLD	Brisbane North	218
	Brisbane South	186
	Cabool	62
	Darling Downs	19
	South Coast	270
	Sunshine Coast	102
SA	Hills, Mallee & Southern	61
	Metropolitan East	126
	Metropolitan North	93
	Metropolitan South	127
TAS	Southern	36
VIC	Barwon South Western	220
	Eastern Metro	640
	Loddon-Mallee	21
	Northern Metro	210
	Southern Metro	841
	Western Metro	17
WA	Great Southern	32
	Metropolitan East	99
	Metropolitan North	54
	Metropolitan South West	171
	Mid West	14

Total places approved for Extra Service Status at 30 June 2004

State	Aged Care Planning Region	Places
ACT	Australian Capital Territory	44
NSW	Central Coast	134
	Hunter	56
	Illawarra	14
	Inner West	109
	Mid North Coast	90
	Nepean	10
	Northern Sydney	1185
	Orana Far West	10
	Riverina Murray	13
	South East Sydney	452
	Southern Highlands	66
	Western Sydney	143

QLD	Brisbane North	292
	Brisbane South	186
	Cabool	65
	Darling Downs	19
	South Coast	392
	Sunshine Coast	102
SA	Hills, Mallee & Southern	61
	Metropolitan East	212
	Metropolitan North	93
	Metropolitan South	137
TAS	Southern	66
VIC	Barwon South Western	220
	Eastern Metro	876
	Gippsland	45
	Hume	40
	Loddon-Mallee	41
	Northern Metro	340
	Southern Metro	1302
	Western Metro	262
WA	Great Southern	32
	Metropolitan East	175
	Metropolitan North	164
	Metropolitan South East	43
	Metropolitan South West	279
	Mid West	14
	South West	48

Total operational places with Extra Service Status by Region at 30 June 2004

State	Aged Care Planning Region	Total
ACT	Australian Capital Territory	44
NSW	Central Coast	134
	Hunter	26
	Inner West	12
	Mid North Coast	20
	Northern Sydney	583
	Orana Far West	10
	South East Sydney	304
	Southern Highlands	25
	Western Sydney	143
QLD	Brisbane North	218
	Brisbane South	186
	Cabool	62
	Darling Downs	19
	South Coast	270
	Sunshine Coast	102
SA	Hills, Mallee & Southern	61
	Metropolitan East	126
	Metropolitan North	93
	Metropolitan South	137
TAS	Southern	36

VIC	Barwon South Western	220
	Eastern Metro	640
	Loddon-Mallee	21
	Northern Metro	210
	Southern Metro	911
	Western Metro	219
WA	Great Southern	32
	Metropolitan East	145
	Metropolitan North	78
	Metropolitan South East	43
	Metropolitan South West	171
	Mid West	14

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-125

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: PROVISIONALLY ALLOCATED AGED CARE PLACES

Written Question on Notice

Senator McLucas asked:

(a) How many provisional aged care places by Aged Care Planning Region were returned to the department from aged care providers over the past one year, two years, three years, four years and more than five years?

(b) How many provisional aged care places by Aged Care Planning Region were revoked by the department from aged care providers over the past one year, two years, three years, four years and more than five years?

Answer:

(a) Table 1 at Attachment A shows the surrender of provisionally allocated places by approved providers under section 15.6 of the *Aged Care Act 1997* (the Act).

(b) Table 2 at Attachment A shows the revocation of provisionally allocated places by the department under section 15.4 of the Act.

Attachment A

Table 1: Provisionally allocated places surrendered by approved providers.

	Provisional Places Surrendered				
	2003-04	2002-03	2001-02	2000-01	1999-2000
NSW Southern Highlands	10				
NSW Northern Sydney	1			25	
NSW Central Coast	25	60	68		
NSW Hunter				12	
NSW South East Sydney	58				
NSW Riverina/Murray		5	27		
NSW Inner West		20		14	
NSW Mid North Coast		2		40	
NSW Illawarra		3			
NSW Orana/Far West			10		
NSW South West Sydney			20		
VIC Loddon Mallee	33				
VIC Southern Metropolitan	60	1		30	
VIC Western Metropolitan		15			
VIC Eastern Metropolitan		20	13		10
VIC Dandenong		17			
VIC Northern Metropolitan				75	
QLD – Sunshine Coast				50	
SA Metropolitan North		44			
SA Riverland		15			
TAS Southern Region	12		50		
TAS Northern Region		20			
WA South West Region				30	
WA Metro East Region		20			
WA Wheatbelt Region		14			
WA Mid West Region	13				
NT Darwin Region				50	66

Table 2: Provisionally allocated places revoked by the Department of Health and Ageing.

	Provisional Places Revoked				
	2003-04	2002-03	2001-02	2000-01	1999-2000
ACT-ACT Planning Region	36				
VIC Southern Metropolitan		5			

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-126

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: PROFILE OF PROVISIONAL PLACES

Written Question on Notice & Hansard Page: CA 74

Senator McLucas asked:

The department stated it would provide a profile of provisional places. Please provide the number of provisional places, by Aged Care Planning Region, that are over one year old, 2 years old, 3 years old, 4 years old, 5 years old, 6 years old etc.

Answer:

Attachment A provides a breakdown by year of allocation of provisionally allocated aged care places aged one year or more at 30 June 2004 by Aged Care Planning Region for each state and territory.

There will always be a proportion of allocated residential places that are not operational at any given time. These comprise provisional allocations and places that are temporarily offline, mainly while rebuilding or transfers of places are completed.

Provisional allocations are for two years from the day of allocation and may be extended if circumstances justify an extension. Construction of accommodation for new residential aged care places is likely to take some time. Building works are usually required, for which suitable sites and planning approval must be obtained.

All providers are required to report quarterly on progress in bringing provisional allocations of residential places into operation. It is a condition of allocation of all residential places that the provider must make reasonably timely progress to bring the places into operation.

Seventy per cent of delays in bringing new residential places into operation are due to issues over planning approvals or land availability and site suitability. The Australian Government is seeking the cooperation of state and local governments to address these matters.

'Bed readiness' has also been identified as a key issue in allocating places through the Aged Care Approvals Round over the past three years.

year of allocation under the *Aged Care Act 1997*

State	Aged Care Planning Region	Year of Allocation 1997-99	1999-2000	2000-01	2001-02	2002-03
NSW	Central Coast	0	39	218	204	199
	Central West	0	0	16	15	0
	Far North Coast	0	0	40	123	103
	Hunter	0	0	75	91	112
	Illawarra	0	10	108	131	147
	Inner West	6	57	59	50	52
	Mid North Coast	0	0	145	195	140
	Nepean	0	0	75	40	60
	New England	0	0	15	18	13
	Northern Sydney	0	0	15	38	145
	Orana/Far West	0	0	20	26	0
	Riverina/Murray	0	0	32	25	20
	South East Sydney	0	80	36	130	165
	South West Sydney	0	50	80	113	153
	Southern Highlands	0	0	126	51	26
	Western Sydney	0	0	70	52	60
VIC	Barwon-South Western	0	15	40	89	192
	Eastern Metro	0	26	175	116	193
	Gippsland	0	0	20	85	166
	Grampians	0	0	4	25	0
	Hume	0	0	30	75	151
	Loddon-Mallee	0	0	35	48	44
	Northern Metro	0	0	196	245	124
	Southern Metro	0	5	48	173	249
	Western Metro	0	45	145	170	106
QLD	Brisbane North	0	0	20	0	55
	Brisbane South	0	0	6	4	180
	Cabool	0	0	0	39	16
	Central West	0	0	0	0	0
	Darling Downs	0	0	0	12	25
	Far North	0	0	0	16	0
	Fitzroy	0	0	40	72	0
	Logan River Valley	0	0	0	0	125
	Mackay	0	0	0	0	0
	North West	0	0	0	0	10
	Northern	0	0	0	5	30
	South Coast	0	0	15	135	106
	Sunshine Coast	0	0	0	80	50
	West Moreton	0	0	0	0	0
	Wide Bay	0	0	0	20	53
WA	Goldfields	0	0	0	0	0
	Great Southern	0	0	0	5	73
	Kimberley	5	0	5	12	0
	Metropolitan East	0	10	55	35	47
	Metropolitan North	0	0	40	154	184
	Metropolitan South East	0	0	3	30	44
	Metropolitan South West	0	0	73	155	96
	Mid West	0	0	0	0	8
	Pilbara	0	4	20	0	9
	South West	0	0	30	78	70

year of allocation under the *Aged Care Act 1997*

State	Aged Care Planning Region	Year of Allocation 1997-99	1999-2000	2000-01	2001-02	2002-03
	Wheatbelt	0	0	0	25	0

year of allocation under the *Aged Care Act 1997*

State	Aged Care Planning Region	Year of Allocation 1997-99	1999-2000	2000-01	2001-02	2002-03
SA	Eyre Peninsula	0	0	0	0	0
	Hills, Mallee & Southern	0	0	0	0	60
	Metropolitan North	0	0	0	107	197
	Metropolitan South	0	0	66	0	59
	Metropolitan West	0	0	40	50	40
	Mid North	0	0	0	0	5
	Riverland	0	0	10	5	0
	South East	0	0	47	0	46
	Whyalla, Flinders & Far North	0	0	0	20	0
	Yorke, Lower North & Barossa	0	0	9	28	5
TAS	North Western	0	0	0	12	14
	Northern	0	0	0	0	4
	Southern	0	0	41	57	25
ACT	ACT	0	0	0	74	54
NT	Alice Springs	0	0	0	0	0
	Darwin	0	0	24	13	3
	East Arnhem	0	0	0	0	7

Note: a) Excludes provisional allocations in 2003-2004 that are under one year old; and

b) Includes residential and community care places provisionally allocated under the *Aged Care Act 1997*.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-127

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: AGED CARE APPROVAL ROUNDS

Written Question on Notice

Senator McLucas asked:

Does the department have data in relation to Aged Care Approval Rounds indicating which aged care places were allocated to the following:

(c) Aged care facilities with high care places only

(d) Aged care facilities with low care places only

(e) Aged care facilities with Extra Services places only

(f) If so, how many high, low and Extra Service places were allocated to each of the above categories in the 2002, 2003 and 2004 Approval Rounds?

Answer:

(a) and (b)

The department does not record applications in this way and cannot readily provide this information.

(c) Yes. See (d)

(d) Extra Service places allocated to aged care facilities with Extra Service places only (including new services):

Aged Care Approvals Round (year)	Extra Service places allocated (low care)	Extra Service places allocated (high care)
2002	95	86
2003	145	100
2004	87	99

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-128

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: ALLOCATION OF COMMUNITY AGED CARE PACKAGES

Written Question on Notice

Senator McLucas asked:

(a) Please outline how CACPs are actually allocated to individuals by providers; that is, if each CACP is 4 hours, does the whole 4 hours go to one individual or are providers allowed to split packages eg 2 hours for one individual and 2 hours for another individual?

(b) If there are currently about 30,000 CACPs operating, does that mean that there are about 30,000 receiving a CACPs, or could there be a completely different number of people receiving community care services through a CACP?

(c) How does the department monitor the way CACPs are allocated to individuals, to ensure that a full CACPs package goes to one individual?

Answer:

(a) A provider is paid a community care subsidy for each package which is provided to an individual. Receivers of Community Aged Care Packages (CACPs) have a range of care needs which require different hours of service delivery depending on their functional capacity and personal circumstances. Individuals receive different types and amounts of service.

(b) In 2004 at any given time, for 30,000 packages, there were about 30,000 recipients.

(c) The department pays community care subsidy to a provider for individuals in whose name the provider has made a claim. A claim is paid if the name of the individual has been entered previously into the computer as a result of an approval to receive a CACP by an Aged Care Assessment Team which has assessed the individual through personal contact.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-129

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: AGED CARE SANCTIONS ON HOMES - MISSIONHOLME

Written Question on Notice

Senator McLucas asked:

(a) Please provide a copy of the January 2005 Review Audit reports for Missionholme Aged Care Facility and Missionholme Nursing Home, which lead to sanctions being placed on the facilities.

(b) What actions have been taken to protect the health and safety of residents of those facilities?

(c) Are the facilities going to close down? If so, how will the department ensure that residents are transferred to a new home?

(d) Are the accommodation bonds (where relevant) of residents secure?

Answer:

(a) The approved provider has requested that the Aged Care Standards and Accreditation Agency (the agency) reconsider its decision in relation to the outcome of the review audit. The agency's process is to wait until the reconsideration is completed and other appeal processes are exhausted before they release or publish review audit reports.

It is standard practice for review audit reports to be placed on the agency's website when the review process is completed. The report is available on the agency's website.

(b) The sanctions placed on Missionholme Aged Care Facility (on 28 January 2005) and Missionholme Nursing Home (21 January 2005):

1. required the approved provider to appoint a nurse adviser for a period of six months; and
2. restrict Australian Government funding for new residents for a period of six months.

The department and the agency have regularly visited the home since the sanctions were imposed.

Following this action the approved provider has improved the standards to the point that serious risk has now been addressed.

(c) The approved providers decided to close Missionholme Nursing Home and has relocated all residents to other facilities. Approved providers are required under the *Aged Care Act 1997* (the act) to ensure that care is provided to all residents until those residents have been transferred to other suitable aged care services. This occurred in the care of Missionholme Nursing Home.

(d) Any resident that has paid a bond will have been given a written guarantee of a refund of the accommodation bond balance by the approved provider. The act requires the repayment of bonds within certain timeframes and there are potentially severe penalties for providers who breach these responsibilities. These penalties may include the revocation of their approval to provide aged care services.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-130

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: AGED CARE SANCTIONS ON HOMES - ST CATHERINE'S NURSING HOME

Written Question on Notice

Senator McLucas asked:

(a) What is the timeline of all audit reviews and accreditation reviews for St Catherine's Nursing Home over the past 4 years?
(b) What were the actual problems found at this facility?
(c) What actions have been taken to protect the health and safety of residents?
(d) Please provide a copy of the Review Audit undertaken in January 2005 which led to sanctions being placed on the facility.

Answer:

(a) As at 3 March 2004, the timeline for all audit reviews and accreditation reviews conducted by the Aged Care Standards and Accreditation Agency (the agency) at St Catherine's Nursing Home is set out below:

Type of Review	**Date of Visit**
Accreditation Site Audit	17 May 2000
Support Contact	18 September 2000 11 September 2001
Accreditation Site Audit	13 March 2003
Support Contact	24 August 2004
Review Audit	8 September 2004
Support Contact	11 October 2004 16 October – 22 November 2004 (daily) 29 November 2004 2 December 2004 9 December 2004 15 December 2004 21 December 2004
Review Audit	5 -7 January & 10-11 January 2005
Support Contact	8 -9 January 2005 12 January – 14 February 2005 (daily) 17 February 2005
Accreditation Site Audit	2-4 March 2005

(b) The agency found serious risk at St Catherine's Nursing Home in relation to Accreditation Standard 2.4 – Clinical Care during a review audit conducted in January 2005.

The agency also indicated other accreditation standards were non-compliant including some elements of standards 1, 2, 3 and 4.

(c) The department imposed sanctions on the approved provider of St Catherine's Nursing Home on 7 January 2005 which:

3. required the approved provider to appoint a nurse adviser for a period of six months; and
4. restricted Australian Government funding for new residents for a period of six months.

The department and the agency have regularly visited the home since the sanctions were imposed.

Following this action the approved provider has improved the standards to the point that serious risk has now been addressed.

(d) The approved provider has requested that the agency reconsider its decision in relation to the outcome of the review audit. The agency's process is to wait until the reconsideration is completed and other appeal processes are exhausted before they release or publish review audit reports.

It is standard practice for review audit reports to be placed on the agency's website when the review process is completed. The report is available on the agency's website.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-077

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: MEMBERSHIP OF THE CONDITIONAL ADJUSTMENT PAYMENT (CAP) AND PRUDENTIAL REFERENCE GROUP AND THE MINISTER'S IMPLEMENTATION TASK FORCE

Hansard Page: CA 84

Senator McLucas asked:

Who is part of the negotiations consulting with industry and sector representatives about the arrangements for such a fund?

(In reference to aged care industry and sector representatives engaged in discussions with the government on prudential arrangements.)

Answer:

The Department of Health and Ageing has consulted with the Conditional Adjustment Payment (CAP) and Prudential Reference Group on the implementation of the CAP and the Guarantee Fund.

The membership of this reference group is as follows:

Mr Ian Struthers (Chair)
Mr Richard Gray
Mr Rod Young
Mr Greg Mundy
Mr Jim Toohey
Prof Tim Coelli
Mr Robert Hillier
Mr Geoff Taylor
Ms Mary Lyttle

The Department of Health and Ageing has also consulted with the Minister's Implementation Taskforce with regard to the implementation of the government's response to the *Review of Pricing Arrangements in Residential Aged Care.*

The membership of the Minister's Implementation Taskforce is as follows:

Hon Jim Carlton A.O. (Chair)
Prof Tony Broe
Prof Len Gray
Mr David Armstrong
Mr John Ireland
Mr Richard Ellis
Ms Jo Hardy
Ms Helen Kurincic
Mr Wayne Belcher
Mr Ian Hardy
Ms Sharon Davis

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-131

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: COMMUNITY CARE - RE-TENDERING OF NRCP AND OTHER COMMUNITY CARE PROGRAMS

Written Question on Notice

Senator McLucas asked:

(a) Has the department asked community care providers to submit new applications to provide services beyond June 2005, for example, under the National Respite for Carers, and other community care programs?

(b) What is the timeline for this process?

(c) What is the process for submissions and selection of providers?

(d) What other actions is the department taking to create common arrangements across community care programs? What is the timeline for these reforms?

Answer:

(a) Yes.

(b) Evaluation of applications are taking place during April and May. Applicants are expected to be advised during June 2005.

(c) Applications must be enclosed in a sealed envelope or other sealed container endorsed with the relevant Request For Application (RFA) number and sent to a locked bag or to a departmental tender box by 1 April 2005. Applications will be evaluated against criteria outlined in the RFA package. Applicants will be advised of the outcome.

(d) The department has commenced development work of common arrangements for community care programs, including renegotiating the Australian and State/Territory Government Home and Community Care Agreements. Implementation of the reforms will occur in stages over the next few years.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-132

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: COMMUNITY CARE- QUALITY ASSURANCE FRAMEWORK

Written Question on Notice

Senator McLucas asked:

(a) Answers to June Estimates (E04-232) states that there will be a trial with selected CACP providers. Can you provide more information?

(b) What were the outcomes of the first EACH / CACP Quality Assurance Framework Reference Group?

(c) When will the QA Reference Group next meet?

(d) What is the timeline for the QA reform in community care?

Answer:

(a) Service providers who deliver Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) packages and National Respite for Carers Program (NRCP) services, participated in a trial of the Quality Reporting model. The trial was co-ordinated and evaluated by Alt Beatty Consultants.

(b) The initial Industry Reference Group contributed to the development of Quality Reporting tools for CACPs and EACH. In the 2004-05 Budget, the Quality Reporting initiative was extended to include services funded under the NRCP. The Industry Reference Group first met in January 2005.

(c) The Industry Reference Group met in March 2005 and is scheduled to meet again in May 2005.

(d) Implementation of the Quality Reporting model will commence in July 2005.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-133

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: AGED CARE SANCTIONS ON HOMES - VIEWHILLS MANOR

Written Question on Notice

Senator McLucas asked:

(a) What is the timeline for all audit reviews and accreditation reviews for this facility over the past 4 years?

(b) What were the actual problems found in this facility?

(c) What actions have been taken to protect the health and safety of residents?

Answer:

(a) The Viewhills Manor service opened on 26 August 2002.

As at 3 March 2004, the timeline for all audit reviews and accreditation reviews conducted by the Aged Care Standards and Accreditation Agency (the agency) at Viewhills Manor is set out below:

Type of Review	**Date of Visit**
Desk Audit (Commencing Service)	11 October 2002
Support Contact	21 November 2002 13 March 2003
Accreditation Site Audit	8 May 2003
Support Contact	27 August 2003 5 November 2003 29 January 2004 10 March 2004
Accreditation Site Audit	28 April 2004
Support Contact	11 August 2004 8 September 2004
Review Audit	4 – 11 October 2004

Type of Review	Date of Visit
Support Contact	9 – 10 October 2004 (daily) 12 – 14 October 2004 (daily) 16 – 18 October 2004 (daily) 20 -22 October 2004 (daily) 26 October 2004 29 October 2004 3 November 2004 8 November 2004 17 November 2004 23 November 2004 2 December 2004 22 December 2004 20 January 2005
Accreditation Site Audit	22 February 2005

(b) The agency found serious risk at Viewhills Manor in relation to Accreditation Standard 2.13 – Behavioural Management.

(c) The department imposed sanctions on the approved provider of Viewhills Manor on 8 October 2004 which:

1. required the approved provider to appoint a nurse adviser for a period of six months; and
2. restrict Australian Government funding for new residents for a period of six months.

The department and the agency have regularly visited the home since the sanctions were imposed.

Following this action the approved provider has improved the standards to the point that serious risk has now been addressed.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-134

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: RESIDENT CLASSIFICATION SCALE (RCS) REFORM - DEVELOPMENT OF THE NEW RCS FUNDING INSTRUMENT

Written Question on Notice

Senator McLucas asked:

(a) What is the process for the development of the new RCS Funding Instrument?

(b) If it involves tendering, what is the process?

(c) What are the costs and how have they been budgeted?

(d) What is the timeline for the introduction of the new RCS?

(e) Will there be any measures to ensure that residents are reclassified appropriately?

Answer:

(a) In the 2004 Budget the government announced that a new funding model with simplified resident categories will be introduced, as well as two new supplements to better target available funding towards the care needs of residents with dementia and challenging behaviours and residents with complex health and nursing care needs. A draft new funding instrument called the Reduced RCS had already been developed in response to recommendations of the 2003 RCS Review. The department commissioned Applied Aged Care Solutions (the consultant which had developed the Reduced RCS) to advise on how it could be used to provide the basis for the proposed new model, including options for structuring the new categories and supplements. A national trial of the draft instrument will commence in 2005.

(b) A request for tender for a consultant to conduct the national trial was publicly advertised on 15 January 2005 and tenders closed on 18 February 2005.

(c) The consultancy described in (a) cost $213,187. It is part of the $33 million in the 2004-05 Portfolio Budget Statements identified for new funding and payment arrangements under the measure *Streamlining Administration for Better Care*.

(d) The new funding model will be introduced in 2006.

(e) Yes.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-135

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: DEMENTIA

Written Question on Notice

Senator McLucas asked:

(g) On what basis were the 330 new places for dementia-specific aged care derived?

(h) Including the recently advertised 330 dementia-specific places, what percentage of aged care residential places will be dementia-specific by 2008?

(i) Has any additional funding or resources been earmarked to train mainstream aged care workers to provide dementia care?

Answer:

(a) In the 2004 Aged Care Approvals Round one of the key issues for applicants to address was the provision of care for people living with dementia. As part of the competitive allocation process some successful applicants for community care places have indicated in their applications that they will provide 330 community places focusing on the provision of dementia care.

(b) It is anticipated that applicants in future Approval Rounds will be increasingly required to address the provision of care for people living with dementia.

(c) Additional funding of $20.1 million has been promised for dementia specific training for up to 8,000 community care staff and residential care workers as part of the Australian Government's $200 million Dementia - a National Health Priority Election 2004 Commitment.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-136

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: INNOVATIVE POOL PILOT PROGRAM

Written Question on Notice

Senator McLucas asked:

(a) Please provide a table of all Innovative Pool funding projects since inception of the program including: (i) applicant; (ii) funding source (Commonwealth/other sources); (iii) current status i.e. current or completed; (iv) commentary on evaluation; (v) commentary on whether the Pilot has resulted in an ongoing activity.

(b) Are there any funds not yet allocated from the 2004-05 Round? What are the reasons for unallocated funding?

Answer:

(a) A table is attached which provides details of all Innovative Pool funding projects since inception of the program. The development of the Transition Care Program announced in the Government's response to the *Review of Pricing Arrangements in Residential Aged Care* was informed, among other things, by the experience of the Innovative Pool Rehabilitation Service pilots. Pilot services are expected to participate in an evaluation that is conducted by an independent evaluator contracted by the Department of Health and Ageing.

(b) Yes. Pilot proposals may be approved at any time during the financial year. Pilot proposals are developed by the approved provider in collaboration with the department and other key stakeholders. The duration of this development phase varies between pilots so the precise time at which places will be allocated cannot be determined in advance. Funds flow to pilots when allocated places have become operational.

Additional Estimates – 17 February 2005 Division: AC – Ageing & Aged Care

Response to ReferenceID E05000136: Table of Aged Care Innovative Pool Projects since 2001

Name of Innovative Pool pilot	(i) Applicant (approved provider)	(ii) Funding source and amount for pilot duration#		(iii) Current status
		Aust Govt funding ($million)	State/territory government funding ($million)	
Innovative Rehabilitation Care Service pilots				
Central Sydney Hospital to Home	Lucan Care (Uniting Care)	$2.0	$0.9	Current
Newcastle Innovative Care Enablement Service (NICE)	Baptist Community Services (NSW & ACT)	$1.3	$0.9	Current
Northern Sydney Innovative Care Rehabilitation Service	NSW Government	$2.7	$1.0	Current
Doutta Galla Innovative Care Rehabilitation Service	Doutta Galla Aged Services Ltd	$6.7	$4.9	Current
Transitional Care Pilot	WA Government	$2.5	$1.6	Current
Home Rehabilitation and Support Service (HRSS)	Aged Care and Housing Group	$2.0	$1.1	Current
Extended Rehabilitation Service (ERS)	Tasmanian Government	$2.3	$0.7	Completed
Morling Lodge Transitional Care Centre	Baptist Community Services	$1.1	$0.3	Current
Katherine Transitional Care Unit	Uniting Church Frontier Services	$0.6	$0.2	Current
Toowoomba Innovative Care Rehabilitation Service Pilot	RSL (QLD) War Veterans' Homes Ltd and Brodribb Home Inc	$0.8	$0.1	Current
Home Choice - Northern Health	Northern Health – Victorian Government	$1.0	$0.3	Current
Outer East Innovative Care Rehabilitation Service	Eastern Health – Victorian Government	$1.1	$0.9	Current
Innovative Dementia Care pilots				
Central Coast Short Term Intensive Community Care and Support	Hammond Care Group	$1.7	$0.4	Current
Greater Murray Area Dementia Care	NSW Government	$1.1	$1.6	Current
Northern Rivers Mobile Dementia Rehabilitation Service	NSW Government	$1.1	$0.4	Current
RSL Care Innovative Dementia Care Pilot	RSL (QLD) War Veterans' Homes Ltd	$4.2	Nil	Current
Ozcare Innovative Dementia Care Pilot (formerly St Vincent's)	Ozcare Community Services	$2.7	Nil	Current
South Brisbane and Gold Coast Innovative Dementia Care Pilot	Islamic Women's Association of Brisbane	$1.7	Nil	Current
Flexible Care Service	Win Support Services Inc	$1.4	Nil	Current
North East Dementia Innovations Demonstration	Austin and Repatriation Medical Centre	$0.8	Nil	Current
Dementia Care in Alternative Settings	Southern Cross Care	$2.4	Nil	Current
Sundowner Club	Elderly Citizens Homes of SA	$0.3	Nil	Current
ACT Innovative Dementia Model	Johnson Village Services Pty Ltd	$0.6	Nil	Current

Name of Innovative Pool pilot	(i) Applicant (approved provider)	(ii) Funding source and amount for pilot duration#		(iii) Current status
		Aust Govt funding ($million)	State/territory government funding ($million)	
High Need pilots				
Mobile-Gap (M-Gap)	Anglican Aged Care Services	$2.7	Nil	Current
Senior Care Options for Everyone (SCOPE)	Churches of Christ Homes	##$5.3	Nil	Current
Disability-Aged Care Interface pilots				
Northern Sydney Disability Aged Care Pilot	New Horizons	$3.1	* Disability Services	Current
Central West People with a Disability who are Ageing Pilot	Wontama Community Services	$2.8	* Disability Services	Current
Far North Coast Disability and Aged Consortium	Maclean Shire Council	$2.1	* Disability Services	Current
Senses Disability Aged Care Pilot	Senses Foundation	$1.0	* Disability Services	Current
Helping Hand	Helping Hand Aged Care Inc	$1.2	* Disability Services	Current
Oakdale Ageing in Place	Oakdale Services Tasmania	$0.5	$0.2	Current
Disability and Ageing Lifestyle Project	Renmark Paringa District Hospital	$0.2	* Disability Services	Current
Uniting Care Cumberland Prospect Aged Care Innovative Pool Pilot	Uniting Church in Australia Property Trust (NSW)	$2.0	* Disability Services	Current
MSV Changing Needs	Multiple Sclerosis Society of Victoria (MSV)	$0.7	* Disability Services	Current
MSV Carnegie	Multiple Sclerosis Society of Victoria (MSV)	$0.1	*$.07	Current
Intermittent Care Service pilots				
NSW Intermittent Care Service Pilot	NSW Department of Health	$6.6	$6.6	Current
Queensland Transition Care Service Pilot	Queensland Health	$4.1	$6.4	Current
Victorian Intermittent Care Service Pilot	Victorian Department of Human Services	$6.1	$6.1	Current
Intermittent Care Service Pilot	WA Department of Health	$2.9	$2.6	Current
Tasmanian Integrated Care Service Pilot	Tasmanian Department of Health and Human Services	$1.7	$1.2	Current
ACT Intermittent Care Service Pilot	ACT Health	$1.5	$1.0	Current

Funding contribution is the maximum total for the pilot's duration

Amount is up to and including 2007-08; thereafter, $1.3 per annum

* Exact amount is subject to assessment of individual client needs

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-137

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: TRAINING AND RESOURCE SUPPORT FOR INDIGENOUS AUSTRALIANS

Written Question on Notice

Senator McLucas asked:

(a) Under what program was this funded?

(b) What was the basis for not continuing to fund the position in North Queensland?

(c) What advice(s) was/were provided to Aged Care Queensland that the position would not continue to be funded?

(d) Please provide the evaluation of the work undertaken under that program in North Queensland?

(e) What broader consultation informed the de-funding of this position in North Queensland?

(f) What is the department proposing to do to support Aboriginal and Torres Strait Islander aged care services, especially in remote areas?

Answer:

(a) The Queensland Training and Resource Support Officer was funded as a one off project in 2002 under the National Aboriginal and Torres Strait Islander Aged Care Strategy.

(b) Support for Aboriginal and Torres Strait Islander services is provided through an arrangement with Aboriginal Hostels Limited.

(c) In February 2005, the department advised Aged Care Queensland that it was highly unlikely that funding beyond the expiry of the current contract would be available.

(d) The department has received from Aged Care Queensland a report on the findings of the implementation of the Queensland Training and Resource Officer Project. This was a condition of funding for this project. The department has found the report useful.

(e) This project was funded for two years. There is no ongoing commitment to fund this project.

(f) See response to E05-138 (b) and (c).

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-138

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER AGED CARE STRATEGY

Written Question on Notice

Senator McLucas asked:

(a) Is the National Aboriginal and Torres Strait Islander Aged Care Strategy still being funded? If not, why not?

(b) What programs have been funded under the National Aboriginal and Torres Strait Islander Aged Care Strategy since it commenced? Please provide details.

(c) What programs are in place to ensure the care of older Indigenous Australians are being met?

(d) Why has the Queensland departmental position, previously committed to supporting Aboriginal and Torres Strait Islander aged care service delivery, ceased to exist?

Answer:

(a) Yes.

(b) The National Aboriginal and Torres Strait Islander Aged Care Strategy supports:

- a range of residential and community based services for Aboriginal and Torres Strait Islander people.

- the provision of advice and one off financial support for Aboriginal and Torres Strait Islander aged care services operating under the *Aged Care Act 1997*. Assistance is provided by Aboriginal Hostels Limited through a Deed of Agreement with the department. In 2004-05 Aboriginal Hostels will be provided with $1.7 million through this arrangement.

(c) See (b)

The Australian Government will spend an additional $10.3 million over four years to ensure that Aboriginal and Torres Strait Islander flexible aged care services receive the conditional adjustment payment and increased concessional payments similar to those provided to services under the *Aged Care Act 1997*.

In addition, eligible Aboriginal and Torres Strait Islander flexible aged care services will receive viability supplement payments.

It is widely recognised that disability and ageing affects Aboriginal Torres Strait Islander people earlier than other Australians. Therefore, planning for aged care services is based on the Aboriginal and Torres Strait Islander population aged 50 years and older compared with 70 years and older for other Australians.

Older people from Aboriginal and Torres Strait Islander communities have been identified as a Special Needs Group under the *Aged Care Act 1997*. This translates to older Aboriginal and Torres Strait Islander people having access to a range of aged care services both under the National Aboriginal and Torres Strait Islander Aged Care Strategy and the *Aged Care Act 1997*.

(d) Support for Aboriginal and Torres Strait Islander services is provided through an arrangement with Aboriginal Hostels Limited.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-073

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: LOW-CARE TO HIGH-CARE, USING THE PRINCIPLES OF AGEING IN PLACE

Hansard Page: CA 74

Senator McLucas asked:

What is the average time between a person entering as low care and becoming high care?

Answer:

The average time in low level care of those who move to high level care is around three years.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-075

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: AGED CARE PLACES GIVEN BACK

Hansard Page: CA 76

Senator McLucas asked (by way of follow up to her earlier written question of whether any residential allocations had been revoked within the past 12 months).

Have we had any given back in that period?

Answer:

According to the department's stocktake records, in the period of 12 months from 1 July 2003 to 30 June 2004, 57 operational aged care places had been relinquished by approved providers. In the same period, 212 provisionally allocated places had been surrendered by approved providers.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-076

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: MISSIONHOLME NURSING HOME AND HOSTEL

Hansard Page: CA 80

Senator McLucas asked:

Is it possible to get a copy of the review audit that showed the serious risk? Is that a document we could have?

Answer:

The review audit report is available on the Agency's website.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-110

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: EYRE PENINSULA OLD FOLKS HOME

Hansard Page: CA 83

Senator Moore asked:

Did the same assessors go back to do the follow-up assessments?

Answer:

No.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-078

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: AGED CARE WORKFORCE COMMITTEE

Hansard Page: CA 90

Senator McLucas asked:

Can someone give me some background to that committee?

Mr Mersiades: We can provide you with information on the membership.

Answer:

The current membership of the Aged Care Workforce Committee is:

Rosemary Bryant
David Deans
Dr Phillip Della
Professor Helen Edwards
Richard Gray
June Heinrich
Jill Iliffe
Dr Stephen Judd
Dr Susan Koch
Diane Lawson
Lyn LeBlanc
Sue Macri
Katie Mickel
Greg Mundy
Sophie Naughton
Maria Peters
Brett Rankine
Glenn Rees
Bruce Shaw
Jim Toohey

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-079

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: THE CARE OF OLDER AUSTRALIANS: A PICTURE OF THE RESIDENTIAL AGED CARE WORKFORCE

Hansard Page: CA 91

Senator McLucas asked:

(a) Does the document entitled 'The Care of Older Australians: a picture of the residential aged care workforce' go to the Aged Care Workforce Committee for agreement? I am trying to ascertain the status of this report.

Answer:

(a) This document was a survey of the aged care workforce, independently prepared by the National Institute of Labour Studies, Flinders University Adelaide, on behalf of the Australian Government in partnership with the Aged Care Workforce Committee. The Aged Care Workforce Committee supported the census and survey. A sub-committee of the Workforce Committee advised on the content and scope of the census and survey.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-080

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: RESIDENTIAL CLASSIFICATION SCALE (RCS) REVIEWS

Hansard Page: 91-92

Senator McLucas asked:

(a) Provide updated RCS review figures to December 2004

(b) What is the proportion of the residents of aged care facilities value of downgrades/upgrades?

Answer:

(a) A total of 7,801 RCS reviews were conducted over the 6 months ending 31 December 2004.

Number of RCS Category Upgrades resulting from reviews conducted over the six months ending 31 December 2004

State/Territory	Number of Upgrades
NSW/ACT	69
VIC	71
QLD	49
SA/NT	33
WA	62
TAS	14
Total	**298**

Number of RCS Category Downgrades resulting from reviews conducted over the six months ending 31 December 2004

State/Territory	Number of Downgrades
NSW/ACT	1313
VIC	632
QLD	664
SA/NT	269
WA	328
TAS	75
Total	**3281**

Data regarding RCS reviews is available on the Department of Health and Ageing website at: http://www.health.gov.au/acc/rcspage/rcsstats.htm

In 2003-04 the Australian Government provided $5 billion in taxpayers money for residential aged care, with $4 billion provided through the RCS. RCS validations ensure that correct funding has been claimed by an aged care provider. RCS reviews may increase, confirm or downgrade the funding level claimed.

An appeals process is in place if aged care providers believe that any downgrades are unjustified.

(b) As at 31 December 2004 there were 2,932 residential aged care services providing care to 149,029 permanent residents. Over the period 1 July to 31 December 2004, 7,801 RCS reviews were carried out within 995 aged care services by this targeted program, which is estimated at 5.3% of the permanent resident population.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-082

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: AGED CARE BUDGET MEASURE – RESIDENTIAL CLASSIFICATION SCALE (RCS) REVIEWS

Hansard Page: 92

Senator McLucas asked:

(a) Can the department expand on the statement in the Portfolio Budget Statement 1.11, page 139 about strengthening the arrangements for classification reviews?

(b) What will this involve?

(c) What will be the total cost?

(d) Will it involve more RCS reviews?

(e) If so how many?

(f) What are the costs?

(g) Will it involve employing more departmental officers?

(h) If so how many?

(i) What are the costs?

Answer:

(a) Additional resources will be utilised to identify inaccurate resident appraisals, in line with the Budget initiative which removed the requirement for Aged Care Assessment Team assessments for those residents ageing in place.

(b) An analysis of risk factors.

(c) This cannot be accurately determined at this stage.

(d) If required under the risk analysis.

(e) The number of classification reviews will be determined by the risk analysis.

(f) This cannot be accurately determined at this stage.

(g) Yes.

(h) The number will depend on an estimate of the number of reviews.

(i) Approximate cost for each review officer, including on-costs, is $120,000, per annum.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-083

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: AGED CARE ASSESSMENT TEAMS (ACAT) - WAITING TIMES

Hansard Page: CA 92

Senator McLucas asked:

Have you done any measurement about what waiting times there are for ACAT?

On a quarterly basis please provide information on waiting times for assessments, numbers of assessments and location of assessments.

Answer:

WAITING TIMES FOR AGED CARE ASSESSMENT TEAMS (ACAT) ASSESSMENTS

Table 1: National waiting times for ACAT assessments

	Waiting time from referral to first face-to-face contact (days)	**Waiting time from referral to end of assessment (days)**
2004-05	**Median**	**Median**
Quarter 1	8	12

Source: ACAP NDR MDS Quarters 1 & 2 Reports 2004-2005.

ASSESSMENTS BY CONTACT SETTING

Table 2: ACAT assessments by contact setting

2004-05 (number)	**Acute Hospital and Other inpatient**	**Residential Care**	**Community Care**	**Overall total**
Quarter 1	13,000	3,000	28,000	44,000

Source: ACAP NDR MDS Quarter 1 & 2 Reports 2004-2005 (rounded to the nearest 1,000).

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-084

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: INVESTING IN AUSTRALIA'S AGED CARE - IMPLEMENTATION AND COMMUNICATION

Hansard Page: CA 93

Senator McLucas asked:

In June estimates last year we were advised that the advertising budget for '04-05 was going to be $7.4 million; '05-06, $1.2 million; '06-07, $1.3 million; ’07-08, $1.3 million. There is a lot of money being spent on advertising in '04-05. How much has been spent and what was it spent on?

Answer:

As at 31 January 2005, $0.417 million has been spent to support the implementation of the government’s response to the *Review of Pricing Arrangements in Residential Aged Care* and to provide information to consumers, their families, approved providers and other key stakeholders.

Expenditure to date has primarily been for consultation with stakeholders through the Minister’s Implementation Taskforce, the Conditional Adjustment Payment and Prudential Reference Group, and the Aged Care Advisory Committee, to provide information in support of the increased allocation of residential and community aged care places announced in the *Investing in Australia’s Aged Care: More Places, Better care* package; to update the department’s website, guidelines, manuals, booklets, brochures, factsheets and other key publications; and for information distribution to stakeholders.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-085

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: INDIGENOUS AGED CARE TRAINING AND RESOURCE

Hansard Page: CA 95

Senator McLucas asked:

We have based in North Queensland a 'training and resource officer, Indigenous aged care'. Are there more than one of those around the nation?

Answer:

The department funded one training and resource officer position which was located with Aged Care Queensland to assist Aboriginal and Torres Strait Islander aged care services in Queensland access relevant training and aged care advice.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-086

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: WESTWOOD SPICE REPORT

Hansard Page: CA 96

Senator McLucas asked:

Is it possible for the committee to request a copy of the incomplete document held by the Department? Or is it possible for this committee to request a copy of the complete document held by the Agency?

Answer:

The comprehensive executive summary of the Westwood Spice Report is attached. This has been provided by the Aged Care Standards and Accreditation Agency (the Agency).

The independent survey by Westwood Spice was commissioned by the Agency in April 2004 following the completion of Round 2 accreditation as part of the Agency's commitment to its own continuous improvement (CI) process.

The purpose of the survey was two-fold:

(a) to seek stakeholder views of how assessors conducted accreditation activities and the Agency systems and processes; and

(b) to ascertain the validity of the other forms of seeking stakeholder feedback.

The project brief was about collecting the perceptions of participants. There was no requirement to validate the comments. It is important to note that the Agency was effectively seeking 'tips' on areas of its operation that participants thought required further review rather than definitive statements. Stakeholders were defined as including approved providers, staff of their homes and employed and contracted assessors.

Other CI activities include review of complaints received by the Agency, the results of feedback following each visit to a home and information received via National and State Agency Liaison groups.

The Agency reports that there is a strong correlation between the Westwood Spice findings and other sources of feedback. Generally the satisfaction scores were high and a considerable number of suggestions were made. The comments provided input to the Agency's process review and the development of industry and assessor education.

Aged Care Standards and Accreditation Agency Ltd

Review of Round 2 Accreditation

Executive Summary: July 2004

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LIST OF FIGURES

Overview

Introduction

WestWood Spice was contracted to undertake a 'Review of Round 2' for the Aged Care Standards and Accreditation Agency (the 'Agency') during April – June 2004. WestWood Spice's brief was to 'report accurately on the views of stakeholders' while not being required to develop recommendations for change. Two key focus areas were identified:

- The way Agency staff and contractors conducted accreditation activities during Round 2
- The Agency's accreditation systems and processes

There were a number of matters outside the scope of the Project:

- The education function of the Agency
- Legislative matters other than where they relate to Agency systems and processes linked to accreditation
- The Agency's management of its staff or contractors
- Support visits or review audits conducted by Agency assessors

The Project was overseen by a Steering Group consisting of Chris Champ (General manager, Corporate Services) and Ross Bushrod (General Manager, Accreditation).

Methodology

The ***underpinning question*** of the Project was: 'Does the current implementation of the accreditation processes and systems meet its purpose?'
The methodology included five data collection streams with a focus on people directly involved in Round 2. These five data collection activities (see **Error! Reference source not found.**) provided a balance between sound representation (the phone survey), self-selected activities (teleconferences) and targeted activities (interviews), presenting a strong national picture on some matters and digging deeper on matters of interest to particular stakeholders - designed to attract participants who are motivated by ideas for change.
The accreditation process was characterised by its ***major stages*** - self-assessment; desk review; on-site assessment activities; statement of major findings; and site audit report - which became five Focus Areas for the question framework.
A separate survey instrument was constructed for each data collection stream to ensure a focus on questions relevant to the target group.

Figure 1: Overview of Data Collection Streams

MODE	TARGET	SAMPLING/SELECTION	#
TELEPHONE SURVEY	Homes which participated in Round 2	Wave 1 survey – Phone survey with 349 Homes undertaken proportional to State/Territory representation. Random selection within each State/Territory to fill the allocation	349 surveys
		Wave 2 survey – 42 of the above Homes had one additional telephone survey and 19 had 2 additional surveys undertaken to identify the views of other staff in the same accreditation experience. Selection designed to meet spread of characteristics across State/Territory, Home size, type and location	80 add'l surveys
FOCUS GROUPS WITH ASSESSORS	All employed or contracted assessors who participated in Round 2	All assessors informed of opportunity to participate in focus groups and teleconferences and asked to register interest 3 focus groups – one each in Sydney, Brisbane and Perth (locations selected by Project Steering Group) with 42 assessors	42 assessors
TELECONF'S WITH ASSESSORS		3 teleconferences with 27 assessors	27 assessors
TELECONF'SWITH PROVIDERS	Providers who participated in Round 2	All providers informed of opportunity to participate in teleconferences and asked to register interest 3 teleconferences with 31 providers	31 providers
INTERVIEWS	Peak bodies and other stakeholder groups	All National Agency Liaison Group (NALG) members informed of opportunity to participate in phone interview Two Residential Care Advocacy Services informed of opportunity to participate in phone interview. Agency management team in Perth and Brisbane invited for group interview	14 particip's

Findings

Introduction to Findings

The findings were initially analysed as five data collection streams and then the data from the various streams was brought together to consider each Focus Area.

Overall Views

There is always a risk in presenting summary views in a Project like this with large numbers of diverse stakeholders. However, there were some overall points put consistently by participants which form an important backdrop to understanding the findings. These matters represent broader issues than can be presented in individual Focus Areas.

- Round 2 accreditation was considered markedly more effective than Round 1 accreditation. It is worth noting that this question was not directly asked during this Project but was regularly volunteered by providers, assessors and peak bodies
- It is clear that a strong sense of satisfaction and confidence in the effectiveness of the accreditation process and its component areas has been expressed by the provider phone survey respondents. Data from other sources showed more varied views, no doubt partly influenced by the particular role of the respondent within the aged care industry. It was also apparent that some respondents had experienced accreditation at different points in the development of current systems (e.g. when a longer version of statements of findings was used)
- The calibre of the assessors was consistently seen to be the key to effective accreditation outcomes. Their individual skills are seen to be closely linked with their capacity to gather objective evidence, write an effective report, create a professional atmosphere on-site. The need for consistency of their performance as a group is highlighted as is their capacity to understand variations in systems (from sophisticated, mature continuous quality improvement systems to simpler but effective approaches)
- Most stakeholders in the aged care sector doubt that best value is being derived (for Homes or the Agency) from the amount of effort currently expended on the self-assessment
- The industry and its operating environment has changed since the commencement of Aged Care Accreditation. This was seen by many respondents to have a bearing on matters like the role of self-assessment; the role of the desk review; the function of the exit meeting
- The current accreditation process was seen to have structural and practical difficulties in providing a balanced picture of a Home's performance. Such difficulties include the need to fully explore areas of any possible non-compliance which may mitigate against noting a Home's strengths; the amount of time available for direct audit activities; the multi-purpose and multi-audience nature of the site audit report; the legislated timeframes of some key steps
- The links between accreditation and continuous improvement are not well-understood and are not seen to be generating a critical mass of good practice that is helpful to the aged care sector.

Views about the Self-Assessment

Contributing Views	Aged Care Assessors	Provider peak body
	Aged Care Providers	Agency Management team members
	National Agency Liaison Group members	

There was some weight for the following views:

- The self-assessment process can form a valuable role for providers in certain circumstances:
  - When genuinely used to undertake internal review and gap analysis
  - When used as a process to trigger service development activities that are linked to continuous quality improvement
- The value of the self-assessment step was questioned in some situations:
  - Where providers treated it as an administrative step (i.e. as an application for the next step of the accreditation process rather than as a process of performance assessment)
  - Where providers forwarded very generic or formulaic answers. The ‘results’ area was consistently noted by assessors in teleconferences and focus groups as being poorly understood
- The self-assessment process is currently time-consuming (acknowledged by all parties)
- The self-assessment material can perform a useful function for assessors in various ways:
  - If it is a genuine reflection of the Home’s performance (currently cannot be relied upon for this) and has been used by the Home as a tool for gap analysis
  - Where submitted material has clear information about the continuous improvement plan; progress against planned improvements; the organisational chart; the site plans; the business objectives
- The strength of the link between the self-assessment and the Standards and Outcomes was questioned (by various assessors in focus groups and teleconferences and by peak bodies).

Specific views and consistency of responses

- Provider phone respondents showed strong support (95%) for the clarity of the questions in the self-assessment and for the ease of the instructions
- Provider phone respondents found the information in the accreditation guide effective or very effective (combined 69%) in helping them to understand and fully participate in the accreditation process
- Provider phone respondents had stronger support than provider teleconference respondents for the clarity and usefulness of the self-assessment materials

- Provider phone respondents and peak groups (providers and consumers) tended to doubt that best value was being derived (for Homes themselves or the Agency) from the amount of effort that was being expended on the self-assessment
- Various providers and assessors expressed concern about the burden of the self-assessment on small Homes and questioned its appropriateness for specialized indigenous Homes.

Suggestions for strengthening the self-assessment

Predominantly, suggestions had the goals of:

- Making the preparation process less time-consuming and less stressful for the industry – reducing repetition
- Making the self-assessment more meaningful - strengthening the link between the reporting of self-assessment data (i.e. in the form) and a genuine picture of the Home's performance

Views about the Desk Audit

Contributing Views	Aged Care Assessors	Provider peak body
	Agency Management team members	

There was some weight for the following views:

- The desk review is not currently functioning as legislated (i.e. as the basis for a decision to proceed to site audit)
- The desk review of material is not usually undertaken by both assessors together - though where this does occur, it can assist with efficiency on-site
- The perception that a desk review of self-assessment materials by assessors assists with assessor preparation for site audit is not sound.

Views about On-site Audit Activities

Contributing Views	Aged Care Assessors	Consumer peak and advocacy bodies
	Aged Care Providers	Provider peak body
	Agency management team members	

There was some weight for the following views:

- The current on-site methodology requires a great deal to be accomplished in a short period of time (strong support from assessors in teleconferences and focus groups, providers, peak bodies)
- The current on-site timeframe combined with the need for evidence tends to skew the on-site process when areas of non-compliance are found. This matter was raised by all parties but interpreted differently. Assessors were aware they were spending less time and seeking less evidence in areas of non-compliance; they were concerned that this was not giving them as full a picture of a Home's activities as they would have preferred

– perhaps giving them "pockets of information". Providers saw this selective attention as assessors "focusing on the negative", "not letting us show what we do well", "not getting a balanced picture"

- On-site observation is an important means for assessors to really understand the Home's activities in relation to Standards and Outcomes (strong support from assessors in teleconferences and focus groups; providers)
- The examination of documents on-site is important but the relevance and quality of the documents is what assists with assessor findings – not the quantity of the documents.

Specific views and consistency of responses:

- Provider phone respondents showed strong satisfaction ('very satisfied' or 'satisfied') with the opportunities in the site audit for demonstrating evidence of the Home's processes and practices (94%), allowing assessors to have sufficiently broad consideration of evidence (94%) and allowing meaningful on-site observations (95%). Providers in the teleconferences were less satisfied with these matters and some provider phone respondents gave specific examples to support their dissatisfaction
- Provider phone respondents showed strong belief in the effectiveness ('very effective' or 'effective') of various on-site communications of the assessors – at the entry meeting (94%), keeping management informed during on-site activities (91%) and communicating with diverse individuals (93%). Providers in the teleconferences were less satisfied with these matters and some provider phone respondents gave specific examples to support their views about ineffectiveness.
- Assessor groups (focus groups and the teleconferences) reported regular occurrences of on-site practice differing from that stated in the self-assessment materials1.
- Many informants raised concerns about the consistency of assessor performance both within States and across States. Different approaches to some matters were identified for the consultants by assessors in focus groups and teleconferences. In addition, teleconferences with providers regularly raised this matter; it was a strong comment in the interviews
- Residents' input was generally supported (agreed as "effective" or "very effective" by 90% of provider phone respondents) though the role that this information should play varied (from a full set of consumer self-assessment responses being available to a view that residents should be selected for involvement). Some respondents (assessors in focus groups, peak consumer groups) expressed concern about the representativeness of residents being interviewed during on-site processes. They also expressed a view that residents were expected to participate in the on-site interviews in a relative vacuum – their general background about the Standards and Outcomes was not high and they were unlikely to be a resident for more than one audit
- Assessors (focus groups and teleconferences) expressed some uncertainty about the appropriateness and consistency of the procedures used to select staff and residents for interview

1 General reasons for this were identified by assessors as being linked to self-assessment documentation having been prepared by 'head office' who hoped that a Home was undertaking a particular practice; or by external consultants who were employed to fill in 'a good self-assessment' regardless of the Home's practice

- Some providers and peak groups expressed reservations about assessors' capacity to gain adequate or sufficient evidence. This was variously linked to:
    - The perceived skill levels of particular assessors (understanding what constitutes evidence; what constitutes conforming practice – rather than 'what is as good as the last service accredited')
    - The experience of particular assessors (their breadth of experience in other quality assurance areas; their understanding of new, sophisticated systems; and their capacity to understand local practice)
    - The timeframe of on-site activities
- There were differing views about the inclusion of aged care providers as external assessors:
    - eg "they gain experience, understand what it is like on the other side of accreditation and this knowledge filters back to the sector to good effect"
    - eg "they use their own Home as a benchmark and have difficulty bringing the required rigor to the accreditation process"
    - eg "their involvement presents a conflict of interest and risks breaches of confidentiality, particularly as the Agency does not protect the intellectual property of Homes"

Suggestions for strengthening the on-site audit

Predominantly, suggestions had the goals of:

- Ensuring on-site time (and its allocation across activities) was maximized
- Strengthening the breadth, relevance and validity of evidence available on-site
- Strengthening the nature and relevance of resident and staff input

Views about the Statement of Major Findings and Exit Interview

Contributing Views	Aged Care Assessors	Agency Management team members
	Aged Care Providers	Consumer peak and advocacy bodies
		Provider peak body

There was some weight for the following views:

- The current briefer statement of major findings is positive in the way it avoids the previous pattern of assessors spending considerable on-site time 'behind locked doors' writing up information. This previous pattern had led to suspicion and discomfort on the part of providers
- The assessors find the scheduled on-site activities more manageable with the current requirement to produce a briefer statement of major findings (using the matrix)

Specific views and consistency of responses

- Provider phone respondents showed strong satisfaction ('very satisfied' or 'satisfied') with the exit interview and reporting process (96% nationally). However, some provider phone respondents report that the timing of exit meeting was poor (was late; was during residents' mealtime) and was very rushed (provider phone survey participants). Some also report that the tone of the meeting was inappropriate (with comments like "very casual"; "unprofessional, with assessor trying to sell us things")
- Some provider and assessor teleconference participants and assessor focus groups felt that the current exit meeting is often unsatisfactory with the expectations of participants not being met (and sometimes large, varied audiences at the exit meeting). They felt that there is a risk that the exit meeting focuses on non-compliance and this appears biased
- Some assessors (teleconferences, focus groups) felt constrained in providing positive feedback or ideas for improvement at the exit meeting

Suggestions for strengthening the statement of major findings and the exit interview

Predominantly, suggestions had the goal of:

- Managing the expectations of providers about the nature of the exit meeting and the nature of the statement of major findings:
    - Eg during the entry meeting, clearly introducing the nature of the exit meeting, Understanding who will be present at the exit meeting
    - Eg ensuring a known, consistent process is used
- Conducting the exit meeting in a way that was appropriate for the audience
- Conducting the exit meeting in a way that provides a balanced picture to the Home – identifies the positives while ensuring non-compliance is clear.

Views about the Site Audit Report

Contributing Views	Aged Care Assessors	Consumer peak and advocacy bodies
	Aged Care Providers	Provider peak body
	Agency management team members	

There was some weight for the following views:

- The site audit report is now (since Round 1) more evidence-based. In achieving this, it has:
    - Gained in its independence and the strength of its capacity to substantiate a finding of compliant or non-compliant
    - Become more legalistic and less easily understood by staff
    - Lost some of its previous value (as a source of tailored ideas for improvement). There was support for the need for inclusion of exceptional (not just complying) activities in the report

- The placement of the site audit report on the Agency website has some implications which are not well-managed currently:
    - The readership of the report has changed with it being publicly available on the website
    - Updating of the site audit report on the website is slow (i.e. when areas of non-compliance are addressed) and this poses a business risk to Homes
- The handbook 'Results and Processes in Relation to the Expected Outcomes in the Accreditation Standards' has assisted with consistency of expectations and findings

Specific views and consistency of responses

- Provider phone respondents showed strong belief in the effectiveness ('very effective' or 'effective') about the format of the site audit report (95% nationally) – as did some provider teleconference participants. Other provider teleconference participants did not support the current report format as strongly
- The quality of the site audit report is highly dependent on the writing skills of the auditor (providers and assessors in teleconferences, assessors in focus groups, some peak bodies). There is a risk that the site audit report is too wordy, doesn't add value and is too focused on negatives (provider teleconference participants, assessor focus groups)
- The co-ordination of the report by the team leader can be quite complex.
- The placement of the site audit report on the website has constrained the report content; it has added to the report audiences and made writing of the report more difficult (assessor view). The positive comments that assessors used to be able to provide are now not possible
- There is inconsistency between site audit reports in their style, detail, coverage and language. Some inconsistencies appear to be intrastate; others appear to be between the 'required' approaches of different States
- The placement of the site audit report on the website has exposed the business processes of Homes and this poses a business risk

Suggestions for strengthening the site audit report

Predominantly, suggestions had the goals of:

- Making the site audit report simpler
- Making the site audit report more informative in a way that was individualized for the Home
- Meeting the varied information needs of different audiences – clarifying the target reader of the site audit report

Other Matters - Views re Indigenous Populations and People from Culturally and Linguistically Diverse Backgrounds

It was not possible to fully explore stakeholder views about the effectiveness of the current accreditation systems and processes for Homes which have a specific

cultural or indigenous focus. A number of views about this have been made by assessors, providers and interview participants. Such views vary and include:

- All Homes have a specific culture; good assessors recognize this and can work effectively in any Home (whether it has links with an indigenous culture, other specific culture or has a more general population). It requires understanding the Home's objectives which should recognize the individual culture of the Home
- The needs of indigenous communities require specific recognition; special teams that understand their cultural and social differences need to be assigned to those communities (some assessor participants and some provider participants held this view). Co-ordinated planning prior to audit can consider the varied nature of likely evidence. Self-assessment is meaningless for indigenous communities.
- It is important that assessors don't overlook matters relating to the culture of individual residents (just because they are not in a Home that has a specific labeled cultural focus)
- It is important that staff do not act as interpreters during residents' interviews with assessors

Other Matters - State/Territory Variations

WestWood Spice was asked to develop a national perspective and also to identify State and Territory findings.
A detailed report about each State and Territory presents a risk of drawing inappropriate generalisations. However, the following comments and data may assist:

- For a sample of 12 questions in the phone survey, the national range of 'very ineffective' or 'very unsatisfied' responses was always less than 2%; however, the range for States and Territories was 0 – 10%. The States and Territories varied in the frequency with which respondents recorded 'very ineffective' or 'very unsatisfied' responses. Some States and Territories (SA, WA and NT) did not record any 'very ineffective' or 'very unsatisfied' responses for these 12 questions; Tasmania recorded at least 1 such response for 9 of the 12 questions
- Informants report that some processes differ between States and Territories, on matters like:
    - Whether assessors see the feedback sheets from providers after an audit
    - The existence of pre-audit visits to Homes
    - The scope of the Statement of Major Findings (strict adherence to reporting compliance or not; or inclusion of other matters)
    - Pay scales for contracted assessors

Commentary

There are a number of matters which should be considered in interpretation of the findings. The first matter (sampling and variance in findings) is important to fully understand the range of findings which has emerged.
There are four other matters which WestWood Spice would like to raise for consideration by the Agency. Although our role is not to develop recommendations, some observations about the findings may be helpful. We are thus providing some commentary about these four matters in the belief that they underpin many of the individual findings and may be fertile ground for attention by the Agency.

Matters of Sampling and Variance in Findings

The findings demonstrate variance in views across the data collection streams. This calls into question the matter of sampling and potential bias.

Sampling

The different sampling and selection processes used with the different data collection streams has had some influence on the findings, as was anticipated in the Project design.

- The phone survey was based on a sampling methodology which provided a nationally representative sample
- There was a self-selection process for assessors and for providers participating in their respective teleconferences. It is reasonable to assume that those with passionate views (negative or positive) will become respondents to self-selected processes
- The views of some parties were targeted (through interviews) as being stakeholders with broad understanding of the sector and representing different (possibly partisan) interests.

In combination, the data collection streams were designed to provide a strong national picture on some matters and dig deeper with participants who are motivated by ideas for change.

Potential Bias – the role of non-compliance in views

Some States report that findings of non-compliance are correlated with complaints about assessors. The consultants were not able to verify this; however, we have examined the level of involvement of non-complying Homes in our data.
Nationally, 4.2% of all Round 2 Homes received were found non-compliant but received 3 years accreditation; and 7.2% were found non-compliant and received less than 3 years accreditation.
Of the 349 Homes involved in the **phone survey** for this Report, later analysis showed that 39 (11%) were Homes which were found non-compliant in Round 2 – with 20 (5.7%) receiving 3 years accreditation; and 19 (5.4%) receiving less than 3 years accreditation. This closely accords with the national profile.
Of the 31 participants in the **provider teleconferences**, 13 participants (42%) were from services where at least one Home was found non-compliant in Round 2, with 5 participants (16.2%) receiving 3 years accreditation; and 8 (25.8%) receiving less than 3 years accreditation. This group is overrepresented when compared with the national profile.

Potential Bias – the nature of the respondent

This Project specifically required that data be gained from staff with direct experience in Round 2 accreditation. The phone survey in particular was designed to do this and it was clearly achieved (see respondent roles).
The second wave of the phone survey interviewed additional staff from a subset of the original sample of 349 Homes. The data about the same accreditation event was examined using triangulated responses from (a) the Approved Provider, (b) the person in charge of the Home, and (c) the original phone survey respondent (a staff member). There was no significant finding in this.
However, examination of all surveys (429) based on the level/seniority of the respondent showed some support for a slight decrease in satisfaction with seniority and, generally, approved providers are more conservative in their 'praise'.

Consideration – The Changed Accreditation Environment

The accreditation environment has changed since the commencement of accreditation in aged care. Such developments may impact on whether some aspects of the current accreditation systems and processes are still 'fit for purpose'. For example:

- The growth and strengthening of the complaints resolution scheme has led to a need for clear demarcations and dependencies between DoHA and the Agency around complaints and compliance matters
- (Except for new Homes), all Homes have now participated at least once in accreditation. This may change the relative need (or emphasis needed) on parts of the accreditation system – self-assessment, decision to proceed to audit

Consideration – The Assessors

Assessors have always been a major component in accreditation and are likely to remain so. For the Agency, they comprise a large workforce, are the engine of the accreditation process and represent a significant risk for the Agency. In many ways they are the 'face' of accreditation for the Agency yet, as a workforce, they have some unusual features. While this Project is not designed to comment on the Agency's management of its staff and contractors, some matters of process and systems are relevant:

- The fundamental assessor role - Is it about assessing compliance or assisting service improvement e.g. presenting a full, balanced picture of a Home or identifying compliance but no more? Preparing an evidence-based report or using judgement and experience to assist with service improvement?
- The assessor role on-site – Is it really about risk assessment and analysis? Is it validation of the self-assessment data or is it forming a fresh view about compliance with the Standards and Outcomes?
- What skills do assessor or assessment teams need – Are they strong enough in understanding quality systems? Are they credible in terms of aged care jargon? Is their experience broad enough to form a sound judgement across a very diverse sector?

Consideration – The Business Environment

The Agency has an interesting business relationship with Homes – and WestWood Spice acknowledges that the aged care sector generally has a number of interesting business relationships between government, service users, shareholders, stakeholders, charity and the Agency. These business relationships may be seen differently by different parties but some matters of 'good business' are relevant:

- How can the various perceptions of (or potential for) commercial conflicts in the accreditation process be best managed e.g. potential/perceived conflicts like public exposure of provider business processes?; interactions between the education and accreditation functions of the Agency?; contract consultants' take-up of commercial opportunities that arise during an on-site audit?
- How can the transparency of the business of the Agency be strengthened e.g. transparency of its accreditation processes/audit handbook? consistency of its processes (national consistency of policies and procedures; consistency of assessor performance)?; managing and meeting the expectations of its (vast array of) clients and customers?
- How can terminology best assist the business processes – 'assessors' or 'auditors'? 'Higher awards' or 'superior performance'?
- How can assessor (workforce) competence be established and maintained in a business with cyclic demand peaks? How can mutual benefits be derived for the Agency and assessors in a mixed workforce with employees and contractors? What different structures and processes should there be for the two groups – recruitment, orientation, ongoing training, day-to-day management, supervision, feedback, development opportunities? How can these structures be transparent and nationally consistent? How can mutual loyalty between Agency and contracted assessors be demonstrated?

Consideration – Views and Feedback

There is strong positive feedback from provider telephone survey respondents and more varied responses from other participants. There is value in identifying the source of any dissatisfaction or ineffectiveness in order to assist the Agency in its commitment to continuous improvement. Even minor levels of dissatisfaction or negative views held by a small minority can pose significant business risks for the Agency. Analysis of all views provides a wealth of ideas.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-087

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: 2004 AGED CARE APPROVALS ROUND - CERTIFICATE

Hansard Page: CA 94

Senator McLucas asked:

a) Is it true that the certificate is only available / offered to coalition members?

b) What is the cost of production of those certificates, who pays it and from which budget line does it come from?

Answer:

a) Presentation certificates were made available by the office of the Minister for Ageing.

b) The cost of the certificates was $2,546. The cost was met by the department from Outcome 3: Enhanced Quality of Life for Older Australians.

Australian Primary Care Collaboratives Program - Participating Divisions

	Name of Division of General Practice	Rural*
1	South East NSW Division of General Practice	Yes
2	Riverina Division of General Practice	Yes
3	Northern Rivers Division of General Practice	Yes
4	Central Highlands Division of General Practice	Yes
5	South Gippsland Division of General Practice	Yes
6	Central West Gippsland	Yes
7	East Gippsland Division of General Practice	Yes
8	Otway	Yes
9	West Vic Division of General Practice	Yes
10	Limestone Coast Division of General Practice	Yes
11	Barossa	Yes
12	Adlaide Hills Division of General Practice	Yes
13	Southern Division of General Practice Inc	Yes
14	Mid North Rural SA Division of General Practice	Yes
15	Murray Mallee Division of General Practice	Yes
16	Ipswich and West Moreton	Yes
17	Toowoomba and District of General Practice	Yes
18	Central Queensland Rural Division of General Practice	Yes
19	Southern Queensland Rural Division of General Practice	Yes
20	Mackay Division of General Practice Ltd	Yes
21	Sunshine Coast Division of General Practice Assn Inc	Yes
22	Capricornia Division of General Practice	Yes
23	Midwest Division of General Practice	Yes
24	Kimberly Division of General Practice Ltd	Yes
25	Top End Division of General Practice	Yes
26	Central Australian	Yes
27	Hornsby Ku-ring-gai Ryde	No
28	Nepean Division of General Practice	No
29	Blue Mountains	No
30	Hawkesbury Division of General Practice	No
31	Melbourne Division of General Practice	No
32	Northern Division of General Practice	No
33	Monash Division	No
34	Central Bayside Division of General Practice	No
35	Dandenong District	No
36	Mornington Peninsula Division	No
37	Adelaide Central & Estern Division of General Practice	No
38	Adelaide Western Division of General Practice Inc	No
39	Brisbane Inner South Division of General Practice	No
40	Bayside GP Division (Brisbane)	No
41	Brisbane South	No
42	Gold Coast Division of General Practice	No
43	Canning Division of General Practice Ltd	No
44	Fremantle Regional Division of General Practice	No
45	Perth and Hills Division of General Practice	No

*Of the 45 Divisions 28 (57.78%) are eligible to receive MAHS funding and hence maybe classified as "rural". Divisions are eligible to receive More Allied Health Services (MAHS) funding if 5% or more of their total population is located within the Rural, Remote, Metropolitan Areas (RRMAS) categories 4-7. This definition is sometimes used to classify these Divisions as rural.

GP ASSIST (TASMANIA)

FUNDING TO GP ASSIST

The Department currently has a funding agreement to trial *GP Assist (Tasmania)* for the period 7 August 2003 – 30 June 2006.

The funding agreement includes a budget which totals expenditure (and therefore payments) for the two separate periods 7 Aug 03 – 30 June 05 and 1 July 05 – 30 June 06.

The first period reflects the original project period, the second reflects the 12 month extension announced by the Minister in 2004.

Table 1

	7 August 2003 – 30 June 2005	1 July 2005 – 30 June 2006	Total
GST exclusive	$5,821,381	$2,633,591	$8,454,972
GST inclusive	$6,403,519	$2,896,951	$9,300,470

PAYMENTS TO GP ASSIST

The funding agreement to trial *GP Assist (Tasmania)* links payments to the achievement of milestones and delivery of reports. The payments are linked to the cost of implementing the trial and are therefore not made on an annual basis (or half- or quarter-year basis).

There is another milestone to be reached in the 2004-05 financial year which will trigger a further payment. This is why there is a difference of $1,385,017 between the $5,821,381 in Table 1 above and $4,436,364 in Tables 2 and 3 below.

To date, the following payments have been made.

Table 2

Timing	**Amount (GST exclusive)**
September 2003	$909,091
December 2003	$795,455
May 2004	$1,331,818
December 2004	$1,400,000
Total to date	$4,436,364

Although the funding agreement does not break payments into financial years, the Department's financial system is able to report this information (see below).

Table 3

	2001-02	**2002-03**	**2003-04**	**2004-05**	**Total**
GP Assist	-	-	$3,036,364	$1,400,000	$4,436,364

GP ASSIST SERVICE DATA: CALLS RECEIVED

December 2003 – February 2004	7483
March 2004 – May 2004	7644
June 2004 – August 2004	8365
September 2004 – October 2004	6172
Next Report Due 31 July 2005	

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-061

OUTCOME 4: Quality Health Care

Topic: MENTAL HEALTH PROGRAMS

Written Question on Notice

Senator Harradine asked:

(a) Please provide a detailed list of all mental health programs funded through the Department of Health.
(b) Has funding to these programs increased or decreased over the past five years?
(c) Had the Department done any work to identify the greatest need in the mental health area?

Answer:

(a) Allocations to all mental health programs funded through the Department of Health and Ageing over the period 1999-2000 to 2003-2004 is as below.

Outcome 4.4	1999-2000	2000-01	2001-02	2002-03	2003-04
Australian Health Care Agreements – National	2,779,522	7,393,592	23,404,105	17,202,888	2,761,180
Australian Health Care Agreements – States & Territories	51,641,643	53,523,946	55,686,420	58,604,357	60,966,792
National Suicide Prevention Strategy	2,029,887	4,747,849	9,808,778	10,105,775	9,846,091
National Depression Initiative	0	3,457,000	3,500,000	3,500,000	3,500,000
Better Outcomes in Mental Health Care	0	0	1,980,053	4,323,600	13,440,342
National Mental Health Program	6,756,092	6,949,523	5,896,934	7,130,196	6,041,514

(b) Direct funding to the states and territories provided through the Australian Health Care Agreements 2003-2008 is 23% higher (not taking into account indexation) than under the previous Australian Health Care Agreement 1998-2003. Funding for national mental health reform activities under the current agreements has also increased by approximately 27%.

The Australian Government has committed $10 million annually to the National Suicide Prevention Strategy until June 2006 for the development of national and community models of suicide prevention.

Under the National Depression Initiative, *beyondblue* will have received a total of $17.5 million from July 2000 to June 2005. Further funding of $30 million over four years from 2004-05 will be provided to *beyondblue*, to continue and expand *beyondblue's* important work in changing community attitudes, supporting early intervention and improving services for people with depression.

The Australian Government allocated $120.4 million over four years to 30 June 2005 for the Better Outcomes in Mental Health Care Initiative with the following appropriations: $4.2 million (2001-02) $24.6 million (2002-03), $39.9 million (2003-04) and $51.7 million (2004-05). The initiative is improving the community's access to primary mental health services by providing better education and training, and remuneration for GPs and more support for them from allied health professionals and psychiatrists.

During the 2004 Federal Election, the Australian Government committed additional funding of $30 million over four years to expand the initiative and allow a greater focus on the provision of allied health services and on rural and remote primary mental health care. Further, new funding of $50 million over four years will also be provided through the Better Outcomes in Mental Health Care Initiative to consider mental health, including addiction problems, in young people.

The National Mental Health Program, under which the department funds activities associated with the National Mental Health Strategy has an appropriation of approximately $6 million per annum varying only due to indexation. A further $66 million in Commonwealth Own Purpose Outlays funding has been allocated to enable the Australian Government to contribute to national reform activities

(c) The *National Mental Health Plan 2003-2008*, agreed by all Health Ministers in July 2003, represents the agreed position of the Australian and state and territory governments and is reflective of views and concerns raised by stakeholders throughout Australia. The four priority areas of the plan (promoting mental health and preventing mental health problems and mental illness; improving service responsiveness; strengthening quality; and fostering research, innovation and sustainability) reflect the identified areas of highest need for ongoing mental health reform.

Through the Australian Health Care Agreements 2003-2008, the Australian Government is providing funding of up to $331 million to all states and territories to facilitate further mental health reform under the *National Mental Health Plan 2003-2008.*

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-191

OUTCOME 4: Quality Health Care

Topic: RESTRUCTURE OF THE ACUTE CARE DEVELOPMENT BRANCH

Written Question on Notice

Senator McLucas asked:

(a) Can the department provide a breakdown of the current structure of the Acute Care Development Branch?

(b) Can the department provide information regarding the recent restructure referred to in the Senate Community Affairs Estimates hearing p.CA55? Can the department outline what changes have been made to units within this branch, what impact this will have on the outcomes and data collected by the branch and for what reason this restructure took place.

(c) In the case that the restructure has resulted in savings can the department advise whether these savings have been re-allocated to another area in the department, and where, or whether these were returned to the budget eg in the form of an efficiency dividend.

Answer:

(a) The Acute Care Development Branch currently has seven sections as follows:
- Blood Policy
- Organ and Tissue Policy
- Blood, Organ and Tissue Financing
- Casemix Collection and Reporting
- Casemix Technical Development
- Casemix Development Projects
- Branch Business Unit.

(b) The recent restructure was of the Casemix sections. In February 2005, the four sections below were combined into three:
- Casemix Classification
- Casemix Costing
- Casemix Private Hospitals
- Casemix Emergency Department and Outpatients Projects.

Casemix is an area involving quite specialised technical skills. The restructure was undertaken to bring together into single organisational units staff with similar technical skills who are undertaking similar specialised functions. As examples:

- Collection and reporting of data was previously undertaken in two separate sections – the Casemix Costing and Casemix Private Hospitals sections – and is now undertaken in one: the Casemix Collection and Reporting section. This will help optimise the use of the Branch's existing technical skills base and promote skills transfer between staff.

- The Casemix Collection and Reporting section will bring together data sets covering the public and private hospital sectors which were previously managed separately, improving opportunities for reporting and analysis to be undertaken across data sets and sectors and for data quality processes to be standardised.

Staff were extensively consulted on, and support, the restructure. All Casemix staff were given the opportunity to express interest in undertaking different roles within the branch as part of the restructure. Several expressed interest and their wishes were accommodated.

(c) The restructure did not result in any savings. No positions were abolished. Some positions have been filled at different levels (both higher and lower), but the net budget position remains the same.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-194

OUTCOME 4: Quality Health Care

Topic: GP RESEARCH – BETTERING THE EVALUATION AND CARE OF HEALTH (BEACH) PROGRAM

Written Question on Notice

Senator McLucas asked:

(a) Will HIC data be used as an alternative to the data collected under BEACH?

(b) If so, how will this capture private prescriptions or referrals to hospitals or allied health professionals?

Answer:

(a) Data collected by HIC, BEACH, or other sources may be used depending on which source best meets the department's data needs.

(b) Not applicable – see answer to part (a).

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-196

OUTCOME 4: Quality Health Care

Topic: PRIMARY CARE COLLABORATIVES PROGRAM

Written Question on Notice

Senator McLucas asked:

How many of the participating Divisions are rural, regional or remote? Please provide the number and location by RRMA and by electorate.

Answer:

Please see attached tables which indicate participating Divisions by RRMA and by electorate.

PARTICIPATING DIVISIONS BY RRMA

Proportion of each GP Division in each RRMA category
Source: 2001 Census, Collection District level data

Div code	Division Name	RRMA1	RRMA2	RRMA3	RRMA4	RRMA5	RRMA6	RRMA7	total
212	Hornsby Ku-Ring-Gai DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
221	The South East NSW DGP	0.0%	0.0%	0.0%	13.5%	86.5%	0.0%	0.0%	100%
225	Northern Rivers DGP	0.0%	0.0%	26.4%	29.8%	43.8%	0.0%	0.0%	100%
228	Riverina DGP	0.0%	0.0%	55.7%	0.0%	44.3%	0.0%	0.0%	100%
237	The Nepean DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
238	Blue Mountains DGP	99.7%	0.0%	0.0%	0.3%	0.0%	0.0%	0.0%	100%
240	Hawkesbury DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
301	Melbourne DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
308	Northern DGP	99.4%	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	100%
312	Monash DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
313	Central Bayside DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
315	Dandenong DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
316	Mornington Peninsula DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
318	Central Highlands DGP	44.0%	0.0%	0.0%	0.0%	56.0%	0.0%	0.0%	100%
322	South Gippsland DGP	8.3%	0.0%	0.0%	0.8%	90.7%	0.0%	0.1%	100%
323	Central-West Gippsland DGP	0.0%	0.0%	0.0%	61.1%	38.9%	0.0%	0.0%	100%
324	Otway DGP	0.0%	0.0%	0.0%	44.5%	55.5%	0.0%	0.0%	100%
328	East Gippsland DGP	0.0%	0.0%	0.0%	33.1%	58.4%	0.0%	8.5%	100%
330	West Vic DGP	0.0%	0.0%	0.0%	16.4%	81.7%	0.0%	1.9%	100%
401	Brisbane Inner South DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
402	Brisbane Southside Central DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
403	Bayside DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
406	Gold Coast DGP	0.3%	96.8%	0.0%	0.0%	2.9%	0.0%	0.0%	100%
408	Ipswich and West Moreton DGP	71.8%	0.0%	0.0%	0.0%	28.2%	0.0%	0.0%	100%
409	Toowoomba and District DGP	0.0%	0.0%	61.4%	0.0%	38.6%	0.0%	0.0%	100%
410	Central Queensland Rural DGP	0.0%	0.0%	0.0%	0.0%	36.3%	44.8%	18.8%	100%
411	Mackay DGP	0.0%	0.0%	49.5%	0.0%	41.9%	5.1%	3.6%	100%
414	Southern Queensland Rural DGP	7.1%	0.0%	0.0%	8.7%	61.0%	3.8%	19.4%	100%
418	Sunshine Coast DGP	0.0%	0.0%	37.6%	33.6%	28.8%	0.0%	0.0%	100%
419	Capricornia DGP	0.0%	0.0%	43.2%	19.9%	36.9%	0.0%	0.0%	100%
501	Adelaide Western DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
504	Adelaide Central and Eastern DGP	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100%
505	Adelaide Southern DGP	91.6%	0.0%	0.0%	0.0%	7.1%	0.0%	1.3%	100%
506	The Barossa DGP	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100%
508	Mid North Rural SA DGP	0.0%	0.0%	0.0%	30.8%	67.5%	0.0%	1.7%	100%
510	Limestone Coast DGP	0.0%	0.0%	0.0%	35.6%	64.4%	0.0%	0.0%	100%
513	Murray Mallee DGP	0.0%	0.0%	0.0%	56.1%	43.0%	0.0%	0.9%	100%
514	Adelaide Hills DGP	32.8%	0.0%	0.0%	0.0%	67.2%	0.0%	0.0%	100%
601	Perth & Hills DGP	99.5%	0.0%	0.0%	0.0%	0.5%	0.0%	0.0%	100%

604	Canning DGP	99.9%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	100%
605	Fremantle Regional DGP	99.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	100%
610	Kimberley DGP	0.0%	0.0%	0.0%	0.0%	0.0%	44.1%	55.9%	100%
612	Mid West DGP	0.0%	0.0%	0.0%	45.7%	6.1%	13.4%	34.9%	100%
801	Top End DGP	58.8%	0.0%	0.0%	0.0%	11.1%	6.3%	23.9%	100%
802	Central Australian DPHC	0.0%	0.0%	0.0%	0.0%	0.0%	55.0%	45.0%	100%

PARTICIPATING DIVISIONS BY ELECTORATE

GP Division code	GP Division code & name	Electorate Code	Electorate Name	Percent
212	212 Hornsby Ku-Ring-Gai DGP	103	Bennelong	32.1%
212	212 Hornsby Ku-Ring-Gai DGP	104	Berowra	30.8%
212	212 Hornsby Ku-Ring-Gai DGP	106	Bradfield	20.6%
212	212 Hornsby Ku-Ring-Gai DGP	131	Mitchell	10.1%
212	212 Hornsby Ku-Ring-Gai DGP	134	North Sydney	3.2%
212	212 Hornsby Ku-Ring-Gai DGP	137	Parramatta	3.0%
212	212 Hornsby Ku-Ring-Gai DGP	143	Robertson	0.2%
221	221 The South East NSW DGP	107	Calare	0.4%
221	221 The South East NSW DGP	114	Eden-Monaro	62.1%
221	221 The South East NSW DGP	115	Farrer	0.2%
221	221 The South East NSW DGP	117	Gilmore	0.2%
221	221 The South East NSW DGP	122	Hume	36.9%
221	221 The South East NSW DGP	142	Riverina	0.1%
221	221 The South East NSW DGP	801	Canberra	0.0%
225	225 Northern Rivers DGP	111	Cowper	7.5%
225	225 Northern Rivers DGP	132	New England	0.8%
225	225 Northern Rivers DGP	135	Page	60.4%
225	225 Northern Rivers DGP	141	Richmond	31.2%
228	228 Riverina DGP	115	Farrer	18.6%
228	228 Riverina DGP	122	Hume	0.4%
228	228 Riverina DGP	136	Parkes	0.3%
228	228 Riverina DGP	142	Riverina	80.7%
237	237 The Nepean DGP	109	Chifley	13.9%
237	237 The Nepean DGP	122	Hume	2.6%
237	237 The Nepean DGP	125	Lindsay	65.7%
237	237 The Nepean DGP	128	Macarthur	0.9%
237	237 The Nepean DGP	139	Prospect	16.8%
238	238 Blue Mountains DGP	107	Calare	0.3%
238	238 Blue Mountains DGP	125	Lindsay	10.0%
238	238 Blue Mountains DGP	130	Macquarie	89.7%
240	240 Hawkesbury DGP	104	Berowra	2.7%
240	240 Hawkesbury DGP	109	Chifley	0.6%
240	240 Hawkesbury DGP	119	Greenway	13.4%
240	240 Hawkesbury DGP	125	Lindsay	6.5%
240	240 Hawkesbury DGP	130	Macquarie	74.3%
240	240 Hawkesbury DGP	131	Mitchell	2.5%
301	301 Melbourne DGP	231	Melbourne	75.4%
301	301 Melbourne DGP	232	Melbourne Ports	7.3%
301	301 Melbourne DGP	237	Wills	17.2%
308	308 Northern DGP	203	Batman	33.1%
308	308 Northern DGP	206	Calwell	2.4%
308	308 Northern DGP	229	Mcewen	4.2%
308	308 Northern DGP	235	Scullin	45.6%
308	308 Northern DGP	237	Wills	14.8%
312	312 Monash DGP	205	Bruce	6.0%
312	312 Monash DGP	208	Chisholm	0.5%
312	312 Monash DGP	216	Goldstein	28.6%
312	312 Monash DGP	218	Higgins	4.5%

312	312 Monash DGP	220	Hotham	59.6%
312	312 Monash DGP	232	Melbourne Ports	0.9%
313	313 Central Bayside DGP	216	Goldstein	48.9%
313	313 Central Bayside DGP	220	Hotham	20.5%
313	313 Central Bayside DGP	222	Isaacs	30.6%
315	315 Dandenong DGP	205	Bruce	21.4%
315	315 Dandenong DGP	212	Dunkley	0.3%
315	315 Dandenong DGP	213	Flinders	4.3%
315	315 Dandenong DGP	219	Holt	47.6%
315	315 Dandenong DGP	220	Hotham	0.9%
315	315 Dandenong DGP	222	Isaacs	14.4%
315	315 Dandenong DGP	225	La Trobe	11.1%
316	316 Mornington Peninsula DGP	212	Dunkley	48.7%
316	316 Mornington Peninsula DGP	213	Flinders	35.3%
316	316 Mornington Peninsula DGP	222	Isaacs	16.0%
318	318 Central Highlands DGP	202	Ballarat	13.7%
318	318 Central Highlands DGP	204	Bendigo	8.2%
318	318 Central Highlands DGP	206	Calwell	19.4%
318	318 Central Highlands DGP	210	Corio	0.2%
318	318 Central Highlands DGP	221	Indi	0.3%
318	318 Central Highlands DGP	226	Lalor	24.1%
318	318 Central Highlands DGP	229	Mcewen	34.2%
322	322 South Gippsland DGP	213	Flinders	29.2%
322	322 South Gippsland DGP	215	Gippsland	9.2%
322	322 South Gippsland DGP	230	Mcmillan	61.6%
323	323 Central-West Gippsland DGP	215	Gippsland	48.9%
323	323 Central-West Gippsland DGP	230	Mcmillan	51.1%
324	324 Otway DGP	209	Corangamite	20.8%
324	324 Otway DGP	236	Wannon	79.2%
328	328 East Gippsland DGP	215	Gippsland	100.0%
330	330 West Vic DGP	204	Bendigo	11.7%
330	330 West Vic DGP	227	Mallee	52.4%
330	330 West Vic DGP	236	Wannon	35.9%
401	401 Brisbane Inner South DGP	302	Bonner	5.1%
401	401 Brisbane Inner South DGP	312	Griffith	81.4%
401	401 Brisbane Inner South DGP	323	Moreton	13.6%
402	402 Brisbane Southside Central DGP	302	Bonner	21.4%
402	402 Brisbane Southside Central DGP	312	Griffith	9.0%
402	402 Brisbane Southside Central DGP	323	Moreton	32.1%
402	402 Brisbane Southside Central DGP	324	Oxley	26.6%
402	402 Brisbane Southside Central DGP	326	Rankin	1.8%
402	402 Brisbane Southside Central DGP	327	Ryan	9.0%
403	403 Bayside DGP	302	Bonner	33.4%
403	403 Bayside DGP	303	Bowman	66.6%
406	406 Gold Coast DGP	308	Fadden	28.6%
406	406 Gold Coast DGP	311	Forde	4.9%
406	406 Gold Coast DGP	321	Mcpherson	28.9%
406	406 Gold Coast DGP	322	Moncrieff	37.6%
408	408 Ipswich and West Moreton DGP	301	Blair	53.2%
408	408 Ipswich and West Moreton DGP	311	Forde	5.4%
408	408 Ipswich and West Moreton DGP	324	Oxley	38.4%
408	408 Ipswich and West Moreton DGP	327	Ryan	3.0%
409	409 Toowoomba and District DGP	301	Blair	13.7%
409	409 Toowoomba and District DGP	313	Groom	85.5%
409	409 Toowoomba and District DGP	320	Maranoa	0.8%
410	410 Central Queensland Rural DGP	305	Capricornia	60.2%
410	410 Central Queensland Rural DGP	315	Hinkler	4.9%

410	410 Central Queensland Rural DGP	320	Maranoa	34.9%
411	411 Mackay DGP	305	Capricornia	8.1%
411	411 Mackay DGP	306	Dawson	91.9%
414	414 Southern Queensland Rural DGP	301	Blair	13.4%
414	414 Southern Queensland Rural DGP	311	Forde	15.7%
414	414 Southern Queensland Rural DGP	313	Groom	2.0%
414	414 Southern Queensland Rural DGP	315	Hinkler	0.0%
414	414 Southern Queensland Rural DGP	320	Maranoa	59.6%
414	414 Southern Queensland Rural DGP	328	Wide Bay	9.2%
418	418 Sunshine Coast DGP	309	Fairfax	43.2%
418	418 Sunshine Coast DGP	310	Fisher	41.4%
418	418 Sunshine Coast DGP	319	Longman	2.8%
418	418 Sunshine Coast DGP	328	Wide Bay	12.6%
419	419 Capricornia DGP	305	Capricornia	68.7%
419	419 Capricornia DGP	315	Hinkler	31.3%
501	501 Adelaide Western DGP	401	Adelaide	12.3%
501	501 Adelaide Western DGP	405	Hindmarsh	42.0%
501	501 Adelaide Western DGP	409	Port Adelaide	45.6%
504	504 Adelaide Central and Eastern DGP	401	Adelaide	40.9%
504	504 Adelaide Central and Eastern DGP	403	Boothby	3.4%
504	504 Adelaide Central and Eastern DGP	405	Hindmarsh	5.9%
504	504 Adelaide Central and Eastern DGP	408	Mayo	1.8%
504	504 Adelaide Central and Eastern DGP	410	Sturt	48.0%
505	505 Adelaide Southern DGP	403	Boothby	35.7%
505	505 Adelaide Southern DGP	405	Hindmarsh	9.6%
505	505 Adelaide Southern DGP	406	Kingston	40.1%
505	505 Adelaide Southern DGP	408	Mayo	14.6%
506	506 The Barossa DGP	402	Barker	50.5%
506	506 The Barossa DGP	404	Grey	5.2%
506	506 The Barossa DGP	408	Mayo	10.8%
506	506 The Barossa DGP	411	Wakefield	33.5%
508	508 Mid North Rural SA DGP	404	Grey	74.1%
508	508 Mid North Rural SA DGP	411	Wakefield	25.9%
510	510 Limestone Coast DGP	402	Barker	100.0%
513	513 Murray Mallee DGP	402	Barker	99.4%
513	513 Murray Mallee DGP	408	Mayo	0.6%
514	514 Adelaide Hills DGP	403	Boothby	0.4%
514	514 Adelaide Hills DGP	408	Mayo	99.6%
601	601 Perth & Hills DGP	502	Canning	0.1%
601	601 Perth & Hills DGP	503	Cowan	11.5%
601	601 Perth & Hills DGP	504	Curtin	0.9%
601	601 Perth & Hills DGP	507	Hasluck	21.6%
601	601 Perth & Hills DGP	511	Pearce	20.1%
601	601 Perth & Hills DGP	512	Perth	41.8%
601	601 Perth & Hills DGP	513	Stirling	4.0%
604	604 Canning DGP	502	Canning	29.5%
604	604 Canning DGP	507	Hasluck	20.2%
604	604 Canning DGP	511	Pearce	0.1%
604	604 Canning DGP	514	Swan	44.9%
604	604 Canning DGP	515	Tangney	5.3%
605	605 Fremantle Regional DGP	502	Canning	1.0%
605	605 Fremantle Regional DGP	506	Fremantle	51.6%
605	605 Fremantle Regional DGP	515	Tangney	46.4%
605	605 Fremantle Regional DGP	701	Lingiari	0.9%
610	610 Kimberley DGP	508	Kalgoorlie	100.0%
612	612 Mid West DGP	508	Kalgoorlie	40.9%
612	612 Mid West DGP	510	O'Connor	59.1%

801	801 Top End DGP	701	Lingiari	39.8%
801	801 Top End DGP	702	Solomon	60.2%
802	802 Central Australian DPHC	404	Grey	3.1%
802	802 Central Australian DPHC	508	Kalgoorlie	1.8%
802	802 Central Australian DPHC	701	Lingiari	95.1%

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-108

OUTCOME 4: QUALITY HEALTH CARE

Topic: BULK BILLING INCENTIVES

Hansard Page: CA 36

Senator Moore asked:

(a) We would like to know the list of areas that were originally announced and the areas that have come on since and when they came on.

(b) We would like to know about the commitments that are being made to other areas and when these will come on line.

(c) We want to know about the process: if you are actually in the process of making commitments to a variation in another area, how that is happening and when they could come on.

(d) We want to know how those decisions are made – that is, what is actually taken into account.

(e) I am particularly interested in the one in Western Australia that hit the media. A particular group of GPs in Western Australia came up with their own modelling idea for what would work and submitted it to the government as a proposal. I want to know whether that was successful and whether that is helping with operating other places.

(f) The media coverage was that they had submitted it, they were getting support from their local MP and they were waiting for some feedback to see whether that had been successful. We would like to know the process of that.

Answer:

(a) On 1 May 2004 the $7.50 bulk billing incentive (now $7.65 following indexation) was introduced for rural areas (all areas with a RRMA Classification of 3-7), and all of Tasmania.

On 1 September 2004 this was extended to the following Statistical Sub-divisions and the Statistical Local Area of Palm Island, QLD:

Beaudesert Shire Part A (QLD)
Thuringowa City Part A (QLD)
Townsville City Part A (QLD)
Ipswich City (Part in Brisbane Statistical Division) (QLD)
Pine Rivers Shire (QLD)
Palmerston-East Arm (NT)
Darwin City (NT)
Litchfield Shire (NT)
Gungahlin-Hall (ACT)
Belconnen (ACT)
Weston Creek-Stromlo (ACT)
Tuggeranong (ACT)
Woden Valley (ACT)
North Canberra (ACT)
South Canberra (ACT)
Queanbeyan (NSW)
Newcastle (NSW)
Gosford-Wyong (NSW)
Yarra Ranges Shire Part A (VIC)
Melton-Wyndham (VIC)
South Eastern Outer Melbourne (VIC)
Mornington Peninsula Shire (VIC)
Frankston City (VIC)
Eastern Outer Melbourne (VIC)
Greater Geelong City Part A (VIC)
East Metropolitan (WA)
South West Metropolitan (WA)
Southern Adelaide (SA)

(b) (c) and (d)

The department has not made any commitments to other areas. There are no plans to extend the list of eligible areas.

(e) The proposal developed by the Osborne Division of General Practice used different criteria to determine eligibility. This proposal has been considered but there are no plans to amend the eligibility criteria.

(f) The department has written to the Osborne Division of General Practice advising the eligibility criteria would not be amended and that there are no plans to extend the list of eligible areas.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-109

OUTCOME 4: Quality Health Care

Topic: GP RE-ENTRY PROGRAM

Hansard Page: CA 39-40

Senator Moore asked:

(a) What was the estimate of how many doctors you were hoping to bring back under the $2.8 million program?

(b) How many doctors have actually applied for the scheme?

(c) Do you know how many doctors made inquiries about the scheme and were thinking of taking it up?

(d) Do these provisions apply to the GPs back to work program that we have just heard about?

(e) Have the doctors who have expressed interest and had not gone forward – or people who have just talked with you – expressed any reason as to why they have not leaped into the scheme?

(f) Have you got any idea how much of the budget has been spent so far in your program?

Answer:

(a) It was estimated that this measure would result in approximately 30 GPs re-entering the workforce by 2007.

(b) To date, 13 GPs have applied for the GP Re-entry Program.

(c) To date, there have been 38 enquiries for the GP Re-entry Program.

(d) GPs qualified to practice in Australia, who are currently out of the GP workforce, are eligible to participate in the GP Re-entry Program.

(e) General Practice Education and Training Ltd., has advised data has not been collected on this matter.

(f) As at December 2004, a total of $6,242 had been spent on the GP Re-entry Program, largely on advertising.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-107

OUTCOME 4: Quality Health Care

Topic: AGED CARE GP PANELS SURVEY

Hansard Page: CA 17

Senator Moore asked:

How many surveys were returned?

Answer:

1,264 surveys were returned from 2,016 - a response rate of 62.7%.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-096

OUTCOME 4: Quality Health Care

Topic: AVAILABILITY OF HOSPITAL DATA

Hansard Page: CA 55

Senator Forshaw asked:

Is your data made publicly available or is it kept in-house? Do you do that publicly on the web site? We know the institute make it publicly available generally; I wanted to know whether that was the same for your section or whether it was basically back to the states and to those hospitals that may request it.

Answer:

Reports are publicly available on the department's website at:

www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-casemix-costing-costmain1.htm , and
www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-casemix-nhmdb1.htm

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-177

OUTCOME 4: Quality Health Care

Topic: BROADBAND

Written Question on Notice

Senator McLucas asked:

(a) What is the current take up rate for broadband?

(b) Is this rate of take up in line with government predictions/estimates?

Answer:

(a) Take-up is in excess of 1,000, based on self-reporting by providers of qualified services. 467 claims have been processed or are ready for processing by the Health Insurance Commission.

(b) Take up of the program has progressed as the department anticipated.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-178

OUTCOME 4: Quality Health Care

Topic: BROADBAND

Written Question on Notice

Senator McLucas asked:

(a) How many of the practices that apply for broadband are actually able to receive it in the areas where they are located?

(b) What are the main reasons for practices not being able to access broadband?

(c) Will this initiative be reconsidered in light of the low uptake?

Answer:

(a) All eligible practices that apply for broadband are able to receive it. The program is a national program.

(b) The only reason for a practice not being able to access broadband is if it does not meet the program's eligibility criteria. A qualified satellite service will be subsidised where other broadband technologies are not available.

All general practices and Aboriginal Community Controlled Health Services who meet the following eligibility criteria will be eligible to receive the Broadband for Health subsidy:

- Any general practice location that is part of a practice which is eligible for the Practice Incentives Program; or
- An Aboriginal Community Controlled Health Service that is a non-government organisation funded by the Office for Aboriginal and Torres Strait Islander Health for the provision of primary health care or substance abuse services; or
- A general practice which has rendered at least $4,000 of Group A1 and A2 Medicare benefits in the last three months AND is not principally a place of residence AND is not a State Health Department premises.
- For the purpose of attracting the subsidy, an eligible pharmacy is a pharmacist/s approved to carry on the business of a pharmacy at, or from, a particular premise to supply PBS medicines under Section 90 of the *National Health Act 1953*.

(c) The take up rates for the program are as anticipated by the department. The program continues to be refined in response to stakeholder feedback and industry developments.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-179

OUTCOME 4: Quality Health Care

Topic: BROADBAND

Written Question on Notice

Senator McLucas asked:

How much has this program spent so far? What is currently budgeted over the forward estimates?

Answer:

A total of $4,377,276 has been spent so far in 2004-05. A total of $39,100,000 is budgeted over the forward estimates to support general practitioners and Aboriginal community controlled health services in connecting to broadband.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-213

OUTCOME 4: Quality Health Care

Topic: AFTER-HOURS CLINICS

Written Question on Notice

Senator McLucas asked:

(a) How many After-Hours clinics did the government agree to provide during the election campaign?

(b) Where were these facilities to be located?

(c) What was the exact nature and cost of each commitment? Please provide the parameters upon which each facility was costed.

Answer:

(a) Under its Election 2004 Policy *Round the Clock Medicare: Investing in After-Hours GP Services*, the government committed to provide:

- recurrent operating subsidies for up to 30 new and recently established after-hours GP clinics and medical deputising services;
- one-off start-up grants for up to 30 services a year over the next three years to assist existing general practices, dedicated after-hours clinics and mobile deputising services to establish infrastructure and staffing support to remain open after-hours; and
- up to 100 recurrent supplementary grants for local practices, medical deputising services and cooperatives of GPs to assist them to meet their marginal costs and so remain viable.

In addition, the commitment identified five specific locations to receive start-up grants in 2004-05.

(b) The start-up grants to be offered in 2004-05 were offered in the following five identified locations:

- Kallangur (QLD)
- Tweed Heads (NSW)
- Ryde (NSW)
- Glenside (SA)
- Williamstown (VIC)

The remainder of the grants were not attached to specific locations.

(c) The commitment was for $200,000 for initial 'well-located' after-hours clinics run by GPs in each of the five identified locations.

Funding is to be used to establish infrastructure and staffing support to assist services to remain open after-hours. For example, the grant may help with obtaining premises, equipment and recruiting staff.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-214

OUTCOME 4: Quality Health Care

Topic: AFTER-HOURS CLINICS

Written Question on Notice

Senator McLucas asked:

(a) When will these commitments be honoured?

(b) What was the total cost of this commitment?

(c) Where will the funds for this commitment come from?

Answer:

(a) The start-up grants in the five identified locations are to commence in 2004-05.

The remainder of the initiative, due to commence in 2005-06, is being addressed in the 2005 Federal Budget process.

(b) The grants components of the *Round the Clock Medicare: Investing in After-Hours GP Services* initiative total $45.5 million.

(c) Funding in 2004-05 was appropriated at Additional Estimates.

Further funding will be appropriated through the 2005-06 Budget processes.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-017

OUTCOME 6: Hearing Services

Topic: VOUCHERS

Written Question on Notice

Senator Crossin asked:

(a) To the Office of Hearing Services, how many vouchers for services were issued last financial year?

(b) Do you have the figures for how many vouchers were used at private providers of hearing services?

Answer:

(a) 178,413 vouchers were issued in 2003-04.

(b) 97,138 vouchers were used by clients accessing services through private providers.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-146

OUTCOME 6: Hearing Services

Topic: FORMAL ASSESSMENT CRITERIA FOR ACCREDITATION

Hansard Page: CA 62

Senator Moore asked:

What are the formal assessment criteria a provider must meet before being accredited?

Answer:

The *Hearing Service Providers Accreditation Scheme 1997* requires that the Minister must have regard to the following matters in making a decision to accredit an entity:

a) experience in providing hearing services;
b) proposed staffing profile and qualifications of the staff;
c) the accessibility of the premises in which it is proposed to provide the services;
d) whether the proposed premises are of a satisfactory standard;
e) capacity to meet the rules of conduct;
f) financial viability; and
g) any other matters that might affect the standard of service.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-142

OUTCOME 6: Hearing Services

Topic: STATE BREAKDOWN OF HEARING SERVICE PROVIDERS

Hansard Page: CA 62

Senator Moore asked:

Please provide a state by state breakdown of the numbers of the different kinds of service providers.

Answer:

Detailed information is available on:

http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/Hearing+Services-1

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-143

OUTCOME 6: Hearing Services

Topic: FUNDING FOR SERVICE PROVIDERS

Hansard Page: CA 63

Senator Moore asked:

How much government money does each of these service providers receive?

Answer:

Detailing individual provider's income is considered to be commercially sensitive. The table below gives an indication of the payment range and numbers of providers.

Government payments to Hearing Service Providers 2003-04	**Providers**
More than $1,000,000	12 Providers
$500,000 - $1,000,000	33 Providers
Under $500,000	131 Providers

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-144

OUTCOME 6: Hearing Services

Topic: SERVICE PROVIDER CONTRACT – ADVERTISING OF SERVICES

Hansard Page: CA 63

Senator Moore asked:

Please provide a copy of that part of the Service Provider Contract which details how service providers may advertise their services (eg. they must not represent themselves as government bodies, etc.).

Answer:

Rule 41- Advertising of the *Hearing Services Rules of Conduct 2000* states:

(1) In this rule:

advertisement means matter which is published in any form or medium, including advertising material presented as editorial content, for payment or other valuable consideration, or which is self-published, and which draws the attention of the public, or a segment of the public, to a product, service, person, organisation or line of conduct in a manner calculated to promote or oppose directly or indirectly that product, service, person, organisation or line of conduct.

(2) A contracted service provider must not publish an advertisement, or cause an advertisement to be published, that:

(a) is misleading or deceptive, or likely to mislead or deceive; or

(b) is calculated to mislead either directly or by implication; or

(c) suggests, directly or indirectly, that:

(i) hearing services under the voucher system are only available from the contracted service provider; or

(ii) the contracted service provider enjoys a special relationship with the Minister or the office that will help get favourable treatment for a voucher-holder;

(iii) the contracted service provider's accreditation under the accreditation scheme is a recommendation or endorsement by the Commonwealth of its hearing services; or

(iv) the inclusion of a particular device in a list of free devices under the voucher scheme, and the eligibility of a Top-Up device for supply under Top-Up arrangements, is a recommendation, endorsement or award by the Commonwealth other than that the device meets specified standards.

Note Paragraph (a) covers comparison advertising.

(3) Subrule (2) does not affect the operation of any other law, including a law of a state or territory.

(4) A contracted service provider must ensure that any advertisement published or caused to be published by it that refers to a device or service which is able to be received by voucher-holders under the voucher system includes the words "conditions apply to Clients under the Commonwealth Hearing Services Voucher System".

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-145

OUTCOME 6: Hearing Services

Topic: ACCREDITATION OF NATIONAL HEARING CENTRES

Hansard Page: CA 64

Senator Moore asked:

How long has National Hearing Centres (or Services) been an accredited provider? What states does it operate in?

Answer:

National Hearing Centres has been an accredited service provider since 1997. It operates in Victoria, New South Wales, Queensland, South Australia and Western Australia.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-147

OUTCOME 6: Hearing Services

Topic: AUSTRALIAN HEARING SPECIALIST PROGRAM FOR INDIGENOUS AUSTRALIANS (AHSPIA) CLIENTS BY STATE

Hansard Page: CA 67

Senator Crossin asked:

Provide a breakdown of AHSPIA clients by state.

Answer:

AHSPIA clients by state 2003-04	
New South Wales	150
Northern Territory	540
Queensland	640
South Australia	180
Victoria	180
Western Australia	130

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-148

OUTCOME 6: Hearing Services

Topic: MEMORANDUM OF UNDERSTANDING

Hansard Page: CA 62

Senator Crossin asked:

The Committee requested details of the Community Service Obligations (CSOs) contract between Australian Hearing and the Office of Hearing Services.

Answer:

Details of the CSOs contract between the Office of Hearing Services and Australian Hearing are attached.

GENERAL PRINCIPLES

1. Statement of intent

1.1 This document is a Memorandum of Understanding (MOU) between the Australian Government (Commonwealth) as the purchaser (represented by the Office of Hearing Services) with responsibility for the overall policy and funding for Community Service Obligations (CSOs) delivered under the Australian Government Hearing Services Program, and the Australian Hearing Services Authority trading as Australian Hearing (AH) as the provider which has authority under the *Australian Hearing Services Act 1991* (*AHS Act 1991*) and the *Declared Hearing Services Determination 1997* for the delivery of these CSOs.

1.2 The MOU defines the relationship, objectives, principles and mechanisms between the Office of Hearing Services (the Office) and AH for the delivery of CSOs to eligible Clients as well as research and related activities undertaken by the National Acoustic Laboratories.

1.3 This MOU is intended to operate consistently with the legal obligations that:

- AH has under the *AHS Act 1991* and the *Commonwealth Authorities and Companies Act 1997;* and
- The Office has under the *Financial Management and Accountability Act 1997*..

1.4 AH agrees to act in accordance with the MOU based on the representations made by the Office.

2. Period of the MOU

2.1 This MOU will commence on the date of the signature of this MOU and terminate on 30 June 2008.

2.2 AH and the Office will perform a joint mid-term review of the provision of Services and related issues in this MOU. The mid-term review is to be commenced by no later than
30 June 2006.

2.3 Both parties agree to begin negotiations on a replacement MOU no less than 12 months prior to the expiration of this MOU and to have finalised the replacement MOU prior to the expiration of this MOU.

2.4 In the event that a replacement MOU has not been finalised, this MOU may be extended by an exchange of letters, until such time as a replacement MOU is entered into by both parties.

2.5 In the event that AH becomes a company, both parties agree to immediately commence negotiations on a contract in substantially the same terms to replace this MOU.

3. Purposes of the MOU

3.1 The purposes of this MOU are:

(a) to identify the responsibilities of the parties in relation to the delivery and performance of the CSOs in conformity with the legal and policy obligations under which each party operates;

(b) to describe the agreed financial and performance monitoring arrangements between the Office and AH in regard to the funding and delivery of the CSOs; and

(c) to identify the principles guiding the relationship between the parties.

3.2 The principles guiding the relationship between the Office and AH are:

(a) **Transparency** in accountability, measures of performance and review mechanisms;

(b) **Access** to information, policy, product design and service delivery processes as required by each organisation to effectively conduct its business;

(c) **Collaboration** and **openness** in building and maintaining a relationship between the Office and AH in the design and delivery of CSOs to Clients; and

(d) Adherence to **agreed standards of quality** in the delivery of CSO services.

4. Organisational roles

4.1 The Office has general responsibility for ensuring that the CSOs under the Australian Government Hearing Services Program are provided in accordance with Government policy and priorities.

4.2 The Office has responsibility for overall funding and general policy changes requiring Cabinet consideration which affect the delivery of CSOs, but will take into consideration the operational and financial impact on AH of such changes and will consult with AH where appropriate in this context.

4.3 AH is responsible under this MOU for the effective and efficient delivery of the CSOs as required under the relevant legislation. Should AH make major operational changes to its delivery of services it is to consult with the Office to ensure that such changes are consistent with Government priorities for the delivery of these services.

4.4 The Office anticipates that the quality of services and hearing devices to be provided to Clients will be such as to satisfy the normal day to day educational, social and family communication needs of Clients.

5. Parliamentary and Ministerial issues

5.1 The Office will have prime responsibility for responding to questions relating to general policy while AH will have responsibility for providing advice on questions relating to clinical issues and specific questions about service delivery to an individual or community.

5.2 AH agrees to assist with the preparation of the portfolio annual report to the Minister for Health and Ageing for tabling in the Parliament.

6. Dispute resolution

6.1 Where any dispute arises under this MOU, both parties agree that they will endeavour in good faith to resolve the dispute expeditiously and amicably, using the following procedures:

(a) Initial negotiation on the matter in dispute will be undertaken between the appropriate managers in the Office and AH;

(b) If not resolved through the initial negotiation, the matter will then be referred for resolution through negotiation between the National Manager (Office of Hearing Services) or his/her delegate and the Managing Director of AH or his/her delegate; and

(c) If the dispute cannot be resolved, it will be referred to the relevant Minister whose decision will be final and binding on the parties.

6.2 Despite the existence of a dispute, each party will (unless requested not to do so by the other party) continue to perform its obligations under this MOU.

7. Variation of the MOU

7.1 Variations to the MOU, including Schedules, can be made at any time, but only with the consent of both parties (National Manager – Office of Hearing Services and Managing Director – AH) in writing.

PROVISION OF SERVICES TO CLIENTS

8. Categories of Clients

8.1 The Clients to which AH are to provide services and the nature of the service provided (as well as other services such as research) are set out in the *Declared Hearing Services Determination 1997.*

9. Quality Standards

9.1 AH will manage Clients in accordance with outcome focused standards, which are to be agreed between the Office and AH within three months of the commencement of this MOU. Once agreed these standards will form part of this MOU. It is envisaged that these standards will be reviewed annually to ensure that they continue to adhere to best practice.

10. Quality Assurance

10.1 AH is to present a quality assurance program to ensure that the agreed standards are met with the detail of this program to be agreed with the Office no later than three months after the commencement of this MOU. Once agreed the quality assurance program will form part of this MOU. This program is to be reviewed annually by both parties.

10.2 10.2 AH will make avenues of review available to Clients in regard to decisions in accordance with the provisions of the *AH Act 1991*, as well as any complaint or grievance that is not reviewable under sections 64 and 65 of that Act. Details of the current AH Client complaint procedures are to be made available to the Office for comment and any proposed changes to Client complaint procedures are to be made available to the Office for comment.

10.3 The Office may request information on numbers, resolution details and complaints forwarded for further action on an ad hoc basis.

11. Access Plan

11.1 AH agrees to develop an access plan detailing how it intends to ensure appropriate access to services for Indigenous Australians, children, people in remote areas, people from cultural and linguistically diverse backgrounds and people with disabilities (other than hearing loss). This plan is to be agreed with the Office no later than three months after the commencement of this MOU.

12. Audits

12.1 AH agree to allow the Office access to premises to perform site audits on the delivery of CSO services. Audits are to be conducted in line with the quality assurance standards agreed under clause 10.1 with a report to be provided to AH within fifteen working days.

COMMUNITY EDUCATION AND RESEARCH

13. Community Education

13.1 AH, from time to time, will undertake activities which contribute to the education of the broad community in relation to hearing loss.

13.2 It is expected that the Office will jointly agree with AH on any major community education initiatives as these relate to reducing the incidence of hearing loss in the broad community, and the reporting requirements for each such initiative on a case by case basis.

14. Research

14.1 AH is authorised to undertake research activities prescribed in the *Australian Hearing Services Act 1991* (*AH Act 1991*). These activities are funded by the Australian Government through the Office as well as through contracts with other entities/purchase

14.2 The research activities of the National Acoustic Laboratories (NAL) are determined by a Research Committee under the AH Board. The Office may be a member of the Research Committee at the discretion of the Office and be represented by the National Manager, Office of Hearing Services or an appropriate delegate.

14.3 It is expected that the provider will identify those research activities that are purchased by the Office and report on the outcomes of the research.

FUNDING ARRANGEMENTS

15. Funding

15.1 The Office agrees to provide AH with funding for the provision of the CSOs. This funding will be provided monthly in advance (based on the yearly pattern of expenditure) except that funding for the provision of cochlear implant speech processor upgrades will be provided as a lump sum at the commencement of each financial year.

15.2 The funding will be the amount appropriated for CSOs in appropriation Acts 1 and 3.

15.3 AH is to spend a minimum amount per Client category as set out in Attachment A.

15.4 The tolerance limit for these amounts (as outlined Attachment A) will be +/- 10%.

15.5 The Office agrees to seek additional funding if:

- the number of Clients in categories (a) through (b) multiplied by the unit cost derived from the activity based costing exercise undertaken by AH indicates that insufficient funds will be available to deliver CSO services to the level required by Government policy; and
- AH has exhausted all other avenues of CSO funding, including efficiencies in CSO service delivery.

15.6 If funds are not forthcoming the Office, in conjunction with AH, will review the level and quality of services to be provided.

15.7 From 2005-06 onwards the Office, in consultation with AH, will review the funding to be spent on each Client category based on minimum Client numbers per category and unit costs based on the activity based costing exercise.

15.8 Should any additional funding become available for the delivery of services to special needs groups, the allocation of these funds will be negotiated on a case by case basis between the Office and AH.

15.9 The Office agrees to appropriately consult with and involve AH where there are Budget proposals relating to CSOs that will affect AH. AH will provide the Office sufficient access to its financial information to enable monitoring in relation to the expenditure on the CSO Services.

REPORTING REQUIREMENTS AND DATA MANAGEMENT

16. Quarterly reporting requirements

16.1 AH is to report quarterly to the Office on the number of Clients in each Client category, the number of services and cost per service, total spending per Client category and the average cost per Client as per a report format to be developed in consultation with the Office. This report is to be provided no later than six weeks after the end of the preceding quarter, and is to include an analysis of variations from the previous quarter.

16.2 Senior officers from the Office of Hearing Services and AH shall meet on the last Thursday in August, November, February and May to discuss operational issues arising from the quarterly report.

17. Data management (and information exchange)

17.1 AH agrees to provide the Office access to management information and other data required for policy and program performance management purposes, as well as any other data and information relating to the services as may be required from time to time, in the format requested, for the duration of this MOU. The Office agrees to take into consideration the cost of producing such requests.

17.2 AH will provide to the Office data and information in relation to its operations which are reasonably required for the Office to meet its formal reporting obligations. The Office will give reasonable notice of its requirements.

17.3 The Office will not exercise its powers to access information or materials except in a bona fide manner for the purposes of discharging its policy and performance management responsibilities and accountability obligations to the Minister and Parliament.

17.4 The Office acknowledges that information of a commercial nature is provided in confidence and will not be released to third parties (except where requested by the appropriate Minister).

18. Clinical Records management

18.1 For the purposes of this section a Clinical Record means a record for each Client created and maintained in order to record personal and treatment details needed to ensure the ongoing quality of Client care.

18.2 Clinical Records will be retained by AH, but may be accessed by the Office upon request in writing.

Attachment A

FUNDING ARRANGEMENTS

The following amounts per category are to be jointly reviewed annually:

(a) $15.446 million of the total appropriation on children under 21 years;

(b) $9.405 million of the total appropriation on Clients with complex rehabilitation needs;

(c) $2.821 million on the provision of replacement or upgraded speech processors;

(d) $2.000 million on outreach programs for Indigenous Australians; and

(e) $3.041 million on research and community education.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-013

OUTCOME 7: Aboriginal and Torres Strait Islander Health

Topic: INDIGENOUS AUSTRALIANS

Written Question on Notice

Senator Crossin asked:

(a) What are the main features of the service contract for 2004-5 between Australian Hearing and the Office for Aboriginal and Torres Strait Islander Health (OATSIH)?

(b) Is Aboriginal health worker training part of the Contract?

(c) The 2003-4 Annual Report mentioned 33 Aboriginal health workers receiving training, do you have a regional breakdown for where this happened?

Answer:

(a) The main features of the department's contract with Australian Hearing are:

- The provision of six training courses of two weeks duration in Hearing Health Skills for Aboriginal Health Workers from community controlled medical services. The provider prioritises the recruitment of Aboriginal Health Workers from services where there are limited skills or knowledge required to use the audiometric equipment in all states with the exception of the Northern Territory;

- The provision of consolidation support for health workers needing to upgrade their skills in all states with the exception of the Northern Territory;

- Calibration, purchase and replacement of equipment (audiometers and tympanometers) that is past its use by date, obsolete or lost in all states including the Northern Territory.

(b) Yes.

(c) Six training courses were held:

- NSW - Walgett (2), Coomealla Health Cooperation (2), Durri (1)
- Queensland - WuChopperen Cairns (1), WuChopperen Atherton (1), Mamu (1), Innisfail (1), Goondir Toowoomba (1), Bidgerdii Rockhampton (1)
- Western Australia - Derbarl Yerrigan (2), Bega Garnbirringu Kalgoorlie (1), Wiluna (1), Geraldton (1), Carnarvon(1)
- South Australia – Ceduna (1), Port Lincoln(1)
- Victoria - Ramahyuck Sale (2), Aboriginal Health Service Fitzroy (2), Goolum Goolum Horsham (1), Ballarat (1), Cummeragunja Barmah (1), Winda Mara Heywood (1)
- Tasmania - Cape Barren Island (1), Flinders Island (1), Hobart (2), Cygnet (2).

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-018

OUTCOME 7: Aboriginal and Torres Strait Islander Health

Topic: EYE HEALTH

Written Question on Notice

Senator Crossin asked:

(a) What was the national budget for the Aboriginal and Torres Strait Islander Eye Health Program each year from 2001-2002, to the latest figures?

(b) How much of the budget was actually spent in these years?

Answer:

(a) Internal allocations from within the overall Aboriginal and Torres Strait Islander Health Program are notionally agreed each year for activities that target specific health issues such as eye health, to complement primary health care activities. Funds notionally allocated to eye health include core recurrent health service delivery and capacity to support one-off projects based on regionally agreed priorities. Where one-off projects do not eventuate, funds are redirected to other initiatives within the Aboriginal and Torres Strait Islander Health Program.

Year	**Notional Allocation**
2001-2002	3.90 million
2002-2003	3.27 million
2003-2004	3.20 million

(b)

Year	**Actual Expenditure**
2001-2002	3.48 million
2002-2003	2.92 million
2003-2004	2.59 million

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-019

OUTCOME 7: Aboriginal and Torres Strait Islander Health

Topic: EYE HEALTH

Written Question on Notice

Senator Crossin asked:

(a) What was budgeted for education and training under the program in the last three years in each state and territory?

(b) How much of the education and training budget in each state and territory was spent on education and training in the last three years?

Answer:

(a) There is no specific budget allocation for education and training under the Aboriginal and Torres Strait Islander Eye Health Program in addition to Aboriginal and Torres Strait health worker training supported by the overall program. Allocations for targeted eye health training and education were one-off allocations to support the initial roll out of eye health and therefore mostly expended prior to the past three years.

(b) In the past three years the following amounts have been expended on eye health education and training:

State/territory	Expended	Financial Year
Western Australia	$160,000	2001-02
South Australia	$25,000	2001-02
New South Wales	$18,000	2001-02

In addition, some training is regularly conducted during community visits by eye health specialists.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-020

OUTCOME 7: Aboriginal and Torres Strait Islander Health

Topic: EYE HEALTH

Written Question on Notice

Senator Crossin asked:

(a) What was budgeted for travel under the program in the last three years in each state and territory?

(b) How much of the travel budget in each state and territory was spent on travel in the last three years?

Answer:

(a) There was no specific budget allocation for travel under the Aboriginal and Torres Strait Islander Eye Health Program in the last three years.

(b) Refer to (a).

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-151

OUTCOME 7: Aboriginal and Torres Strait Islander Health

Topic: NATIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH ORGANISATION (NACCHO) FUNDING

Hansard Page: CA 68-69

Senator McLucas asked:

How does the funding for NACCHO in 2004-05 compare to the allocation for the previous year?

Answer:

2004-05 funding for NACCHO and affiliates for national representation totals $2,441,990 (including GST). $2,159,547 of this is allocated directly to NACCHO and $282,443 is allocated to three of the NACCHO affiliates.

Total funding provided in 2003-04 amounted to $2,504,609. The total amount was allocated directly to NACCHO and included an amount of $110,000 for a project related to GPs which was finalised in 2003-04. If this amount is excluded the base funding level for national representation of the Aboriginal and Torres Strait Islander community controlled health sector increased by $47,381 or around 2% (indexation).

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-152

OUTCOME 7: Aboriginal and Torres Strait Islander Health

Topic: STAFF TRANSFERS AND THE NEW ARRANGEMENTS TO INDIGENOUS AFFAIRS

Hansard Page: CA 70

Senator McLucas asked:

Provide a one-page briefing paper that sets out the details related to the staff transfers from ATSIS to the Department of Health and Ageing.

Answer:

The details have not yet been finalised. Departmental officers are working with the Office of Indigenous Policy Coordination to determine the final level of resources. A briefing paper will be forwarded to the committee upon finalisation.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-152

SUPPLEMENTARY INFORMATION

OUTCOME 7: Aboriginal and Torres Strait Islander Health

Topic: STAFF TRANSFERS AND THE NEW ARRANGEMENTS TO INDIGENOUS AFFAIRS

Hansard Page: CA 70

Senator McLucas asked:

Please provide a one-page briefing paper that sets out the details related to the staff transfers from ATSIS to the Department of Health and Ageing.

Answer:

- There have been two rounds of ex-ATSIS staffing resource transfers to the Department of Health and Ageing (the department) from the Office of Indigenous Policy Coordination:

    1. Resources that were transferred in the first round (July 2004) were allocated on a 'staff follow function' basis to the functions that were transferred to the department from ATSIS. These included health policy functions, Effective Family Tracing and Reunion Program (Link-Up) and corporate resources attributed under the machinery of government changes.

    2. Resources transferred in the second round (February 2005) are for resourcing the department's presence in Indigenous Coordination Centers (ICCs). These comprise 13 occupied positions across a range of levels and in various locations (two of the transferred staff have subsequently resigned) and 11 unoccupied positions at mid level APS 5.

- The department will utilise these resources to establish a departmental presence in ICCs across the country with a major focus on rural and remote ICCs.

- Given the resources made available, it is likely that an ICC cluster model will be adopted under which the department's ICC staff operate as solutions brokers based in set locations with out-reach capacity to a number of ICCs.

    - Solution brokers will represent the department programs within ICCs, and in particular in the development of Shared Responsibility Agreements (SRAs) between Aboriginal and Torres Strait Islander communities and the Australian Government.

- Unoccupied resources from the second round of ex-ATSIS staff transfers will be used to recruit seven solution brokers at the APS 6 to EL1 levels for placement in ICCs. The location of these solution brokers will depend on the outcomes of the recruitment process and consideration of the best hub and spoke combinations of ICCs.

- Resources associated with the occupied positions from the second round of ex-ATSIS staff transfers will be allocated to solution broker roles in ICCs over time as they become available through freeing up other departmental resources.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-153

OUTCOME 7: Aboriginal and Torres Strait Islander Health

Topic: PRIMARY HEALTH CARE INDIGENOUS ORGANISATIONS

Hansard Page: CA 71

Senator Crossin asked:

How many (of the 152 organisations providing/purchasing primary health care) are run by Indigenous organisations?

Answer:

The figure of 152 organisations, as stated in Table C7.3 in the Portfolio Additional Estimates Statements 2004-05, is an estimate of the minimum number of organisations that the Office for Aboriginal and Torres Strait Islander Health expects will be providing and/or purchasing primary health care by the end of the financial year (30 June 2005).

Accordingly, we are unable to provide the number of these organisations that are Indigenous controlled until 30 June 2005. However, we expect that the proportion will be similar to that as at 30 June 2004, when 87% of organisations funded for this purpose were Aboriginal and/or Torres Strait Islander controlled entities.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-154

OUTCOME 7: Aboriginal and Torres Strait Islander Health

Topic: PRIMARY HEALTH CARE ACCESS PROGRAM

Hansard Page: CA 72

Senator Crossin asked:

List the 57 communities that have been targeted for new expanded services.

Answer:

The department refers to areas receiving Primary Health Care Access Program (PHCAP) funding as Office for Aboriginal and Torres Strait Islander (OATSIH) Planning Regions. An OATSIH Planning Region is a term used across the OATSIH Program to identify specific geographic areas for service planning purposes. A total of 107 OATSIH Planning Regions exist across Australia.

As at February 2005, 72 OATSIH Planning Regions are benefiting from new or expanded services as a result of the PHCAP. The OATSIH Planning Regions are listed in the table below.

STATE	**OATSIH PLANNING REGION**
ACT	ACT
NSW	Central Coast
	Far West
	Greater Murray
	Illawarra
	Macquarie
	Mid Western
	New England
	Northern Rivers
	West Sydney
NT	Anmatjere
	Southern Barkly
	Darwin
	Eastern Arrente-Alyawarra
	Katherine East
	Katherine West
	Luritja-Pintupi

NT cont'd	Maningrida
	North East Arnhem
	Northern Barkly
	Pitjantjatjara
	South East Arnhem
	South East Top End
	Tiwi
	Top End West
	Warlpiri
	West Arnhem
QLD	Atherton
	Croydon
	Brisbane South & East
	Cairns
	Central Highlands
	Cook
	Fraser
	Gladstone
	Gulf
	Ipswich and West Moreton
	Mt Isa
	Inland
	Near South West
	North West Darling Downs
	Rockhampton
	South Coast and Hinterland
	Sunshine Coast and Cooloola
	Toowoomba
	Torres
	Townsville
SA	Eyre
	Hills Mallee Southern
	Metropolitan
	Mid North
	Northern and Far Western
	Riverland
	South East
	Wakefield
TAS	North Western
	Northern
	Southern
VIC	Barwon South West
	Gippsland
	Grampians
	Hume
	Loddon Mallee
	Metropolitan Melbourne

WA	Goldfields
	Kimberley
	South West Metro
	Mid West
	Ngaanyatjarraku
	Pilbara
	South West
	Wheatbelt

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-155

OUTCOME 7: Aboriginal and Torres Strait Islander Health

Topic: CAPITAL WORKS

Hansard Page: CA 72

Senator Crossin asked:

List the two remote communities that have been identified for improved living conditions under the ATSIC/Army Community Assistance Program (AACAP)?

Answer:

The figure of two remote communities, as stated in Table C7.3 in the Portfolio Additional Estimates Statements 2004-05, is an estimate of the number that the Department of Health and Ageing, in collaboration with the other two agencies involved, expects to assist by the end of the financial year (30 June 2005).

In 2004, funds were provided for work in Injinoo, Mapoon and Umagico, located in the Cape York Peninsula region of Queensland. Within these locations 12 new houses were constructed with renovations to a further four houses and four pensioner units. Other work included fluoridation of water supply, upgrading solid waste management and improved roads and drainage. Health services such as dental clinics and animal health programs were provided and a series of public health education programs were held.

In 2005, the army commenced planning and design of infrastructure improvements across sites in the Fitzroy Region of Western Australia including Kadjina, Yakanarra, Yiyili, Ganinya and Girriyoowa Aboriginal communities. The proposed works at each of the locations include:

- build a health clinic and three houses, and upgrade water supply at Kadjina;
- build a health clinic, improve creek crossings and upgrade airstrip for the Royal Flying Doctor Service at Yakanarra;
- build a health clinic, and upgrade airstrip and sewerage network at Yiyili; and
- tip remediation for up to four communities in other locations.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-156

OUTCOME 7: Aboriginal and Torres Strait Islander Health

Topic: CAPITAL WORKS

Hansard Page: CA 72

Senator Crossin asked:

List the locations of the 17 new clinics that have been redeveloped/improved and their budget allocations?

Answer:

The figure of 17 new clinics, as stated in Table C7.3 in the Portfolio Additional Estimates Statements 2004-05, is an estimate of the minimum number of clinic redevelopments or improvements that the Department of Health and Ageing expects to fund by the end of the financial year (30 June 2005).

Set out below is a list of the projects either completed or anticipated to be completed in the period of 2004-05. Although 17 projects were initially estimated to be completed there is a possibility that up to 19 projects will be completed in this period.

Expenditure of the project budgets has been undertaken over multiple years in line with the achievement of approved project milestones.

State	Organisation	Type	Total Project Value (ex GST)	Status	Location
ACT	Winnunga Nimmityjah Aboriginal Health Service	Redevelopment	$426,000	Completion due June 05	Narrabundah
NSW	Bulgarr Ngaru Medical Aboriginal Corporation	New	$1,127,273	Completion due March 05	Grafton
NSW	Bourke Aboriginal Community Controlled Health Service	Redevelopment	$938,432	Complete	Bourke
NT	Demed Assocaition Incorporated Homeland Resource Centre	Redevelopment	$827,000	Complete	Oenpelii
NT	Katherine West Health Board Aboriginal Corporation	Upgrade	$963,000	Completion due April 05	Minyerri
NT	Nguiu Health Centre	New	$3,770,690	Complete	Bathurst Island

State	Organisation	Type	Total Project Value (ex GST)	Status	Location
QLD	Gumbi Gumbi Aboriginal and Torres Strait Islander Corporation	Upgrade	$465,000	Complete	Rockhampton
QLD	Charleville and Western Areas Aboriginal and Torres Strait Islander Corporation for Health	Redevelopment	$400,000	Completion due March 05	Roma
QLD	Goondir Aboriginal and Torres Strait Islanders Corporation for Health Services	New	$1,100,000	Completion due June 05	St.George
QLD	Wunjuada Aboriginal Corporation for Alcohol and Drug Dependence	Upgrade	$90,000	Completion due April 05	Cherbourg
SA	Tullawon Health Service Incorporated	New	$1,950,000	Completion due March 05	Yalata
SA	Nganampa Health Council	New	$371,000	Completion due April 05	Nyapari
SA	Nganampa Health Council	New	$371,000	Completion due April 05	Watarru
SA	Nganampa Health Council	New	$371,000	Completion due April 05	Yunyariny
SA	Goreta Aboriginal Corporation	Redevlopment	$344,850	Completion due June 05	Point Pearce
VIC	Moogji Aboriginal Council East Gippsland Incorporated	New	$1,039,000	Completion due March 05	Orbost
VIC	Lake Tyres Aboriginal Health and Childrens Services	New	$1,011,755	Completion due June 05	Lake Tyres
WA	Derby Aboriginal Health Services Council	New	$4,824,090	Completion due April 05	Derby
WA	Noongar Alcohol and Substance Abuse Service Incorporated	New	$2,699,964	Completion due March 05	Perth
			TOTAL $23,090,054		

Private Health Insurance Participation by State shows:

Table 6: Percentage of Population Covered by Hospital Insurance by Quarter and State, December 1999 – December 2004

Quarter ended	NSW/ ACT	VIC	QLD	SA	NT	WA	TAS	Australia
Dec-99	**31.6%**	**30.5%**	**29.4%**	**31.8%**	**24.1%**	**36.0%**	**33.7%**	**31.4%**
Mar-00	32.6%	31.2%	30.3%	32.7%	25.3%	36.8%	34.4%	32.2%
Jun-00	44.6%	42.4%	40.3%	43.2%	34.8%	44.4%	43.3%	43.0%
Sep-00	46.8%	45.6%	42.5%	46.3%	37.0%	49.4%	44.7%	45.7%
Dec-00	**46.4%**	**45.1%**	**42.2%**	**45.8%**	**36.6%**	**49.1%**	**44.4%**	**45.4%**
Mar-01	45.8%	45.1%	42.4%	45.7%	34.6%	48.2%	44.3%	45.0%
Jun-01	45.5%	44.9%	42.2%	45.8%	34.2%	48.0%	44.6%	44.9%
Sep-01	45.5%	44.8%	42.3%	45.8%	34.0%	47.9%	44.7%	44.8%
Dec-01	**45.5%**	**44.7%**	**42.4%**	**45.8%**	**34.0%**	**48.0%**	**44.7%**	**44.8%**
Mar-02	45.4%	44.2%	42.3%	45.5%	33.6%	47.7%	44.6%	44.6%
Jun-02	45.1%	43.9%	41.9%	45.3%	33.4%	47.1%	44.2%	44.3%
Sep-02	45.1%	43.7%	41.6%	45.2%	33.1%	47.0%	44.1%	44.1%
Dec-02	**45.1%**	**43.7%**	**41.4%**	**45.2%**	**32.8%**	**47.0%**	**44.2%**	**44.1%**
Mar-03	45.0%	43.4%	41.2%	44.9%	32.5%	46.7%	43.7%	43.9%
Jun-03	44.6%	43.0%	40.7%	44.5%	32.4%	46.1%	43.2%	43.5%
Sep-03	44.6%	42.9%	40.7%	44.4%	32.2%	46.1%	42.9%	43.4%
Dec-03	**44.7%**	**42.8%**	**40.6%**	**44.4%**	**32.1%**	**46.2%**	**42.8%**	**43.4%**
Mar-04	44.5%	42.6%	40.4%	44.1%	31.7%	46.1%	42.4%	43.2%
Jun-04	44.2%	42.2%	40.1%	43.9%	31.7%	45.6%	42.1%	42.9%
Sep-04	44.3%	42.3%	40.1%	43.9%	31.8%	45.9%	42.4%	43.0%
Dec-04	**44.4%**	**42.3%**	**40.2%**	**44.0%**	**31.7%**	**46.1%**	**42.5%**	**43.0%**

Source: Private Health Insurance Administration Council, December 2004, "Hospital Insurance, Membership and Coverage, by State, quarter ended"

People with ancillary cover, by age and sex

Table 8: Insured people (ancillary cover) by age and sex, 31 December 2004

Age	Female	Male	All people	Share of total	Cumulative share of total
00-04	225,621	240,710	466,331	6%	6%
05-09	262,386	279,627	542,013	6%	12%
10-14	301,616	317,689	619,305	7%	19%
15-19	314,065	327,932	641,997	8%	27%
20-24	244,981	225,294	470,275	6%	33%
25-29	227,688	181,744	409,432	5%	37%
30-34	324,320	270,256	594,576	7%	44%
35-39	336,419	293,729	630,148	7%	52%
40-44	374,539	337,972	712,511	8%	60%
45-49	380,446	348,521	728,967	9%	69%
50-54	360,325	339,553	699,878	8%	77%
55-59	316,854	312,703	629,557	7%	85%
60-64	212,422	218,944	431,366	5%	90%
65-69	147,346	149,993	297,339	4%	94%
70-74	110,123	104,264	214,387	3%	96%
75-79	91,707	75,028	166,735	2%	98%
80-84	63,174	30,894	94,068	1%	99%
85-89	32,048	12,491	44,539	1%	100%
90-94	14,202	4,624	18,826	0%	100%
95+	4,073	1,226	5,299	0%	100%
Total	**4,344,355**	**4,073,194**	**8,417,549**	**100%**	**100%**

Source: Private Health Insurance Administration Council, December 2004, "Ancillary Insurance, Age cohort, quarter ended"

Number of People Covered by Ancillary Cover

Table 7: Number and Percentage of People Covered by Ancillary Insurance, December 1999 – December 2004

Quarter	Number ('000)	Percentage
Dec-99	**6,214**	**32.60%**
Mar-00	6,344	33.20%
Jun-00	7,508	39.20%
Sep-00	7,819	40.70%
Dec-00	**7,811**	**40.50%**
Mar-01	7,821	40.40%
Jun-01	7,859	40.50%
Sep-01	7,940	40.80%
Dec-01	**8,017**	**41.00%**
Mar-02	8,062	41.10%
Jun-02	8,089	41.10%
Sep-02	8,148	41.30%
Dec-02	**8,200**	**41.50%**
Mar-03	8,228	41.50%
Jun-03	8,206	41.30%
Sep-03	8,240	41.30%
Dec-03	**8,284**	**41.40%**
Mar-04	8,302	41.40%
Jun-04	8,302	41.30%
Sep-04	8,368	41.50%
Dec-04	**8,420**	**41.60%**

Source: Private Health Insurance Administration Council December 2004,"Ancillary Insurance, Membership and Coverage, by State, quarter ended"

Persons Covered by Hospital Insurance, 30 June 1984 to 30 June 2004

As at 30 June	Number of persons covered '000	Percentage of population covered	Change from previous year
1996	6,149	33.6	-1.3
1997	5,916	31.9	-1.7
1998	5,728	30.6	-1.3
1999	5,793	30.6	0.0
2000	8,236	43.0	12.4
2001	8,712	44.9	1.9
2002	8,705	44.3	-0.6
2003	8,639	43.5	-0.8
2004	**8,627**	**42.9**	**-0.6**

Source: Private Health Insurance Administration Council, September 2004, "Hospital Insurance, Membership and Coverage, by State, year ended 30 June"

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-241

OUTCOME 8: Choice Through Private Health

Topic: RESPONSE FROM MINISTER TO LETTER FROM SHADOW MINISTER FOR HEALTH

Written Question on Notice

Senator McLucas asked:

The issue of portability changes by private health insurance funds was raised at the last Senate Estimates in June 2004. At that time the Secretary, after the hearing, suggested that a letter outlining the issue and concerns should be sent.

This letter was sent to the Minister's office on 25 June 2004. After a conversation with one of the Minister's senior staffers, it was resent on 17 November 2004. To date no response has been received.

(a) Can an explanation be provided as to why there was no response to this letter?

(b) Can the questions raised in this letter now be answered?

Answer:

The Minister is aware of the correspondence from the Shadow Minister for Health and will be providing a response in due course.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-226

OUTCOME 8: Choice Through Private Health

Topic: PRIVATE HEALTH INSURANCE REBATE ESTIMATES

Written Question on Notice

Senator McLucas asked:

(a) Can the department confirm the current estimates of the cost of the PHI?

(b) Can the department provide the estimates of the PHI since its introduction?

Answer:

(a) The current estimates of expenditure on the private health insurance rebate are as follows:

Estimates ($million)	**2004-05**	**2005-06**	**2006-07**	**2007-08**
Outlays (HIC)	2,524	2,616	2,630	2,645
Revenue (ATO)	160	173	172	172
Total	2,684	2,789	2,802	2,817

(b) Information on the cost of the rebate against estimates since 1999 was provided in response to question E05-097, taken on notice at Additional Estimates Hearings 17 February 2005. (A copy is attached.)

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-097

OUTCOME 8: Choice Through Private Health

Topic: PHI REBATE

Hansard Page: CA 119

Senator Moore asked:

Can the department provide the estimates and actual cost of the rebate since its introduction?

Answer:

The estimates and actual costs associated with the rebate since its introduction on 1 January 1999 are:

Financial year	Estimate ($million)	Actual Cost ($million)
1998-99	549	784
1999-00	1,420	1,533
2000-01	1,882	2,127
2001-02	2,160	2,159
2002-03	2,297	2,327
2003-04	2,509	2,537

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-227

OUTCOME 8: Choice Through Private Health

Topic: PHI REBATE

Written Question on Notice

Senator McLucas asked:

(a) How has the cost of the rebate varied?

(b) What factors have been driving these variations? (eg. number of memberships, composition of membership, rising costs of the PHI funds)

Answer:

(a) Information on the cost of the rebate since 1999 was provided in response to question E05-097, taken on notice at Additional Estimates Hearings 17 February 2005. (A copy is attached.)

(c) The cost of the rebate is 30% of the premiums paid for private health insurance. The amount of premiums paid across the industry follows changes in the number, mix and cost of policies sold.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-097

OUTCOME 8: Choice Through Private Health

Topic: PHI REBATE

Hansard Page: CA 119

Senator Moore asked:

Can the department provide the estimates and actual cost of the rebate since its introduction?

Answer:

The estimates and actual costs associated with the rebate since its introduction on 1 January 1999 are:

Financial year	Estimate ($million)	Actual Cost ($million)
1998-99	549	784
1999-00	1,420	1,533
2000-01	1,882	2,127
2001-02	2,160	2,159
2002-03	2,297	2,327
2003-04	2,509	2,537

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-225

OUTCOME 8: Choice Through Private Health

Topic: PHI MEMBERSHIP

Written Question on Notice

Senator McLucas asked:

I draw to the department's attention the recent membership statistics released by PHIAC in February 2005. Do the movements in membership correspond with the department's forecasts in PHI membership?

Answer:

The number of memberships/policies is in line with Government expectations.

Membership has been stable since 2000. The number of memberships/policies rose to 4.109 million in September 2000 and has remained steady since. There were 4.104 million memberships/policies in December 2004.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-228

OUTCOME 8: Choice Through Private Health

Topic: PHI MEMBERSHIP

Written Question on Notice

Senator McLucas asked:

The Minister noted the recent increase in memberships for those aged over 55. At the same time there were declines in membership for those under 45. What sort of impact will this change in composition have on the department's estimates?

Answer:

The department does not expect the change in composition to have an impact on its estimates.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-229

OUTCOME 8: Choice Through Private Health

Topic: PHI MEMBERSHIP

Written Question on Notice

Senator McLucas asked:

What does the department make of the significant declines in membership for those aged under 45, and in particular those aged between 30-44 and children aged between 5-14?

(a) Does this suggest that families are abandoning PHI?

(b) Does this mean that as premiums are rising and making PHI more unaffordable, that Lifetime Health Cover is becoming increasingly ineffective as a policy?

Answer:

Between the December 1999 quarter and the December 2004 quarter the number of health fund members:

- aged 5-14 increased by 0.33 million, or 43%; and
- aged 30-44 increased by 0.67 million, or 52%.

(a) Families are not abandoning private health insurance. Between December 1999 and December 2004 the number of family, couple and single parent policies increased by 0.65 million, or 43%.

(b) The 2003 Independent Review of the Lifetime Health Cover Scheme found that Lifetime Health Cover was successful in providing a very major boost to membership numbers and a major improvement in the membership profile of private health insurance. Currently, 255,000 of the nearly nine million health fund members are subject to the Lifetime Health Cover loading, with an additional 14,000 members subject to the loading each quarter.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-115

OUTCOME 8: Choice Through Private Health Insurance

Topic: MEDIBANK PRIVATE MEMBERSHIP GROWTH

Hansard Page: CA 122

Senator Moore asked:

Is it the experience of Medibank Private that there has been a growth in the over-55's membership and some tapering off in that 40 to 55 bracket?

Answer:

In the December 2004 quarter Medibank Private had an increase of 8,658 persons in its over-55s membership. In the 40-44 age bracket Medibank Private had a decrease of 1,945 persons.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-230

OUTCOME 9: Health Investment

Topic: HEALTH*CONNECT*

Written Question on Notice

Senator McLucas asked:

(a) What is the average cost for a GP to provide the security upgrade needed for Health Connect?

(b) Are the HealthConnect requirements for security different to those for HIC Online?

Answer:

(a) We do not anticipate that GPs will need to invest in any additional security for HealthConnect purposes, beyond that needed for any small to medium business operating IT systems which connect to the outside world.

(b) The security requirements for HIC Online and Health*Connect* are consistent.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-232

OUTCOME 9: Health Investment

Topic: HEALTH*CONNECT*

Written Question on Notice

Senator McLucas asked:

When will the report on Health*Connect* legal issues be available?

Answer:

The Health*Connect* Legal Issues Report is expected to be available in April 2005.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-234

OUTCOME 9: Health Investment

Topic: HEALTH*CONNECT*

Written Question on Notice

Senator McLucas asked:

(a) What is the split now of policy work on the Health*Connect* trial between HIC and the Department of Health and Ageing?

(b) What role does the Department of Health and Ageing now have with regards to Health*Connect*?

(c) What is the role of the HIC National Implementation Unit in the Health*Connect* project?

(d) What is the role of the Information and Communications Division of DOHA in the HealthConnect project?

Answer:

(a) The Health Insurance Commission (HIC) has no policy role in the Health*Connect* trial. Policy work on the Health*Connect* trial is managed jointly between the Department of Health and Ageing, and state and territory health departments.

(b) The department continues to play a leading role in the development of Health*Connect*, such as working collaboratively with all stakeholders, including states and territories to achieve the implementation of Health*Connect* across Australia.

(c) The role of the HIC National Implementation Unit is currently being negotiated.

(d) This is addressed in detail in the response to question E05-235.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-235

OUTCOME 9: Health Investment

Topic: HEALTH*CONNECT* – ICD RESTRUCTURE MEASURES

Written Question on Notice

Senator McLucas asked:

What staff recruitment/redundancy/restructure measures have occurred in the Information and Communications Division as part of the Health*Connect* project?

Answer:

Restructure

In December, the Boston Consulting Group (BCG) were asked by the Department of Health and Ageing Executive to review the existing support model (role, responsibilities and resources) provided by the Information and Communications Division (ICD) to the Health*Connect* project and other E-health initiatives. The review was prompted by a significant maturing of the e-health environment in Australia, and the need to consider the most appropriate role for the department in this new environment.

Following the BCG review the department undertook a comprehensive consultation process on the BCG recommendations within ICD, with key departmental stakeholders and with external stakeholders. As a result of this feedback the department's Executive have taken a number of decisions which will result in the disbanding of the Information and Communications Division, with its ongoing work transferred to other departmental units. In summary, these changes are:

- the establishment of a new small E-Health Implementation Group, which will have the implementation of Health*Connect* as its prime focus

- a range of e-health policy functions, and several e-health projects, will move to Health Services Improvement Division.

- two sections that work on health sector performance data, and the secondary uses of data, will move to the Economic and Statistical Analysis Branch in Portfolio Strategies Division. The intention is to create a more consistent approach across the department to its use and development of health sector performance data.

The transfer of responsibility for a small number of functions to the National E-Health Transition Authority is also under discussion.

Redundancy

It is not yet clear whether there will be any redundancies resulting from these changes.

Recruitment

Any vacancies will be filled in accordance with the department’s Staff Selection Guidelines.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-236

OUTCOME 9: Health Investment

Topic: HEALTH*CONNECT*

Written Question on Notice

Senator McLucas asked:

Is the National Implementation Unit in HIC responsible for determining policy issues such as privacy and other consumer-related issues with regard to Health*Connect*? If not which agency/unit is doing this work?

Answer:

The Health Insurance Commission National Implementation has no policy role with regard to Health*Connect*. The department, in close consultation with the Attorney-General's Department, state and territory governments, the Federal Privacy Commissioner and state and territory equivalents, has carriage of national arrangements around privacy and other consumer-related issues.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-237

OUTCOME 9: Health Investment

Topic: HEALTH*CONNECT*

Written Question on Notice

Senator McLucas asked:

Which department or agency body is doing the work liaising between the Federal Government and state governments concerning Health*Connect*?

Answer:

The department continues to work with all state and territory governments concerning Health*Connect*.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-238

OUTCOME 9: Health Investment

Topic: HEALTH*CONNECT*

Written Question on Notice

Senator McLucas asked:

(a) How will decisions about who is an 'authorised user' and who has access to these health records be made and how is this policy being developed?

(b) Have safeguards been agreed to regarding consumer protections and privacy issues?

Answer:

(a) Decisions about who is an 'authorised user' and who has access to a consumer's Health*Connect* record will be determined as part of the consultations for Health*Connect*. The policy is being developed by the Department of Health and Ageing in consultation with states and territories, consumer health groups, health care providers and the Federal Privacy Commissioner.

(b) National arrangements relating to consent and privacy are currently under development in consultation with key stakeholder groups.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-240

OUTCOME 9: Health Investment

Topic: HEALTH*CONNECT*

Written Question on Notice

Senator McLucas asked:

What approaches have been made to state governments concerning the funding of the Health*Connect* project? Which agency/department is doing this work?

Answer:

Australian Government funding of $128.3 million has been made available for the implementation of Health*Connect* in Tasmania, South Australia and the Katherine Region of the Northern Territory in the period 2004-08. The Department of Health and Ageing is currently in negotiations with those states and the Northern Territory. Discussions have commenced with the other states and the Australian Capital Territory concerning their involvement in the implementation of Health*Connect*.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-162

OUTCOME 9: Health Investment

Topic: GP SECURITY UPGRADES AND HEALTH*CONNECT*

Hansard Page: CA 60

Senator Forshaw asked:

What is the average cost for a GP to provide the security upgrade that will be needed for Health*Connect*?

Answer:

GPs will need to invest in IT security consistent with any small to medium business operating environment, however the size of the business will affect the final cost to individual businesses.

Given the duty of care for patient confidentiality and health information privacy, the department is actively assisting GPs to upgrade the security of their practices through the following programs:

- supporting the General Practice Computing Group in developing security guidelines for general practice; and
- The Broadband for Health program, which is subsidising the take-up of broadband internet services to GPs. Currently the subsidised services include virus scanning, SPAM filtering and firewall services as standard. In the 2004-05 financial year subsidies range from $1,600 to $5,500 per year per practice depending on location and service type.

These initiatives will ensure that GPs are able to operate within Health*Connect* securely.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-181

OUTCOME 9: Health Investment

Topic: MEDI*CONNECT* FIELD TEST - EVALUATION

Written Question on Notice

Senator McLucas asked:

(a) What is happening about the evaluation of the two Medi*Connect* trials in Launceston and Ballarat?

(b) When will these reports be available? Will these be made public?

Answer:

(a) The evaluation of the Medi*Connect* Field Test in Launceston and Ballarat has been completed.

(b) A report summarising the key evaluation results from the Field Test is due to be made publicly available in April 2005.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-197

OUTCOME 9: Health Investment

Topic: OVERSEAS TRAINED DOCTOR MEASURES UNDER STRENGTHENING MEDICARE

Written Question on Notice

Senator McLucas asked:

(a) How many doctors have been recruited in the current campaign? (and how many are actually 'on the ground' working)

(b) Can the department provide a breakdown of the doctors by country of origin and where these doctors have been placed, on a state by state and electorate basis?

(c) How many more are likely to be recruited? What are the department's estimates in this area?

Answer:

(a) As at 14 January 2005, 72 overseas trained doctors (OTDs) had been placed in districts of workforce shortage as a result of new Australian Government recruitment activity. Another 165 OTDs had signed employment contracts and will soon commence work in districts of workforce shortage across Australia.

(b) Table 1 provides information on the countries from which doctors placed have been recruited.

TABLE 1

COUNTRY FROM WHICH OTD RECRUITED	TOTAL OTDs PLACED
Australia	16
Austria	1
Bangladesh	1
Canada	1
Egypt	1
Fiji	1
Holland	2
Iran	1
Iraq	2
Malaysia	2
Mexico	2
Nigeria	2
Pakistan	6
Philippines	1
Singapore	2
South Africa	14
Sri Lanka	2
Sweden	1
Uganda	1
United Kingdom	8
United States of America	1
Yugoslavia	3
Zimbabwe	1
TOTAL	**72**

Table 2 provides information on the number of doctors placed by state/territory.

TABLE 2

STATE	TOTAL OTDs PLACED
QLD	**11**
NSW	**8**
WA	**25**
VIC	**6**
TAS	**2**
NT	**1**
SA	**19**
ACT	0
TOTAL	**72**

Table 3 provides information on the number of doctors placed by Federal electorate.

TABLE 3

FEDERAL ELECTORATE	TOTAL OTDs PLACED
WESTERN AUSTRALIA	
Brand	1
Canning	4
Forrest	2
Fremantle	1
Hasluck	4
Kalgoorlie	5
Pearce	7
Tangney	1
TOTAL	**25**
SOUTH AUSTRALIA	
Adelaide	1
Barker	2
Grey	11
Kingston	1
Port Adelaide	1
Wakefield	3
TOTAL	**19**
NORTHERN TERRITORY	
Lingiari	1
TOTAL	**1**
NEW SOUTH WALES	
Hunter	1
New England	1
Page	1
Parkes	2
Riverina	3
TOTAL	**8**
TASMANIA	
Bass	1
Franklin	1
TOTAL	**2**
QUEENSLAND	
Brisbane	1
Dawson	2
Fairfax	1
Herbert	1
Hinkler	3
Kennedy	1
Leichhardt	1
Rankin/Forde	1

TOTAL	**11**
VICTORIA	
Corio	1
Dunkley	1
Gippsland	1
La Trobe	1
Melbourne	1
Wannon	1
TOTAL	**6**
GRAND TOTAL	**72**

(c) It is estimated that approximately 100 overseas trained doctors will be placed in districts of workforce shortage each year under the international medical recruitment initiative.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-198

OUTCOME 9: Health Investment

Topic: OVERSEAS TRAINED DOCTOR MEASURES UNDER STRENGTHENING MEDICARE

Written Question on Notice

Senator McLucas asked:

Please provide a breakdown in terms of:

(a) Countries that these doctors are from.

(b) Countries where they did their training.

(c) Recruited from overseas vs TPVs extended.

(d) GPs vs specialists, with type of specialities.

(e) Areas where these doctors went to work (by state, electorate and by RRMA)

Answer:

(a) As at 14 January 2005, 72 overseas trained doctors (OTDs) had been placed in districts of workforce shortage as a result of new Australian Government recruitment activity.

Table 1 provides information on the countries from which doctors placed have been recruited.

TABLE 1

COUNTRY FROM WHICH OTD RECRUITED	TOTAL OTDs PLACED (and now working)
Australia	16
Austria	1
Bangladesh	1
Canada	1
Egypt	1
Fiji	1
Holland	2
Iran	1
Iraq	2

TABLE 1 cont.

Malaysia	2
Mexico	2
Nigeria	2
Pakistan	6
Philippines	1
Singapore	2
South Africa	14
Sri Lanka	2
Sweden	1
Uganda	1
United Kingdom	8
United States of America	1
Yugoslavia	3
Zimbabwe	1
TOTAL	**72**

(b) Table 2 provides information on country of primary medical training for these doctors.

TABLE 2

COUNTRY OF PRIMARY MEDICAL TRAINING FOR OTDS PLACED	TOTAL
Austria	1
Bangladesh	1
Canada	1
Egypt	1
Fiji	1
Ghana	1
India	18
Iran	1
Iraq	2
Malaysia	2
Mexico	2
Netherlands	4
Nigeria	2
Pakistan	6
Philippines	2
Russia	1
Singapore	2
South Africa	8
Sri Lanka	1
Sweden	1
Uganda	1
United Kingdom	8
United States of America	1
Yugoslavia	3
Zimbabwe	1
TOTAL	**72**

(c) Sixteen of the 72 overseas trained doctors placed under this initiative were recruited from within Australia, with the remaining 56 doctors being recruited from overseas. None of the 72 overseas trained doctors placed under this initiative held an Australian temporary protection visa when recruited.

(d) Table 3 provides information on the number of general practitioners and specialists, by area of medical speciality.

TABLE 3

GPs PLACED	SPECIALISTS PLACED	AREA OF MEDICAL SPECIALITY	TOTAL OTDS PLACED BY AREA OF SPECIALTY
60	12	Anaesthesiology	3
		Cardiology	2
		General Surgery	2
		Obstetrics and Gynaecology	2
		Paediatrics	1
		Radiology	2
		TOTAL	**12**

(e) Table 4 provides information on the number of doctors placed who are general practitioners and specialists and their location by state/territory.

TABLE 4

STATE	TOTAL OTDs PLACED
QLD	**11**
NSW	**8**
WA	**25**
VIC	**6**
TAS	**2**
NT	**1**
SA	**19**
ACT	0
TOTAL	**72**

Table 5 provides information on the number of doctors placed by Federal electorate.

TABLE 5

FEDERAL ELECTORATE	TOTAL OTDs PLACED
WESTERN AUSTRALIA	
Brand	1
Canning	4
Forrest	2
Fremantle	1
Hasluck	4
Kalgoorlie	5
Pearce	7
Tangney	1
TOTAL	**25**

SOUTH AUSTRALIA	
Adelaide	1
Barker	2
Grey	11
Kingston	1
Port Adelaide	1
Wakefield	3
TOTAL	**19**
NORTHERN TERRITORY	
Lingiari	1
TOTAL	**1**
NEW SOUTH WALES	
Hunter	1
New England	1
Page	1
Parkes	2
Riverina	3
TOTAL	**8**
TASMANIA	
Bass	1
Franklin	1
TOTAL	**2**
QUEENSLAND	
Brisbane	1
Dawson	2
Fairfax	1
Herbert	1
Hinkler	3
Kennedy	1
Leichhardt	1
Rankin/Forde	1
TOTAL	**11**
VICTORIA	
Corio	1
Dunkley	1
Gippsland	1
La Trobe	1
Melbourne	1
Wannon	1
TOTAL	**6**
GRAND TOTAL	**72**

Table 6 provides information on the location of the doctors by Rural, Remote and Metropolitan Areas (RRMA) classification: RRMA 1 - capital cities; RRMA 2 - other metropolitan locations; RRMA 3 - larger rural centres; RRMA 4 - smaller rural centres; RRMA 5 - other rural areas; RRMA 6 - remote centres; and RRMA 7 - other remote areas.

TABLE 6

RRMA LOCATION	TOTAL OTDs PLACED
RRMA 1	**22**
RRMA 2	**2**
RRMA 3	**16**
RMMA 4	**12**
RRMA 5	**9**
RRMA 6	**5**
RRMA 7	**6**
TOTAL	**72**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-199

OUTCOME 9: Health Investment

Topic: OVERSEAS TRAINED DOCTOR MEASURES UNDER STRENGTHENING MEDICARE

Written Question on Notice

Senator McLucas asked:

(a) How much has been spent on this program to date?

(b) Please provide a breakdown in terms of:

(i) Spending on recruitment agencies
(ii) Funding to help with training, accreditation, etc
(iii) Spending for other elements of the program eg. Awareness of advertising campaigns?
(iv) How much is spent on overseas awareness campaigns? Please provide a list of ministerial and departmental expenses related to overseas promotion of this program eg. Staff travel, overseas consultancies, accommodation costs, meal costs, mobile phone costs.

Answer:

(a) As at 24 February 2005, $4,533,921 had been spent on the various measures for overseas trained doctors under the Strengthening Medicare package.

(bi) As at 24 February 2005, $2,080,170 had been spent on international medical recruitment strategies for overseas trained doctors under the Strengthening Medicare package.

(bii) As at 24 February 2005, $902,755 had been spent on improved training and additional support programs for overseas trained doctors under the Strengthening Medicare package.

(biii) As at 9 March 2005, $116, 334 had been spent by the Department of Health and Ageing on awareness campaigns to attract overseas trained doctors. $92,631 of this has been for the advertising of two websites developed to attract overseas trained specialists to Australia.

(biv) The department is not able to determine a breakdown of costs for international marketing activities for overseas trained doctors, as the bulk of these activities are funded through payments made to contracted recruitment agencies. These agencies are paid a fee after they have successfully placed an appropriately qualified overseas trained doctor in a district of workforce shortage, which may be the result of advertising in certain developed countries.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-200

OUTCOME 9: Health Investment

Topic: OVERSEAS TRAINED DOCTOR MEASURES UNDER STRENGTHENING MEDICARE

Written Question on Notice

Senator McLucas asked:

Please provide any data on the type and level of recruitment under this program over time; eg since its commencement to the current period.

Answer:

As at 14 January 2005, 72 overseas trained doctors (OTDs) had been placed in districts of workforce shortage as a result of new Australian Government recruitment activity which commenced in March 2004. Another 165 OTDs had signed employment contracts and will soon commence work in districts of workforce shortage across Australia.

Table 1 provides information on the number of doctors placed who are general practitioners and specialists and their location by state/territory.

TABLE 1

STATE	SPECIALISTS PLACED	GPs PLACED	TOTAL OTDs PLACED
QLD	3	8	**11**
NSW	5	3	**8**
WA	1	24	**25**
VIC	0	6	**6**
TAS	0	2	**2**
NT	1	0	**1**
SA	2	17	**19**
ACT	0	0	0
TOTAL	**12**	**60**	**72**

Table 2 provides information on the number of general practitioners and specialists, by area of medical speciality.

TABLE 2

GPs PLACED	SPECIALISTS PLACED	AREA OF MEDICAL SPECIALITY	TOTAL OTDS PLACED BY AREA OF SPECIALTY
60	12	Anaesthesiology	3
		Cardiology	2
		General Surgery	2
		Obstetrics and Gynaecology	2
		Paediatrics	1
		Radiology	2
		TOTAL	**12**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-114

OUTCOME 9: Health Investment

Topic: OVERSEAS TRAINED DOCTOR MEASURES UNDER STRENGTHENING MEDICARE

Hansard Page: CA 42

Senator Forshaw asked:

(a) Can you provide information on the number of GPs and specialists placed under the Government's overseas trained doctor recruitment program, as well as their country of origin, and where they have gone to work?

(b) Can you provide information on expenditure to date on the measures for overseas trained doctors included in the Government's Strengthening Medicare announcements?

Answer:

(a) As at 14 January 2005, 72 overseas trained doctors (OTDs) had been placed in districts of workforce shortage as a result of new Australian Government recruitment activity. Another 165 OTDs had signed employment contracts and will soon commence work in districts of workforce shortage across Australia.

Table 1 provides a breakdown of information on the number of doctors placed who are general practitioners and specialists and their location by state/territory.

TABLE 1

STATE	SPECIALISTS PLACED	GPs PLACED	TOTAL OTDs PLACED
QLD	3	8	**11**
NSW	5	3	**8**
WA	1	24	**25**
VIC	0	6	**6**
TAS	0	2	**2**
NT	1	0	**1**
SA	2	17	**19**
ACT	0	0	0
TOTAL	**12**	**60**	**72**

Table 2 provides information on the location of the doctors by Rural, Remote and Metropolitan Areas (RRMA) classification: RRMA 1 - capital cities; RRMA 2 - other metropolitan locations; RRMA 3 - larger rural centres; RRMA 4 - smaller rural centres; RRMA 5 - other rural areas; RRMA 6 - remote centres; and RRMA 7 - other remote areas.

TABLE 2

RRMA LOCATION	SPECIALISTS PLACED	GPs PLACED	TOTAL OTDs PLACED
RRMA 1	2	20	**22**
RRMA 2	0	2	**2**
RRMA 3	7	9	**16**
RRMA 4	2	10	**12**
RRMA 5	0	9	**9**
RRMA 6	1	4	**5**
RRMA 7	0	6	**6**
TOTAL	**12**	**60**	**72**

Table 3 provides information on the countries from which these doctors were recruited.

TABLE 3

COUNTRY FROM WHICH OTD RECRUITED	TOTAL OTDs PLACED (and now working)
Australia	**16**
Austria	**1**
Bangladesh	**1**
Canada	**1**
Egypt	**1**
Fiji	**1**
Holland	**2**
Iran	**1**
Iraq	**2**
Malaysia	**2**
Mexico	**2**
Nigeria	**2**
Pakistan	**6**
Philippines	**1**
Singapore	**2**
South Africa	**14**
Sri Lanka	**2**
Sweden	**1**
Uganda	**1**
United Kingdom	**8**
United States of America	**1**
Yugoslavia	**3**
Zimbabwe	**1**
TOTAL	**72**

(b) Details of expenditure to 24 February 2005 on the various measures for overseas trained doctors in the Strengthening Medicare announcements are set out in Table 4.

TABLE 4

International recruitment strategies	**$2,080,170**
Changes to immigration arrangements	**$844,500**
Improved training arrangements and additional support programs	**$902,755**
Reduced "red tape" in approval processes	**$399,548**
Assistance for employers and overseas trained doctors in arranging placements	**$306,948**
Total	**$4,533,921**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-070

OUTCOME 9: Health Investment

Topic: LICENSING COMMITTEE MINUTES OF MEETINGS

Written Question on Notice

Senator Harradine asked:

Please provide copies of the minutes of the meetings of the Licensing Committee, for all meetings since copies were last provided.

Answer:

The last minutes of the Licensing Committee provided were those for 8 and 9 June 2004. Since that meeting the Licensing Committee has met on:

- 9 and 10 September 2004;
- 18 October 2004 (as a teleconference); and
- 2 and 3 December 2004.

The minutes of the meetings held during September and October 2004 are attached.

The minutes from the meeting of 2 and 3 December 2004 are attached.

NHMRC LICENSING COMMITTEE

Minutes of the Meeting of 9 and 10 September 2004 Canberra

9.00am to 5.00pm Thursday 9 September 2004
8.30am to 12.30pm Friday 10 September 2004

ATTENDANCE

Members: ..... Secretariat:

Professor Jock Findlay (Chairperson)
Dr Megan Best
Prof Bryan Campbell
Dr Graham Kay
A/Pr Christopher Newell
Dr Julia Nicholls
Dr Helen Szoke
Dr Peter Illingworth
Professor Don Chalmers
Dr Clive Morris
Ms Rhonda Stilling
Dr Alison Mackerras
Mr Phillip Hoskin
Dr Harry Rothenfluh (9 Sept only)
Ms Amy Hendry
Ms Carmel Boyd

Legal Services Branch:
Mr Neil Dwyer

Apologies:
None

Item 1: Opening

The meeting commenced at 9.00am on Thursday 9 September 2004.

Item 1.1: Apologies

There were no apologies for the meeting.

Item 1.2: Confidentiality and Conflict of Interest

Members were reminded of their obligations in respect of confidentiality and conflict of interest.

Item 1.3: Confirmation of Agenda

Members noted that the Minister for Ageing would not be attending the meeting.

Item 1.4: Chairman's Report

The Chairman informed members that he will be attending the Fertility Society of Australia conference in Adelaide on 11-13 October 2004.

A copy of the Licensing Committee Chair's Report to Council for its meeting of 16 and 17 September 2004 was tabled at the meeting.

Members noted that Dr Megan Best has resigned from the Committee effective 10 December 2004.

Item 1.5: Out of Session Items

Members noted out of session decisions made by the Committee since the June meeting.

Item 2: Minutes of the Meeting of 8 & 9 June 2004

The minutes of the June meeting were endorsed.

Item 2.1: Action Arising

The table detailing progress on action arising from the meeting of 8 and 9 June 2004 was noted.

Item 3: NHMRC Activities

Item 3.1: Council Activities

The Executive Director of the Centre for Compliance and Evaluation updated Members on the activities of Council.

Members noted the report provided by the Council Secretariat.

Item 3.2: Report by AHEC Representative

Prof Campbell informed Members about work undertaken by AHEC since the June meeting of the Licensing Committee. Members also noted the AHEC Chair's Report to Council for 16 and 17 September 2004.

A copy of the revised draft of the "Ethical guidelines on the use of assisted reproductive technology in clinical practice and research" was tabled at the meeting and Professor Campbell provided an update on progress toward finalisation of the document.

The definition of embryo in the RIHEA was discussed in this context. Secretariat was asked to prepare a discussion paper for consideration as part of the Committee's development of a submission to the Review of the RIHEA.

The Licensing Committee was invited to participate in the workshop sessions that are to be included as part of the 2005 National Ethics in Human Research Conference on 12-13 May 2005.

Decision:

Secretariat to prepare a discussion paper on the definition of embryo for consideration at the December meeting.

Consider participation in the workshop sessions that are to be included as part of the 2005 National Ethics in Human Research Conference on 12-13 May 2005.

Item 3.3: Privacy Working Group

Members noted the update on the NHMRC Privacy Working Group. Secretariat was asked to forward the executive summary to members once the report has been to Council.

Item 3.4: Consumers' Health Forum

Members noted the report and update from Associate Professor Christopher Newell, who is a member of the Forum.

Item 4: 4th Biannual Report to Parliament

Members were updated on the progress of the drafting of the 4th Biannual Report to Parliament. The draft report will be sent to the Committee for input in early October.

Item 5: Business Plan 2003-05

The Committee endorsed the Licensing Committee's draft Business Plan with some minor changes. The Business Plan will now be forwarded to Council for consideration.

The Committee also suggested some changes to the Performance Management Framework.

Decision:

Business Plan endorsed.

Item 6: Interim Advice on Likelihood of Significant Advance / Number of Embryos

The Committee endorsed the revised draft of the interim advice. The document will now be placed on the NHMRC website and distributed to stakeholders for comment by 30 October 2004.
This item is to be kept on the agenda to include further discussion about the number of ESC lines.

Decision:

Place interim advice on the NHMRC website and seek feedback from stakeholders by end October 2004.

Item 7: Criteria for Establishment of Stem Cell Lines

The Committee noted the difficulties in developing fixed criteria for establishment of stem cell lines. It was agreed that the applicant should state their own criteria (refer Interim Advice on Likelihood of Significant Advance / Number of Embryos) and that each application will be dealt with on a case-by-case basis.

Secretariat was asked to seek advice from international stem cell banks prior to the December meeting of the Committee.

Decision:

It was agreed that the applicant should state their own criteria in accordance with Interim Advice on Likelihood of Significant Advance / Number of Embryos, and that each application will be dealt with on a case-by-case basis.

Secretariat to seek advice from stem cell banks, NIH (registry), Alan Pettigrew

Item 8: Update of Information Kit

The Committee noted progress with the update and revision of the information kit and that a draft will be forwarded to Members for consideration out of session.

Decision:

Secretariat to forward a copy of draft information kit to Members for consideration out of session.

Item 9: ..... Communications

The Committee considered the draft Communication plan and agreed that the Communications Working Party would progress the implementation strategy via a teleconference out of session. This will include the preparation of a second information bulletin.

Decision:

The Communications Working Party will hold a teleconference to draw up an implementation plan for the Committees, including preparation of a second information bulletin.

.....

Item 10.1: Information Exchange Visits

The Chief Inspector briefed the Committee on activities undertaken since the June 2004 meeting.

Decision:

Chief Inspector to provide a paper on the HREC visits to the Committee.

Item 10.2:. Development of Compliance and Communication Arrangements with Tasmania

The Committee noted the development of communication arrangements with Tasmania.

Item 10.3: Record Audit Inspection of Licence 309709

Members were informed of the Record Audit Inspection for licence 309709 and noted the outcomes of the inspection.

Secretariat was asked to write to all licence holders to remind them of the requirements of proper consent and to include this issue in the next information bulletin.

Decision:

Write to all licence holders to remind them of the requirements of proper consent and include this issue in the next information bulletin.

Item 10.4: Monitoring Inspection of Licence 307903

Members noted the Monitoring Inspection for licence 309703.

Item 11. Standard Conditions for the Use of Excess ART Embryos

The Committee discussed the extra condition to be added to the Standard Conditions. The Secretariat will redraft in consultation with Legal Services Branch to address the Committee's concerns and bring back to the December Licensing Committee meeting.

Decision:

Secretariat and Legal Services Branch to redraft extra Standard Condition for December meeting.

Item 12: Consideration of Applications

The Chair declared a possible conflict of interest for one of the applications. This was dealt with in accordance with NHMRC procedures.

Item 12.1: Application - 309708

Members at the meeting undertook redrafting of special conditions. The revised licence will now be referred to legal services and finalised out of session.

Decision:

The Committee agreed in principle to the changes and referred the new draft to legal services. Secretariat to send to the Licensing Committee for out-of-session approval via teleconference on 18 October 2004.

Item 12.2: Application – 309707

The Committee noted an inconsistency between the consent documentation received from the applicant and the LC/AHEC interim advice on consent. The Committee agreed in principle to issue a licence, once the consent documents are revised and final approval has been received from relevant HRECs, The matter will be considered further at the teleconference on 18 October 2004

Decision:

Applicant to be asked to address concerns raised by the Committee. To be included on the agenda for the 18 October 2004 teleconference.

Item 12.3: Application - 309700, 309705

The Committee agreed to request more information from the applicant and discussed the requirements of a licence for these applications

Decision:
The Committee requested Secretariat to request more information and agreed that Secretariat could commence drafting a licence.

Item 13: Variations of Licences

Item 13.1: 309701, 309702A, 309702B and 309703

The Committee accepted the covering letters explaining the links between various projects. The Committee found that the revised consent process did not accurately reflect the requirements of the AHEC guidelines in areas such as a cooling-off period, inspector access, outcomes of the research and publications. The Licensing Committee agreed that embryos used in the studies authorised by licence 309702A could be analysed by the methods described in 309702B, and approved the resulting change. The addition of several additives to the growth studies of 309702A was approved, pending results from mouse studies and confirmation of approval by the HREC. The variation permitting the transfer of embryos from 309702A and 309702B into 309703 was also approved. These variations are to be approved following legal advice on wording of varied conditions.

The licence holder requested changes be considered to the consent forms for 309703 to include the future uses of cell lines. The Committee requested information from GTRAP, evidence of the HREC consideration of this proposal and more information from the licence holder before a final decision could be reached.

Decision:
Secretariat to write to the licence holder requesting the suggested changes to the consent process. Secretariat to work with Legal Services to clarify wording of the approved draft special conditions. Secretariat to advise licence holder that proper consent needs to be specific to licences. Secretariat to seek advice on future therapeutic use of cell lines.

Item 14: Information Items

Item 14.1: Notification of Consent Received

The Committee noted the number of consents received to date and suggested adding a column on the spreadsheet to include the number of excess embryos authorised by licence.

Item 14.2: Progress on Development of Database

Progress on the development of the database was noted.

Item 14.3:..... Review of Legislation

Members noted the update on arrangements for the review of the legislation and discussed the Licensing Committee's submission to the Review. The Committee would like to see the terms of reference. Dr Clive Morris will develop a framework for a submission on behalf of the Committee and bring it back to the December meeting.

Item 14.4:..... Visit by CEO of UK HFEA

The Committee was informed of the visit of the CEO of HFEA and discussed what information could be gained from the visit.

Item 14.5:..... NHMRC Website Redevelopment

Members noted the redevelopment of the NHMRC website.

Item 15:..... Other Business

Item 15.1: Licensing Committee meetings for 2005

Members confirmed the Licensing Committee meetings for 2005.

Conclusion of Meeting

The meeting concluded at 12.30pm on Friday 10 September 2004.

Minutes of Teleconference 18th October

Attending members

Chair	Professor Jock Findlay	Helen Szoke	Megan Best
	Julia Nicholls	Don Chalmers	Christopher Newell
	Peter Illingworth	Graham Kay	Bryan Campbell

Secretariat	Clive Morris	Neil Dwyer	Phillip Hoskin
	Alison Mackerras	Jennifer Simpson	Martin Boling

Meeting convened at 2.05pm

Item 1 – Consideration of licence conditions for 309708

After discussion members **agreed** to the amendments in 9101, 9105 (9) 9201 proposed by Legal Services Branch in the draft circulated on 18 October 2004.

With respect to condition 9106, after further discussion it was **agreed** to accept suggestion the amendment from Legal Services Branch but to further amend the sequence in the opening sentence viz:

No excess ART embryos may be removed from cryostorage and thawed after the Diabetes Transplant Uni has reported to the licence holder that it has established 6 embryonic stem cell lines according to the following criteria; ……

Dr Best asked if the reporting process in condition 9403 could be simplified so that only one report was required to finalise any cells lines under evaluation. Members **agreed** to leave the condition as it stands but also **agreed** to reconsider the issue at a later date if necessary.

Decision

The members **agreed** that the licence with these changes could be issued.

Item 2 – Sydney IVF variations

Members were in agreement that the responses from Sydney IVF did not fully address the concerns of the committee.

Members **agreed** that:

- The Secretariat should prepare a letter to Sydney IVF requesting additional information to clarify the (what the committee is being asked to approve in regard to the additional blood samples) and advising that a response directly from the HREC Chair is required. This letter will be available for Megan Best and the Working Party members to review before it is dispatched.
- For 309702A Condition 9502 that there should be a new sub paragraph (c) to ensure that there is an OK go ahead ie that the WP of the Committee should review the report before there is any further progress.
- All the Participant Information documents would be better if amended to remove the paragraph:

If it sounds straightforward … in the reply-paid envelope.
This proposal arises because it is necessary for the couple to receive both the letter and the phone call.

- The letter to the couple may also be amended: to reflect that it may be necessary in the future to provide further blood tests; advise them they maybe approached again to give further consent; and they have an option of refusing to have more blood tests.

Decision

The members **agreed** that the variations will be approved if Sydney IVF agrees to these changes.

Item 3 – Monash University 309707 – Progress report

The Chair Professor Jock Findlay declared a conflict of interest and took no part in the ensuing discussion. Professor Don Chalmers took over as Chair for this item.

Decision

The members **agreed** that the Committee should write to Monash University advising receipt of the letter with their amendments, reminding them of the date of the next Licensing Committee meeting and the need to receive the remaining information before that date and that subject to a satisfactory response, a licence may be issued before the end of 2004.

Item 4 – Monash IVF 309700, 309705

Professor Don Chalmers relinquished the Chair to Professor Jock Findlay.

Decision

The members **noted** that the letter to Monash IVF is still being prepared. It was **agreed** that the draft letter should be reviewed by the Working Party members Megan Best and Peter Illingworth.

Item 5 – Definition of Embryo

Professor Jock Findlay advised the members that as expected the NHMRC had asked the Committee to prepare a report on the scientific definition of embryo to inform the Council and the Review of the Research Involving Human Embryos Act.

Decision

Members **agreed** to establish a Working Party of three Committee members – Jock Findlay, Peter Illingworth and Graham Kay – and to supplement the WP with three other Australian appointees. SIRT would be approached make nominations and Graham Kay would also provide additional names of developmental biologists.

- Secretariat will draft a letter to SIRT.
- The WP will undertake a review of the scientific literature.
- A draft report will be written for wide consultation.
- Secretariat will provide names for the Working Party and Terms of Reference to the December ’04 meeting of the Licensing Committee.
- The Committee will report to the March ’05 meeting of Council.

Other Business

Members noted that it was expected the RTAC Guidelines would be revised by December 2004.

Dr Morris undertook to advise members when the new Australian Health Ethics Committee ART guidelines are launched.

The meeting finished at 3.05pm.

NHMRC LICENSING COMMITTEE

Minutes of the Meeting of 2 and 3 December 2004
Canberra

9.00am to 5.30pm Thursday 2 December 2004
8.30am to 12.30pm Friday 3 December 2004

ATTENDANCE

Members:

Professor Jock Findlay (Chairperson)
Dr Megan Best
Prof Bryan Campbell
Dr Graham Kay
A/Pr Christopher Newell
Dr Julia Nicholls (2 Dec only)
Dr Peter Illingworth

Secretariat:

Dr Clive Morris
Dr Greg Ash
Dr Alison Mackerras
Mr Phillip Hoskin
Dr Harry Rothenfluh
Ms Amy Hendry
Ms Carmel Boyd
Ms Jennifer Simpson

Legal Services Branch:
Mr Neil Dwyer

Observers:
Mr David Abbott
Mr Nhan Vo-Van

Apologies
Professor Don Chalmers
Dr Helen Szoke

Item 1: Opening

The meeting commenced at 9.00am on Thursday 2 December 2004.

Item 1.1: Apologies

Members noted apologies for the meeting.

Item 1.2: Confidentiality and Conflict of Interest

Members were reminded of their obligations in respect of confidentiality and conflict of interest.

Item 1.3: Confirmation of Agenda

Members noted that the Minister for Ageing would be attending the meeting at 10am Thursday 2 December 2004.

Item 1.4: Chairman's Report

The Chairman informed members that he had attended the following meetings;

The Fertility Society of Australia conference in Adelaide on 11-13 October 2004.

Council on 16 and 17 September 2004 in Perth.

Management Committee on 14 October 2004 in Canberra.

On the12 November 2004 he participated in interviews for a NHMRC Inspector in Canberra.

A copy of the Licensing Committee Chair's Report to Council for its meeting of 9 December 2004 was tabled at the meeting.

Item 1.5: Out of Session Items

Members noted out of session decisions made by the Committee since the September meeting.

Item 2: Minutes of the Meetings

The minutes of the September meeting and the Teleconference held on 18 October 2004 were endorsed with minor changes.

Item 2.1: Action Arising

The table detailing progress on action arising from the meeting of 9 and 10 September 2004 was noted.

Item 3: NHMRC Activities

Item 3.1: Council Activities

Members noted the report provided by the Council Secretariat.

Item 3.2: Report by AHEC Representative

Prof Campbell informed members about work undertaken by AHEC since the September meeting of the Licensing Committee.

Professor Campbell provided an update on progress toward finalisation of the "Ethical guidelines on the use of assisted reproductive technology in clinical practice and research" which Council endorsed at its September meeting. The Licensing Committee will be invited to provide input into discussion on the National Statement

Item 3.3: Interaction with GTRAP

Members were informed of developing issues with GTRAP and AHEC regarding stem cell research. The Committee noted that the Secretariat would keep them up to date on these issues.

Item 3.4: Privacy Working Group

Members noted the final report from the NHMRC Privacy Working Group.

Item 3.5: Secretariat Activities

Members noted the verbal report given by Dr Clive Morris on the restructure of the Centre for Compliance and Evaluation and other activities undertaken by the Secretariat.

The Centre for Compliance and Evaluation will coordinate all stem cell matters within the NHMRC.

Decision:

Secretariat to provide new contacts and structure of the Centre for Compliance and Evaluation to Members

Item 4: 4th Biannual Report to Parliamen

Members were updated on the progress of the 4th Biannual Report to Parliament. The Secretariat was asked to provide Members with feedback on how the secretariat had dealt with their comments. It was agreed that the Chair would review Members comments in future.

Members requested the inclusion of authorised numbers of embryos and number of embryos used in the next report.

Decision:

Secretariat to provide Members with feedback on their contributions to the report.

A summary of the numbers of embryos authorised for use and the reported number of embryos used to be included in the next report.

Item 5: Budget

The Committee discussed several options for the allocation of the Licensing Committee's budget. The Secretariat was asked to look into the options that were put to the Committee and to report back at the March meeting. Members commented on the options and prioritising them as follows:

1. Initiate a collaborative project with the National Perinatal Statistics Unit of the Australian Institute of Health and Welfare.

2. Engage a consultant to assist with preparation of the NHMRC's submission to the Reviews of the legislation.

3. Initiate projects or engage a consultant to implement the communication initiatives.

4 Support the Working Committee to develop advice for Council on the scientific definition of embryo (agenda item 10).

One of the members declared a possible conflict of interest with one of the options put to the committee. This was dealt with in accordance with NHMRC procedures.

Decision:

The Secretariat was asked to further investigate the possibilities discussed and report to the March meeting.

Item 6: Licence Considerations

The Chair declared a possible conflict of interest for one of the applications. This was dealt with in accordance with NHMRC procedures. Dr Peter Illingworth chaired the meeting for this item.

Item 6.1 Standard Conditions - Relating to Licence Holders ability to meet their licence obligations

The Committee discussed the obligations of a licence holder should it declare itself financially (or for any other reason) unable to continue with the licensed activity and what would become of the excess ART embryos for which proper consent had been obtained. This matter was further discussed at Agenda Item 7.3, and Members agreed that these situations should be dealt with on a case-by-case basis.

There was further discussion on whether the Standard Conditions should be amended to require Licence Holders to have a contingency plan for consented excess ART embryos should the Licence Holder be in a situation where they are, for any reason, unable to fulfil their licence conditions. This matter is to be further considered at the March meeting.

Decision:

The Secretariat to draft words for possible inclusion in the Standard Conditions relating to obligations on Licence Holders for dealing with excess ART embryos for which consent for research has been obtained.

Item 6.2: Application 309707

The Committee approved in principle the issue of a licence to the applicant, subject to satisfactory finalisation of licence conditions. For the purpose of licence conditions, the Committee determined that the applicant may thaw up to 200 embryos in connection with this project. When the stated goal of 20 characterised embryonic stem cell lines is achieved the applicant is not permitted to thaw any more embryos.

With respect to the requirements of Section 21 of the *Research Involving Human Embryos Act 2002*, subject to the above, the Committee:

- decided to issue a licence (21(2));
- was satisfied that appropriate protocols are in place to obtain proper consent (21(3)(a)(i)) and ensure compliance with any restrictions on that consent (21(3)(a)(ii));
- noted that only embryos created before 5 April 2002 will be used (2(3)(b));
- was satisfied that the activity had been considered and approved by an HREC in accordance with 21(3)(c);
- had regard to restricting the number of embryos (21(4)(a))
- had regard to the likelihood of the activity being a significant advance in knowledge or improvement in technologies (21(4)(b));
- had regard to the relevant guidelines and the HREC assessment of the proposed activity (21(4)(c) and 21(4)(d)).

Decision:

Finalise licence conditions and issue licence 309707.

Item 6.3: Applications 309700, 309705

The Committee considered new information received for applications 309700 and 309705. The Committee agreed that the most effective way to resolve the remaining issues was to provide the applicant with a draft licence that reflected the Committee's views and to base further discussions on the proposed licence conditions.

Decision:

Secretariat to send draft licence to applicant.

Item 6.4: Variations – 309702A, 309702B and 309703

Members noted that the licence holder has made the requested changes to the consent documents and has gained HREC approval for these documents. The Committee also noted the withdrawal of the request to vary 309703 with respect to requiring ongoing contact with embryo donors. The Committee expressed concern about data provided to support the application to vary 309702A with respect to the components of the culture medium. The working party was requested to contact the licence holder to work through concerns and report to the Committee at an out of session teleconference. The Committee has approved variations to 309703 and 309702B with respect to possible transfer of embryos between the two projects.

Decision:

Secretariat and working party to contact the licence holder regarding variation request for 309702A and report back to Committee at teleconference.

Approve variations to Licences 309703 and 309702B.

Item 6.5: Contingency plan for end of current licences

The Committee discussed the issues raised by the Secretariat about the end date for all licences coinciding. This would be logistically challenging for the inspectors to do end of licence inspections. It could also make it difficult for some licencees to complete the projects. The Committee agreed to consider extending the licence end dates to a maximum of three years from the date of issue, noting that some applicants have requested shorter periods.

Decision:

The Committee agreed to investigate the possibility of extending the licence end dates to three years from the date of issue, or to a date specified by the applicant in the application.

Item 7: Compliance and Evaluation

Item 7.1: Information Exchange visits

The Chief Inspector briefed the Committee on information exchange visits undertaken since the September 2004 meeting and target audiences for future visits.

Item 7.2: Update on the Compliance Communication Arrangements with States and Territories

Members were informed that MOU arrangements with the States and Territories were about to begin. The Monitoring and Assessment section undertook to provide the Committee with an update at the March 2005 meeting.

Decision:

The Monitoring and Assessment section undertook to provide the Committee with an update at the March 2005 meeting**.**

Item 7.3: Insolvent Licence Holder Inspection

Members discussed a check list developed by the Monitoring and Assessment Section for inspecting insolvent licence holders, as one example of a situation where a licence holder may not be able to meet their licence obligations. Members asked that the parts of this check list relating to financial audits be removed and that the check list be used as a template for dealing with such situations on a case-by-case basis.

Item 7.4: RMA Investigation

The Committee noted that the RMA investigation had been concluded and signed off by the Chair.

Item 7.5: Report on Records Audit Inspection - 309708

A full copy of the report was made available to the Committee. Members noted the report.

Item 7.6: Report on Monitoring Inspection 309709

Members were informed of the Monitoring Inspection for licence 309709 and noted the outcomes of the inspection.

Item 8: Six monthly compliance reports

Members asked that the reporting spreadsheets received from Licence holders are included in the next agenda item for each Licence behind the summary. Members noted the report on Licences 309701, 309702A, 309702B, 309703, 309704, 309709.

Item 9: Review of Legislation

Members noted the update on arrangements for the review of the legislation and discussed the Licensing Committee's submission to the Review. The Committee would like to see the terms of reference. Dr Clive Morris will develop a framework for a submission on behalf of the Committee and bring it back to the March 2005 meeting.

Item 10: Definition of Embryo

In response to a request from Council for advice on the biological definition of 'embryo', the Committee had previously agreed to set up a technical working party. The initial membership of the working party was Professor Findlay, Dr Illingworth and Dr Kay, with potential external experts to be agreed following consultations with SIRT. Secretariat will write to the experts nominated by SIRT to seek their availability to assist with the development of advice on the scientific definition of an embryo.

Decision:

Working Party to meet in January/February 2005 and report back to the March meeting.

Item 11. Update of Information Kit

The Committee noted progress with the update and revision of the information kit and that a draft will be forwarded to Members for consideration out of session.

Decision:

Secretariat to forward a copy of draft information kit to Members for consideration out of session. Once endorsed, it will be placed on the NHMRC web page

Item 12: Communications

The Committee endorsed the Communication plan and second bulletin subject to changes suggested by the members. An implementation strategy will be developed for the March meeting based on item 5.

Decision:

The Committee endorsed the Communication plan and second bulletin subject to changes suggested by the members.

Secretariat to develop an implementation strategy for March meeting.

Item 13: Interim Advice on Likelihood of Significant Advance / Number of Embryos

The Committee noted the responses from stakeholders on the interim advice and agreed to incorporate one suggestion from GTRAP. The document will now be renamed as procedural guidance and placed on the website.

Item 14: Consequences of Council's adoption of 2004 ART Guidelines

Members noted that Council had adopted the 2004 ART Guidelines and that the regulations of the *Research Involving Human Embryos Act 2002* would be amended to incorporate the new guidelines.

Item 15: Sunset Clause

The Committee discussed the matter of the sunset of paragraphs 21(3)(b) and 24(1)(c) of the RIHE Act on 5 April 2005 and what plan of action to take on this matter. The Committee would like the Secretariat to investigate the average age of an embryo when it is declared excess and to develop an action list for the March

meeting. It was suggested that the Committee write to IVF clinics reminding them of the requirements of the legislation.

Decision:

Secretariat to investigate the average age of an embryo when it is declared excess.

Secretariat to develop an action list relating to the sunset provisions for consideration at March 2005 meeting.

Secretariat to draft a letter to IVF clinics reminding them of the requirements of the legislation.

Item 16: Update on Database

Progress on the development of the database was noted.

Item 17: Other Business

Members were asked to consider changing the December 2005 meeting dates as one member would not be available for the dates as they stand. The 23rd and 24th of November 2005 were offered as alternative dates subject to the consideration of all Committee Members.

Decision:

Change meeting dates for the December 2005 meeting to 23 and 24 November if suitable for all members.

It was noted that this would be Dr Best's last meeting. The Chair, on behalf of the Committee and the Secretariat thanked Dr Best for her contributions over the past 2 years and wished her and her family a happy and successful visit to the UK in 2005.

Conclusion of Meeting

The meeting concluded at 12.00pm on Friday 3 December 2004.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-111

OUTCOME 9: Health Investment

Topic: RE-ENTRY SCHEME COVERING MEDICAL SPECIALISTS

Hansard Page: CA 39

Senator Moore asked:

Can you provide me with the following information in relation to the specialist workforce re-entry scheme – the estimated number of program participants, the actual number of program participants to date, and the number of specialists who have applied to enter the program?

Answer:

At the time the specialist re-entry measure was announced as part of the Strengthening Medicare initiatives it was estimated that 53 specialists would participate in the program in the period to June 2007.

In the period since June 2004 when the program commenced three specialists have completed a re-entry program, while a further three specialists are currently participating in such a program. Additionally, two specialists have signed to undertake a program in the near future, and discussions are being undertaken with a further three specialists.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-112

OUTCOME 9: Health Investment

Topic: SPECIALIST SHORTAGES

Hansard Page: CA 41

Senator Denman asked:

Do you have a breakdown state by state of the shortage of medical specialists?

Answer:

The Australian Medical Workforce Advisory Committee (AMWAC) periodically undertakes reviews of specific medical workforces. AMWAC is an independent national body that was established to advise on medical workforce matters, including workforce supply, distribution and future requirements. In looking at workforce supply, AMWAC considers both the national context and the situation in individual states and territories.

AMWAC has examined twenty three specialist medical workforces in detail over the past ten years. Twenty two of these have identified the need for some additional training places to meet emerging needs in the specialties concerned.

More detailed information about the AMWAC reviews is available on its website http://amwac.health.nsw.gov.au/amwac/reports.html

Information on specific medical specialist workforce reviews may be viewed at:

Obstetrics and Gynaecology
http://amwac.health.nsw.gov.au/amwac/pdf/obs_gyn_20042.pdf
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/obsgyn_19986.pdf

Emergency Medicine
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/emmed_1stup_20036.pdf
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/emmed_19971.pdf

Pathology
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/pathology_2003.5.pdf

Anaesthesia
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/anaesthesia20015.pdf
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/anaesthesia1996.3.pdf

Radiology
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/radiology20014.pdf

Medical and Haematological Oncology
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/medicaloncology20012.pdf

Cardiothoracic Surgery
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/cardiothoracic20011.pdf

Gastroenterology
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/gastro_2004.pdf

Neurosurgery
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/neurosurgery.pdf

Thoracic Medicine
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/thoracic_medicine_2000.1.pdf

Psychiatry
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/psychiatrya201999.7.pdf

Cardiology
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/cardiology1999.5.pdf

Orthopaedic Surgery
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/orthopaedicsurgery1stupdate1999.2.pdf
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/orthopaedicsurgery1996.2.pdf

Intensive Care
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/intensivecare1999.1.pdf

Radiation Oncology
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/radonc_19982.pdf

Dermatology
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/dermatology1998.1.pdf

Rehabilitation Medicine
http://amwac.health.nsw.gov.au/amwac/amwac/pdf/rehabmed_19973.pdf

Please note that reports of the reviews of the paediatrics, ear, nose and throat, and opthalmology workforces are also available, and may be viewed through AMWAC's website.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-113

OUTCOME 9: Health Investment

Topic: MORE DOCTORS FOR OUTER METROPOLITAN AREAS MEASURE

Hansard Page: CA 41

Senator Forshaw asked:

Can you provide information on where the doctors who have received assistance under the More Doctors for Outer Metropolitan Areas Program have moved to and where they have relocated from?

Answer:

Attached is a list of Statistical Local Areas that doctors have relocated from and to under the outer metropolitan relocation incentive grant available under the More Doctors for Outer Metropolitan Areas Measure.

The outer metropolitan relocation incentive grant is available to doctors who relocate from relatively well supplied inner metropolitan areas to outer metropolitan areas where there are doctor shortages. Where a Statistical Local Area appears on both the 'from' and 'to' list, it covers both relatively well supplied suburbs and areas of doctor shortage.

Doctors have moved from	
State	**Statistical Local Area**
NSW	Bankstown City
	Baulkham Hills New South Wales
	Blacktown City Sth East
	Blue Mountains City
	Campbelltown City
	Canterbury City
	Fairfield City
	Marrickville New South Wales
	North Sydney New South Wales
	Penrith City
	Pittwater New South Wales
	South Sydney City
	Sutherland Shire New South Wales East
	Sydney City Inner
	Sydney City Remainder
	Waverley New South Wales

Doctors have moved to	
State	**Statistical Local Area**
NSW	Baulkham Hills New South Wales
	Blacktown City North
	Blue Mountains City
	Camden New South Wales
	Hawkesbury City
	Liverpool City
	Penrith City
	Sutherland New South Wales West
	Wollondilly New South Wales
	Wyong New South Wales

Doctors have moved from	
State	**Statistical Local Area**
QLD	Albany Creek
	Aspley
	Bray Park
	Carina
	Chermside
	Clayfield
	Clontarf
	Dakabin-Kallangur. M Downs
	Deception Bay
	Fairfield City
	Holland Park
	Jindalee
	Kedron
	New Farm
	Redcliffe-Scarborough
	Seventeen Mile Rocks
	South Brisbane
	Sunnybank Hills
	Taigum-Fitzgibbon
	Toowong
	Upper Mt Gravatt
	Wooloongabba
	Wynnum

Doctors have moved to	
State	**Statistical Local Area**
QLD	Bald Hills
	Bellbowrie
	Bray Park
	Bribie Island
	Browns Plains
	Burpendgary-Narangba
	Caboolture/Burpengary
	Central Pine West
	Deception Bay
	Doolandella Forest Lake
	Everton Park
	Gold Coast (City: Edens Landing-Holmview)
	Griffen-Mango Hill
	Hills District
	Ipswich City Central
	Ipswich City East
	Morayfield
	Petrie
	Pine Rivers Shire Bray Park
	Redland Shire Thornlands
	Strathpine-Brendale
	Thornlands

SA	Adelaide City
	Burnside City Sth West
	Campbelltown City West
	Charles Sturt City Inner West
	Holdfast Bay City Nth
	Prospect City
	Salisbury City Sth East
	Unley City West
	West Torrens City East

SA	Adelaide Hills District Council Central
	Burnside City Sth West
	Gawler Municipality
	Mitcham City Hills
	Onkaparinga City Hackham
	Onkaparinga City South Coast
	Onkaparinga City Woodcroft
	Salisbury City South-East

TAS	Clarence City

TAS	Clarence City
	Glenorchy City
	Kingborough Municipality Pt A
	Sorell Municipality Pt A

Doctors have moved from	
State	**Statistical Local Area**
VIC	Banyule City Heidelberg
	Bayside City Sth
	Boroondara City Camberwell N
	Boroondara City Kew
	Brimbank City Keilor
	Brimbank City Sunshine
	Frankston City West
	Glen Eira City Caulfield
	Gr Dandenong City Balance
	Gr Dandenong City Dandenong
	Hobsons Bay City Altona
	Hume City Craigieburn
	Kingston City North
	Knox City Nth
	Manningham City West
	Maribyrnong City
	Maroondah City Croydon
	Melbourne City Inner
	Melbourne City Remainder
	Monash City Waverley East
	Monash City Sth West
	MooneyValley City Essendon
	Mornington P'sula Shire West
	Nillumbuk Shire Bal
	Port Phillip City West
	Stonnington City Malvern
	Stonnington City Prahran
	Sunshine
	Whitehorse City Box Hill
	Whittlesea City Sth
	Wyndham City Nth
	Yarra City Nth
	Yarra City Richmond

Doctors have moved to	
State	**Statistical Local Area**
VIC	Banyule City North
	Cardinia Shire Pakenham
	Casey City Berwick
	Casey City Cranborne
	Casey City Hallam
	Casey City South
	Frankston City West
	Greater Geelong City Pt C
	Hobson's Bay City Altona
	Hume City Broadmeadows
	Hume City Craigieburn
	Hume City Sunbury
	Knox City South
	Manningham City East
	Melton Shire Bal
	Melton Shire East
	Mornington P'sula Shire East
	Mornington P'sula Shire South
	Mornington P'sula Shire West
	Nillumbik Shire South
	Nillumbik Shire Sth West
	Whittlesea City South
	Wyndham City North
	Wyndham City South
	Wyndham North
	Yarra Ranges Shire Central
	Yarra Ranges Shire Sth West

WA	Bayswater City
	Fremantle City Remainder
	Gosnells City
	Joondalup City Sth
	Kwinana Town
	Melville City
	Perth City Remainder
	Swan City

WA	Canning City
	Cockburn City
	Gosnells
	Gosnells City
	Joondalup City North
	Joondalup City South
	Kalamunda
	Kalamunda Shire
	Kwinana Town
	Rockingham City
	Swan City
	Wanneroo City Nth West

ACT	Greenway

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ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-159

OUTCOME 9: Health Investment

Topic: TASMANIAN HEALTH*CONNECT* TRIAL

Hansard Page: CA 50

Senator Barnett asked:

(a) How many practices were involved in the 80 per cent utilisation rate by GPs?
(b) Do you have a list of key stakeholder groups and advisers?

Answer:

(a) 23 GP practices in Southern Tasmania were participating in the Health*Connect* trial at the end of November 2004.

(b) List of Tasmanian Health*Connect* key stakeholder groups and advisers:

- People aged 18 years and over with either type 1 or type 2 diabetes
- Private providers from general practice, podiatry, optometry, ophthalmology, diabetes education, anaesthesia and pharmacy
- Royal Hobart Hospital clinicians and allied health
- Tasmanian General Practice Division
- Southern Tasmanian Division of General Practice
- Tasmanian Department of Health & Human Services
- Australian Government Department of Health & Ageing
- Diabetes Australia (Tasmania)
- Society of Hospital Pharmacists
- Pharmaceutical Society of Australia (Tasmania)
- The Pharmacy Guild (Tasmania)
- Tasmanian Podiatry Association
- Tasmanian Optometry Association
- Consumers Health Forum Association.

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ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-160

OUTCOME 9: Health Investment

Topic: HEALTH*CONNECT* TRIALS - KEY OUTCOMES

Hansard Page: CA 51

Senator Barnett asked:

Could you lead me or the committee to relevant reports? I presume there are other evaluation reports from the different trials. Can you perhaps list them?

Answer:

The lessons learned to date from evaluation of the Health*Connect* trials and Medi*Connect* Field Test will be documented in a report due in April 2005.

The Health*Connect* Interim Research Report, published in three volumes in August 2003, contains the key findings from the first 20 months of the Health*Connect* project, including the early findings from the 'fast track' trials in Tasmania and the Northern Territory.

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HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-163

OUTCOME 9: Health Investment

Topic: PRIVATE HOSPITAL DATA

Hansard Page: CA 52

Senator Moore asked:

What is the percentage of coverage of data received by the AIHW for private hospitals?

Answer:

For 2003-04, the latest year for which data are available, the coverage of private hospital data was estimated to be 98.2%. This estimate is based on the difference between the number of separations reported to the AIHW and the number reported to the Australian Bureau of Statistics' Private Health Establishments Collection, which is higher.

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ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-164

OUTCOME 9: Health Investment

Topic: HOSPITALS SEPARATIONS DATA

Hansard Page: CA 54

Senator Moore asked:

With regard to hospitals separations data, as at June 2004, what is:

(a) the current average cost per separation?
(b) current average cost per separation by age group?

Answer:

(a) & (b)

Data for June 2004 are not available.

The latest available data are for the year 2002-03. For 2002-03, the estimated average costs for public hospitals, private hospitals and all hospitals combined are shown in the table below. The data are shown by age group and also for the total, which represents the average cost per separation overall.

These estimates are based on data from the Australian Institute of Health and Welfare's National Hospital Morbidity Database and the Department of Health and Ageing's National Hospital Cost Data Collection (NHCDC). The numbers of separations in each age group for each Australian Refined Diagnosis Related Group in the National Hospital Morbidity Database have been multiplied by the estimated average cost for the Australian Refined Diagnosis Related Groups from the National Hospital Cost Data Collection, and then totalled.

This analysis is restricted to separations with acute care, or with an unstated care type. These separations comprise 95.8% of the total (95.4% and 0.4%, respectively). The remainder comprise separations with care other than acute care, such as rehabilitation care and palliative care. Estimates of the costs associated with separations with other than acute care are not available.

Note that these estimates are not comparable for the public and private sectors as they are not Casemix adjusted. Additionally, the NHCDC cost estimates for public and private hospitals are not comparable as the range of costs between the two sectors is different. For example, most medical costs are not included for private hospitals, as they are in the public sector.

Age group	Public hospitals	Private hospitals	All hospitals
<1	$ 4,967	$ 2,323	$ 4,516
1-4	$ 2,285	$ 1,158	$ 2,079
5-9	$ 2,293	$ 1,200	$ 2,051
10-14	$ 2,552	$ 1,433	$ 2,279
15-19	$ 2,694	$ 1,357	$ 2,224
20-24	$ 2,739	$ 1,417	$ 2,335
25-29	$ 2,758	$ 1,761	$ 2,458
30-34	$ 2,738	$ 1,884	$ 2,409
35-39	$ 2,641	$ 1,716	$ 2,263
40-44	$ 2,639	$ 1,601	$ 2,195
45-49	$ 2,566	$ 1,689	$ 2,180
50-54	$ 2,629	$ 1,782	$ 2,233
55-59	$ 2,714	$ 1,926	$ 2,349
60-64	$ 2,857	$ 2,121	$ 2,545
65-69	$ 2,988	$ 2,294	$ 2,719
70-74	$ 3,076	$ 2,454	$ 2,845
75-79	$ 3,359	$ 2,648	$ 3,065
80-84	$ 3,784	$ 2,859	$ 3,390
85+	$ 4,385	$ 3,170	$ 3,953
Total	$ 2,971	$ 2,052	$ 2,618

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ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: E05-165

OUTCOME 9: Health Investment

Topic: DONATION OF HUMAN GAMETES

Hansard Page: CA 59

Senator Harradine asked:

(a) Do you give any consideration to the rights of the child in respect of knowing who its father was or is?

(b) Who is responsible for legislation regarding reproduction?

Answer:

(a) The National Health and Medical Research Council issued revised guidelines on assisted reproductive technology (ART) in 2004, *Ethical guidelines on the use of reproductive technology in clinical practice and research.* The new guidelines expand further on the principle in the previous guidelines that persons conceived using ART procedures are entitled to know their genetic parents. The guidelines state that clinics must not use donated gametes unless the donor has consented to the release of identifying information about him/herself to the persons conceived using his/her gametes.

(b) The regulation of assisted reproductive technology is a state/territory responsibility.