

Community Affairs Committee

Examination of Budget Estimates 2007-2008

Additional Information Received

CONSOLIDATED VOLUME 1

HEALTH AND AGEING PORTFOLIO

Outcomes: Whole of Portfolio and Outcomes 1 to 3

19 MARCH 2008

ADDITIONAL INFORMATION RELATING TO THE EXAMINATION OF BUDGET EXPENDITURE FOR 2007-2008

Included in this volume are answers to written and oral questions taken on notice and tabled papers relating to the budget estimates hearings on 30 and 31 May 2007

*** Please note that 20 March 2008 is the proposed date for answers to be presented to the President of the Senate where this date is indicated**

HEALTH AND AGEING PORTFOLIO

Senator	Quest. No.	Whole of portfolio	Vol. 1 Page No.	Date tabled in the Senate or presented out of session*
	T2 tabled at hearing	List of lapsing programs and the year in which the program was originally funded		14.06.07
	T5 tabled at hearing	2007 budget: Australian Government appropriations for health and aged care		14.06.07
	T6 tabled at hearing	DoHA reconciliation action plan		14.06.07
	T16 tabled at hearing	Answers to Qs relating to allocation and actual expenditure on a year by year (financial year) basis on initiatives announced since 2004		14.06.07
Moore	313	Staffing		16.08.07
McLucas	196, 197	Alerting the community		16.08.07
Moore	337, 338	Indigenous campaigning		16.08.07
Moore	339	Property		16.08.07
McLucas	291	Terminating programs		13.09.07
McLucas	130	Lapsing programs		13.09.07
McLucas	142	Advertising campaign		13.09.07
McLucas	131-141	Advertising campaign		20.03.08

Outcome 1: Population Health

	T1 tabled at hearing	National Bowel Cancer Screening Program – summary statistics as at 30 April 2007	14.06.07
	T3 tabled at hearing	McKesson Pty Ltd privacy protocol	14.06.07
	T4 tabled at hearing	McKesson Pty Ltd information security plan	14.06.07
	T7 tabled at hearing	Healthy School Communities Grants Program	14.06.07
	T13 tabled at hearing	Advertisements for National Pregnancy Support Helpline	14.06.07
Fielding	62, 64, 66, 68, 69	Drink Wise	16.08.07
Allison	100	Charges against Pan and its employees	16.08.07
McLucas	147	Tamiflu	16.08.07
McLucas	153	National health priority areas	16.08.07
McLucas	154, 156, 157	COAG diabetes	16.08.07
Stott Despoja	351	Pregnancy support helpline	16.08.07
McLucas	208	Improved services for people with drug and alcohol problems and mental illness	16.08.07
Stott Despoja	353	McKesson and Pregnancy Support Helpline	16.08.07
Lundy	358	Wellbeing plan for children	16.08.07
Stott Despoja	359	Pregnancy Support Helpline	16.08.07
Webber	360	Funding for AFPSS	16.08.07
Polley	362	Project Stop	16.08.07
Fielding	65, 67	Drinkwise	16.08.07
McLucas	149	Tobacco	16.08.07
McLucas	155, 158 160, 161	COAG diabetes	16.08.07
McLucas	210	Alerting the community	16.08.07
McLucas	209	Improved services for people with drug and alcohol problems and mental illness	16.08.07
Polley	361	Project Stop	16.08.07
McLucas	159	COAG diabetes	16.08.07
Fielding	73	Gardasil	16.08.07
Fielding	77	Cervarix	16.08.07
McLucas	99	TGA building and TGA fees and charges	16.08.07
Bartlett	111-125	Rice	16.08.07
Moore	352	Contract with AFPSS	16.08.07
Fielding	63, 70	Drink Wise	13.09.07
Fielding	72	Gardasil	13.09.07
Fielding	74-76	Cervarix	13.09.07
McLucas	143, 144	Healthy School	13.09.07
McLucas	145	National bowel cancer screening program	13.09.07
McLucas	148	Tobacco	13.09.07

Moore	304	Improved services for people with drug and alcohol problems and mental illness – capacity building grants	13.09.07
Lundy	350	Community partnerships initiative	13.09.07
Moore	352	Contract with AFPSS	13.09.07
Moore	356	Garasil vaccination program	13.09.07
Allison	382	Tobacco control expenditure	13.09.07
Fielding	71	RU486	13.09.07
McLucas	152	National health priority areas	13.09.07
Patterson	348	Embryo research	13.09.07
McLucas	146	Obesity	20.09.07
McLucas	210	Alerting the community	26.10.07
Moore	357	Gardasil vaccination program	26.10.07
McLucas	166	Inquiry into quadruple antigen	26.10.07
McLucas	151	National health priority areas	26.10.07

Outcome 2: Access to Pharmaceutical Services

	T8 tabled at hearing	PBS expenditure under the S100 remote program for Aboriginal Health Services	14.06.07
McLucas	342, 343	Brand premiums	16.08.07
McLucas	344, 355	Special supply arrangements of PBS medicines to remote Indigenous communities	16.08.07
McLucas	165	Infliximab	16.08.07
McLucas	162	PBS reform	16.08.07
McLucas	163, 340	National Prescribing Service (NPS) savings	16.08.07
McLucas	341	National Prescribing Service funding and savings in contract periods	16.08.07

Outcome 3: Access to Medical Services

	T17 tabled at hearing	Medicare statistics published by DoHA	14.06.07
McLucas	354	Electorate data	16.08.07
McLucas	376	URL for Government funded MRI machines	16.08.07
McLucas	172	Electorate data	16.08.07
McLucas	173	COAG mental health package – MBS items	16.08.07
McLucas	375	Professional Services Review (PSR)	16.08.07
McLucas	175	Medicare billing	16.08.07
McLucas	174	Medicare billing	13.09.07
McLucas	336	Medicare Benefits Schedule – allied health services	13.09.07
McLucas	168	Rural, remote and metropolitan areas data	26.10.07
McLucas	372	Medicare services and benefits	26.10.07
McLucas	181	Round the clock Medicare: investing in after hours GP services	26.10.07
McLucas	171	Electorate data	26.10.07

T2 Lapsing Programs

A list of all lapsing programs and the year in which the program was originally funded:

Outcome 1 – Population Health

Women’s Health – Longitudinal Health Study	2004-05
National Tobacco Youth Campaign	2005-06
Illicit Drug Use – Combating emerging trends	2006-07
COAG Health Services – Promoting Good Health Prevention and Early Intervention	2006-07

Outcome 3 – Access to Medical Services

Better Access to Radiation Oncology – Capital Component	2002-03
Treatment of Breast Cancer – Continued Funding of Herceptin	2005-06
COAG Health Services - Improving access to primary care services in rural and remote areas	2006-07

Outcome 4 – Aged Care and Population Ageing

Investing in Australia’s Aged Care – Improving assessments	2004-05
COAG - Health Services - Improving arrangements for aged care assessments and access to Home and Community Care services	2006-07

Outcome 6 – Rural Health

Rural Health Strategy	2004-05
COAG Health Services - Aligning services in rural and remote Australia	2006-07

Outcome 8 – Indigenous Health

Quality of Care in Indigenous Communities	2007-08
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Outcome 10 – Health System Capacity and Quality

COAG Health Services - Establishment of the foundations for a national electronic health records system	2006-07
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Outcome 12 – Health Workforce Capacity

COAG Health Workforce – National Registration and Accreditation Schemes	2006-07
COAG Health Workforce – Establishing a Taskforce on the National Health Workforce	2006-07
COAG Health Workforce – Expanding medical specialist training to a broader range of settings	2006-07

Outcome 13 – Acute Care

COAG - Health Services - Improving care for older patients in public hospitals	2006-07
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Note –

a) The following Outcomes have no lapsing programs:

Outcome 2 – Access to Pharmaceutical Services

Outcome 5 – Primary Care

Outcome 7 – Hearing Services

Outcome 9 – Private Health

Outcome 11 – Mental Health

Outcome 14 – Health and Medical Research

Outcome 15 – Biosecurity and Emergency Response

The above list is current as at 9 May 2007

The Government does not publicly release any expenditure information at the individual measure level, other than the expected expenditure over four years which is published in Budget Paper No. 2 or the Mid Year Economic and Fiscal Outlook for each measure in the year the measures are announced. Actual expenditure is reported at a higher level – that is, at outcome and program level.

Lapsing programs which have been identified as being rephased in the relevant budget documentation are listed at attachment A.

Attachment A

National Tobacco Youth Campaign		2005-06	2006-07	2007-08	2008-09
Description	Budget Context	\$m			
Original Measure Funding*	Budget 2005-06	3.8	7.8	6.2	6.6
Rephasing	Supplementary Additional Estimate Statements 2006-07	(0.2)	0.2		

Better Access to Radiation Oncology (prior measure name)		2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Description	Budget Context	\$m							
Original Measure Funding*	Budget 2002-03	13.1	18.8	20.4	20.4				
Continued Funding*	Budget 2006-07					7.0	19.3	35.3	28.7
Rephasing	Additional Estimates 2003-04	(10.8)	1.5	4.1	5.9				
Rephasing	Additional Estimates 2004-05		(11.5)		5.6	5.9			
Rephasing	Additional Estimates 2005-06			(8.7)	4.5	(4.1)	4.1	4.2	
Rephasing	Additional Estimates 2006-07				(12.6)	4.2	2.0	3.7	2.7

Investing in Australia's Aged Care - Improving Assessment		2004-05	2005-06	2006-07	2007-08
Description	Budget Context	\$m			
Original Measure Funding*	Budget 2004-05	10.1	15.2	11.2	11.4
Rephasing	Additional Estimates 2005-06	-1.4	-0.6	1.0	0.9

Rural Health Strategy		2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Description	Budget Context	\$m					
Original Measure Funding*	Budget 2000-01	161.3	192.5				
Continued Funding*	Budget 2004-05			193.6	202.6	210.4	223.5
Rephasing of components	Additional Estimates 2003-04	(0.6)	0.6				
Rephasing of components	Additional Estimates 2003-04	(0.7)	0.7				

Rephasing of components	Additional Estimates 2004-05	(0.4)	0.4			
Rephasing of components	Additional Estimates 2004-05	(0.1)	0.1			
Rephasing of components	Additional Estimates 2004-05	(0.0)	0.0			
Rephasing of components	Additional Estimates 2005-06	(2.0)	2.0	(1.0)	0.4	0.6

* As noted in Budget Paper no 2 of the relevant budget year.

** These tables reflect original measure funding and published rephases. Other variations against the measure, such as indexation and Budget rephases, are not included.

T5

2007 Budget: Australian Government appropriations for health and aged care (\$m)

Health & Ageing portfolio	2007-08	Sub total
. Total portfolio administered	45,269.665	
. Portfolio departmental: revenue from Government	651.861	
. portfolio revenue from other sources	123.128	
. capital (portfolio equity injections)	15.704	
. Total portfolio departmental revenue from gov - including capital	667.565	45,937.230
DVA (Outcome 2)		
. administered	4,607.202	
. departmental: revenue from government	121.562	
. Revenue from other sources	0.405	4,728.764
Other Aus Gov Health		
Medicare Australia (departmental for health programs)	597.813	
ATO PHI rebates	178.000	
ATO medical expenses tax offset (METO)	380.000	1,155.813
Total Australian Government health and ageing		
administered	50,434.87	
departmental (revenue from gov)	1,386.94	
TOTAL *	51,821.81	51,821.81

* Total excludes departmental revenue from other sources



DEPARTMENT OF HEALTH AND AGEING RECONCILIATION ACTION PLAN

Recognition...

“Reconciliation involves justice, recognition and healing. It’s about helping all Australians move forward with a better understanding of the past and how the past affects the lives of Indigenous people today. Reconciliation involves symbolic recognition of the honoured place of the first Australians, as well as practical measures to address the disadvantage experienced by Indigenous people in health, employment, education and general opportunity.” (Reconciliation Australia)

In terms of health outcomes, including spiritual, cultural, social and emotional wellbeing, we acknowledge the fact that the disadvantage experienced by Aboriginal and Torres Strait Islander peoples is in large measure related to historic events and experiences that have had a disruptive impact on communities and culture and have undermined the traditional social norms that support life-affirming choices.

Our vision for the future is health outcomes and health services for Aboriginal and Torres Strait Islander peoples equal to that of the general Australian community. Our Reconciliation Action Plan is intended to turn this vision into reality. The Plan helps us to re-frame and understand that what we are already doing is part of the reconciliation process, and that reconciliation, properly understood, is "core business" for the Department.

2007 marks the fortieth anniversary of the referendum which changed the Constitution to allow the Commonwealth to make laws in relation to Aboriginal and Torres Strait Islander people in the same way as it could for other Australian citizens, and which ensured Aboriginal and Torres Strait Islander people were counted "in reckoning the numbers of the people of the Commonwealth, or of a State or other part of the Commonwealth." After this landmark event, the first Aboriginal Medical Service was established and the Aboriginal community controlled health sector has grown to become a specialised but integral part of the Australian health care system and a major employer and educator of Aboriginal and Torres Strait Islander people.

2007 also marks the tenth anniversary of *Bringing them Home*, the report of the Human Rights and Equal Opportunity Commission Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families. The Commonwealth Government will celebrate 10 years of funding Link Up services which seek to trace and reunite Aboriginal and Torres Strait Islander people with their families from whom they were separated as a direct result of past removal policies and practices. It is therefore timely through this Reconciliation Action Plan that we re-commit ourselves to the vision of better health for Aboriginal and Torres Strait Islander people and to maintaining a work environment where Aboriginal and Torres Strait Islander people feel valued and are keen to work for this Department.

Shared responsibility...

We believe the principle of shared responsibility for addressing the causes and consequences of ill health and for the development and delivery of health care services should underpin the policies relating to the health of all Australians, including Aboriginal and Torres Strait Islander peoples. The Department’s activities are based on engagement with Aboriginal and Torres Strait Islander people and organisations, both community controlled health organisations and mainstream health services, non-government organisations and relevant Australian Government and State and Territory Government agencies. We are committed to active consultation to ensure that the Government is listening to the voices of Aboriginal and Torres Strait Islander people on policy development and program implementation.

We will continue to provide opportunities for broad stakeholder participation through a range of avenues, such as surveys, conferences and meetings, reference groups and working groups including the National Aboriginal and Torres Strait Islander Health Council and jurisdictional Health Forums. We recognise that how we do our work should continue to reflect a partnership approach with Aboriginal and Torres Strait Islander communities and employees and should support leadership by Aboriginal and Torres Strait Islander people.

Monitoring and Public Reporting...

The actions identified in this Reconciliation Action Plan will be monitored by the Department Executive, and progress against the various indicators will be reported against in the Department's Annual Report.

As a leading employer, we will...			
ACTION	RESPONSIBILITY	WHEN	MEASURE
Build on the existing supports we already provide to Aboriginal and Torres Strait Islander employees by including cultural leave provisions and appropriate access to the Community Language Allowance in the new Collective Agreement.	People Branch, Business Group	From 2007	Provisions in the new Collective Agreement will be implemented in 2007.
Provide coaching and career development opportunities and increase our intakes of Aboriginal and Torres Strait Islander staff, including graduates, cadets and trainees providing a variety of placements across the range of departmental program and policy areas.	All divisions and People Branch, Business Group	Annual review	Maintain an above APS-average percentage of Aboriginal and Torres Strait Islander staff (Source: State of the Service Report: current APS average is 2% of ongoing staff). Where quality of field permits, offer employment to at least seven Aboriginal and/or Torres Strait Islander graduates each year.
Support and consult the Aboriginal and Torres Strait Islander Staff Network.	People Branch, Business Group	Ongoing Annually in October Annually in NAIDOC Week	Continued commitment by the Department and Network members. Fully fund the annual Aboriginal and Torres Strait Islander Staff Network conference. Annual Secretary's NAIDOC Award.
Develop, implement and review annually the Aboriginal and Torres Strait Islander Workforce Action Plan.	People Branch, Business Group	December 2007	Detailed measures are in the Aboriginal and Torres Strait Islander Action Plan.
Ensure greater take-up of orientation programs for staff that include awareness and acknowledgement of Aboriginal and Torres Strait Islander culture.	All divisions and People Branch, Business Group	From 2007	Increase by 50 percent the proportion of staff who participate in cultural awareness training. Evaluate achievement and review this target annually.
Acknowledging traditional Aboriginal and Torres Strait Islander custodianship of the land.	All divisions	By July 2008	Engage traditional owners to provide Welcome to Country on at least 6 occasions a year for major meetings.
Increase visual presence of Aboriginal and Torres Strait Islander culture, including artwork and flags at all major entrances to departmental buildings.	All divisions	By July 2008	Increase by 10 percent the number of Aboriginal and Torres Strait Islander art works on display.

As a leader in health and ageing policy development and program delivery, we will...

ACTION	RESPONSIBILITY	WHEN	MEASURE
For the fortieth anniversary commemoration of the 1967 referendum and tenth anniversary of the <i>Bringing Them Home</i> report , support Link Up Services nationally, the National Sorry Day Committee and the Stolen Generation Alliance for promotional activities.	Office for Aboriginal and Torres Strait Islander Health	May 2007	Provide funding for anniversary events by key stakeholder groups.
Use our internal business planning processes to embed responsibility for Aboriginal and Torres Strait Islander health in all program areas.	All divisions	July 2008	Divisional business plans to include specific reference to Aboriginal and Torres Strait Islander health.
Promote and share the lessons of successful programs. For example, the combined efforts of mainstream immunisation programs, OATSIH and primary care providers have already resulted in childhood immunisation rates among Aboriginal and Torres Strait Islander children that are practically identical to those for non-Indigenous children in most age groups. Another example is the Rural Health Strategy which includes programs to build capacity in Aboriginal and Torres Strait Islander communities.	All divisions Communications Branch	By January 2008	Produce a six-monthly internal e-newsletter that supports the sharing of information about successful programs across divisions.
Disseminate the findings of the first National Aboriginal and Torres Strait Islander Health Performance Framework Report throughout the department. The Health Performance Framework measures progress against indicators for health status, social determinants of health (such as education, employment, and housing) and health system performance. The first report was published in November 2006.	All divisions Office for Aboriginal and Torres Strait Islander Health	By December 2007	Each division will convene a workshop on the findings of the first report of the Aboriginal and Torres Strait Islander Health Performance Framework to discuss implications for policy and program development.
Improve the capacity of the Pharmaceutical Benefits Scheme to meet the health needs of Aboriginal and Torres Strait Islander people. A significant proportion of the higher levels of illness experienced by Indigenous Australians may be addressed through better access to appropriate medicines on the Pharmaceutical Benefits Scheme (PBS). Progressively from 1 August 2006, the PBS has included new listings to support treatment of conditions common in Indigenous health settings.	Pharmaceutical Benefits Division	2007	Report on 2004-05 per capita expenditure on the PBS for Indigenous people through the publication of the <i>Expenditures on health for Aboriginal and Torres Strait Islander people</i> report.
Increase access to Medicare by Aboriginal and Torres Strait Islander people. For example, OATSIH and PACD have conducted a series of workshops for Aboriginal Medical Services (AMSs) to help them improve their ability to access Medicare rebates.	Primary and Ambulatory Care Division and Office for Aboriginal and Torres Strait Islander Health.	2007	Report on 2004-05 per capita expenditure on the MBS for Indigenous people through the publication of the <i>Expenditures on health for Aboriginal and Torres Strait Islander people</i> report.
Increase voluntary identification by Aboriginal and Torres Strait Islander people enrolled for Medicare.	Medical Benefits Division	Six-monthly	Medicare reports
Use of Voluntary Indigenous Identifier data to improve access to Medicare for Aboriginal and Torres Strait Islander people.	Primary and Ambulatory Care Division	Ongoing	Uptake of new or amended items.

Increase the number of Aboriginal and Torres Strait Islander primary health care services participating in the Practice Incentives Program (PIP). This will increase the capacity of those health services to provide quality patient care.	Primary and Ambulatory Care Division	2010-2011	All AMSs fully accredited and participating in PIP.
Introduce awards to recognise excellence in the delivery of health services to Aboriginal and Torres Strait Islander peoples.	Office for Aboriginal and Torres Strait Islander Health	2007	Award six awards
Ensure programs to develop and sustain the health workforce recognise and incorporate aspects that address the needs of Aboriginal and Torres Strait Islander people and practitioners.	Mental Health and Workforce Division	2007-08	At least 70 Aboriginal and Torres Strait Islander students receive Puggy Hunter Memorial Scholarships.
Review of Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework.		By December 2007	Delivery of report of the review.
Increase the overall understanding of Aboriginal and Torres Strait Islander people, their circumstances and health issues across the entire health workforce; and ensure programs to develop and sustain the health workforce recognise and incorporate aspects that address the needs of Aboriginal and Torres Strait Islander people and practitioners.		Ongoing	More and/or better Aboriginal and Torres Strait Islander content in health-related education and training curricula. Better and more integrated support for health practitioners working with Aboriginal and Torres Strait Islander people. A greater recognition of Aboriginal and Torres Strait Islander needs and outcomes across mainstream health workforce programs.

As a leader in partnering across government, we will...			
ACTION	RESPONSIBILITY	WHEN	MEASURE
Work with other portfolios to address the key areas for improvement outside the health sector that will deliver significant improvements in life expectancy disparity over time. These include educational participation and attainment, economic development, employment and housing.	Relevant divisions	Monthly	Participation in SES Taskforce and Secretaries Group on Indigenous Affairs.
Develop and contribute to Shared Responsibility Agreements and Regional Partnership Agreements with other jurisdictions, portfolios and with Aboriginal and Torres Strait Islander communities.	Office for Aboriginal and Torres Strait Islander Health All divisions	Annual	Committed funding of \$16.3m over 2006/07 – 2009/10. Report annually against this target.

T16

Question: *Can the Government provide us with allocation and actual expenditure on a year by year (financial year) basis on initiatives announced since 2004? Specifically, for these programs:*

- *Making dementia a national health priority*
- *Creation of an extra 2000 EACH packages targeted specifically at dementia*
- *Expansion of the Carer Education and Workforce Training Project*
- *Better Outcomes in the Mental Health Program*
- *Additional funding for beyondblue*
- *New funding for substance abuse and mental health problems in young people*
- *Active After-School Communities program*
- *Healthy School Communities program*
- *Healthy Eating and Regular Physical Activity program*
- *Royal Darwin Hospital*

Answer: Of the ten items listed above, eight have been identified as belonging to the Health and Ageing Portfolio and one measure is the responsibility of the Australian Sports Commission (this is the “*Active After-School Communities program*”). There is one initiative we have been unable to identify from the title provided. This is “*New funding for substance abuse and mental health problems in young people*”.

Funding allocation

The administered funding estimates for the Health and Ageing Portfolio items are provided in the following table. This includes the amounts published at the time of announcement along with information on significant changes that have occurred since that time.

Measure	'04-05 (\$m)	'05-06 (\$m)	'06-07 (\$m)	'07-08 (\$m)	'08-09 (\$m)
Making dementia a national health priority*	5.0	15.0	16.0	16.2	16.6
Creation of an extra 2000 EACH packages targeted specifically at dementia		14.2	43.4	73.9	90.5
Expansion of the Carer Education and Workforce Training Project**	N/A	N/A	N/A	N/A	N/A
Better Outcomes in the Mental Health Program	2.0	8.2	10.4		
Additional funding for beyondblue	6.0	8.2	8.3		
Healthy School Communities program#	12.8	1.4			
Healthy Eating and Regular Physical Activity program##	10.5				
Royal Darwin Hospital#	5.0	19.3	13.2	13.5	

* Following consultation with the sector and development of implementation arrangements, funding was re-profiled across the four years to match planned implementation arrangements. Rephase from 2004-05 of \$1.5 into 2005-06 and \$1.5 into 2006-07. Reprofiled from 2005-06 of \$2.0 into 2006-07, \$2.0 into 2007-08 and \$1.3m into 2008-09.

**This is part of a broader measure entitled “Dementia – Training for carers” which was funded at \$4.1m in 2005-06, \$6.8m in 2006-07 and \$7.0m in 2007-08 and \$7.2m in 2008-09. The “Expansion of the Carer Education and Workforce Training Project” utilises around 14% (or \$3.5m) of that funding.

Program timing extended to cover four years rather than two years to give schools greater opportunity to apply for grants, with \$6.8m rephased from 2004-05 to 2005-06

Program timing extended to cover two years.

\$1.7m rephased from 2004-05 to 2005-06.

Expenditure

The Government does not publish expenditure figures below the subprogram level.

However, we can confirm that of the seven measures that the Department has identified as under its responsibility, all except the measure outlined below, show expenditure in line with the current estimates at this point in time.

Places for the “*Creation of an extra 2000 EACH packages targeted specifically at dementia*” have been allocated in line with estimated rollout included in the measure (ie 667 new places per year for two years have been allocated through the ACAR rounds). However, as explained earlier in this Senate Estimates Hearing (under Outcome 4), the process of providers bringing places on line has been slower than originally expected, resulting in some subsidies not being paid early in the rollout process for new places. Once places are filled, occupancy rates are high (peaking at between 90% to 94% occupancy when places are fully established) and expenditure from that point is in line with estimates.

In addition, there is a project entitled “*Expansion of the Carer Education and Workforce Training Project*”, which is not a measure but a component of the “*Dementia – Training for Carers*” initiative. The commencement of the pilot phase of this project was delayed from late in 2005-06 to 2006-07 and \$0.5m of funding was rephased. The pilot phase has now commenced and will continue until September 2007. Most of the funding allocated for the first stage of work has been spent, but we won’t know the final outcome for this year until after the end of the financial year.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-313

OUTCOME 0: Whole of Portfolio

Topic: STAFFING

Hansard Page: CA 11

Senator Moore asked:

I would like an update on staffing and property, but we can put that on notice. I would like to know, between annual reports:

- a) Your current staff level across the board,
- b) Also, we would like to know about Indigenous employment in the Department a general question that we are asking a lot of departments. Health and Ageing always has a higher level. I would like to get some data on that and on whether your department has been part of the ongoing program that the government has just announced to enhance Indigenous employment in the public sector.

Answer:

- a) As at 31 May 2007 the Average Staffing Level (ASL) of the Department of Health and Ageing (core department and Therapeutic Goods Administration) was 4,148.

The ASL number is the average of full time equivalents over a number of reporting periods, in this case over the 2006-07 financial year as at 31 May 2007.

- b) As at 31 May 2007 the Department of Health and Ageing (core Department and Therapeutic Goods Administration) employed 116 Aboriginal and Torres Strait Islander staff. This represented 2.4% of total staff.

Currently the Department provides targeted employment opportunities for Aboriginal and Torres Strait Islander people, in addition to normal job opportunities. These include participation in programs initiated by the Australian Public Service Commission and the Department of Employment and Workplace Relations as follows:

- the Indigenous Graduate program (employing Graduate APSs);
- the Indigenous Entry Level Traineeship Program (employing cadets);
- the National Indigenous Cadetship Program (employing APS 1s); and
- the Indigenous Contract Management Trainee Program (employing APS 3s).

The Department of Employment and Workplace Relations recently launched ‘Structured Training and Employment Projects (STEP) for employers’. The Department continues to look for opportunities to improve Aboriginal and Torres Strait Islander representation and is considering how the STEP approach could complement work underway presently in respect of both Aboriginal and Torres Strait Islander workforce initiatives (including the Reconciliation Action Plan and Aboriginal and Torres Strait Islander Workforce Action Plan) and the Department’s broader workforce planning.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-196

OUTCOME 0: Whole of Portfolio

Topic: ALERTING THE COMMUNITY

Written Question on Notice

Senator McLucas asked:

- a) What are the general findings of the two-stage market research program into the links between illicit drugs and mental illness?
- b) What was the cost of the program?

Answer:

- a) The report for the market research program is currently being finalised.
- b) The budget for the market research program is \$370,000 (excl GST).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-197

OUTCOME 0: Whole of Portfolio

Topic: ALERTING THE COMMUNITY

Written Question on Notice

Senator McLucas asked:

How will these findings be used?

Answer:

The research findings will be used to inform the development of the strategic approach for the campaign, Alerting the Community of the Links Between Illicit Drugs and Mental Illness.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-337

OUTCOME 0: Whole of Portfolio

Topic: INDIGENOUS CAMPAIGNING

Hansard Page: CA24

Senator Moore asked:

Can we get details from you as to whether these components were outsourced and to whom?

Answer:

The advertising agency, BMF Advertising, contracted to the Department to develop the National Human Papillomavirus Vaccination Program campaign, engaged Origin Communications to provide specialist advice to develop advertising material specifically for Indigenous Australians.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-338

OUTCOME 0: Whole of Portfolio

Topic: INDIGENOUS CAMPAIGNING

Hansard Page: CA24

Senator Moore asked:

Could you tell us which company has those particular components, and details of Indigenous strategy would be good as well.

Answer:

The advertising agency, BMF Advertising, contracted to the Department to develop the National Human Papillomavirus (HPV) Vaccination Program campaign, engaged Origin Communications to provide specialist advice to develop advertising material specifically for Indigenous Australians.

An Indigenous community focused print advertisement was produced, and placed throughout March and April 2007 in the following Indigenous print publications: the Koori Mail, Torres News, Arafura Times, Jabiru Rag, National Indigenous Times and Deadly Vibe.

Specific Indigenous radio advertising was produced for Indigenous parents and guardians across regional Australia, which ran in March and April 2007. A radio advertisement for young Indigenous women has been produced and is planned to run from early July 2007.

In 2007-08 additional Indigenous communications activity regarding the National HPV Vaccination Program will be conducted.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-339

OUTCOME 0: Whole of Portfolio

Topic: PROPERTY

Hansard Page: CA 11

Senator Moore asked:

I would like to get a snapshot of the department's property

Answer:

The Department of Health and Ageing leases all of its properties. The table at Attachment A provides a snapshot of the Department's leased accommodation for its Central Office and State and Territory Offices as at 15 June 2007.

DEPARTMENT OF HEALTH AND AGEING LEASES AS AT 15 JUNE 2007

<i>Address</i>	<i>Level</i>	<i>Area (sqm)</i>	<i>Lease Expiry</i>
<u>Central Office Canberra)</u>			
Albamarle Building, Furzer Street, Woden	Ground to 8th floor (Whole building)	8,942	30-Jun-09
Alexander Building, Furzer Street, Woden	Ground to 8th floor (Whole building)	8,942	30-Jun-09
20 Allara Street, City	Level 5	2,815	31-Mar-09
Canberra House, 40 Marcus Clarke Street, City	Level 1	1,012	28-Feb-10
Fishburn House, Furzer Street, Woden	Ground to 2nd floor (Whole building)	2,047	30-Jun-09
126-128 Gladstone Street, Fyshwick	Unit 1	1,050	31-Aug-09
8-10 Hobart Pl, University Ave, City	Level 2	530	30-Nov-08
Penrhyn House Bowes Street, Woden	Ground to 5th floor (Whole building)	12,675	05-Jun-09
Scarborough House, Atlantic Street, Woden	Part of Ground plus to Level 14	16,499	31-Jul-15
<u>ACT Office</u>			
Borrowdale House, Furzer St, Woden	Part of Ground & Levels 1 and 2	1,574	31-Aug-08
<u>New South Wales</u>			
1 Oxford Street, Darlinghurst, Sydney	Levels 7, 17 & 18	4,259	07-Sep-08
<u>Victoria</u>			
595 Collins Street, Melbourne	Levels 7, 8 and part of 9	4,564	28-Feb-17
12-20 Flinders Lane, Melbourne	Tenancy 4, Level 4	344	31-Mar-08
<u>Queensland</u>			
155 Hugh Street, Townsville	Ground	342	14-Jun-07
340 Adelaide Street, Brisbane	Levels 5, 6, 8, 9	2,964	14-Jun-10
<u>South Australia</u>			

11-29 Waymouth Street, Adelaide	Level 13 and part of 14	2,033	31-Jan-17
<i>Address</i>	<i>Level</i>	<i>Area (sqm)</i>	<i>Lease Expiry</i>
<u>Western Australia</u>			
Central Park, 152-158 St. George's Terrace, Perth	Level 14 and part of 15	2,483	30-Nov-11
<u>Northern Territory</u>			
The Met Building, 17 Scaturchio Street, Darwin	Level 1, Stage 5	907	30-Nov-09
The Met Building, 17 Scaturchio Street, Darwin	Level 2, Stage 5	162	30-Nov-09
Anangu House, 44 Bath St, Alice Springs	Level 2	253	30-Sep-08
<u>Tasmania</u>			
Montpelier Building, 21 Kirksway Pl, Hobart	Level 3	829	31-Mar-10
	<u>TOTAL</u>	<u>75,224</u>	

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 31 May 2007

Question: E07-291

Whole of Portfolio

Topic: TERMINATING PROGRAM

Hansard Page: CA 133

Senator McLucas asked:

- a) Is there a list of terminating programs that terminate in this current year, 2006-07, that you could provide us?
- b) Could you also provide for those programs any unexpended funds or any redirected or rephased that captures and money that was not spent?
- c) Could you identify any programs where funding lapses, where it is not used, and is returned to the Consolidated Revenue Fund (CRF)?

Answer:

- a) The answer to this question is incorporated in the answer provided to Budget Estimates Question on Notice number E07-130.
- b) The answer to this question is incorporated in the answer provided to Budget Estimates Question on Notice number E07-130 ([Attachment C](#)).
- c) Appropriation Bill 1 and Bill 2 administered funds that are not expensed and are not rephased or reprofiled, are retained within the Consolidated Revenue Fund (CRF) at the end of each financial year subject to Section 8 of the Appropriation Bills. Funding is appropriated, and lapsed, at the outcome level, not at the measure or program level. Funding not used in one program may be used for another related purpose within the outcome. Therefore, it is not possible to determine what, if any, measure or program funding has been returned to CRF. Actual administered expenses are reported within the Department's *Annual Report* at the outcome and program level.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-130

Whole of Portfolio

Topic: LAPSING PROGRAMS

Written Question on Notice

Senator McLucas asked:

Please provide a consolidated list of all lapsing and terminating programs under each outcome, including:

- a) Expenditure to date, by financial year
- b) Any program expenditure which has been re-phased or redirected
- c) For outyears for which program expenditure has been published*, please provide an update on any expected variations to expenditure (for example, as a result of rephasing, redirections, or lower than anticipated expenditure in the early years of the program).

*For example, a four year lapsing program which commenced two years ago and which has two years to run – therefore two years worth of expenditure where budget information has been published (when the program was originally budgeted) but where there may have been variations to planned expenditure.

Answer:

Terminating measures are those with a specified terminating date for the funding and the measure. There is no provision for funding in the Forward Estimates past the termination date. Terminating measures from 2006-07 onwards are listed under each outcome at Attachment A.

Lapsing measures are those where it has been specified that a review of the measure is required before further funding is provided. Provision for funding beyond the lapsing date is included in the Forward Estimates. Lapsing measures from 2007-2008 onwards are listed under each outcome at Attachment B.

a) Expenditure to date, by financial year

Projected expenditure, over four years, is published for individual measures in the *Budget Paper No. 2* and the *Mid Year Economic and Fiscal Outlook*. Expenditure to date by financial year, and the published initial allocations, is included in Attachment A for terminating measures and Attachment B for lapsing measures (noting, however, that not all 2006-07 expenditure figures have been finalised yet).

b) Re-phased program expenditure

Movement of funds for terminating measures, which have been identified as being rephased in the relevant budget documentation, is detailed at Attachment C.

Movement of funds for lapsing measures, which have been identified as being rephased in the relevant budget documentation, is detailed at Attachment D.

c) Update on any expected variations to expenditure

Rephasing and reprofiling details for funds for terminating and lapsing programs into future years is at Attachment C and Attachment D respectively. Rephasing and reprofiling submissions that are pending Government approval, are not publicly available, and will be published in the 2007-08 Portfolio Additional Estimates Statements.

Measures Terminating from 2006-07 Onwards

Attachment A

OUTCOME	MEASURE DESCRIPTION	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Outcome 1 – Population Health									
	Pneumococcal Vaccination – universal childhood programme (terminated 2006-07)								
	Original funding (\$m)	-	67.5	75.2	29.9	-	-	-	-
	Actual Expenditure		87.5	86.3					
	National Illicit Drugs Strategy – Australian National Council on Drugs – additional funding								
	Original funding (\$m)	-	-	0.3	0.3	0.3	-	-	-
	Actual Expenditure			0.3					
Rephased	Strengthening Cancer Care – bowel cancer screening								
	Original funding (\$m)			4.1	17.1	16.4	-2.0		-
	Actual Expenditure			3.3					
Rephased	Strengthening Cancer Care – quitting smoking during pregnancy								
	Original funding (\$m)	-	-	2.1	1.1	1.1	-	-	-
	Actual Expenditure			0.5					
	Australian Childhood Immunisation Register – redevelopment scoping study								
	Original funding (\$m)	-	-	-	0.7	0.6	-	-	-
	Actual Expenditure								
	Food regulation – streamlining process								
	Original funding (\$m)	-	-	-	0.5	0.5	-	-	-
	Actual Expenditure								
	Therapeutic products – continued advisory role								
	Original funding (\$m)	-	-	-	1.2	1.2	-	-	-
	Actual Expenditure								
	Therapeutic products – establishment of Australia-New Zealand Therapeutic Products Authority (terminated 2006-07)								
	Original funding (\$m)	-	-	-	2.4	-	-	-	-
	Actual Expenditure								
	Combating illicit drugs – more effective treatment for methamphetamine abuse								
	Original funding (\$m)	-	-	-	-	11.5	11.4	-	-
	Actual Expenditure								
	Combating illicit drugs – strengthening drug prevention education								
	Original funding (\$m)	-	-	-	-	2.2		-	-

Rephased	Pilot Program – Addressing violence and child abuse in Indigenous communities – Indigenous child health checks	Original funding (\$m)	-	-	-	1.9	1.9	-	-	-
		Actual Expenditure								
Outcome 10 – Health System Capacity and Quality			2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
	Strengthening Cancer Care – evaluation of initiatives	Original funding (\$m)	-	-	-	-	0.9	0.3	-	-
		Actual Expenditure								
	APEC 2007 – Health Ministers' Meeting	Original funding (\$m)	-	-	-	1.0	0.1	-	-	-
		Actual Expenditure								
	Medical research facilities – grants for development and expansion	Original funding (\$m)	-	-	435.8	-	-	-	-	-
		Actual Expenditure			435.8					
	Broadband for health - infrastructure funding	Original funding (\$m)	-	-	-	15.0	-	-	-	-
		Actual Expenditure								
	Adult Stem Cell Research Centre	Original funding (\$m)	-	-	-	5.0	5.0	5.0	5.0	-
		Actual Expenditure				5.0				
Outcome 13 – Acute Care			2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
	Plasma fractionation arrangements – review (<i>terminated 2006-07</i>)	Original funding (\$m)	-	-	2.1	0.7	-	-	-	-
		Actual Expenditure			2.1	0.7				
	Hepatitis C Litigation Settlement Scheme	Original funding (\$m)		2.4	3.0	3.0	2.0	-	-	-
		Actual Expenditure		1.8	0.8	1.2				
Outcome 15 – Biosecurity and Emergency Response			2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
	Australian Red Cross Society – contribution to humanitarian relief and community support	Original funding (\$m)	-	-	-	5.0	5.0	-	-	-
		Actual Expenditure								
	Pandemic influenza – additional funding for avian influenza vaccine trial (<i>terminated 2006-07</i>)	Original funding (\$m)	-	-	-	2.3	-	-	-	-
		Actual Expenditure								

Measures Lapsing from 2007-08 Onwards
MEASURE DESCRIPTION

Attachment B

OUTCOME		2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Outcome 1 – Population Health										
	Women’s Health – Longitudinal Health Study									
	Original funding (\$m)	-	-	0.8	0.8	0.8	0.8	-	-	-
	Actual Expenditure			0.8	0.8					
Rephased	National Tobacco Youth Campaign									
	Original funding (\$m)	-	-	-	3.8	7.8	6.8	6.6	-	-
	Actual Expenditure				3.4					
	Illicit Drug Use – Combating emerging trends									
	Original funding (\$m)	-	-	-	-	7.3	8.6	9.7	8.8	-
	Actual Expenditure									
	COAG Health Services – Promoting Good Health Prevention and Early Intervention									
	Original funding (\$m)	-	-	-	-	43.4	66.8	69.9	65.7	-
	Actual Expenditure									
Outcome 2 – Access to Pharmaceutical Services										
	Treatment of Breast Cancer – Continued Funding of Herceptin									
	Original funding (\$m)						42.2	41.3	-	-
	Actual Expenditure									
Outcome 3 – Access to Medical Services										
Rephased	Better Access to Radiation Oncology – Capital Component (Better Treatment for Cancer Patients)									
	Original funding (\$m)					7.0	19.3	35.3	28.7	-
	Actual Expenditure									
	COAG Health Services – Improving access to primary care services in rural and remote areas									
	Original funding (\$m)	-	-	-	-	0.7	0.4	0.4	0.3	-
	Actual Expenditure									
	MedicarePlus - grants to GP & specialist practices to encourage take up of HIC Online									
	Original funding (\$m)	-	1	2.4	2.9	0.8	-	-	-	-
	HIC Online - Actual Expenditure		2.3	1.9	0.2					
Outcome 4 – Aged Care and Population Ageing										
Rephased	Investing in Australia’s Aged Care – Improving assessments									
		This measure was incorporated into existing program - Aged Care Assessment BRE 102 refers								

				Original funding (\$m)	-	-	10.1	15.2	11.2	11.4	-	-	-
				Actual Expenditure			*51.7	*55.5					
	COAG – Health Services - Improving arrangements for aged care assessments and access to Home and Community Care services												
				Original funding (\$m)	-	-	-	-	7.4	6.1	5.2	5.3	-
				Actual Expenditure									
	Investing in Australia's Aged Care – Conditional Adjustment Payment												
				Original funding (\$m)			69.3	147.1	226.2	317.5			
				Actual Expenditure			75.6	159.4	249.9				
Outcome 6 – Rural Health					2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Rephased	Rural Health Strategy												
				Original funding (\$m)	-	-	193.6	202.6	210.4	223.5	-	-	-
				Actual Expenditure			179.4	199.1					
	COAG Health Services – Aligning services in rural and remote Australia												
				Original funding (\$m)	-	-	-	-	2.0	1.7	1.9	2.1	-
				Actual Expenditure									
Outcome 7 – Hearing Services					2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
	Cochlear Implant Upgrades												
				Original funding (\$m)	-	-	2.4	1.7	1.7	1.8	-	-	-
				Actual Expenditure			2.4	1.7					
Outcome 8 – Indigenous Health					2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
	A better future for Indigenous Australians - establishing Quality Healthcare Standards (Previously Hospital Safety)												
				Original funding (\$m)	-	-	-	-	-	5.2	7.5	10.8	13.4
				Actual Expenditure									
Outcome 10 – Health System Capacity and Quality					2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
	COAG Health Services – Establishment of the foundations for a national electronic health records system												
				Original funding (\$m)	-	-	-	-	27.9	20.6	21.7	1.4	-
				Actual Expenditure									
	Strengthening Cancer Care – Cancer Australia												
				Original funding (\$m)	-	-	1.3	4.3	2.7	2.7	-	-	-
				Actual Expenditure			0.1	0.2					

Strengthening Cancer Care – Cancer Support Networks

Original funding (\$m)	-	-	0.6	0.6	0.6	0.6	-	-	-
Actual Expenditure			0.2	0.4					

Strengthening Cancer Care – Mentoring for regional hospitals and cancer professionals

Original funding (\$m)	-	-	-	3.6	3.4	3.5	3.6	-	-
Actual Expenditure				2.8					

Strengthening Cancer Care – Radiation therapy internships and undergraduate places

Original funding (\$m)	-	-	0.8	1.9	2.0	2.0	-	-	-
Actual Expenditure			0.0	0.5					

Support for Diabetes Research

Original funding (\$m)	-	-	0.3	5.0	10.4	10.8	-	-	-
Actual Expenditure	-	-	0.2	4.9					

Outcome 12 – Health Workforce Capacity

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
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COAG Health Workforce – National Registration and Accreditation Schemes

Original funding (\$m)	-	-	-	-	3.7	5.2	5.5	2	-
Actual Expenditure									

COAG Health Workforce – Establishing a Taskforce on the National Health Workforce

Original funding (\$m)	-	-	-	-	1.5	1.4	1.4	1.4	-
Actual Expenditure									

COAG Health Workforce – Expanding medical specialist training to a broader range of settings

Original funding (\$m)	-	-	-	-	6.6	9.8	17.8	25.3	-
Actual Expenditure									

Outcome 13 – Acute Care

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
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COAG - Health Services – Improving care for older patients in public hospitals

Original funding (\$m)	-	-	-	-	38.5	37.8	37.8	38.1	-
Actual Expenditure									

National Cord Blood Collection Network

Original funding (\$m)	2.3	2.3	2.3	2.4	2.4	2.5	2.5	2.6	2.6
Actual Expenditure	not available	2.5	2.5	2.1	2.2				

Rephased Appropriation for Terminating Measures

Attachment C

Strengthening Cancer Care - bowel cancer screening		2005-06	2006-07	2007-08	2008-09
Description	Budget Context	\$m			
Original Measure Funding*	Budget 2005-06	4.1	17.1	16.4	(2.0)
Rephasing	Additional Estimates Statements 2006-07		0.5		
Rephasing	Supplementary Additional Estimates Statements 2006-07		(2.9)	2.9	

Strengthening Cancer Care - quitting smoking during pregnancy		2005-06	2006-07	2007-08	2008-09
Description	Budget Context	\$m			
Original Measure Funding*	Budget 2005-06	2.1	1.1	1.1	0.0
Rephasing	Supplementary Additional Estimates Statements 2006-07		(1.4)		1.4

Addressing violence and child abuse in Indigenous communities - Indigenous child health checks (Pilot)		2006-07	2007-08	2008-09	2009-10
Description	Budget Context	\$m			
Original Measure Funding*	Additional Estimates 2006-07	1.9	1.9	0	0
Rephasing	Supplementary Additional Estimates Statements 2006-07	(1.2)	1.2		

* As noted in Budget Paper No. 2 or Mid Year Economic Fiscal Outlook of the relevant budget year.

** These tables reflect published original measure funding and rephases. Other variations against the measure, such as indexation, are not included. Rephases made at Budget are incorporated in the published figure and cannot be separately identified.

Rephased Appropriation for Lapsing Measures

Attachment D

National Tobacco Youth Campaign		2005-06	2006-07	2007-08	2008-09
Description	Budget Context	\$m			
Original Measure Funding*	Budget 2005-06	3.8	7.8	6.2	6.6
Rephasing	Supplementary Additional Estimate Statements 2006-07	(0.2)	0.2		

Better Access to Radiation Oncology		2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
Description	Budget Context	\$m							
Original Measure Funding*	Budget 2002-03	13.1	18.8	20.4	20.4				
Continued Funding*	Budget 2006-07					7.0	19.3	35.3	28.7
Rephasing	Additional Estimates 2003-04	(10.8)	1.5	4.1	5.9				
Rephasing	Additional Estimates 2004-05		(11.5)		5.6	5.9			
Rephasing	Additional Estimates 2005-06			(8.7)	4.5	(4.1)	4.1	4.2	
Rephasing	Additional Estimates 2006-07				(12.6)	4.2	2.0	3.7	2.7

Investing in Australia's Aged Care - Improving Assessment		2004-05	2005-06	2006-07	2007-08
Description	Budget Context	\$m			
Original Measure Funding*	Budget 2004-05	10.1	15.2	11.2	11.4
Rephasing	Additional Estimates 2005-06	-1.4	-0.6	1.0	0.9

Rural Health Strategy		2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Description	Budget Context	\$m					
Original Measure Funding*	Budget 2000-01	161.3	192.5				
Continued Funding*	Budget 2004-05			193.6	202.6	210.4	223.5
Rephasing of components	Additional Estimates 2003-04	(0.6)	0.6				
Rephasing of components	Additional Estimates 2003-04	(0.7)	0.7				
Rephasing of components	Additional Estimates 2004-05		(0.4)	0.4			
Rephasing of components	Additional Estimates 2004-05		(0.1)	0.1			
Rephasing of components	Additional Estimates 2004-05		(0.0)	0.0			
Rephasing of components	Additional Estimates 2005-06		(2.0)	2.0	(1.0)	0.4	0.6

* As noted in Budget Paper No. 2 of the relevant budget year.

** These tables reflect published original measure funding and rephases. Other variations against the measure, such as indexation, are not included. Rephases made at Budget are incorporated in the published figure and cannot be separately identified.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-142

WHOLE OF PORTFOLIO

Topic: ADVERTISING CAMPAIGN

Written Question on Notice

Senator McLucas asked:

Is there still a PR consultant, hired by DOHA, to work in communications on the Opal fuel roll-out. If so, when was the contract originally meant to end, what services are being provided, and at what expense?

Answer:

No. The contract for Creative Territory expired in April 2007.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-131 **AMENDED**

OUTCOME 0: Whole of Portfolio

Topic: ADVERTISING CAMPAIGN

Written Question on Notice

Senator McLUCAS asked:

For each department and agency in the Minister's portfolio area, what sum, as a total figure, was spent, or will be spent, on advertising campaigns in:

- a) 2006-2007; and
- b) 2007-2008?

Answer:

- a) \$31.8 million (2006-07 expenditure)
- b) \$89.244 million (2007-08 budgets)

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-131

OUTCOME 0: Whole of Portfolio

Topic: ADVERTISING CAMPAIGN

Written Question on Notice

Senator Mclucas asked:

For each Department and agency in the Minister's portfolio area, what sum, as a total figure, was spent, or will be spent, on advertising campaigns in:

- c) 2006-2007; and
- d) 2007-2008?

Answer:

- a) \$30.326 million (2006-07 expenditure).
- b) \$89.244 million (2007-08 budgets).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-132 **AMENDED**

OUTCOME 0: Whole of Portfolio

Topic: ADVERTISING CAMPAIGN

Written Question on Notice

Senator McLUCAS asked:

Identifying each campaign by name, for each department and agency in the Minister's portfolio area, what sum was spent on each advertising campaign that forms the basis of the total figure given to the above question in:

- e) 2006-2007; and
- f) 2007-2008?

Answer:

CAMPAIGN	2006-07 Expenditure \$m	2007-08 Budget \$m
National Safe Use of Alcohol	0.364	9.100
Breastfeeding Education and Support	-	0.685
HIV/AIDS and other STIs	-	2.100
Generic Medicines	-	15.200
Pregnancy Support Helpline	0.433	0.572
Asthma Awareness	2.019	0.800
Petrol Sniffing (Opal unleaded fuel)	0.458	0.080
Private Health Improvements	5.500	11.625
National HPV Vaccination	4.517	3.482
National Youth Tobacco	7.683	5.300
National Skin Cancer Awareness	6.382	5.00
National Drugs	3.005	13.500
Australian Better Health Initiative (ABHI) – Aust. Govt \$	0.374	12.500
National Eye Health Education	0.665	1.200
Alerting the Community to Links between Illicit Drugs and Mental Illness	0.406	8.100

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-132

OUTCOME 0: Whole of Portfolio

Topic: ADVERTISING CAMPAIGN

Written Question on Notice

Senator McLUCAS asked:

Identifying each campaign by name, for each Department and Agency in the Minister's portfolio area, what sum was spent on each advertising campaign that forms the basis of the total figure given to the above question in:

- g) 2006-2007; and
- h) 2007-2008?

Answer:

CAMPAIGN	2006-07 Expenditure \$m	2007-08 Budget \$m
National Safe Use of Alcohol	0.364	9.100
Breastfeeding Education and Support	-	0.685
HIV/AIDS and other STIs	-	2.100
Generic Medicines	-	15.200
Pregnancy Support Helpline	0.433	0.572
Asthma Awareness	2.019	0.800
Petrol Sniffing (Opal unleaded fuel)	0.458	0.080
Private Health Improvements	5.500	11.625
National HPV Vaccination	4.517	3.482
National Youth Tobacco	7.683	5.300
National Skin Cancer Awareness	4.902	5.000
National Drugs	3.005	13.500
Australian Better Health Initiative (ABHI) – Aust. Govt \$	0.374	12.500
National Eye Health Education	0.665	1.200
Alerting the Community to Links between Illicit Drugs and Mental Illness	0.406	8.100

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-133-141

OUTCOME 0: Whole of Portfolio

Topic: ADVERTISING CAMPAIGN

Written Question on Notice

Senator McLUCAS asked:

(E133) What was the purpose of the advertising campaigns?

(E134) What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- (a) Television (TV) placements;
- (b) Radio placements;
- (c) Newspaper;
- (d) Mailouts;
- (e) Internet;
- (f) Websites; and
- (g) Any other placements?

(E135) On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

(E136) For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

(E137) For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

(E138) For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaign?

(E139) For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

- (a) Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

(E140) For each campaign identified in the answers to the questions above, who was the successful tenderer for:
(a) The advertising; and
(b) The market research?

(E141) Please outline the tender process including:
(a) The number of tenders received;
(b) The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
(c) On what basis was the tender given?

Answer:

(E133-E141) See attachments A-O

E133. What was the purpose of the advertising campaigns?

ANSWER: A national campaign to raise awareness of the significant cost of the harmful use of alcohol, increase awareness of the Australian Alcohol Guidelines and to promote more responsible drinking behaviours.

E134. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 and 2007-08 is \$9.464 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$341,000
Creative (including production)	\$13,000
Media purchasing for:	
Television (TV) placements;	Nil
Radio placements;	Nil
Newspaper placements;	Nil
Mailouts;	Nil
Internet;	Nil
Websites;	Nil
Any other placements?	Nil

E135. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

**ANSWER: 18 October 2006
6 August 2007**

E136. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E137. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E138. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: Unknown

E139. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Developmental research has been conducted to inform the campaign strategy and concept testing of advertising proposals has been undertaken.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER:

- a. No

E140. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising; and
- b. The market research?

ANSWER:

- a. N/A (Tender process not finalised)
- b. Woolcott Research

E141. Please outline the tender process including:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER:

- a. The number of tenders received;

<i>Tenders</i>	<i>Number received</i>
Advertising	5
Research	4

- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Advertising	9.8.07	3.9.07	Not finalised
Research	18.10.06	31.10.06	07.11.06

- c. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Advertising	Select tender
Research	Select tender

E141. What was the purpose of the advertising campaigns?

ANSWER: The community education campaign will encourage new mothers to start and continue to breastfeed their babies.

E142. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2007-08 is \$0.685 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	Nil
Creative (including production)	Nil
Media purchasing for:	
Television (TV) placements;	Nil
Radio placements;	Nil
Newspaper placements;	Nil
Mailouts;	Nil
Internet;	Nil
Websites;	Nil
Any other placements?	Nil

E143. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

ANSWER: N/A

E144. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E145. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E146. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: Unknown

E147. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: N/A

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER:

- a. No

E148. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising; and
- b. The market research?

ANSWER: N/A

E149. Please outline the tender process including:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER: N/A

E150. What was the purpose of the advertising campaigns?

ANSWER: Increase awareness of Sexually Transmitted Infections (STIs) and HIV in high risk populations and encourage behavioural change to reduce the incidence of STIs and HIV.

E151. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2007-08 is \$2.1 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	Nil
Creative (including production)	Nil
Media purchasing for:	
Television (TV) placements;	Nil
Radio placements;	Nil
Newspaper placements;	Nil
Mailouts;	Nil
Internet;	Nil
Websites;	Nil
Any other placements?	Nil

E152. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

ANSWER: 15 August 2008

E153. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E154. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E155. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: Unknown

E156. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Developmental research to inform the strategic approach has commenced.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER: a. No

E157. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising; and
- b. The market research?

ANSWER:

- a. N/A
- b. Stancombe Research and Planning

E158. Please outline the tender process including:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER:

- a. The number of tenders received:

<i>Tenders</i>	<i>Number received</i>
Research	3

- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made:

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research	24.8.07	10.09.07	15.10.06

- c. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research	Select tender

E159. What was the purpose of the advertising campaign?

ANSWER: The aim of the campaign is to promote the safety, health and economic aspects of generic medicines.

E160. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2007-08 is \$15.2 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$120,000
Creative (including production)	Nil
Media purchasing for:	
Television (TV) placements;	Nil
Radio placements;	Nil
Newspaper placements;	Nil
Mailouts;	Nil
Internet;	Nil
Websites;	Nil
Any other placements?	Nil

E161. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

ANSWER: 2 August 2007

E162. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E163. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E164. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: Unknown.

E165. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Developmental research to inform the campaign strategy has been undertaken.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER:

- a. No.

E166. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising;
b. The market research?

ANSWER:

- a. N/A
b. Woolcott Research

E167. Please outline the tender process including:

- a. The number of tenders received;
b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
c. On what basis was the tender given?

ANSWER:

- a. The number of tenders received;

<i>Tenders</i>	<i>Number received</i>
Research	3

- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research	02.08.07	17.08.07	05.09.07

- c. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research	Select tender

E168. What was the purpose of the advertising campaigns?

ANSWER: To inform women and their partners who are facing an unplanned pregnancy about the National Pregnancy Support Helpline.

E169. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 and 2007-08 is \$1.005 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$151,000
Creative (including production)	\$72,000
Media purchasing for:	
Television (TV) placements;	Nil
Radio placements;	Nil
Newspaper placements;	Nil
Mailouts;	\$191,000
Internet;	\$38,000
Websites;	Nil
Any other placements?	\$147,000 (convenience advertising); \$72,500 (Yellow Pages)

E170. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

**ANSWER: 3 May 2006
21 March 2007
18 April 2007
2 May 2007
14 May 2007**

E171. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

**ANSWER: Start – 1 June 2007
End – 31 August 2007**

E172. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E173. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: N/A

E174. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Developmental research to inform the campaign strategy, and concept testing of campaign advertising and materials have taken place.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER: a. No

E175. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising; and
b. The market research?

ANSWER:

- c. **The Furnace**
d. **BlueMoon Research and Planning**

E176. Please outline the tender process including:

- a. The number of tenders received;
b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
c. On what basis was the tender given?

ANSWER:

- d. **The number of tenders received;**

<i>Tenders</i>	<i>Number received</i>
Research	4
Creative	N/A – single select

- e. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research	04.05.06	18.05.06	25.05.06
Creative	N/A	N/A	21.03.07

- f. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research	Select tender
Creative	Single select

E177. What was the purpose of the advertising campaigns?

ANSWER: To raise awareness of the symptoms and seriousness of asthma and to encourage action to visit a doctor and receive a written asthma action plan.

E178. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 and 2007-08 is \$2.819 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$348,500
Creative (including production)	\$197,500
Media purchasing for:	
Television (TV) placements;	Nil
Radio placements;	\$563,500
Newspaper placements;	\$48,500
Mailouts;	\$103,500
Internet;	\$38,500
Websites;	Nil
Any other placements?	\$240,000 (magazines)

E179. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

**ANSWER: 7 March 2006
14 February 2007
4 April 2007
26 April 2007**

E180. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

**ANSWER: Start – 1 May 2007
End – 30 June 2007**

E181. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E182. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: N/A

E183. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Qualitative research to inform the campaign strategy, developmental research to concept test campaign advertising and materials, a benchmark study prior to campaign commencement, and research to evaluate the campaign have occurred.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER: as per answer E139.

E184. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising;
- b. The market research?

ANSWER:

- a. **303 Group**
- b. **Eureka Strategic Research**

E185. Please outline the tender process including:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER:

- a. **The number of tenders received;**

<i>Tenders</i>	<i>Number received</i>
Research	4
Creative	5

- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research	06.03.06	23.03.06	05.04.06
Creative	20.02.07	07.03.07	04.04.07

- c. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research	Select tender
Creative	Select tender

E186. What was the purpose of the advertising campaigns?

ANSWER: To inform the Alice Springs community about the full replacement of regular unleaded fuel with Opal and advise residents about the appropriate use of the fuel.

E187. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 is \$0.538 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$262,000
Creative (including production)	\$159,500
Media purchasing for:	
Television (TV) placements;	Nil
Radio placements;	\$36,000
Newspaper placements;	\$68,000
Mailouts;	\$1,700
Internet;	Nil
Websites;	Nil
Any other placements?	Nil

E188. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

**ANSWER: 18 October 2006
2 December 2006
19 December 2006
7 February 2007**

E189. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

**ANSWER: Start – 9 February 2007
End – 5 April 2007**

E190. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E191. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: N/A

E192. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Qualitative research to inform the campaign strategy, developmental research to concept test campaign advertising and materials, a benchmark study prior to campaign commencement and research to evaluate the campaign have occurred.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER: As per answer E139.

E193. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. Advertising.
- b. Market research.

ANSWER:

- a. BMF Pty Ltd
- b. TNS Social Research

E194. Please outline the tender process including the number of tenders received:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER:

- d. The number of tenders received;

<i>Tenders</i>	<i>Number received</i>
Research	4
Creative	N/A – single select

- e. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research	19.10.06	30.10.06	3.11.06
Creative	N/A	N/A	12.12.06

- f. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research	Select tender
Creative	Single select

E195. What was the purpose of the advertising campaigns?

ANSWER: To inform consumers of the recent legislative changes to private health insurance and the new independent website to assist consumers to better understand private health insurance and to compare health insurance products.

E196. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 and 2007-08 is \$17.137 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$485,500
Creative (including production)	\$1,881,000
Media purchasing for:	
Television (TV) placements;	\$8,502,500
Radio placements;	\$1,195,000
Newspaper placements;	\$3,314,500
Mailouts;	Nil
Internet;	\$309,000
Websites;	Nil
Any other placements?	\$339,000 (magazines)

E197. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

ANSWER: 6 September 2006
14 November 2006
8 February 2007
14 March 2007
28 March 2007
18 April 2007
10 May 2007

E198. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

**ANSWER: Start – 29 April 2007
End – 29 June 2007**

E199. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E200. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: N/A

E201. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Qualitative research to inform the campaign strategy, developmental research to concept test campaign advertising and materials, a benchmark study prior to campaign commencement, and research to evaluate the campaign have occurred.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER: as per answer E139.

E202. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising;
- b. The market research?

ANSWER:

- c. Whybin/TBWA
- d. Open Mind Research Group

- E203. Please outline the tender process including:
- The number of tenders received;
 - The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
 - On what basis was the tender given?

ANSWER:

- The number of tenders received;

<i>Tenders</i>	<i>Number received</i>
Research	4
Creative	5

- The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research	07.09.06	19.09.06	16.10.06
Creative	15.11.06	29.11.06	08.02.07

- On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research	Select tender
Creative	Select tender

E204. What was the purpose of the advertising campaigns?

ANSWER: The campaign aims to raise community awareness of the National HPV Vaccination Program and how to access the Program.

E134. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 and 2007-08 is \$7.999 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$452,000
Creative (including production)	\$425,000
Media purchasing for:	
Television (TV) placements;	Nil
Radio placements;	\$2,558,000
Newspaper placements;	\$1,474,000
Mailouts;	\$45,000
Internet;	\$711,000
Websites;	Nil
Any other placements?	\$1,317,000 (magazines)

E135. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

**ANSWER: 12 December 2006
19 December 2006
7 February 2007
27 February 2007
14 March 2007**

E136. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E137. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

**ANSWER: Start – 11 March 2007
End – November 2007**

E138. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: N/A

E139. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Developmental research to inform the campaign strategy, concept testing of campaign advertising and materials, and a benchmark study prior to campaign commencement and research to evaluate the campaign have occurred.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER: as per answer E139.

E140. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising; and
- b. The market research?

ANSWER:

- a. **BMF Advertising**
- b. **Blue Moon Research & Planning**

E141. Please outline the tender process including:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER:

- a. **The number of tenders received;**

<i>Tenders</i>	<i>Number received</i>
Research	1
Creative	1

- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and

Timeline:

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research	N/A	N/A	12.12.06
Creative	N/A	N/A	07.12.06

- c. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research	Single select
Creative	Single select

E205. What was the purpose of the advertising campaigns?

ANSWER: The aim of the National Youth Tobacco Campaign is to contribute to a reduction in the uptake and prevalence of smoking among young Australians.

E134. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 and 2007-08 is \$12.983 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$550,000
Creative (including production)	\$800,000
Media purchasing for:	
Television (TV) placements;	\$3,366,000
Radio placements;	\$1,051,000
Newspaper placements;	\$34,000
Mailouts;	Nil
Internet;	\$93,400
Websites;	Nil
Any other placements?	\$469,500 (magazines); \$420,400 (cinema); \$731,500 (outdoor)

E135. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

ANSWER: 10 May 2006
14 July 2006
31 October 2006
6 December 2006

E136. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

ANSWER: Two phases of activity:

Phase 1. Start – 26 December 2006

End – 6 January 2007

Phase 2. Start – 4 February 2007

End – 31 March 2007

E137. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E138. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: N/A

E139. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Developmental research to inform the campaign strategy, concept testing of campaign advertising and materials, a benchmark study and tracking research to evaluate campaign activity have occurred.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER: as per answer E139.

E140. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising; and
- b. The market research?

ANSWER:

- a. **The Sydney Furnace**
- b. **Woolcott Research (concept testing research); The Social Research Centre (evaluation research)**

E141. Please outline the tender process including:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER:

c. The number of tenders received;

<i>Tenders</i>	<i>Number received</i>
Research – concept testing	3
Research – evaluation	1
Creative	5

d. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research – concept testing	11.05.06	22.05.06	26.05.06
Research – evaluation	26.09.06	27.09.06	18.10.06
Creative	11.05.06	29.05.06	14.07.06

e. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research – concept testing	Select tender
Research – evaluation	Single select
Creative	Select tender

NATIONAL SKIN CANCER AWARENESS CAMPAIGN

E206. What was the purpose of the advertising campaigns?

ANSWER: The campaign aims to educate Australians about the importance of protecting themselves against skin cancer.

E207. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 and 2007-08 is \$11.382 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$530,000
Creative (including production)	\$857,000
Media purchasing for:	
Television (TV) placements	\$2,815,000
Radio placements	\$792,000
Newspaper placements;	\$8,000
Mailouts;	Nil
Internet;	Nil
Websites;	\$75,000
Any other placements?	\$340,000 (magazines); \$311,000 (cinema); \$587,500 (outdoor)

E208. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

**ANSWER: 8 November 2005
26 April 2006
14 June 2006
8 August 2006
6 September 2006
17 October 2006
12 September 2007**

E209. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

**ANSWER: Start – 19 November 2006
End – 24 February 2007**

E210. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E211. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: Unknown

E212. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Developmental research to inform the campaign strategy, concept testing of advertising and materials, a benchmark study prior to campaign commencement, and tracking research to evaluate the campaign have occurred.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER: As per answer E139.

E213. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising; and
- b. The market research?

ANSWER:

- a. **BMF Advertising**
- b. **Eureka Strategic Research**

E214. Please outline the tender process including:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER:

- a. **The number of tenders received:**

<i>Tenders</i>	<i>Number received</i>
Research	4
Creative	4

- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made.

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research	09.11.05	23.11.05	05.12.05
Creative	26.04.06	10.05.06	14.06.06

- c. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research	Select tender
Creative	Select tender

E215. What was the purpose of the advertising campaigns?

ANSWER: The campaign aims to educate Australians about the importance of protecting themselves against skin cancer.

E216. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 and 2007-08 is \$9.902 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$530,000
Creative (including production)	\$857,000
Media purchasing for:	
Television (TV) placements	\$2,815,000
Radio placements	\$792,000
Newspaper placements;	\$8,000
Mailouts;	Nil
Internet;	Nil
Websites;	\$75,000
Any other placements?	\$340,000 (magazines); \$311,000 (cinema); \$587,500 (outdoor)

E217. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

ANSWER: 8 November 2005
26 April 2006
14 June 2006
8 August 2006
6 September 2006
17 October 2006
12 September 2007

E218. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

ANSWER: Start – 19 November 2006
End – 24 February 2007

E219. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E220. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: Unknown

E221. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Developmental research to inform the campaign strategy, concept testing of advertising and materials, a benchmark study prior to campaign commencement, and tracking research to evaluate the campaign have occurred.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER: As per answer E139.

E222. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising; and
- b. The market research?

ANSWER:

- c. **BMF Advertising**
- d. **Eureka Strategic Research**

E223. Please outline the tender process including:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER:

- a. **The number of tenders received:**

<i>Tenders</i>	<i>Number received</i>
Research	4
Creative	4

- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made.

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research	09.11.05	23.11.05	05.12.05
Creative	26.04.06	10.05.06	14.06.06

- c. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research	Select tender
Creative	Select tender

E224. What was the purpose of the advertising campaigns?

ANSWER: To contribute to the prevention of illicit drug use by providing information to young people and parents about the harms of illicit drugs and in particular those relating to cannabis and psycho-stimulants such as ecstasy and amphetamines, including ice.

E225. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites;
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 and 2007-08 is \$16.505 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$490,000
Creative (including production)	\$1,142,000
Media purchasing for:	
Television (TV) Placements;	\$8,329,000
Radio placements;	Nil
Newspaper placements;	\$415,000
Mailouts;	\$4,750,000
Internet;	\$149,000
Websites;	\$11,000
Any other placements?	\$209,000 (magazines); \$126,000 (outdoor)

E226. On what date were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

ANSWER: 18 October 2006
14 March 2007
2 May 2007
14 May 2007
6 June 2007
11 July 2007

E227. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

ANSWER: Start – 19 August 2007
End – 13 October 2007

E228. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E229. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: N/A

E230. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Qualitative research to inform the campaign strategy, developmental research to concept test campaign advertising and materials, a benchmark study prior to campaign commencement, and tracking research to evaluate the campaign have occurred.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER: as per answer E139.

E231. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising; and
 - b. The market research?
- a. The Campaign Palace**
b. Blue Moon Research and Planning (development and concept testing research) and Social Research Centre (evaluation research)

E232. Please outline the tender process including:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER:

- f. The number of tenders received;

<i>Tenders</i>	<i>Number received</i>
Research (developmental/concept testing)	2
Research (evaluation)	5
Creative	4

- g. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research – developmental/concept testing	18.10.06	31.10.06	03.11.06
Research - evaluation	04.05.07	18.05.07	21.06.07
Creative	31.03.04	15.04.04	27.04.04

h. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research – developmental/concept testing	Select tender
Research - evaluation	Select tender
Creative	Select tender

E233. What was the purpose of the advertising campaigns?

ANSWER: The campaign aims to raise awareness of healthy lifestyle choices and promote consistent lifestyle messages to assist with reducing the burden of chronic disease.

E234. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 and 2007-08 is \$12.874 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$407,500
Creative (including production)	\$446,500
Media purchasing for:	
Television (TV) placements;	Nil
Radio placements;	Nil
Newspaper placements;	Nil
Mailouts;	Nil
Internet;	Nil
Websites;	Nil
Any other placements?	Nil

E235. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

**ANSWER: 14 November 2006
 7 May 2007
 6 June 2007
 4 July 2007
 29 August 2007**

E236. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E237. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E238. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: Unknown.

E239. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Developmental research to inform campaign strategy and concept testing of advertising proposals has been undertaken.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER:

- a. No.

E240. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising; and
- b. The market research?

ANSWER:

- a. **The 303 Group**
- b. **Blue Moon Research and Planning**

E241. Please outline the tender process including:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER:

- a. The number of tenders received;

<i>Tenders</i>	<i>Number received</i>
Research	4
Advertising	5

- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research	01.12.06	14.12.06	20.12.06
Advertising	08.05.07	22.05.07	06.06.07

- c. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research	Select tender
Advertising	Select tender

E242. What was the purpose of the advertising campaigns?

ANSWER: A national initiative to educate Australians about the importance of protecting themselves against avoidable vision loss and blindness.

E243. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 and 2007-08 is \$1.865 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$220,000
Creative (including production)	Nil
Media purchasing for:	
Television (TV) placements;	Nil
Radio placements;	Nil
Newspaper placements;	Nil
Mailouts;	Nil
Internet;	Nil
Websites;	Nil
Any other placements?	Nil

E244. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

ANSWER: 10 October 2006

E245. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E246. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E247. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: Unknown

E248. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Developmental and benchmark research have been undertaken.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER:

- a. No

E249. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising; and
- b. The market research?

ANSWER:

- a. N/A
- b. Blue Moon Research and Planning

E250. Please outline the tender process including:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER:

- i. The number of tenders received;

<i>Tenders</i>	<i>Number received</i>
Research	3

- j. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Research	13.10.06	27.10.06	10.11.06

- k. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Research	Select tender

ALERTING THE COMMUNITY TO LINKS BETWEEN ILLICIT DRUGS AND MENTAL ILLNESS
CAMPAIGN **Attachment O**

E251. What was the purpose of the advertising campaigns?

ANSWER: A national campaign to raise awareness about the links between illicit drugs and mental illness and to encourage people at risk to seek help and support.

E252. What was the total estimated budget and breakdown of campaign costs, including market and other research, creative, pre-production, production and media purchasing for:

- a. Television (TV) placements;
- b. Radio placements;
- c. Newspaper placements;
- d. Mailouts;
- e. Internet;
- f. Websites; and
- g. Any other placements?

ANSWER: The total campaign budget for 2006-07 and 2007-08 is \$8.506 million.

Expenditure breakdown as at 30 November 2007 (GST exclusive) is:

Market and other research	\$394,000
Creative (including production)	\$7,000
Media purchasing for:	
Television (TV) placements;	Nil
Radio placements;	Nil
Newspaper placements;	Nil
Mailouts;	Nil
Internet;	Nil
Websites;	Nil
Any other placements?	Nil

E253. On what dates were the individual campaigns referred to the Ministerial Committee on Government Communication (MCGC) for approval and on what dates were the necessary approvals granted?

**ANSWER: 18 October 2006
19 September 2007**

E254. For campaigns that have already been completed, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E255. For campaigns that are currently in progress, on what date did the campaigns start and on what date did they finish?

ANSWER: N/A

E256. For campaigns that are yet to commence, what is the projected date of commencement and anticipated duration of the campaigns?

ANSWER: Unknown.

E257. For each campaign identified in the answers to questions above, what market research, including opinion polling and evaluation following the conclusion of the campaign (if applicable) was undertaken?

ANSWER: Developmental research has been conducted to inform the strategic approach.

- a. Have any cost-benefit assessments been done to assess the returns from opinion polls, focus groups or other market research?

ANSWER:

- a. No.

E258. For each campaign identified in the answers to the questions above, who was the successful tenderer for:

- a. The advertising; and
- b. The market research?

ANSWER:

- e. N/A - (tender process not finalised)
- f. Blue Moon Research and Planning

E141. Please outline the tender process including:

- a. The number of tenders received;
- b. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and
- c. On what basis was the tender given?

ANSWER:

- i. The number of tenders received;

<i>Tenders</i>	<i>Number received</i>
Advertising	5
Research	2

- m. The timeline from when invitations to tender were issued through to the issue of the tender, including the date on which submissions closed and the date on which the decision on the successful tenderer was made; and

<i>Tenders</i>	<i>Open</i>	<i>Closed</i>	<i>Appointed</i>
Advertising	20.09.07	11.10.07	Not finalised
Research	18.10.06	31.10.06	03.11.06

- c. On what basis was the tender given?

<i>Tender</i>	<i>Basis of selection</i>
Advertising	Select tender
Research	Select tender

NATIONAL BOWEL CANCER SCREENING PROGRAM – SUMMARY STATISTICS AS AT 30 APRIL 2007

T1

Number of invitations, participation and positivity volumes and rates (%) (as at 30 April 2007)

State/ Territory	Invitations sent	% of total invitees	Number of participants	Participation rate	Participants with positive FOBT	Positivity rate [^]	Commencement Date	Rollout Type*
QLD	37,039	18.5%	11,075	29.9%	600	5.4%	7-Aug-06	Geographic
NSW	146,375	44.8%	48,731	33.3%	2,834	5.8%	14-Aug-06	Birthdate
ACT	6,139	36.7%	2,270	37.0%	125	5.5%	11-Sep-06	Birthdate
SA	15,411	26.7%	4,325	28.1%	246	5.7%	22-Jan-07	Geographic
VIC	70,223	29.0%	18,488	26.3%	1068	5.8%	29-Jan-07	Birthdate
WA	21,002	20.3%	4,916	23.4%	243	4.9%	29-Jan-07	Geographic
TAS	2029	7.9%	92	4.5%	5	5.4%	2-Apr-07	Birthdate
NT	693	7.8%	72	10.4%	3	4.2%	5-Mar-07	Geographic
TOTAL	298,911	30.5%	89,969	30.1%	5,124	5.7%		

* Birth date rollout: involves eligible participants being identified and invited to participate generally within 4 weeks of their 55th or 65th birthday, with an initial catch up period for delayed commencement of the Program. Geographic rollout: involves the full cohort of eligible people being issued invitations across the period of screening according to their postcode, so invitations will be sent to people in the eligible age groups at the same time as others living in their area.

T3 and T4

T3 McKesson Pty Ltd Privacy Protocol

T4 McKesson Pty Ltd Information Security Plan

[Note: the above documents were tabled in the Senate on 14.06.07 and have not been included in the electronic/printed volume]

T7

Healthy School Communities Grants Program – List of schools approved for grants sorted by State as of 22 December 2006

[Note: the above document was tabled in the Senate on 14.06.07 and has not been included in the electronic/printed volume]

T13

The National Pregnancy Support Helpline communication material

Poster

[http://www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pregnancy-helpline/\\$File/poster.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/phd-pregnancy-helpline/$File/poster.pdf)

Wallet card

[http://www.health.gov.au/internet/wcms/publishing.nsf/Content/FA73AE168F15C7B7CA2572F1002134EB/\\$File/wallet-card.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/FA73AE168F15C7B7CA2572F1002134EB/$File/wallet-card.pdf)

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-062

OUTCOME 1: Population Health

Topic: DRINK WISE

Written Question on Notice

Senator Fielding asked:

The Sydney Morning Herald reports that the Federal Government has given Drink Wise Australia one-off funding of \$5 million.

- (a) Is this true?
- (b) Has Drink Wise been given any more money by the Federal Government and if so how much?

Answer:

- (a) Yes.
- (b) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-064

OUTCOME 1: Population Health

Topic: DrinkWise

Written Question on Notice

Senator Fielding asked:

Was the funding the result of a recommendation from the Department to the Minister? If not, how did the funding come about?

Answer:

The Australian Government's decision reflects its commitment to work in partnership with industry to jointly tackle the issue of irresponsible drinking. The Department does not disclose policy advice given to Ministers.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-066

OUTCOME 1: Population Health

Topic: Drinkwise

Written Question on Notice

Senator Fielding asked:

What are the specific outcomes or outputs required for the funding given to DrinkWise?

Answer:

The outcomes or outputs required specified in the Schedule to the contract can be found in the response to question E07-063.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-068

OUTCOME 1: Population Health

Topic: DRINK WISE

Written Question on Notice

Senator Fielding asked:

Is the Government planning to provide more money to Drinkwise in the future?

Answer:

The Australian Government has no plans to provide further funding to Drink Wise at this time.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-069

OUTCOME 1: Population Health

Topic: DRINKWISE

Written Question on Notice

Senator Fielding asked:

Is DrinkWise a body funded by the alcohol industry? If so, how much money has the industry raised to fund DrinkWise in each of the past three years?

Answer:

Yes it is. The Department is unable to provide exact information on behalf of the alcohol beverages industry; however DrinkWise Australia has a budget target of \$10 million per annum from industry partners. DrinkWise was incorporated in April 2005, and its funding agreement with the Department operates from June 2006 until June 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-100

OUTCOME 1: Population Health

Topic: CHARGES AGAINST PAN AND ITS EMPLOYEES

Hansard Page: CA 61

Senator Allison asked:

Can the Committee be provided with information about charges against Pan and its employees.

Answer:

In February 2003 the Therapeutic Goods Administration (TGA) commenced an investigation into the circumstances surrounding the manufacture of medicines by Pan Pharmaceuticals Limited (Pan). Mr Jim Selim was the Managing Director of Pan at the time.

Pan was the manufacturer of a travel sickness remedy, 'Travacalm tablets' the consumption of which in early 2003 resulted in over 150 adverse reactions ranging from mild to severe. This ultimately led to the suspension of Pan's manufacturing license and the recall of all medicines manufactured by Pan.

On 22 March 2004 the TGA submitted a brief of evidence to the Commonwealth Director of Public Prosecutions (CDPP) arising from the manufacture by Pan of Travacalm tablets and other therapeutic products.

- Following consideration of the brief by CDPP Pan and an employee of Pan, Mr Shayma Jain, were charged with ten (10) charges of manufacturing a counterfeit medicine under section 42E of the *Therapeutic Goods Act 1989*.
- On 6 May 2005, an additional nine (9) charges of manufacturing counterfeit medicines were brought against both Mr Shayma Jain and Pan under the provisions of section 42E of the *Therapeutic Goods Act 1989*. These charges related to the manufacture of medicines other than Travacalm in which instances of data manipulation were uncovered during the TGA investigation.

- On 25 May 2005, twenty-three (23) charges each under Section 54 of the *NSW Crimes Act 1900* (intentionally inflicting Grievous Bodily Harm (GBH)) were laid at the Downing Centre Local Court against both Mr Shayma Jain and Pan.
 - Mr Jain pleaded guilty to all TGA and State charges and was convicted of those charges. On, Friday 2 September 2005, Mr Jain was sentenced to 18 months imprisonment by way of periodic detention.
 - Pan pleaded guilty to the TGA and State charges at the Sydney District Court at a hearing commencing 28 November 2005. Judge Charteris sentenced Pan on the 12 December 2005. The Company was fined a total of \$3 million dollars - \$2.5 million dollars in relation to the TGA charges and \$500,000 in respect of the State charges.
- Mr Selim appeared in Court on 19 February 2007 in relation to a charge of procuring the destruction of evidence. Following all of the Crown evidence being presented, the defense made a submission to the trial Judge on point of law and the Judge subsequently directed the jury to acquit Mr Selim. The CDPP has lodged an appeal in relation to the decisions of the trial Judge which is yet to be heard before the NSW Criminal Court of Appeal. The hearing is scheduled to commence on 16 August 2007. As this matter is still currently before the Court any comment would be inappropriate.
- There are a number of other criminal charges awaiting hearing in relation to both Pan and a number of its former employees. These matters are currently before the Court and, as they are considered sub judice, no further details can be released at this time.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 - 31 May 2007

Question: E07-147

OUTCOME 1: Population Health

Topic: TAMIFLU

Written Question on Notice

Senator McLucas asked:

- (a) Did the National Drugs and Poisons Schedule Committee (NDPSC) reject a proposal to have Tamiflu made available over the counter in October 2005?
- (b) What was the rationale for this decision?
- (c) Given Tamiflu is most effective if used as soon as flu symptoms develop, wouldn't it be most effective if made available over the counter?

Answer:

- (a) Yes.
- (b) This issue was considered by the NDPSC over the course of four separate meetings (October 2004, February 2005, June 2005 and October 2005). At its October 2005 meeting, after considering the recommendations from the National Influenza Pandemic Action Committee (NIPAC) along with all other public submissions, the NDPSC concluded that the current prescription-only scheduling status of oseltamivir (the active ingredient in Tamiflu) remained appropriate. This decision was based on both concerns raised regarding the likelihood of correct diagnosis by pharmacists without accurate point-of-care tests or physical examination during non-pandemic periods as well as concerns raised in regards to currently available inconclusive data relating to the likelihood of the development of resistance. The NDPSC acknowledged the need for the continued gathering of epidemiological data in relation to prevalence/resistance of influenza and felt that such data-gathering would be logistically difficult, should oseltamivir be down-scheduled.
- (c) While there are clinical benefits in commencing oseltamivir within 48 hours of onset of symptoms during seasonal inter-pandemic outbreaks, there is potential for pharmacists to misdiagnose serious illnesses such as pneumonia. Furthermore, international trials run in collaboration with the WHO showed that there were inadequate data to assess the likelihood of the development of drug resistance in Influenza A virus, should oseltamivir be made available over-the-counter.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-153

OUTCOME 1: Population Health

Topic: NATIONAL HEALTH PRIORITY AREAS

Written Question on Notice

Senator McLucas asked:

Are there any reporting / evaluation mechanisms for the National Health Priority Areas?

Answer:

Funding for the National Health Priority Areas is provided through a range of mechanisms including through programs managed by the Department of Health and Ageing and Council of Australian Governments (COAG) initiatives. As such, a range of reporting / evaluation mechanisms are currently in place related to specific programs and initiatives. These include both internal and external program reviews, ongoing evaluation of specific program elements and lapsing program evaluations.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-154

OUTCOME 1: Population Health

Topic: COAG DIABETES

Written Question on Notice

Senator McLucas asked:

How is the tick test envisaged to work? For example, will the tick test be handed out by the practice receptionist? Or a practice nurse?

Answer:

The first year components of the COAG Diabetes initiative are the development of the risk assessment tool and the development of standards and an accreditation process for the lifestyle modification programs.

The risk assessment tool and the detail of its operation will be developed with the advice of relevant experts, and in consultation with professional groups such as the Australian Medical Association, over the next six months.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-156

OUTCOME 1: Population Health

Topic: COAG DIABETES

Written Question on Notice

Senator McLucas asked:

What is the mechanism for 'marking' the tick test?

Answer:

The first year components of the COAG Diabetes initiative are the development of the risk assessment tool and the development of standards and an accreditation process for the lifestyle modification programs.

The risk assessment tool and the detail of its operation, including the method of scoring risk, will be developed with the advice of relevant experts over the next six months.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-157

OUTCOME 1: Population Health

Topic: COAG DIABETES

Written Question on Notice

Senator McLucas asked:

Why is only the 40 to 49 age group targeted? Isn't diabetes increasingly a problem for younger age groups as well?

Answer:

The 40-49 age group is targeted for this intervention because the modifiable risk factors for type 2 diabetes increase in this age group, and compound with the independent risk factor of age from 45 years on, to significantly escalate the risk of type 2 diabetes.

All people who believe that they may be at risk of chronic disease, including type 2 diabetes, are able to visit their doctor as part of normal medical care using standard consultation items.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-351

OUTCOME 1: Population Health

Topic: PREGNANCY SUPPORT HELPLINE-RECORDS OF CALLS

Hansard Page: CA 36

Senator Stott Despoja asked:

Remembering that we are dealing with a number of pieces of legislation and regulation, if that record (record of call) constitutes a medical record can it be transferred to their GP, at the request of the caller?

Answer:

Yes, schedule 3 and section 14 of the *Privacy Act 1988* (the Act) allows an organisation to use and disclose personal information about an individual where the individual has consented to the use or disclosure of that information. The contracted organisation for the Pregnancy Support Helpline (McKesson Asia Pacific Pty Ltd) is therefore entitled under the Act to transfer a caller's medical record to the caller's GP with the caller's consent. If the original is released, details of the release need to be retained for the term specified in each state and territory medical records legislation.

The transfer of medical records is also covered under medical records legislation. At present, only three states and territories have specific medical records legislation, those being the ACT, NSW and Victoria. Of the medical records legislation, only that of the ACT and Victoria have specific provisions relating to the transfer of medical records. None of these provisions are inconsistent with the provisions of the Commonwealth *Privacy Act 1988* (the "Privacy Act").

The general position is that when a state law is inconsistent with a Commonwealth law, the Commonwealth law will prevail to the extent of the inconsistency. As there is no inconsistency in this context, the issue of which law would prevail does not arise.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-208

OUTCOME 1: Population Health

Topic: IMPROVED SERVICES FOR PEOPLE WITH DRUG AND ALCOHOL PROBLEMS AND MENTAL ILLNESS.

Written Question on Notice

Senator McLucas asked:

What benchmarks have been set for this initiative?

Answer:

A range of capacity building and service improvement activities will be funded under the Improved Services for People with Drug and Alcohol Problems and Mental Illness measure. Activities supported are likely to include the implementation of revised policies and procedures that support the identification and treatment / management of clients with comorbid drug and alcohol problems and mental illness; mechanisms for professional support and guidance; and the development of more sustainable partnerships and linkages with the wider health, social and community service network. Organisations will be required to report on how the capacity of their service to identify and treat comorbidity improves over the course of the grant.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-353

OUTCOME 1: Population Health

Topic: MCKESSON & PREGNANCY SUPPORT HELPLINE

Hansard Page: CA 46

Senator Stott Despoja asked:

Did the Department receive a response to the written request for advice in response to an article in the *Sydney Morning Herald* on 3 February this year, and would the Department supply us with a copy of the response from McKesson?

Answer:

The Department received a response from McKesson on 5 February 2007. McKesson has agreed to the provision of the attached response to the Committee.

McKesson Asia-Pacific Pty Limited
ACN 090 396 792
Level 1, 199 Epping Road
PO Box 4069
Lane Cove DC NSW 2086
612 9423 3700 Tel
612 9420 0171 Fax

MCKESSON
Empowering Healthcare

5 February 2007

Ms Andriana Koukari
Assistant Secretary - Targeted Prevention Programs Branch
Department of Health & Ageing

Dear Ms Koukari,

On Saturday, February 3rd 2007, several media outlets (including the Sydney Morning Herald and Sky News) reported on a story relating to the "Helping Hands", programme managed by McKesson on behalf of one of its clients, HCF.

Helping Hands is an innovative mental health program designed to assist in relapse prevention and to complement the care of the person's treating team. As with all McKesson programmes, the clinical care of individual enrolled is paramount and McKesson does not recommend that the programme replace or interfere with their doctor's advice. Helping Hands is provided free of charge to the HCF member and the interactions with the member are by an experienced mental health professional.

Unfortunately, media reports on the weekend contained inaccuracies about issues around patient records and confidentiality. We have written to you to be proactive in addressing this as patient records and privacy are of utmost importance to us.

Clarifications on questions that may have been raised are as follows:

- McKesson has a contract with HCF which has strict confidentiality arrangements in place
- McKesson operates as a contracted service provider to HCF, not as an independent entity or third party company (this is akin to a nurse employed by an agency working in a hospital)
- HCF's published "Privacy Policy" specifically addresses storing of personal and health information in a regulated manner which is strictly adhered to by McKesson. McKesson also has strict privacy policies and meet all the requirements of privacy legislation

- Helping Hands is a free service to HCF members who voluntarily enrol in the programme
- McKesson is neither purchasing nor on-selling private health information from HCF or any other organisation

As you would be aware, the need for confidential and proactive mental health services far outweighs the available resources, and many of the people using private mental health services fall outside the criteria to access public mental health services.

Importantly, McKesson consulted with the The Royal Australian and New Zealand College of Psychiatrists (RANZCP) and consumer groups prior to launching the Helping Hands programme and received positive feedback on the programme's structure and processes from these groups as well as other stakeholders.

McKesson is disappointed that the Helping Hands programme has been highlighted in a negative light rather than heralded for its contribution to the field of mental health.

McKesson continues to be committed to delivering high quality healthcare services and will work in partnership with clients to deliver on its stated goal - Better Healthcare Every Time.

If you have any questions relating to recent media attention or questions related to your own program please do not hesitate to contact me or Dr Andrew Wilson.

Kind regards,



Dr Matthew Cullen
Co-President

cc. Ms Lyn Williams
Acting Director - Family Planning Section

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-358

OUTCOME 1: Population Health

Topic: WELLBEING PLAN FOR CHILDREN

Hansard Page: CA 30

Senator Lundy asked:

Provide any correspondence between DoHA and the CSIRO and/or DEST that does not constitute policy advice and therefore falls within the realm of things we are able to ask for?

Answer:

There is no correspondence that can be provided from the period leading up to the May 2007 budget announcement of the *Wellbeing Plan for Children*.

The attached Budget media release (Attachment A) and fact sheet (Attachment B) make clear the initiative is titled a "Plan" and has a focus on practical support for parents to promote healthy eating and physical activity for children.

Media Release
Minister for Health and Ageing
Tony Abbott MHR

8 May 2007

ABB 55/07

PREVENTING CHRONIC DISEASE

While medical technology, procedures and pharmaceuticals continue to improve, a growing number of Australians are developing diseases and suffering premature death because of avoidable lifestyle risk factors.

The 2007-08 Budget contains additional funding of \$236 million of new funding for measures to help Australians to avoid preventable chronic illnesses.

Healthy choices have the potential not only to improve our health now and into the future, but the health of our children.

The measures include a new program to identify people at risk of type 2 diabetes and help for them to modify risky behaviours, a new survey to collect information on Australians' habits and health, new public information and education campaigns, and grants to communities to support local good health initiatives.

Eligibility for two cholesterol lowering drugs through the Pharmaceutical Benefits Scheme will also be extended to help people at risk of developing heart disease.

COAG – reducing the risk of type 2 diabetes

Without effective interventions, it is estimated that by the year 2030 around 3.3 million Australians will have developed type 2 diabetes.

The Commonwealth Government will provide \$103.4 million over four years as its contribution to a cost-shared initiative with state and territory governments to address growth in type 2 diabetes announced by COAG on 13 April 2007. States and territories will provide a further \$101 million for other activities to address type 2 diabetes.

The Commonwealth's contribution will focus on people aged 40 to 49 years by encouraging them to take a "tick test" in their general practitioner's surgery. Patients with a high risk score will be reviewed by their GP, who may refer them to an accredited subsidised lifestyle modification program. These programs might typically comprise a number of sessions of group counselling followed by monthly telephone follow-ups for three months. Programs may adopt alternative mixes of face-to-face and telephone contact in delivering the prescribed standards of patient contact to achieve sustained behavioural change.

National standards and accreditation will be put in place for these programs to help people change their lifestyles to delay or prevent onset of diabetes. National standards will ensure that lifestyle modification programs offered to the public are both safe and effective in reducing the risk of type 2 diabetes. Accreditation will be required for the subsidised programs included in this package. The risk assessment tick test, program standards and accreditation arrangements will be completed in mid-2008.

Wider access to anti cholesterol drugs on the PBS

Access to two important drugs to combat high cholesterol levels through the PBS will be widened to help more people to avoid development of heart disease.

Cholesterol in the blood is a major risk factor for the development of cardiovascular disease.

The extension of eligibility to Ezetrol® (ezetimibe) and Vytorin® (ezetimibe and simvastatin) through the PBS will commence on 1 August 2007 and will cost \$77.6 million over four years. It accords with the recommendations of the Review of the PBS Subsidisation of Lipid Lowering drugs.

Around 42,000 people are expected to start treatment with one of these drugs in the first full year, as a result of the Budget decision.

Skin cancer awareness campaign – continuation of funding

Australia has the highest rate of skin cancer and skin cancer deaths in the world. The toll is rising: the incidence of melanomas in the Australian population is expected to increase more than 20 per cent between 2002 and 2011.

A 2004 survey showed that young Australians are not taking the risk of skin cancer seriously. Long-term behavioural change is needed to protect these young people from future disease and death.

The current national education campaign on skin cancer will be extended and updated at a cost of \$11.5 million over two years to provide young Australians with a strong, factual warning about the dangers of skin cancer and the actions they should take to prevent it.

Healthy Active Australia – grants for physical activity projects in the community

The rate of overweight and obesity among adult Australians has doubled over the past two decades. The consequences include rising levels of chronic disease which, apart from the impact on the lifestyle and wellbeing of the individual, cost the nation an estimated \$1.2 billion a year.

The Commonwealth Government will provide direct support to communities to make it easier for adult and older people to take part in physical activities and social interaction to improve their weight and overall health.

One-off grants totalling \$11.7 million over four years will be available to local projects to create new activities and extend or evaluate existing activities such as healthy walking groups. Groups will also be able to apply for grants to buy equipment or other minor infrastructure.

Healthy Active Australia – funding for a national nutrition and physical activity survey

Detailed information about Australians' weight, what they eat and what exercise they do, will be collected in an ongoing series of National Nutrition and Physical Activity Surveys. The next survey will focus on adults and involve up to 14,000 participants.

Survey results will be used to assess the outlook for lifestyle-related health problems, and to develop new education campaigns to encourage people to change their eating habits and levels of physical activity. It will also support regulatory decisions concerning food supply. The surveys will also be used to assess the impact of health education campaigns.

Funding of \$10.6 million over four years has been provided for the surveys, which over time will examine all sections of the population.

Sexually transmitted infections – establishment of National Prevention Program

A new \$9.8 million national campaign over four years will encourage safe sexual practices to prevent the spread of HIV/AIDS and other sexually transmissible infections (STIs).

The most recent figures indicate an increase in the number of new HIV cases by 41 per cent over a five-year period. There have also been large rises in chlamydia, gonorrhoea and syphilis.

The new national campaign will increase awareness of the risk of STIs and HIV and provide advice on behavioural change. It will particularly target at-risk communities including homosexual men, young people and Aboriginal and Torres Strait Islander people.

Breastfeeding – education and support

A \$8.7 million community information and education campaign will encourage new mothers to start and continue to breastfeed their babies.

Research will explore the reasons why many Australian mothers decide not to breastfeed or to stop breastfeeding before the recommended period of six months.

Practical and up-to-date information will be provided to parents in take-home packs after the birth. From August 2008, a public education campaign will target messages to expecting and new parents about the importance of breastfeeding in promoting good health and resistance to disease throughout life.

Hepatitis C Education and Prevention Initiative – continuation of funding

There is no vaccine for hepatitis C, and education and prevention is essential to reduce the number of new infections.

For people who are infected, early testing, diagnosis and treatment are also very important in improving their health outcomes.

This initiative will also provide information on testing, diagnosis and treatment to the nearly 200,000 people living with chronic hepatitis C infection. The disease is now the most common reason for liver transplants in Australia.

The Government has committed \$17.0 million over four years to continue the Hepatitis C Education and Prevention Initiative.

Healthy Active Australia – CSIRO wellbeing plan for children

The Government will provide \$3.0 million over two years to develop a *Wellbeing Plan for Children* and to update Australia's scientific guidelines on children's nutrition.

Following the success of CSIRO's Total Wellbeing books for adults, the *Wellbeing Plan for Children* will provide practical support for parents to promote healthy eating and physical activity for children.

It will also provide information about the types and quantity of food children should be eating, and may include recipes and exercise suggestions for parents to improve eating patterns and physical activity in children.

The *Australian Guide to Healthy Eating* and the *Dietary Guidelines for Children and Adolescents* will also be updated to contribute the latest scientific evidence for the CSIRO Wellbeing Plan for children.

Media contact: Claire Kimball 0413 486 926

Australian Government
Department of Health and Ageing

Healthy Active Australia – promoting healthy living

Why is this important?

- In 1995, between 20-25 per cent of Australian children aged 7-15 years were considered to be overweight or obese – double the proportion in 1986.
- Obesity is known to increase the risk of serious illnesses including diabetes, coronary heart disease, hypertension and asthma, and significantly raise the risk of sleep apnoea, fatigue and musculo-skeletal problems. It also contributes to psychological problems in young people such as self-esteem concerns, social isolation and depression.
- The *Wellbeing Plan for Children* will provide practical support for parents to promote healthy eating and physical activity to children.

Who will benefit?

- The *Wellbeing Plan for Children* will provide all Australian families with information about the foods they should be eating, how much they should be eating and the amount of physical activity required to maintain a healthy body weight.
- The *Australian Guide to Healthy Eating* and the *Dietary Guidelines for Children and Adolescents* will be updated to contribute the latest nutrition science to the *Wellbeing Plan for Children*. These resources will also be used by health professionals and nutrition educators to help people make healthy food choices.

What funding is the Government committing to the initiative?

- The Government has committed \$3.0 million over two years to develop the plan.

What have we done in the past?

- In 2004, the Prime Minister announced the \$116.0 million *Building a Healthy, Active Australia* initiative to fund the promotion of important healthy eating messages and the need for increased physical activity.
- The CSIRO has demonstrated its success in communicating science-based advice about healthy eating and healthy living to the public in its best-selling Total Wellbeing books.

When will the initiative conclude?

- Funding has been allocated for 2007-08 and 2008-09.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-359

OUTCOME 1: Population Health

Topic: PREGNANCY SUPPORT HELPLINE

Hansard Page: CA 36

Senator Stott Despoja asked:

Could you provide some examples of other health lines that assume people will opt out, as opposed to opt in, on having their sensitive discussions recorded and kept for a minimum of seven years?

Answer:

The following are examples of health lines that record calls, keep the records in accordance with medical records legislation, and employ an opt out approach to caller consent:

- Health First (ACT)
- Health Direct (Western Australia)
- NT Health Direct (Northern Territory)
- Mental Health Access Line (New South Wales)
- Nurse on Call (Victoria)
- 13Health (Queensland) If callers do not agree to have their call recorded on this health line, they are advised to contact their local general practitioner and the call does not proceed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-360

OUTCOME 1: Population Health

Topic: FUNDING OF AFPSS (PREGNANCY HELP)

Hansard Page: CA 40

Senator Webber asked:

When was the last time they received a payment from the government?

Answer:

The last time the Australian Federation of Pregnancy Support Services Inc (AFPSS, commonly known as Pregnancy Support Australia) received a payment from the Australian Government was 2 May 2007.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-362

OUTCOME 1: Population Health

Topic: PROJECT STOP

Hansard Page: CA 52

Senator Polley asked:

Could you provide any other useful material that has been used that perhaps would be beneficial for the committee to have?

Answer:

The Pharmacy Guild of Australia, in consultation with Attorney-General's Department, is developing customer information sheets to accompany the national roll-out. These materials will be available on the Pharmacy Guild of Australia's website <<http://www.guild.org.au/>> once the national roll-out occurs.

Further information on Project STOP may be found at the Pharmacy Guild of Australia's website: <<https://www.e Apothecary.com.au/eguild/projectstop.aspx>>>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-065

OUTCOME 1: Population Health

Topic: DRINKWISE

Written Question on Notice

Senator Fielding asked:

Please provide details of the reasons for any funding given to DrinkWise and how the money was allocated.

Answer:

The purposes for which the funding was allocated are set out in the funding agreement provided in response to Question on Notice E07-063.

The money was allocated from BRE385. The funding came from the Bill 1 appropriation.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-067

OUTCOME 1: Population Health

Topic: DRINKWISE

Written Question on Notice

Senator Fielding asked:

What outputs have been delivered or what milestones have been met to date for funding provided to DrinkWise? Please provide details

Answer:

The funding agreement with DrinkWise is over a three year period, commencing in June 2006. Within the first 12 month period, DrinkWise have initiated a number of activities consistent with the funding agreement.

As one of their first activities, DrinkWise hosted the Safezone Film Festival which challenged young people studying media/communications and/or film-making to produce short films and potential television commercials to influence their peers to reduce patterns of high risk drinking and alcohol-related harm. The film festival culminated in a showcase of the ten finalist's films in November 2006.

DrinkWise currently has three major projects underway: a foundational research program looking at the cultural drivers of young people's drinking; a joint communication campaign with the NSW Government - 'Be Part of It, Not Out of It'; and a partnership with the Australian Drug Foundation for the Good Sports Program.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-149

OUTCOMES 1: Population Health

Topic: TOBACCO

Written Question on Notice

Senator McLucas asked:

How much funding is currently allocated to the National Tobacco Strategy? Please list by outcome, program (where applicable) and financial year.

Answer:

The Australian Government worked with states and territories to develop a National Tobacco Strategy, which was endorsed by the Ministerial Council on Drug Strategy on 12 November 2004. The National Tobacco Strategy provides a comprehensive framework for action and assists jurisdictions (including the Australian Government) to develop their own action plans on tobacco. As part of its commitment to achieving progress under the priority areas of the National Tobacco Strategy, the Australian Government has funded the anti-smoking initiatives detailed in response to Question E07-148.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-155

OUTCOME 1: Population Health

Topic: COAG DIABETES

Written Question on Notice

Senator McLucas asked:

- a) Will there be an MBS item number for taking the tick test?
- b) If so how what will the rebate be? Who will it be bill-able to? (eg GP or practice nurse)?

Answer:

- a) There will not be an MBS item number for taking the tick test.
- b) Not applicable

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-158

OUTCOME 1: Population Health

Topic: COAG DIABETES

Written Question on Notice

Senator McLucas asked:

- a) How was the \$50 co-payment decided on?
- b) Isn't there a risk that people who would benefit the most from this program – eg Indigenous people, low income earners – will be put off by the co-payment?

Answer:

A \$50 co-payment limits the individual impact per person to approximately \$10 per session which was considered a reasonable contribution and unlikely to be an impediment to individuals participating in the program.

The Australian Government will consider waiving the co-payment for concession card holders when designing the administrative detail of the scheme to take account of the needs of groups such as Indigenous people and those from lower socioeconomic backgrounds.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-160

OUTCOME 1: Population Health

Topic: COAG DIABETES

Written Question on Notice

Senator McLucas asked:

How will the \$100 million matched funding (announced by COAG) be broken down by state/territory?

Answer:

The development of the risk assessment tool and the standards and accreditation for lifestyle modification programs will be a national project and will not be broken down by state and territory.

The distribution of funding under the Medicare item will be driven by claiming patterns and cannot be broken down by state and territory.

The distribution of funding for lifestyle modification programs will be determined taking into account existing activities, the nature and location of activities funded by states and territories as part of their contribution to the COAG initiative, and the advice of relevant experts in the course of designing the program.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-161

OUTCOME 1: Population Health

Topic: COAG DIABETES

Written Question on Notice

Senator McLucas asked:

What kinds of programs is the matched funding expected to support? Please provide an overview and indicative examples.

Answer:

The Commonwealth with the states and territories will provide funding for the development of a risk assessment tool and the development of standards and an accreditation process for the lifestyle modification programs. Commonwealth funding will also provide for a new Medicare item for GPs to develop a 'diabetes risk plan' for those aged 40-49 years identified at high risk of diabetes and access to subsidised lifestyle modification programs for those aged 40-49 years with a high risk score for diabetes.

The state and territory programs, when developed, are expected to complement the Commonwealth's package. At this stage, the states and territories have not provided any details of the activities they intend to fund.

Senate Community Affairs Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO
Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-210

OUTCOME 1: Population Health

Topic: ALERTING THE COMMUNITY

Written Question on Notice

Senator McLUCAS asked:

Is the Government planning any specific campaigns on the impact of alcohol and drugs on mental health?

Answer:

A \$21.6m national campaign *Alerting the Community to the Links Between Illicit Drug Use and Mental Illness* was announced by the Prime Minister on 5 April 2006 as part of the Australian Government's \$1.9 billion Mental Health package.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-209

OUTCOME 1: Population Health

Topic: IMPROVED SERVICES FOR PEOPLE WITH DRUG AND ALCOHOL PROBLEMS AND MENTAL ILLNESS

Written Question on Notice

Senator McLucas asked:

Given the massive rise in ICE and methamphetamine use (now called a 'crisis'), what targets has the Government set in terms of improving services?

Answer:

The majority of alcohol and other drug (AOD) treatment services are state and territory run and Department is not able to comment on their targets. The Australian Government is making significant investments in a comprehensive response to tackle the increasing use of amphetamine-type stimulants, including methamphetamine and its most potent form, crystalline methamphetamine or "ice". Specifically, the Australian Government is providing:

- \$32.9 million for the third phase of the National Drugs Campaign, which has been expanded to include a focus on ice;
- further funding of \$79.5 million over four years through the Non-Government Organisation Treatment Grants Program to increase the availability of rehabilitation and detoxification services;
- \$22.9 million over two years to non-government organisations for investment in infrastructure and resources to better equip organisations to deliver effective treatment to amphetamine-type stimulant users;
- approximately \$56 million over three years under the Improved Services for People with Drug and Alcohol Problems and Mental Illness initiative for a grants program that will include, among other things, workforce training and developing partnerships with local area health services; and
- additional resources of \$37.9 million over four years to strengthen law enforcement efforts offshore, at the border and domestically.

In addition, the Department of Health and Ageing is leading the development of a National Amphetamine-Type Stimulants (ATS) Strategy, on behalf of the Ministerial Council on Drug Strategy, to provide a national framework for coordinating efforts to address the issues around ATS use.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 31 May 2007

Question: E07-361

OUTCOME 1: Population Health

Topic: PROJECT STOP

Hansard Page: CA 52

Senator Polley asked:

\$5.4 million has been committed through the Attorney-General's Department for Project STOP - could I have a breakdown of the expenditure state by state as to how you are allocating the funds?

Answer:

The Australian Government has committed \$5.4 million, from 2003-04 until 2007-08, to the *National Strategy to Prevent the Diversion of Precursor Chemicals into Illicit Drug Manufacture* (National Precursor Strategy). This funding is managed by the Attorney-General's Department which has advised that funding is distributed amongst 18 separate precursor strategy projects and the administration of the *National Working Group on the Prevention of the Diversion of Precursor Chemicals into Illicit Drug Manufacture*.

The Attorney-General's Department has also advised that funding for Project STOP is not allocated on a state by state basis. Commonwealth funding of \$426,500 for the implementation of Project STOP has been provided to the national office of *Pharmacy Guild of Australia* (PGA), allowing the PGA to centrally manage the national roll-out. This includes the allocation of funding for the development of pharmacy instruction kits, Help Desk staff, Server and Hosting Charges and upgrading of the IT functionality.

Senate Community Affairs Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO
Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-159

OUTCOME 1: Population Health

Topic: COAG DIABETES

Written Question on Notice

Senator McLucas asked:

What evaluation mechanisms will be in place?

Answer:

The measure includes \$403,000 for evaluation of the initiative.

The details of the evaluation mechanisms will be developed with the advice of relevant experts over the course of the initiative.

Senate Community Affairs Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO
Budget Estimates 2006-2007, 30 – 31 May 2007

Question: E07-073

OUTCOME 1: Population Health

Topic: GARDASIL

Written Question on Notice

Senator Fielding asked:

Can the TGA show any Australian research that included women under 26 and specifically girls as young as 12?

Answer:

The clinical development program for Gardasil involved numbers of studies conducted in multiple study sites in North America, Latin America, Europe and Asia-Pacific. Thirty nine female subjects aged 10 - 15 years, sixty five male subjects aged 10 - 15 years and ninety five female subjects aged 16 - 23 years were enrolled from five study sites in Australia. Australian subjects were enrolled from 10 years of age.

A recent journal article has been published that reports on safety of Gardasil in female adolescents and young women which includes Australian subjects.

This article can be found at:

http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&dopt=Abstract&list_uids=17079588

Block SL, Nolan T, Sattler C, et al. 2006, "Comparison of the immunogenicity and reactogenicity of a prophylactic quadrivalent human papillomavirus (types 6, 11, 16, and 18) L1 virus-like particle vaccine in male and female adolescents and young adult women", *Pediatrics*, vol. 118, no. 5, pp. 2135-2145.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 – 31 May 2007

Question: E07-077

OUTCOME 1: Population Health

Topic: CERVARIX

Written Question on Notice

Senator Fielding asked:

Can the TGA provide material from research with Cervarix conducted on Australian women?

Answer:

Research with Cervarix was conducted in Australian women who were included among clinical studies conducted at multiple study sites in North America, Latin America, Europe and Asia-Pacific.

Australian sites were included in a completed clinical study involving females 10-14 years and in two ongoing studies in females 15-25 years and females 26 years and older.

However, material in the form of analyses and results specific to Australian women with Cervarix is not currently available to TGA.

Senate Community Affairs Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO
Budget Estimates 2007-2008, 30 May 2007

Question: E07-099

OUTCOME 1: Population Health

Topic: TGA BUILDING AND TGA FEES AND CHARGES

Hansard Page: CA 55-58

Senator McLucas asked:

- (a) Would the TGA have on its books at the time of the sale, in 2002, a valuation of the TGA building in Symonston?
- (b) What increases have been passed on to the industry and therefore to consumers as a result of the increase in rental on the property at Symonston?
- (c) Could you look at the increases in fees and charges in 2006-07 and try to attribute a portion of them to the increase in rental?
- (d) Could you have a look at representative 2002 fees and charges and then describe them in 2007 dollars?

Answer:

- (a) No. Prior to its sale in 2002 the Therapeutic Goods Administration (TGA) Symonston campus formed part of the Commonwealth Special Purpose and Industrial Estate managed by Department of Finance and Administration (DoFA). It was not an asset owned by the TGA and it did not, therefore, appear in the TGA's financial statements.
- (b) In line with the Australian Government's Guidelines for Cost Recovery, the TGA recovers the full cost of all activities that fall within the scope of the *Therapeutic Goods Act 1989*, including administrative and other costs such as rent that are integral or directly attributable to the provision of regulatory services.

Under the terms of the lease negotiated by DoFA, the annual rent in 2002 immediately following the sale was \$3.45 million plus annual amortisation of \$1.8 million for the speciality laboratory fit-out. The lease provides for a minimum annual rental increase of 3% or the rate of CPI (whichever is the greater) and for a market review every three years.

Rent payable in 2006-07 is \$4.88 million plus the annual fit-out amortisation of \$1.8 million referred to above.

Despite a \$0.99 million once-off rental increase in 2005-06 only \$0.23 million was passed on to the industry as savings/efficiencies were achieved in other areas.

- (c) Whilst it is not possible to clearly separate the rented component within the fees and charges increases in 2006-07, the proportion of rent to the total TGA budget has remained unchanged at around 9% over recent years.
- (d) Over this five year period some significant changes have been made to the TGA's Fees and Charges Schedule. For example, in consultation with the relevant industry sector representatives:
- A new regulatory scheme for medical devices was introduced in October 2002 with implementation phased in over five years.
 - A new fees and charges model was implemented for activities related to prescription medicines regulation that, at the end of the five year implementation period, will better reflect a fee for service for pre-market assessment or evaluation where this is appropriate and annual charges that recover the balance of the cost of regulation.
 - In 2003-04, the TGA increased the level of its post-market monitoring activities to ensure ongoing compliance with standards. Annual charges were increased across all product groups, including Listed Medicines (see attached table) to meet the increased costs.
 - In 2006-07 the annual charge for Listed Medicines was increased by \$140.00 ie beyond the indexation formula, to ensure full cost recovery in this product category.

As a result of these and other changes it is not possible to make 'like with like' comparisons across many of the Schedule's individual items. Application and annual fees for medicines 'listed' on the Australian Register of Therapeutic Goods (ARTG) and some fees related to Good Manufacturing Practice (GMP) have been relatively unaffected by changes to the schedule items. A comparative table for these items is attached.

<ul style="list-style-type: none"> • LISTED MEDICINES	<ul style="list-style-type: none"> • 002/03	<ul style="list-style-type: none"> • 003/04	<ul style="list-style-type: none"> • 004/05	<ul style="list-style-type: none"> • 005/06	<ul style="list-style-type: none"> • 006/07
<ul style="list-style-type: none"> • • Application Fee	<ul style="list-style-type: none"> • 460	<ul style="list-style-type: none"> • 475	<ul style="list-style-type: none"> • 490	<ul style="list-style-type: none"> • 510	<ul style="list-style-type: none"> • 520
<ul style="list-style-type: none"> • • Annual Charge	<ul style="list-style-type: none"> • 390	<ul style="list-style-type: none"> • 505	<ul style="list-style-type: none"> • 530	<ul style="list-style-type: none"> • 550	<ul style="list-style-type: none"> • 690
<ul style="list-style-type: none"> • • • GOOD MANUFACTURING PRACTICE (GMP) (Medicines)					
<ul style="list-style-type: none"> • • Licence Application Fee	<ul style="list-style-type: none"> • 700	<ul style="list-style-type: none"> • 645	<ul style="list-style-type: none"> • 670	<ul style="list-style-type: none"> • 690	<ul style="list-style-type: none"> • 620
<ul style="list-style-type: none"> • • Annual Licence Charges	<ul style="list-style-type: none"> • • • 4,450	<ul style="list-style-type: none"> • • • 4,100	<ul style="list-style-type: none"> • • • 4,230	<ul style="list-style-type: none"> • • • 4,360	<ul style="list-style-type: none"> • • • 3,970
<ul style="list-style-type: none"> • • Category 1	<ul style="list-style-type: none"> • 8,630	<ul style="list-style-type: none"> • 7,965	<ul style="list-style-type: none"> • 8,210	<ul style="list-style-type: none"> • 8,460	<ul style="list-style-type: none"> • 7,710
<ul style="list-style-type: none"> • • Category 2		<ul style="list-style-type: none"> • 			

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-111

OUTCOME 1: Population health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

Does Australia import any US long grain rice, either as food (processed or whole grain) or feed?

Answer:

Australia imports approximately 70 tonnes of long-grain rice per year from the USA.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-112

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

- a) Was FSANZ notified by the USDA of the contamination of US rice supplies with unapproved GE organisms?
- b) If yes, when was notification received?

Answer:

- a) No.
- b) n/a

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-113

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

Is FSANZ aware of the testing done by Greenpeace Germany, Greenpeace France and Friends of the Earth UK showing processed rice products from China contaminated with an unapproved Bt63 GE organism?

Answer:

Food Standards Australia New Zealand (FSANZ) is aware of reports from Greenpeace International and Friends of the Earth that rice from China, genetically modified to resist certain insects, was found in samples of rice stick noodles in France and Germany, and also in rice vermicelli in Britain, in September 2006.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-114

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

Is FSANZ aware that a number of EU countries have confirmed the presence of Bt63 in imported rice products in the EU?

Answer:

Food Standards Australia New Zealand (FSANZ) is aware that the EC Joint Research Centre in Italy has confirmed the Greenpeace reports of Bt63 rice in products imported from China.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-115

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

Is FSANZ aware that contaminated rice products have been found as recently as March 30, 2007 in Greece?

Answer:

Several EU countries have detected the presence of Bt63 rice in imports, including rice protein concentrate in Greece (March and April 2007).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-116

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

- a) Has FSANZ contacted the Chinese authorities in relation to the contamination?
- b) If yes, please describe the communications and the nature of the information sought.

Answer:

- a) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-117

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

- a) Does Australia import processed rice products from China?
- b) If yes, please give details (quantity, importers, brand names).

Answer:

- a) Yes.
- b) Food Standards Australia New Zealand does not collect this information; the question should be directed to Australian Customs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-118

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

- a) Does FSANZ have any information to suggest that Bt63 contamination is unlikely to have entered Australia?
- b) If yes, please describe the nature of that information.

Answer:

Food Standards Australia New Zealand (FSANZ) does not have any information regarding the likelihood of Bt63 contamination in Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-119

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

Is Bt63 authorised in Australia?

Answer:

Food derived from Bt63 rice is not approved in Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-120

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

Would the presence of Bt63 in food or feed be illegal if imported into Australia?

Answer:

The presence of Bt63 rice in food in Australia would be illegal. Food Standards Australia New Zealand does not regulate feed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-121

OUTCOME 1: Population health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

Is FSANZ aware that the Bt63 gene construct contains the Cry1Ac protein?

Answer:

Food Standards Australia New Zealand (FSANZ) is aware of claims by Greenpeace that Bt63 rice contains the Cry1Ac protein, or possibly a fusion Cry1Ab/Cry1Ac protein.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-122

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

Is FSANZ aware that in a peer reviewed study, Dr Leticia Moreno Fierros has identified health concerns in GE crops that produce the Cry1Ac protein?

Answer:

Food Standards Australia New Zealand (FSANZ) is aware of a number of published studies co-authored by Dr Moreno-Fierros reporting that the Cry1Ac protein has immunogenic and adjuvant properties, but is not aware of any claims by Dr Moreno-Fierros or her coauthors regarding health concerns in GE crops that produce the Cry1Ac protein.

The studies reported by Dr Moreno-Fierros have tested Cry1Ac as a potential adjuvant that enhances the immune response to other antigens, for example to increase the effectiveness of vaccines. Many proteins are tested as potential adjuvants to be used as research tools and as potential adjuvants in vaccine administration. It is common for proteins to induce an immune response as the immune system recognises the protein as foreign. The Cry proteins were tested as potential antigen carriers because they are innocuous to vertebrates and can be inexpensively produced in large quantities. The research results published by Dr Moreno-Fierros and colleagues indicate that Cry1Ac has potential for use as an adjuvant in oral, parenteral and nasal vaccines.

The presence of an antibody response after intranasal, intraperitoneal or intragastric administration of high doses of purified Cry1Ac is not an indication of adverse health effects.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-123

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

Has FSANZ conducted or commissioned any independent work into the Cry1Ac protein and its potential impacts on humans?

Answer:

Food Standards Australia New Zealand (FSANZ) has not conducted or commissioned any independent research into the Cry1Ac protein. FSANZ evaluated the safety of the Cry1Ac protein as part of the approval of food derived from genetically modified crops:

- Application A341 – Insect resistant cotton (Ingard cotton), approved 2000;
- Application A380 – Insect-protected and glufosinate ammonium-tolerant DBT 418 corn (Bt Xtra corn), approved 2002;
- Application A436 – Insect protected cotton line 15985 (Bollgard II cotton), approved 2002;
- Application A518 – Insect Protected cotton line MXB-13 (Widestrike cotton), approved 2005.

The absence of toxicity of the Cry1Ac protein was confirmed through acute toxicity testing in mice, where no clinical signs of toxicity were observed. The potential allergenicity of the Cry1Ac protein was investigated by evaluating whether the protein exhibited any of the characteristics of known allergens. The Cry1Ac protein is rapidly digested in simulated mammalian digestive systems and a comparison of the amino acid sequence with that of known allergens did not reveal any biologically or immunologically significant similarities. Thus, the Cry1Ac protein does not demonstrate any properties known to occur in protein toxins or food allergens.

Bt toxins have a long history of safe use as insecticidal sprays applied directly to crops for over 30 years with no reports of human, or mammalian, toxicity or allergenicity. The organism which produces the insecticidal Cry1Ac protein, *B. thuringiensis* subsp. *kurstaki* (*B.t.k.*), is the basis of microbial formulations used commercially for Lepidopteran insect control. Microbial pesticide products based on *B. thuringiensis* producing CryIAC (e.g. DIPEL®) have been approved for use on a variety of crops and for home garden use and have been available in both Australia and New Zealand since 1989.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-124

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

Is FSANZ aware of any peer reviewed data that contradicts the finding of Dr Fierros?

Answer:

Food Standards Australia New Zealand (FSANZ) is not aware of any peer-reviewed data contradicting the findings of Dr Moreno-Fierros and colleagues that the Cry1Ac protein can act as an immunogen and adjuvant in mice.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-125

OUTCOME 1: Population Health

Topic: RICE

Written Question on Notice

Senator Bartlett asked:

- a) Has FSANZ conducted any tests on imported rice products to determine whether Bt63 contaminated products are entering Australia?
- b) If not, why not?
- c) If yes, please provide details of all products tested and the results.

Answer:

- a) No.
- b) Australian Quarantine and Inspection Service and the food regulatory authorities in the Australian jurisdictions and New Zealand have responsibility for enforcement of the *Australia New Zealand Food Standards Code*.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-352

OUTCOME 1: Population Health

Topic: CONTRACT WITH AFPSS

Hansard Page: CA 40

Senator Moore asked:

Is there any legal liability in terms of a change of contract in the middle of a term where the new contract has not been agreed to and signed by the parties to it?

Answer:

In general terms, a contract variation is much like contract formation so there must be:

- definite agreement between the parties (which agreement can be inferred from conduct);
- an intention to create a legally binding agreement;
- sufficient certainty about the varied terms; and
- 'consideration', ie, something of value passing between the parties.

The Department's requirement in standard agreements for variations to be in writing is intended to ensure that all of the above elements are satisfied but because there can sometimes be doubt about whether there is in fact 'consideration', it is also advisable to use a 'deed' of variation as deeds are legally enforceable even where there is no consideration. However, agreements made orally, rather than in writing, are also binding where both parties are in agreement with the above terms, and act in good faith.

Senate Community Affairs Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO
Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-063

OUTCOME 1: Population Health

Topic: DRINK WISE

Written Question on Notice

Senator Fielding asked:

What was the funding for? Please provide a copy of the funding agreement.

Answer:

The one-off funding of \$5 million has been provided to Drink Wise to conduct education programs and activities that promote a more responsible drinking culture in Australia.

A copy of the funding agreement is at Attachment A.

[Note: the attachment was tabled in the Senate on 20.09.07 and has not been included in the electronic/printed volume]

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-070

OUTCOME 1: Population Health

Topic: DRINKWISE

Written Question on Notice

Senator Fielding asked:

How much money has the government granted in each of the last five years to other organisations concerned to promote a responsible drinking culture?

Answer:

In recent years governments have increasingly recognised the need to continue their efforts in education and health promotion to promote a responsible drinking culture and to ensure that the reality and immediacy of the health and social harms associated with alcohol misuse are recognised. This culminated in the endorsement of the National Alcohol Strategy in May 2006.

The National Alcohol Strategy 2006-2009 outlines priority areas for coordinated action to develop drinking cultures that support a reduction in alcohol-related harm in Australia. The four identified priority areas of the Strategy are: intoxication; public safety and amenity; health impacts and cultural place and availability.

Both the Australian and state and territory Governments contribute funding to promotional activities in line with the Strategy's priority areas and report annually to the Ministerial Council on Drug Strategy. The key commitment by the Australian Government to the Strategy, following its endorsement was the allocation of \$25.2 million for the National Safe Use of Alcohol Information and Education Campaign in the 2006 Budget.

The Campaign aims to:

- Reduce the perceived acceptability of intoxicated behaviour;
- Increase awareness of the Australian Alcohol Guidelines, standard drinks labels and measures, and what constitutes low-risk drinking; and
- Increase the awareness of the significant harms of unsafe levels of alcohol use to individuals, families, communities and the Australian economy.

The Australian Government's funding of \$5 million to DrinkWise Australia in 2006/07 represented a new partnership with the Alcohol Industry. DrinkWise Australia is an independent organisation focused on promoting change towards a more responsible drinking culture in Australia.

The Australian Government also continues to fund a range of non-government organisations under the Non-Government Organisation Treatment Grants Program (NGOTGP) to deliver a range of alcohol and drug treatment services.

The National Alcohol Harm Reduction Strategy provides free resources such as T shirts, bottles of water, bags, fridge magnets, posters, CD wallets, schooner glasses, coasters, and various information booklets to promote responsible drinking message in the community. Organisations using these resources include universities, schools, non-government organisations, state government departments, commonwealth state offices, law enforcement and indigenous health services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2006-2007, 30 – 31 May 2007

Question: E07-072

OUTCOME 1: Population Health

Topic: GARDASIL

Written Question on Notice

Senator Fielding asked:

Can the TGA provide documentation that gives assurance to worried parents about the number of girls under 16 tested with Gardasil - the vaccine against 2 cancer producing strains of the human papilloma virus (HPV)? An editorial in the journal Nature Biotechnology (Vol 25 261, 2007) claims that only 1148 girls under age 16 - that is only 5% - were part of the 25,000 test subjects in Merck's trial. If this is true how can the Department justify the mass immunisation campaign of Australian school girls as young as 12? How many Australian girls under 16 were included in these studies?

Answer:

The clinical developmental program that supported the registration of Gardasil included two studies including subjects in the age range of 9-15 years. These two studies (P016 and P018) included a total of 1123 females aged 9-15 years and a total of 1075 males aged 9-15 years who received Gardasil. In addition small numbers of females 13-15 years of age were enrolled in two studies P007 and P015 in which inclusion criteria were age 16-23 years.

The Table below summarises female subjects involved in clinical developmental studies and the protocol defined age range for each study and in total.

Female subjects in protocol defined age ranges	Total	P 007	P 011	P 012	P 015	P 016*	P 018
Age 9-15 y Gardasil	1123					506	617
Age 9-15 y Control	322						322
Age 16-25 y Gardasil	9601	289	934	1783	6082	513	
Age 16-25 y Control	9092	292	937	1788	6075		

In Study P016 the protocol specified age analyses were in females 10 to 15 year old compared to 16 to 23 years old. In 10 to 15 year olds who received Gardasil, 99.5 to 100% became seropositive to anti-HPV types 6, 11, 16 and 18 seropositive one month after the 3rd dose of vaccine with mean antibody levels that were higher compared to 16 to 23 year old females. The proportion of subjects who reported injection site or systemic adverse events was lower among both girls and boys 10 -15 years of age compared to females 16 to 23 years of age. The incidence of serious adverse events was low in all age groups. This study includes Australian subjects and a report has recently been published¹. In Study P016, a total of 39 10 to 15 year old females were enrolled in Australia.

In the clinical studies of Gardasil a total of 20,138 female subjects were enrolled in studies of Gardasil or comparator vaccine. 10,724 female subjects received Gardasil and 9,414 received a comparator vaccine. In clinical studies the 1,123 girls under age 16 of a total of 10,724 female subjects who received Gardasil represents 10.5% of study participants.

The numbers provided above differ from those in the Nature Biotechnology editorial principally because the 25,000 test subjects appears to be based on additional studies conducted with HPV vaccines that differ from the final formulation of Gardasil.

Reference 1.

Block SL, Nolan T, Sattler C, et al. 2006, "Comparison of the immunogenicity and reactogenicity of a prophylactic quadrivalent human papillomavirus (types 6, 11, 16, and 18) L1 virus-like particle vaccine in male and female adolescents and young adult women", *Pediatrics*, vol. 118, no. 5, pp. 2135-2145

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 - 31 May 2007

Question: E07-074

OUTCOME 1: Population Health

Topic: CERVARIX

Written Question on Notice

Senator Fielding asked:

Can the Department show evidence of the research studies that led to the approval on 21 May 2007 of Cervarix, the second vaccine against strains 16 and 18 of the human papilloma virus? Given the problems that are now becoming evident with Gardasil can the TGA demonstrate that its decision to approve Cervarix as the first country anywhere in the world is justified?

Answer:

The clinical developmental program that supported the registration of Cervarix involved two clinical studies of efficacy and safety which involved a total of 9,624 females aged 15-25 years who received Cervarix and 9,622 subjects who received control injections, either aluminium hydroxide or Hepatitis A vaccine. In the analyses which supported registration, Cervarix showed a high rate of protection against precancerous lesions caused by HPV type 16 and HPV type 18. Assessment of efficacy is ongoing with further analysis of efficacy expected late in 2007 or in 2008.

Seven other studies of immunogenicity and safety were submitted and safety analyses were submitted from other ongoing studies. A pooled analysis of safety from 11 randomised controlled studies in November 2006 involved a total of 29,953 female subjects with ages ranging from 10 to 68 years. The average age was 23 years. A total of 6,588 subjects were aged 10-14 years and 6,417 were aged 26 years and older.

16,142 of these subjects received Cervarix and 13,811 received control injections. Local symptoms of mild to moderate intensity, including pain, redness and swelling, were more common in the Cervarix compared to control subjects. There was no difference in general symptoms overall between the Cervarix and Hepatitis A vaccine subjects. There were no differences in serious adverse events and discontinuation due to adverse events reported between Cervarix and control groups. Safety concerns were not identified in any age group. TGA has accepted this safety database is sufficiently large to demonstrate a satisfactory and clinically acceptable safety profile of Cervarix.

Several large clinical studies are ongoing and these will provide further information on specific safety issues. The Sponsor has also committed to monitor safety after marketing with additional studies identified in their pharmacovigilance plan.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 – 31 May 2007

Question: E07-075

OUTCOME 1: Population Health

Topic: CERVARIX

Written Question on Notice

Senator Fielding asked:

In particular can the TGA provide evidence from research studies why Cervarix is expected to work in older women (up to 40 years) despite the well known fact that HPV vaccines do not work in people that are already infected with HPV.

Answer:

An immunogenicity and safety study was conducted in females of three different age groups, 15-25 years, 26-45 years and 46-55 years. In subjects who were antibody negative at baseline, in all age groups 100% of subjects developed anti-HPV-16 and anti-HPV-18 antibodies after Cervarix was given. For females aged 26-45 years the level of antibody measured was higher than the levels of antibody measured subjects shown to be protected against HPV - 16 and HPV - 18 infection and disease in a clinical efficacy study.

In the study involving females 15 - 55 years, there was antibody evidence of prior infection to both HPV-16 and HPV-18 in 2.7% of subjects 15-25 years, 6.9% of subjects 26-45 years and 9% of subjects 46-55 years. In subjects 26-45 years, 67.4% showed no antibody evidence of prior infection with either HPV - 16 or HPV - 18.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 - 31 May 2007

Question: E07-076

OUTCOME 1: Population Health

Topic: CERVARIX

Written Question on Notice

Senator Fielding asked:

Can the TGA provide assurance that some research on Cervarix carried out by GlaxoSmithKline in Costa Rica fulfils all criteria of ethical research practice by Australian standards.

Answer:

TGA has knowledge of Study HPV-009 which is a large randomised, double blind, controlled study currently being conducted in Costa Rica by GlaxoSmithKline in collaboration with the US National Cancer Institute. The study is currently ongoing with completion anticipated in 2010. Limited safety data for blinded serious adverse events, pregnancies and pregnancy outcomes were included in the pooled safety analysis evaluated by TGA. The TGA has not reviewed ethical documentation for this trial which would be submitted with a specific study report.

GlaxoSmithKline has assured the TGA that the study in Costa Rica is conducted in accordance with the appropriate global standards for the conduct of Good Clinical Practice and this includes compliance with the ICH E6 and the Declaration of Helsinki.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-143

OUTCOME 1: Population Health

Topic: HEALTHY SCHOOL

Written Question on Notice

Senator McLucas asked:

According to information tabled during the hearing, \$2.577 was spent in 04/05, \$6.231 was spent in 05/06, and \$1.646 was spent in 06/07, before the program closed in December 2006. The information provided at the hearing was that \$3.816 million was underspent out of the \$15 million originally allocated.

However, \$2.577million + \$6.231 million + \$1.646 million equals \$10.455 million in total, which would imply an underspend of \$4.545 million (not \$3.816 million).

Please explain the difference.

Answer:

The total Appropriation for the Healthy School Communities Grants program was \$14,989,000. Of these funds \$722,000 was for Departmental expenses in managing the program. Total administered funds available for grants was \$14,267,000. Total administered funds expended on grants was \$10,455,842 leaving \$3,811,158 unspent.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-144

OUTCOME 1: Population Health

Topic: HEALTHY SCHOOL

Written Question on Notice

Senator McLucas asked:

Department officials said during the hearings they would use the unspent funds to distribute information to other schools about 'best practice.'

- a) When is this distribution expected to occur?
- b) What form will the distribution take? Eg: Letters? Pamphlets?
- c) If a decision has not been taken on a. and b., when is a decision expected to be taken?

Answer:

a), b) & c) A resource package for schools identifying "good practice" models across the schools that received the "Healthy Schools Communities" grants will be developed and distributed to schools across Australia in 2008.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-145

OUTCOME 1: Population Health

Topic: NATIONAL BOWEL CANCER SCREENING PROGRAM

Written Question on Notice

Senator McLucas asked:

According to information provided by the Department during the hearing, 5,124 participants in the bowel cancer screening program have had a positive FOBT.

1. How many of those patients have been referred for colonoscopy?
2. What was the average length of time between identification of a positive faecal occult blood test (FOBT) and colonoscopy?

Answer:

1. The source of the data requested is the National Bowel Cancer Screening Program Register. As at 30 April 2007, available Register data indicates that 618 (92.2%) participants who have visited their GP, following receipt of a positive FOBT result, have been referred for colonoscopy.

The actual number of people referred for colonoscopy is likely to be higher than currently reported in the Register because there are time lags in health professionals completing the forms and/or sending information to the Register.

2. According to the National Bowel Cancer Screening Program Register data as at 30 April 2007, the average length of time between identification of a positive FOBT result and colonoscopy is 57 days.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-148

OUTCOMES 1: Population Health

Topic: TOBACCO

Written Question on Notice

Senator McLucas asked:

How much funding is currently directed towards anti-smoking/tobacco initiatives? Please list by outcome, program (where applicable) and financial year, and for lapsing/terminating programs please indicate when funding is due to expire

Answer:

The Australian Government has allocated funding for the following initiatives:

Outcome 1: Population Health – *Investment in Preventative Health – Tobacco Harm Minimisation:*

- The Estimate for 2007-08 for tobacco control activities is \$2.3 million. Information for the years beyond the Budget year is not published and the Department is not authorised to release that information. This funding includes the establishment of the Centre for Excellence in Indigenous Tobacco Control in 2003 at a cost of \$1.21 million (GST inclusive) over three years, and continuation of funding at a cost of \$1.7 million (GST inclusive) from 2007-2010.

Outcome 1: Population Health – *National Tobacco Youth Campaign:*

- As part of the 2005-06 Budget package, the Australian Government is investing an additional \$25 million over four years in a new National Tobacco Youth Campaign to address youth smoking rates. A component of this will be targeted at Indigenous youth. The Campaign will cease in 2009-2010.

Outcome 1: Population Health – *Strengthening Cancer Care – Quitting Smoking when Pregnant:*

- \$4.3 million under the 2005-06 Smoking and Pregnancy Budget measure has been allocated to a national program aimed at helping women, particularly Indigenous women, to stop smoking during and after pregnancy. This program will end in 2008-09.

Outcome 1: Population Health – Public Health Outcome Funding Agreements:

- The Australian Government provides broadbanded (or pooled) funding through the Public Health Outcome Funding Agreements (PHOFAs), to assist states and territories to achieve a number of nationally agreed outcomes. One of these outcome areas is smoking prevention. In 2006-2007 a total of \$163.6 million in broadbanded funding was provided to achieve all outcomes. It is up to individual states and territories to determine how much of their broadbanded allocation is expended locally on particular programs, such as smoking prevention.

Outcome 8: Indigenous Health

- The Australian Government funding for the Aboriginal and Torres Strait Islander health program in 2007-08 is in excess of \$440 million. The early detection and management of chronic diseases is a major component of Indigenous primary health care services activity. This activity includes tobacco control programs. Due to the diverse nature of programs delivered by Australian Government funded health services, it is not possible to separate out the funding used for these measures.
- The Australian Government is funding *complementary activities for the National Tobacco Youth Campaign: Ditch the Durries* (\$82,500 GST inclusive in 2006-07). Outcome 1: Population Health provided funding of \$24,811 GST inclusive in 2006-07 towards these complementary activities.
- The Australian Government, in partnership with the National Aboriginal Community Controlled Health Organisation has undertaken a smoking questionnaire (\$3,960 GST inclusive in 2006-07).

Outcome 14: Health and Medical Research

- Recently, the National Health and Medical Research Council (NHMRC) awarded the Menzies School of Health Research (MSHR) a grant of \$1.1 million over five years to conduct a multiple baseline study of four additional communities in the Top End using the Groote Eylandt project as a model. This project has been transferred to James Cook University with the key researcher, and is expected to be completed in 2011. The MSHR has also received funding of \$122,000 in July 2006 through Outcome 1: Population Health to provide smoking cessation programs for communities in the Groote Eylandt area.
- An NHMRC funded (\$754,050 over three years – GST inclusive) randomised controlled trial of a high intensity intervention to reduce smoking among pregnant Indigenous women in Townsville and Cairns is expected to be completed in 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-304

OUTCOME 1: Population Health

Topic: IMPROVED SERVICES FOR PEOPLE WITH DRUG AND ALCOHOL PROBLEMS AND MENTAL ILLNESS – CAPACITY BUILDING GRANTS.

Hansard Page: CA56

Senator Moore asked:

I turn to improved services for people with drug and alcohol problems and mental illness capacity-building grants of \$73.9 million.

Mr Smyth:

That sits in another outcome area. I just do not have those figures. I have the ones that sit under outcome 11 and outcome 5 in my area. I do not have the actual funding for those.

Senator Moore:

Can you get that for me?

Answer:

The 2006-07 Budget provided \$73.9 million over five years for the Improved Services for People with Drug and Alcohol Problems and Mental Illness measure. This includes \$8.2 million to build on and continue the National Comorbidity Initiative.

The anticipated expenditure for the 'Improved Services for People with Drug and Alcohol Problems and Mental Illness' component of the measure for the 2007-08 financial year is \$16.304 million. There is no funding allocated for the 2006-07 financial year.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-350

OUTCOME 1: Population Health

Topic: COMMUNITY PARTNERSHIPS INITIATIVE

Hansard Page: CA 54

Senator Lundy asked:

Whether the AFL would be eligible for funding under the Community Partnerships Initiative.

Answer:

At the Hearing the Secretary undertook to provide a statement of eligibility criteria for that Program. Attached is a copy of the Funding Guidelines for the Community Partnerships Initiative.



Australian Government
Department of Health and Ageing

National Illicit Drug Strategy Community Partnerships Initiative

Fifth Funding Round

GUIDELINES FOR FUNDING APPLICATIONS

The purpose of these guidelines is to provide information to organisations or groups who intend to lodge an expression of interest to be considered for funding with the Australian Government Department of Health and Ageing, under the fifth funding round of the Community Partnerships Initiative.

SECTION A: GENERAL INFORMATION

1. Background

Through the Australian Government's *National Illicit Drug Strategy 2004-2009*, the Community Partnerships Initiative aims to reduce drug use and drug-related harms through community projects that promote and support the establishment of community-driven illicit drug prevention and early intervention initiatives to improve individual, family and community wellbeing.

Since 1997, 224 community-based organisations have had projects funded through four instalments of the Initiative, at a cost of more than \$17 million.

The Australian Government has allocated \$5.92 million over the next two years to the fifth round of the Community Partnerships Initiative. Of this amount, \$1.52 million will be allocated specifically to community projects in rural, regional and remote areas of Australia.

The Initiative provides funding for community-based organisations to develop projects that aim to prevent and reduce illicit drug use by young people, and to projects that address early intervention initiatives.

The Community Partnerships Initiative aims to encourage quality practice in community action and to build on existing activity occurring across Australia. Projects funded under the Community Partnerships Initiative should demonstrate a strong emphasis on national capacity building and support empowerment of local communities.

2. Objectives of the Community Partnerships Initiative

There is a growing body of evidence that preventive investment in the early years of life pays off. Outcomes in early adulthood as diverse as completing school, avoiding reliance on welfare, lower rates of substance use, increased mental health and well being, reduced risks of suicide and lower rates of adolescent pregnancy have been shown to be linked to effective early childhood intervention.

The term 'prevention' under the Community Partnerships Initiative refers to measures that prevent or delay the onset of drug use as well as measures that protect against risk and prevent and reduce harm associated with drug supply and use.

As such, the primary objective of the fifth funding round of the Initiative is to reduce the risk factors in young people's lives, and/or increase the protective factors, in order to reduce the occurrence of drug use and/or minimise harm through community-based prevention strategies.

3. Principles and Criteria for Funding Projects

The Community Partnerships Initiative draws on experience and research from Australia and overseas and mirrors international evidence-based practice, specifically the "*World Health Organisation (WHO) Global Initiative on Primary Prevention of Substance Abuse*".

The WHO principles listed below underpin the criteria for project selection for this Initiative:

- A focus on people and their environment rather than on substances;
- Thorough assessment of the needs of the nominated community;
- Understanding of the needs identified by young people and of what appeals to them;
- Active involvement of young people, families, community groups, businesses, government and non-government sectors and the media;
- Commitment to building sustainable partnerships within and between these sectors;
- Creation of supportive environments at the local level;
- Respect for local values, cultures and traditions;
- Encouragement of healthy alternatives to illicit drug use;
- Encouragement of social interaction between relevant sectors of the community;
- Emphasis on community development;
- Embraces an integrated approach to the primary prevention of illicit substance use; and
- May act as a resource for new groups developing innovative prevention projects or seeking to replicate projects in other settings.

Funding will be available for projects that demonstrate community-driven prevention initiatives with the potential to generate improved individual, family and community resilience and well-being, including reduced drug related risk and harm.

Prevention principles are a core part of the risk-focussed approach to prevention. They are to:

- Focus on known risk factors;
- Enhance protective factors;
- Address risk factors at appropriate developmental stages;
- Intervene early, before behaviour stabilises;
- Include those at risk;
- Address multiple risks with multiple strategies; and
- Address the racial, cultural and economic diversity of communities.

Evidence suggests that problem behaviours that young people engage in, such as drug use, is not the sole responsibility of young people themselves. These behaviours are influenced by risk and protective factors in four main areas:

- Family;
- School;
- Community; and
- Peer groups or individuals.

Organisations submitting an expression of interest should consider the following when outlining their project –

Scope

Project proposals should demonstrate how they propose to work with multiple risk and protective factors for potential drug use across the individual/peer, family, school and community spectrum with a focus on preventive action directed at early childhood and/or adolescence. Interventions could occur outside the drug and alcohol field.

Sustainability

The Community Partnerships Initiative will provide funding for projects up to two years. Organisations should provide a realistic project budget and a clear exit strategy through their expression of interest.

Organisations will need to secure alternative sources of funding if they wish projects to continue beyond the duration of funding.

Alternatively, other strategies that will ensure that the project can continue to provide benefits to the community after the initial funding finishes should also be outlined.

Evidence Base

Project proposals submitted to the Department of Health and Ageing should provide evidence for the likely effectiveness of the proposed approach. Where such an evidence base does not exist, the proposal should outline appropriate mechanisms for developing that evidence base.

Proposals submitted should be founded on evidence of local support and demonstrate that they have adequately defined the problem, identified risk and protective factors, mapped and taken into account local community conditions, comprehensively outlined the planned intervention/s, mapped an implementation strategy and addressed outcomes.

Collaboration

Project proposals should demonstrate collaboration with relevant State and Territory Government programs and/or other community projects and outline details of any funding received from other sources. Proposals should also demonstrate the formation of innovative community coalitions to support and guide the project.

Capacity Building

The Community Partnerships Initiative has a critical role to play in building capacity and infrastructure in local communities. This includes promoting awareness and community ownership of local issues. Proposals should demonstrate mechanisms for engaging the local community in their project.

Meeting the Needs of Disadvantaged Communities and Population Groups

The Community Partnerships Initiative has an important role to play in assisting disadvantaged communities and vulnerable populations within them to build capacity and address local issues. Project proposals that focus on highly disadvantaged communities will be given favourable consideration subject to meeting the selection criteria as outlined in the expression of interest.

4. Types of activities that will not be funded

- Projects or activities that duplicate existing resources;
- Long-term, recurrent or ongoing funding of routine service delivery costs;
- Activities that assist only a sole individual with no impact on the wider community;
- Research projects; and
- Infrastructure and capital works.

The Community Partnerships Initiative grants are not intended to provide continuous core funding for ongoing services.

5. Who can apply?

To be eligible for funding under the Initiative, organisations must be:

- Not-for-profit;
- Incorporated; and
- Community-based or a local government association/agency.

Community organisations which are not incorporated should either seek incorporation or approach an incorporated community-based organisation to sponsor their project proposal.

Previous grant recipients under the Initiative may also apply. However, it should be noted that organisations that have been funded in previous rounds, are not guaranteed future funding.

6. Funding amounts

Approximately \$5.92 million over two years 2006-07 to 2007-08 has been allocated to the fifth round of the Community Partnerships Initiative. Of this amount, \$1.52 million will be allocated specifically to projects in rural, regional and remote areas of Australia.

One-off grants of up to \$80,000 are available for individual project proposals to be paid over two years. For organisations wishing to collaborate and submit a combined proposal, an upper limit of \$120,000 is available, to be paid over two years.

Individual and combined applications for funding exceeding these amounts will not be considered.

Grant funding is non-recurrent and is available for projects up to two years in duration.

Organisations will need to secure alternative sources of funding if they wish projects to continue beyond the duration of funding.

Funding provided to successful organisations will commence in January 2007.

7. Confidentiality

All expressions of interest provided by applicants will be considered as having been submitted in confidence. The expressions of interest will be provided to members of the Community Partnerships Initiative Expert Reference Group so they can be assessed for funding eligibility.

When funding has been awarded, successful applicants will have some details of their project (eg. Name of organisation awarded funding, project outline, amount of funding provided) posted on the Department of Health and Ageing's website.

SECTION B: THE APPLICATION AND ASSESSMENT PROCESS

Application and assessment will include a two stage process.

Stage one of the process seeks information on project proposals through an expression of interest. The expression of interest provides a short overview and summary of the program to assist in the assessment process.

An Expert Reference Group will undertake an initial assessment of all expressions of interest received.

Organisations satisfying the expression of interest will proceed to stage two of the process and be invited by the Department of Health and Ageing to submit a formal project proposal, outlining their programs project plan and a detailed budget.

The formal project proposals will also be assessed by the Expert Reference Group.

The Expert Reference Group for the Community Partnerships Initiative is chaired by the Australian National Council on Drugs and includes representatives from the Alcohol and other Drugs Council of Australia and experts in the drug and alcohol field. They will assist in the selection process by increasing transparency and bring wider relevant expertise to bear.

The Terms of Reference of the Expert Reference Group are to:

- Provide technical advice on primary prevention strategies;
- Provide particular fields of expertise related to quality practice in development and implementation and evaluation of primary prevention strategies in local settings;
- Provide advice and support in the implementation and roll out of the fifth funding round of the Community Partnerships Initiative; and
- Assess project proposals through expressions of interest against criteria and group into the following categories –
 - Meets all criteria and demonstrates Innovation
 - Meets all criteria
 - Not suitable

The Expert Reference Group will make recommendations for funding to the Parliamentary Secretary to the Minister for Health and Ageing, the Hon Christopher Pyne, MP. The Parliamentary Secretary will make the final decision on the allocation of the funding.

All applications will be acknowledged by the Department.

As there is limited funding available, applicants should note that this is a competitive grants round and not all proposals will receive funding.

Are there other sources of funding?

If your project does not meet the guidelines for funding under the National Illicit Drugs Strategy Community Partnerships Initiative, information about other possible funding sources may be found by consulting:

- The Australian Government's Grantslink website: www.grantslink.gov.au
- The national database of Australian grants and scholarship website: www.grantsearch.com
- State and Territory Government websites
- The Australian Grants Register (available from PO Box 299, Kew, VIC 3101, telephone (03) 9817 6431).

SECTION C: SUBMITTING YOUR EXPRESSION OF INTEREST

The following documents form the application -

1. Expression of Interest Covering Page
2. Expression of Interest. There are 12 questions that form the expression of interest. Please limit your response to each criteria to 250 words.
3. A copy of your last annual financial report.

Application Submissions

- Applications close at 5.00pm Eastern Standard Time on Friday 11 August 2006.
- You are encouraged to submit your application in Word format by email to –

CPIfifthfunding@health.gov.au

Expression of Interests may be submitted by post to –

National Illicit Drug Strategy Community Partnerships Initiative
5th Funding Round
Department of Health and Ageing
MDP 27
GPO Box 9848
CANBERRA ACT 2601

Applications mailed to the Department of Health and Ageing must be postmarked no later than Friday 11 August 2006

OR

Expressions of Interest can be hand delivered to -

Scarborough House Reception Desk
Scarborough House
Atlantic Street, Woden Town Centre

Hand delivered applications must arrive by 5.00pm Eastern Standard Time on Friday 11 August 2006.

The Department of Health and Ageing is able to provide limited telephone assistance to applicants with queries on completion of the expression of interest.

For further information, contact:

Community Partnerships Initiative Secretariat

☎ Telephone 1800 654 083

Facsimile: (02) 6289 7837

🌐 www.health.gov.au/tenders

✉ cpififthfunding@health.gov.au

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-352

OUTCOME 1: Population Health

Topic: CONTRACT WITH AFPSS

Hansard Page: CA 40

Senator Moore asked:

Is there any legal liability in terms of a change of contract in the middle of a term where the new contract has not been agreed to and signed by the parties to it?

Answer:

In general terms, a contract variation is much like contract formation so there must be:

- definite agreement between the parties (which agreement can be inferred from conduct);
- an intention to create a legally binding agreement;
- sufficient certainty about the varied terms; and
- 'consideration', ie, something of value passing between the parties.

The Department's requirement in standard agreements for variations to be in writing is intended to ensure that all of the above elements are satisfied but because there can sometimes be doubt about whether there is in fact 'consideration', it is also advisable to use a 'deed' of variation as deeds are legally enforceable even where there is no consideration. However, agreements made orally, rather than in writing, are also binding where both parties are in agreement with the above terms, and act in good faith.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-356

OUTCOME 1: Population Health

Topic: GARDASIL VACCINATION PROGRAM

Hansard Page: CA18

Senator Moore asked:

We would like to see how it [*HPV Vaccination Program rollout*] is going state by state, so we would like state-by-state figures where possible.

Answer:

Jurisdictions have reported the following coverage data to date for the first HPV dose delivered under the school-based program for 12–17 year old girls:

Jurisdiction	HPV 1st dose Coverage
NSW	83%
ACT	78%
QLD	75%
VIC	80%
NT	80%
WA	67%
SA	No data available
TAS	No data available

All jurisdictions have commenced distribution of the second HPV dose for the school-based program.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 31 May 2007

Question: E07-382

OUTCOME 1: Population Health

Topic: TOBACCO CONTROL EXPENDITURE

Hansard Page: CA 65

Senator Allison asked:

How do forward estimates on tobacco control expenditure for the next 4 years compare with actual expenditure on tobacco control for 04-05?

Answer:

The level of expenditure on tobacco control in 2004-05 was \$2,143,117. The Estimate for 2007-08 for tobacco control activities is \$2.3 million. Information for the years beyond the Budget year is not published and the Department is not authorised to release that information.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 - 31 May 2007

Question: E07-071

OUTCOME 1: Population Health

Topic: RU486

Written Question on Notice

Senator Fielding asked:

Please provide a list of the published scientific papers submitted by Prof Caroline da Costa to the TGA to gain permission to import RU 486 for abortion. This question refers not to 'commercial in confidence' information, but to scientific papers in the public domain.

Answer:

The following published scientific papers submitted were by Prof Caroline da Costa to TGA to gain permission to import RU486 for abortion.

1	The Care of Women Requesting Induced Abortion – Guideline Summary Royal College of Obstetricians and Gynaecologists
2	Mifepristone (RU486) - College Statement Royal College of Obstetricians and Gynaecologists
3	Termination of pregnancy – A resource for health professionals RANZCOG publication
4	Introduction of early medical abortion in New Zealand: An audit of the first 67 cases Australian and New Zealand Journal of Obstetrics and Gynaecology
5	A woman's choice Australian and New Zealand Journal of Obstetrics and Gynaecology
6	Termination of Pregnancy with Reduced Doses of Mifepristone BMJ – British Medical Journal
7	Early induction of abortion by a combination of oral mifepristone and misoprostol administered by the vaginal route Dr Hazem El-Refaey, Aberdeen Royal Infirmary
8	Induction of Abortion with Mifepristone (RU 486) and Oral or Vaginal Misoprostol The New England Journal of Medicine
9	Medical abortion regimens: Historical context and overview Mitchell D Creinin MD

10	Early Medical Abortion American Journal of Obstetrics and Gynecology
11	Factors affecting the outcome of early medical abortion: a review of 4132 consecutive cases RCOG: an International Journal of Obstetrics and Gynaecology
12	The learning curve is rapid in medical termination of pregnancy – first year results from Helsinki area Women’s Hospital, Department of Obstetrics and Gynaecology, University of Helsinki
13	Early medical abortion: A new regimen up to 49 days’ gestation Australian and New Zealand Journal of Obstetrics and Gynaecology
14	Analgesia during at-home use of misoprostol as part of a medical abortion regimen College of Physicians and Surgeons, Columbia University
15	Multicenter Trial of a Simplified Mifepristone Medical Abortion Regimen PubMed – National Library of Medicine
16	The efficacy and acceptability of mifepristone medical abortion with home administration misoprostol provided by private providers linked with the hospital: a prospective study of 433 patients PubMed – National Library of Medicine
17	Fatal Infections Associated with Mifepristone-Induced Abortion The New England Journal of Medicine
18	Fatal Toxic Shock Syndrome Associated with Clostridium sordellii after Medical Abortion The New England Journal of Medicine
19	Mifeprex (mifepristone) Information FDA Alert
20	Medical abortion for Australian women: it’s time James Cook University School of Medicine

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-152

OUTCOME 1: Population Health

Topic: NATIONAL HEALTH PRIORITY AREAS

Written Question on Notice

Senator McLucas asked:

- a) Is there any formal process for reviewing the national health priority areas?
- b) If so, how often are they revised?

Answer:

The National Health Priority Areas (NHPAs) are incorporated in the National Chronic Disease Strategy and five supporting National Service Improvement Frameworks for asthma; arthritis and osteoporosis; cancer; diabetes and heart, stroke and vascular disease. The Australian Population Health Development Principal Committee of the Australian Health Ministers' Advisory Council is responsible for coordinating the development and implementation of national strategies relating to primary and secondary prevention of chronic disease.

In August 2006, the Australian Population Health Development Principal Committee agreed that a review of the existing NHPAs is not appropriate at this time. This is due to the Australian Health Ministers' Conference and the Council of Australian Governments' commitments to an integrated strategic response to chronic disease management in Australia and the implementation of the Australian Better Health Initiative.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 31 May 2007

Question: E07-348

OUTCOME 1: Population Health

Topic: Embryo Research

Hansard Page: CA127

Senator Patterson asked:

Were any members of Parliament Advised?

Answer:

No letters were directly sent to any Federal MP or Senator inviting them to make a submission to the consultation process.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-146

Outcome 1: Population Health

Topic: OBESITY

Written Question on Notice

Senator McLucas asked:

During hearings the Department confirmed there are plans underway for an advertising campaign on obesity.

- a) How much money has been allocated to this campaign?
- b) Against which outcome has the money been allocated, and if applicable against which budget measure?
- c) In which financial year/s is the funding for this campaign going to be spent?
- d) Who will the campaign be targeted at? (eg demographic characteristics, age groups)

Answer:

The advertising campaign is part of the \$500 million COAG Australian Better Health Initiative (ABHI) announced in the 2006-07 Budget. The campaign aims to raise awareness of healthy lifestyle choices and to promote consistent lifestyle messages across jurisdictions to assist with reducing the burden of chronic disease.

- (a) Campaign funds of \$29.81 million (combined Australian Government and all states and territories except Victoria) is available for the ABHI social marketing campaign.
- (b) Australian Government funding of \$19.8 million over four years has been allocated against Outcome 1: Population Health, budget measure BRE373: COAG Better Health Shared Admin – ABHI. This funding, together with funding from the states and territories will be transferred to a special account each financial year to fund the phases of the campaign.
- (c) Funding for the campaign will be expended in the 2006-07, 2007-08, 2008-09 and 2009-10 financial years. Developmental work was undertaken in 2006-07, the first phase of the campaign is expected to commence in 2007-08. Subsequent phases of the campaign will be developed and implemented in 2008-09 and 2009-10.
- (d) The first phase of the campaign will target adult Australians, including those at risk of chronic disease. Subsequent phases may be targeted to particular groups.

Senate Community Affairs Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO
Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-210

OUTCOME 1: Population Health

Topic: ALERTING THE COMMUNITY

Written Question on Notice

Senator McLUCAS asked:

Is the Government planning any specific campaigns on the impact of alcohol and drugs on mental health?

Answer:

A \$21.6m national campaign *Alerting the Community to the Links Between Illicit Drug Use and Mental Illness* was announced by the Prime Minister on 5 April 2006 as part of the Australian Government's \$1.9 billion Mental Health package.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-357

OUTCOME 1: Population Health

Topic: GARDASIL VACCINATION PROGRAM

Hansard Page: CA 21

Senator Moore asked:

I am interested as to why there needs to be specific legislation and the kind of register discussion that you have mentioned today to add Gardasil. You might want to take that on notice and give us a brief on how this works.

Answer:

The National Health Amendment (National HPV Vaccination Program Register) Bill 2007 was tabled before Parliament on 20 June 2007, and was debated and passed by both houses in August 2007.

The purposes of the Register are described in the Bill, the explanatory memorandum and the Second Reading Speech for the legislation.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-166

OUTCOME 1: Population Health

Topic: INQUIRY INTO QUADRUPLE ANTIGEN

Written Question on Notice

Senator McLucas asked:

Several years ago Tony Abbott was reported as ordering a departmental inquiry into the testing of a quadruple antigen vaccination in orphanages and children's homes:

- a) Was that inquiry conducted?
- b) Who conducted it?
- c) What were its findings?
- d) Were any actions taken, and if so, what were they?
- e) Were people who may have been administered the possibly contaminated vaccine informed?
- f) How many of them were there?
- g) How many were not informed? Can you provide reasons for those who were not informed, broken down by numbers?
- h) If not, why not?
- i) Was there found to be any risk from the contaminated vaccine, of increased chance of developing cancer or otherwise?

Answer:

- a) The question covers two reviews, one initiated in 1997 on the administration of quadruple antigen vaccine to children in Victorian orphanages in the post war period, and the other requested later by Mr Abbott on SV40 contamination of polio vaccine used in the 1950s and 1960s and the potential risk to human health.
- b) The National Health and Medical Research Council (NHMRC) conducted the first review.
- c) The inquiry found that the research conducted by CSL in orphanages was undertaken in an open way and was generally in accord with the standards and accepted practice of the times.
- d) No action was required.

- e) The second inquiry into the safety of the SV40 polio vaccine was conducted by the Therapeutic Goods Administration (TGA). The report to the TGA concluded that:

“Studies of the prevalence of SV40 antibody in the community and the presence of SV40 in human tumours do not absolutely exclude the possibility of rare involvement of the virus in individual cases of cancer, but fail to provide evidence of statistically greater risk for people immunised during the period when SV40 was likely to have been present in polio vaccine. This conclusion has also been reached by several international review panels.”

A full copy of the report is available on the TGA website.

www.tga.gov.au/alerts/sv40.htm

f,g,h) These questions relate to the first review and the information is not known.

- i) See answer to e) above.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-151

OUTCOME 1: Population Health

Topic: NATIONAL HEALTH PRIORITY AREAS

Written Question on Notice

Senator McLucas asked:

- c) What allocation of funds goes to each of the National Health Priority Areas (NHPAs) for the financial years 2004-05, 2005-06 and 2006-07?
- d) Are DOHA staff specifically allocated to them and if so how many to which NHPA?

Answer:

- a) Funding allocations for the seven National Health Priority Areas (NHPAs) include specific Budget measure allocations (the Government does not publish expenditure-to-date figures by Budget measure) and expenditure for the Practice Incentive Program (PIP), Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Schedule (PBS) and National Health and Medical Research Council (NHMRC) where applicable.

ASTHMA

	2004-05 (\$m)	2005-06 (\$m)	2006-07 (\$m)
Asthma Management Program Allocation - BRE 018	5.007	3.715	6.597
PIP ¹	1.9	2.0	1.9
MBS ²	12.297	13.486	Not available
PBS ³	295.127	285.470	Not available
NHMRC	10.209	12.476	14.997

¹ PIP – includes expenditure for the asthma specific Service Incentive Payment (SIP).

² MBS – data includes expenditure through the Medicare Benefits Schedule (MBS) for condition specific MBS items but does not include GP and specialist consultations or PIP expenditure.

³ PBS – data indicates the Australian Government’s contribution to condition specific drugs through the Pharmaceutical Benefits Scheme (PBS) and includes Section 85 and Section 100 drugs used in private hospitals.

ARTHRITIS AND MUSCULOSKELETAL CONDITIONS

	2004-05 (\$m)	2005-06 (\$m)	2006-07 (\$m)
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Better Arthritis & Osteoporosis Care Allocation - BRE 019	3.264	3.193	3.245
MBS ¹	21.844	22.892	Not available
PBS ²	366.308	287.807	Not available
NHMRC	14.519	18.100	19.045

¹ MBS – data includes expenditure through the Medicare Benefits Schedule (MBS) for condition specific MBS items but does not include GP and specialist consultations or PIP expenditure.

² PBS data indicates the Australian Government’s contribution to condition specific drugs through the Pharmaceutical Benefits Scheme (PBS) and includes Section 85 and Section 100 drugs used in private hospitals. Includes drugs from ATC1 group ‘M’ – musculoskeletal system which includes the following ATC2 group: M01 Anti-inflammatory and antirheumatic products; M02 Topical products for joint and muscular pain; M03 Muscle relaxants; m04 Antigout preparations; and M05 Drugs for treatment of diseases.

CANCER

	2004-05 (\$m)	2005-06 (\$m)	2006-07 (\$m)
* Budget Measure allocation	18.9	35.5	51.2
PIP ¹	13.2	13.0	13.4
MBS ²	180.1	183.8	Not available
PBS ³	447.7	511.7	Not available
NHMRC	78.0	91.5	108.9

* Includes Budget measure allocations for the following: BRE 034 – National Breast Cancer Centre; BRE 052 – Supporting Women in Rural Areas Diagnosed with Breast Cancer; Cancer Australia; Strengthening Cancer Care Package. **Note:** Does not include \$5.1 million over four years for the Sydney Children’s Hospital (MRI). Does not include funding for breast or cervical cancer screening which is provided to states and territories through the Public Health Outcome Funding Agreements (PHOFAs). This funding is allocated for use in states and territories public health activities, including breast and cervical cancer screening. It is not possible to disaggregated Australian Government funding to the states and territories.

¹ PIP – includes expenditure for the cervical screening Service Incentive Payment (SIP).

² MBS – data includes expenditure through the Medicare Benefits Schedule (MBS) for condition specific MBS items but does not include GP and specialist consultations or PIP expenditure. (Includes items for cancer, malignancy, mammography and path PSA test).

³ PBS data indicates the Australian Government’s contribution to condition specific drugs through the Pharmaceutical Benefits Scheme (PBS) and includes Section 85 and Section 100 drugs used in private hospitals. Includes L01 Antieoplastic agents; L02 Endocrine therapy; M05BA03 (S100 only) Pamidronic acid; M05BA02 Clodronic acid; M05BA08 Zoledronic acid. H01CB02 Octreotide; A04AA Serotonin (5HT3) antagonists; A04AD12 Aprepitant; L04AX02 Thalidomide; V03AF Detoxifying agents for antineoplastic treatment; and L03 Immunostimulants (but not including L03AB07 Interferon beta-1a; L03AB08 Interferon beta-1b; L03AB10 Peginterferon alfa-2b; L03AB11 Peginterferon alfa-2a; L03AX13) Glatiramer acetate. Data does not include pain medication.

CARDIOVASCULAR DISEASE

Cardiovascular Health specific programs are funded under the National Diabetes Strategy (BRE 036) Annual Base Funding.

	2004-05 (\$m)	2005-06 (\$m)	2006-07 (\$m)
* See National Diabetes Strategy Allocation - BRE 036	2.578	2.635	2.689
MBS ¹	283.946	313.705	Not available
PBS ²	1,664.982	1,692.934	Not available
NHMRC	58.487	69.784	84.652

* Specific Cardiovascular Disease (CVD) initiatives are currently funded under BRE 036 National Diabetes Strategy. There are complex interrelationships and shared risk factors between CVD and Diabetes. BRE 036 is base funding and is not tied to any specific Government decision or measure. CVD initiatives are able to be funded from this appropriation as they will improve treatment of chronic disease and are not new policy under the Budget Process Operational Rules.

¹ MBS – data includes expenditure through the Medicare Benefits Schedule (MBS) for condition specific MBS items but does not include GP and specialist consultations or PIP expenditure. (Includes items for cardiovascular, chronic venous disease and stroke).

² PBS data indicates the Australian Government's contribution to condition specific drugs through the Pharmaceutical Benefits Scheme (PBS) and includes Section 85 and Section 100 drugs used in private hospitals. Includes drugs from ATC1 group 'C' – Cardiovascular system, which includes the following ATC2 groups: C01 Cardiac therapy; C02 Antihypertensives; C03 Diuretics; C04 Peripheral vasodilators; C05 Vasoprotectives; C07 Beta blocking agents; C08 Calcium channel blockers; C09 Agents acting on the renin-angiotensin system; C10 Lipid modifying agents.

DIABETES

	2004-05 (\$m)	2005-06 (\$m)	2006-07 (\$m)
* Budget Measure allocation	98.479	113.963	128.531
PIP ¹	12.2	14.6	14.9
MBS ²	8.168	9.286	Not available
PBS ³	191.339	208.163	Not available
NHMRC	23.992	28.081	41.781

* Includes Budget measure allocations for the following: BRE 036 – National Diabetes Strategy; BRE 292 – Support for Diabetes Research; BRE 204 – National Integrated Diabetes Program; BRE 152 – National Diabetes Services Scheme.

¹ PIP – includes expenditure for the diabetes specific Service Incentive Payment (SIP).

² MBS – data includes expenditure through the Medicare Benefits Schedule (MBS) for condition specific MBS items but does not include GP and specialist consultations or PIP expenditure.

³ PBS – data indicates the Australian Government’s contribution to condition specific drugs through the Pharmaceutical Benefits Scheme (PBS) and includes Section 85 and Section 100 drugs used in private hospitals. Includes drugs from ATC2 group ‘A10’ – Drugs used in diabetes.

INJURY PREVENTION

	2004-05 (\$m)	2005-06 (\$m)	2006-07 (\$m)
Injury Prevention component of the Investment in Preventative Health Measure Allocation - BRE 339	1.220	1.243	1.267

MENTAL HEALTH

	2004-05 (\$m)	2005-06 (\$m)	2006-07 (\$m)
* Budget Measure allocation	140.713	156.632	200.094
PIP ¹	2.5	3.8	3.3
MBS ²	216.933	224.742	288.332
PBS ³	595.832	603.951	Not available
NHMRC	27.182	33.348	38.287

* Includes allocations for the following: Australian Better Health Care Agreements 2003-2008; More Options Better Outcomes; National Depression Initiative; National Mental Health Program; Youth Mental Health; Mental Health in Tertiary Curricula; Support for Day-to-Day Living in the Community; Additional Education Places, Scholarships and Clinical Training in Mental Health; Early Intervention Services for Parents, Children and Young People; Funding for Telephone Counselling, Self Help and Web-based Support Programs; Mental Health Support for Drought Affected Communities; Mental Health Services in Rural and Remote Communities; Better Access to Psychiatrists, Psychologists and GPs through the MBS – Health Guidelines.

¹ PIP – includes expenditure for the Mental Health Service Incentive Payment (SIP).

² MBS – data includes expenditure through the Medicare Benefits Schedule (MBS) for condition specific MBS items, GP, Specialist and Allied Health Worker consultations. The data does not include PIP expenditure.

³ PBS – data includes the Australian Government’s contribution to condition specific drugs through the Pharmaceutical Benefits Scheme (PBS) and includes Section 85 and Section 100 drugs used in private hospitals. Includes drugs from ATC3 group: N05A Antipsychotics; N05B Anxiolytics; N05C Hypnotics and sedatives; N06A Antidepressants; N06B Psychostimulants, agents used for ADHD and nootropics.

b) The allocation of Departmental resources for staffing against outcomes and outputs remains notional.

T8

PBS Expenditure under the S100 remote Program for Aboriginal Health Services per Financial Year

Summary Table

Year	Expenditure
1998-1999	\$331,315.71
1999-2000	\$3,369,115.52
2000-2001	\$5,861,501.86
2001-2002	\$11,740,927.03
2002-2003	\$15,235,096.18
2003-2004	\$17,247,470.92
2004-2005	\$24,218,804.37
2005-2006	\$25,012,495.15
2006-2007*	\$22,391,408.27

*Up to April.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-342

OUTCOME 2: Access to Pharmaceutical Services

Topic: BRAND PREMIUMS

Hansard Page: CA 107

Senator McLucas asked:

Is it inappropriate to ask what drug it is that has a brand premium of \$79.48?

Answer:

BLENOXANE® (bleomycin sulfate) had a brand premium of \$79.48 in June 2006. This premium has subsequently been reduced to \$76.86.

Senate Community Affairs Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO
Budget Estimates 2007-2008, 30 May 2007

Question: E07-343

OUTCOME 2: Access to Pharmaceutical Services

Topic: BRAND PREMIUMS

Hansard Page: CA 107

Senator McLucas asked:

- (1) Is there a published list of brand premiums?
- (2) Can we get a copy of it?

Answer:

- (1) Yes, in the Schedule of Pharmaceutical Benefits.
- (2) The Schedule is available at: <http://www.pbs.gov.au/html/home>

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-344

OUTCOME 2: Access to Pharmaceutical Services

Topic: SPECIAL SUPPLY ARRANGMENTS OF PBS MEDICINES TO REMOTE
INDIGENOUS COMMUNITIES

Hansard Page: CA 104

Senator McLucas asked:

I wonder if you could go back and see if there was another review undertaken and if the review that you are referring to now could be provided to the committee. If there is a previous review could we also have a copy of that?

Answer:

The department has undertaken one review of the S100 program for remote area aboriginal health services. This was titled *Evaluation of PBS Medicine Supply Arrangements for Remote Area Aboriginal Health Services Under S100 of the National Health Act*.

This review is publicly available from the department's web site at the following address:
<http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-pbs-indigenous-eval>

Research conducted in the development of this review identified other reports that look at aspects of these arrangements, as noted in appendix J of the review:

- *Prescribing and Dispensing Issues and Need in Remote Health Clinics in the Northern Territory* (Hudson 2001) looked at Quality Use of Medicine in the Northern Territory. This report was funded by the National Prescribing Service and was too limited in scope and too early in the running of the program to be considered a comprehensive review.
- *S100 Support Project* (Loller 2003), jointly conducted by the Pharmacy Guild of Australia and the National Aboriginal Community Controlled Health Organisation (NACCHO), makes a number of recommendations about the program and is available from the NACCHO web site at the following address:
www.naccho.org.au/Files/Documents/Section_100_final_report.doc

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07 -355

OUTCOME 2: Access to Pharmaceutical Services

Topic: SPECIAL SUPPLY ARRANGEMENTS OF PBS MEDICINES FOR REMOTE
INDIGNEOUS COMMUNITIES

Hansard Page: CA 104

Senator McLucas asked:

Has that figure of \$1.14 to dispense a medication in bulk, in a large box – whatever –
changed since 1999?

Answer:

No, the handling fee of \$1.14 has not changed since 1999.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-165

OUTCOME 2: Access to Pharmaceutical Services

Topic: INFLIXIMAB

Written Question on Notice

Senator McLucas asked:

- a) When was PBAC's recommendation re Infiximab made:
- b) What were the terms of the recommendation?
- c) Have negotiations between DOHA and Schering-Plough concluded or are they ongoing?
- d) What would be the approximate cost of including Infiximab on the PBS?
- e) Approximately how many patients would be likely to benefit?

Answer:

- a) Infiximab is already listed on the Pharmaceutical Benefits Schedule and has been considered by the Pharmaceutical Benefits Advisory Committee (PBAC) on a number of occasions. The most recent recommendation in relation to infiximab was made by the PBAC in March 2007. At the meeting the PBAC also considered an aspect of a recommendation they made in July 2006 regarding listing infiximab for the treatment of severe chronic plaque psoriasis.
- b) The PBAC recommended extending the listing of infiximab for the treatment of patients with severe Crohn's disease (Crohn's Disease Activity Index ≥ 300) or patients with an ileostomy or colectomy due to Crohn's disease on the basis of a high but acceptable cost-effectiveness ratio compared to placebo.
- c) Negotiations between the Department of Health and Ageing and Schering-Plough in relation to the listing of infiximab on the Pharmaceutical Benefits Schedule for the treatment of Crohn's disease have not yet been finalised.
- d)&e) The costs and number of patients who will benefit is still being discussed and agreed between the Department and the Company.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-162

OUTCOME 2: Access to Pharmaceutical Services

Topic: PBS REFORM

Written Question on Notice

Senator McLucas asked:

Minister Abbott has claimed the current PBS reforms will generate savings of \$3 billion over 10 years. In relation to the \$3 billion figure:

- a) Can the Department provide an overview of how these savings were modelled?
- b) Please provide a breakdown of how the projected savings are disaggregated by year over the 10 year period
- c) Have the \$3 billion savings been included in the forward estimates beyond the current out years?

Answer:

- a) Data from the Pharmaceutical Benefits Scheme (PBS) Forward Estimates Model and knowledge about patent expiries over the next ten years were used to estimate the gross savings resulting from statutory price reductions and price disclosure. These were then offset by the costs associated with the pharmacy support package to produce net savings of \$580 million over the estimates period (2007-08 to 2010-11), indicatively increasing to \$3 billion to the end of 2016-17. The methodology underlying these estimates was developed and validated with the Department of Finance and Administration.
- b) Budget estimates are published only for the present budget year and three additional forward years. Estimated net savings to the end of 2010-11 are provided in the table below. Indicative information that relates to further forward years is not published and the Department is not authorised to release that information.

PBS reform package	2006-07	2007-08	2008-09	2009-10	2010-11	Total
Fiscal balance*	\$7m	\$34m	-\$154m	-\$236m	-\$232m	-\$580m

*negative numbers represent savings

- c) No forward estimates are maintained beyond the present budget year (2007-08) and three additional forward years.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-163

OUTCOME 2: Access to Pharmaceutical Services

Topic: NATIONAL PRESCRIBING SERVICE (NPS) SAVINGS

Written Question on Notice

Senator McLucas asked:

According to the National Prescribing Service's Annual Report 05-06, "In the last twelve months of that period (July 2004 to June 2005), at a minimum, NPS activities generated savings of \$68.7 million to the PBS. These savings could, however, be as high as \$151.0 million". Could you please provide an update of how the savings are tracking.

How did the Government arrive at the original costings and the estimates of savings to funding?

Answer:

Savings for the 2005-06 financial year are undergoing final analysis.

Savings are based on expectations of general practitioner and specialist participation rates in National Prescribing Service (NPS) activities, drug groups targeted by the NPS for quality prescribing activities and the probability of change in prescribing behaviour. Targeted drugs groups (usually four therapeutic areas each year) undergo a full range of interventions including provision of written information, prescribing feedback, educational visits, clinical audits and small group discussions. The forecasts draw on previous NPS experience of savings achieved, international programs and evidence from randomised trials. As part of normal Budget approval processes these costings were approved by the Department of Finance and Administration.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 31 May 2007

Question: E07-340

OUTCOME 2: Access to Pharmaceutical Services

Topic: NATIONAL PRESCRIBING SERVICE SAVINGS JULY 2001 TO 30 JUNE 2005

Hansard Page: CA 95

Senator McLucas asked:

Can we talk about the July 2001 to 30 June 2005 agreement which was to deliver savings of \$111 million to the PBS. Did that occur?

Answer:

The National Prescribing Service (NPS) demonstrated savings of \$241 million in the period July 2001 to 30 June 2005, exceeding expected savings for the period.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-341

OUTCOME 2: Access to Pharmaceutical Services

Topic: NATIONAL PRESCRIBING SERVICE FUNDING AND SAVINGS IN CONTRACT PERIODS

Hansard Page: CA 95

Senator McLucas asked:

That is quite different to the arrangements described in their annual report. For the previous contract, it talks about a cost of \$45.76 million to achieve savings of \$111 million. I am looking at it as a ratio. It costs \$100 million, which is more than double, to receive savings of \$160 million. Am I reading that correctly?

Why is there such a shift?

Answer:

The savings to the Pharmaceutical Benefits Scheme (PBS) are generated through activity conducted under the National Prescribing Service (NPS) core program for health professionals. Funding of \$45.76 million was provided for the core program during the period 2001-02 to 2004-05, with an expectation that savings of \$111 million would be achieved in that time.

Funding of \$75.9 million will be provided for the NPS core program for the period 2005-06 to 2008-09. This is expected to generate minimum savings of \$160 million over the period.

NPS activity for consumers (\$22.2 million) as well as production of *Australian Prescriber* (\$5.9 million) is included in the funding amount for 2005-06 to 2008-09, which equates to funding for these three programs of \$104 million over the four year period. The *Australian Prescriber* and consumer education programs are not required to demonstrate PBS savings.

MEDICARE STATISTICS

Chronology of decisions concerning the publish release of Medicare Statistics

Feb 2004 The Minister agreed to the release of electorate data on an annual calendar year basis only. This data comprised bulk-billing statistics. This was for calendar year 2003, and was the first time that the Department had published Medicare statistics on an electorate basis.

Dec 2004 The Minister agreed to the release of financial year (04-05) bulk-billing statistics on an electorate basis.

Nov 2005 The Minister agreed to the release of Medicare Safety Nets and bulk-billing statistics on a calendar year basis for electorates.

Set out below are details of Medicare statistics published by or on behalf of the Department of Health and Ageing.

The Department publishes bulk billing and safety net statistics by electorate on an **annual calendar year basis**. The most recent statistics were published on 5 April 2007.

The bulk billing statistics show for non-referred (GP) attendances, the total number of services, the total number of services bulk billed, and the percentage of services bulk billed by Commonwealth Electoral Division, based on claims processed by Medicare Australia in calendar years 2004, 2005 and 2006.

The Medicare safety nets statistics show for 2005 and 2006 (calendar years of processing)

- The number of singles who had a claim processed for benefits under the Safety Nets, and the number of people who are in a family unit where at least one member of the family had a claim processed under the Safety Nets.
- The number of singles who had a claim processed for benefits under the Safety Nets.
- The number of families where at least one member had a claim processed under the Safety Nets.
- The number of singles and the number of members of families who had a claim processed under the Safety Nets.
- Total benefits under the Safety Nets, based on claims processed.

Both sets of statistics can be accessed on the internet at <http://www.health.gov.au/electoratereports>

The Department publishes **annual financial year statistics** in late August that show by gender, age range and by State/Territory:

- total Medicare services and benefits, and
- services and benefits per capita.

The **annual financial year statistics** also include broad type of service by State/Territory of patient, percentage of services bulk-billed and percentage of services billed at or below the schedule fee. The Department publishes **quarterly statistics** that show by State/Territory and, separately, by broad type of service group:

- the number of services
- the number of services per capita
- total fees charged
- fees charged per capita
- total schedule fees
- schedule fees per capita
- total benefits paid
- benefits paid per capita
- average patient contribution per service for non-hospital patient billed services
- average patient contribution per service for non-hospital patient and bulk-billed services
- number and percentage of services bulk-billed

- percentage of services billed at or below the schedule fee
- bulk-billing incentive items
- for non-referred GP attendances, the number of services and benefits paid, the number of services bulk-billed and the percentage of services bulk-billed

nb the quarterly report for the June quarter, which is released in August encompasses the annual financial year statistics report referred to above.

The *Report on Government Services*, published annually, includes the percentage of GP attendances bulk-billed by RRMA, and by State/Territory.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-354

OUTCOME 3: Access to Medical Services

Topic: ELECTORATE DATA

Hansard Page: CA67

Senator McLucas asked:

Please provide the URL for the Medicare statistics reports by electorate.

Answer:

The Department of Health and Ageing and Medicare Australia have published statistics on the percentage of non-referred (GP) attendances bulk billed and statistics on the Medicare safety nets, by federal electorate for calendar years 2005 and 2006. These statistics can be accessed at - www.health.gov.au/electoratereports.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-376

OUTCOME 3: Access to Medical Services

Topic: URL FOR GOVERNMENT FUNDED MRI MACHINES

Hansard Page: CA73-74

Senator McLucas asked:

Could we have a list of Government funded MRI machines?

Halton. Yes that is on the website.

Morris. We will provide you with the URL.

Answer:

<http://www.health.gov.au/internet/wcms/publishing.nsf/content/haf-docs-mrilist.htm>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-172

OUTCOME 3: Access to Medical Services

Topic: ELECTORATE DATA

Written Question on Notice

Senator McLucas asked:

Please provide data on average patient contribution per service for un-referred GP attendances (for patient-billed services only) by federal electorate, for 2005-06. (The Department has previously made the 2004-05 data available in response to questions on notice from members in the House).

Answer:

The Department of Health and Ageing does not publish electorate statistics on the average patient contribution per service for patient billed non-referred (GP) attendances on a financial year basis.

The Department of Health and Ageing and Medicare Australia publish statistics on the percentage of non-referred (GP) attendances bulk billed and statistics on the Medicare safety nets, by federal electorate on a calendar year basis. The latest statistics can be accessed at - www.health.gov.au/electoratereports

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-173

OUTCOME 3: Access to Medical Services

Topic: COAG MENTAL HEALTH PACKAGE – MBS ITEMS

Written Question on Notice

Senator McLucas asked:

For each new MBS item associated with the COAG Mental Health package, please provide:

- a) bulk-billing rates for services provided to date
- b) average patient contribution per service for patient-billed services only.

Answer:

- a) The Department of Health and Ageing does not publish Medicare statistics on bulk billing rates or on the average patient contribution per service at the individual MBS item level.
- b) Details of the number of services and benefits paid, for the items in question, based on claims processed by Medicare Australia in the period November 2006 to April 2007 (inclusive) are as follow:

**MEDICARE - NUMBER OF SERVICES & BENEFITS PAID
FOR SELECTED ATTENDANCE ITEMS
NOVEMBER 2006 TO APRIL 2007 (PERIOD OF PROCESSING)**

MBS Item No/Description	No of Services	Benefits Paid
Consultant psychiatrist -		
291 - referred patient, assessment & management (a)	3,221	\$ 1,065,994
293 - review of referred patient, assessment & management (b)	254	\$ 53,278
Total	3,475	\$ 1,119,272
Consultant psychiatrist -		
296 - initial consultation, new patient, rooms	29,314	\$ 5,795,184
297 - initial consultation, new patient, hospital	2,196	\$ 378,549
299 - initial consultation, new patient, home visit	305	\$ 60,083
Total	31,815	\$ 6,233,816
GP mental health care plans -		
2710 - preparation of GP mental health care plan	210,784	\$ 31,608,879
2712 - review of psychiatrist assessment & management plan	19,049	\$ 1,904,737
2713 - surgery consultation	137,333	\$ 9,079,044
Total	367,166	\$ 42,592,660
Psychological Therapy Services - Clinical psychologist -		
80000 - >30-<50 minutes, rooms	2,022	\$ 151,998
80005 - >30-<50 minutes, other than rooms	83	\$ 7,814
80010 - 50+ minutes, rooms	100,310	\$ 11,130,958
80015 - 50+ minutes, other than rooms	608	\$ 79,458
80020 - Group psychotherapy, 6-10 patients, at least 60 minutes	349	\$ 10,310
Total	103,372	\$ 11,380,537
Focussed Psychological Strategies (Allied Mental Health) - Reg Psychologist		
80100 - >20-<=50 minutes	8,412	\$ 462,187
80105 - >20-<=50 minutes, at other than consulting rooms	713	\$ 51,617
80110 - >50 minutes	221,095	\$ 16,882,952
80115 - >50 minutes, at other than consulting rooms	3,136	\$ 296,249
80120 - Group psychotherapy, 6-10 patients, at least 60 minutes	510	\$ 10,791
Total	233,866	\$ 17,703,796
Focussed Psychological Strategies (Allied Mental Health) - Reg Occ Therapist		
80125 - >20-<=50 minutes	75	\$ 3,510
80130 - >20-<=50 minutes, at other than consulting rooms	5	\$ 330
80135 - >50 minutes	972	\$ 65,179
80140 - >50 minutes, at other than consulting rooms		\$ 7,834

	92		
80145 - Group psychotherapy, 6-10 patients, at least 60 minutes	6	\$	101
Total	1,150	\$	76,953
Focussed Psychological Strategies (Allied Mental Health) - Reg Social Worker			
80150 - >20-<=50 minutes	251	\$	12,767
80155 - >20-<=50 minutes, at other than consulting rooms	6	\$	395
80160 - >50 minutes	8,025	\$	539,248
80165 - >50 minutes, at other than consulting rooms	75	\$	6,366
80170 - Group psychotherapy, 6-10 patients, at least 60 minutes	97	\$	2,438
Total	8,454	\$	561,215

(a) This item was included in the MBS prior to 1 November. Total services & benefits for the period July 2006 to April 2007, inclusive were 4,135 & \$1,240,807.26, respectively.

(b) This item was included in the MBS prior to 1 November. Total services & benefits for the period July 2006 to April 2007, inclusive were 336 & \$63,122.10.

Notes to the Statistics

These statistics only relate to services rendered on a 'fee-for-service' basis for which claims were processed by Medicare Australia in the period in question.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07-375

OUTCOME 3: Access to Medical Services

Topic: PROFESSIONAL SERVICES REVIEW (PSR)

Hansard Page: CA76

Senator McLucas asked:

What is the allocation for the PSR Continuation of Funding Measure in 2006-07?
What is the total allocation for PSR this financial year?

Answer:

The initial allocation in 2006-07 for funding this measure was \$4.9 million (Portfolio Budget Statements 2003-04, page 112).

From 2007-08 funding previously allocated for the PSR Continuation of Funding Measure has been incorporated into the base funding for PSR. The total resourcing for PSR in the 2007-08 Budget is \$6.198 million (Portfolio Budget Statements 2007-08, page 486).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-175

OUTCOME 3: Access to Medical Services

Topic: MEDICARE BILLING

Written Question on Notice

Senator McLucas asked:

In each of the last 3 financial years, how many patients have been patient-billed for any of the standard GP consultation items and one of the items on the same day:

- i) 10993
- ii) 10994
- iii) 10995
- iv) 10996
- v) 10998
- vi) 10999

Answer:

The Department of Health and Ageing does not publish statistics for the number of patients who were patient billed for particular Medicare items and who were also patient billed for standard GP consultations on the same day.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-174

OUTCOME 3: Access to Medical Services

Topic: MEDICARE BILLING

Written Question on Notice

Senator McLucas asked:

In each of the last 3 financial years, how many patients have been bulk-billed for any of the standard GP consultation items and one of the following items on the same day:

- i. 10993
- ii. 10994
- iii. 10995
- iv. 10996
- v. 10998
- vi. 10999

Answer:

The Department of Health and Ageing does not publish statistics for the number of patients who were bulk billed for particular Medicare items and who were also bulk billed for standard GP consultations on the same day.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30 May 2007

Question: E07 - 336

OUTCOME 3: Access to Medical Services

Topic: MEDICARE BENEFITS SCHEDULE - ALLIED HEALTH SERVICES

Hansard Page: CA 80

Senator McLucas asked:

Do you have those disaggregated by type of allied health services? Can you provide that to us?

Answer:

See attached table.

Medicare Allied Health Items

Uptake for 2006-07 (10 months to 30 April 2007) - by date of processing

Aboriginal Health Worker 10950	5
Diabetes Educator 10951	12,607
Audiology 10952	338
Exercise Physiologist 10953	23,012
Dietitian 10954	82,161
Mental Health Worker 10956	3,487
Occupational Therapy 10958	7,153
Physiotherapy 10960	259,850
Podiatry 10962	241,014
Chiropractic 10964	29,132
Osteopathy 10966	13,246
Psychology 10968	46,338
Speech Pathology 10970	20,622
ALL ITEMS	738,965

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-168

OUTCOME 3: Access to Medical Services

Topic: RURAL, REMOTE AND METROPOLITAN AREAS DATA

Written Question on Notice

Senator McLucas asked:

Data on bulk-billing rates by RRMA is published annually in the Productivity Commission's Report on Government Services. Please provide equivalent data (i.e. by state/territory and RMMA in 2005-06) for the following:

- a) Average patient contribution for un-referred GP attendances (patient-billed services only)
- b) Average patient contribution for specialist attendances (patient-billed services only)
- c) Average patient contribution for other broad types of services (patient-billed services only)
- d) If not possible to provide this data, please provide by just urban/rural areas (as was provided for FTE GPs in Table 10.5 of the 2007 Report on Government Services).

Answer:

a), b), c) and d) The Department of Health and Ageing does not publish statistics on the average patient contribution per service for non-hospital patients billed services by broad type of service group by state/territory and by RRMA.

The Department publishes statistics on the average patient contribution per service for all non-hospital patients billed services by state/territory. Details for 2005/06 are as follow:

MEDICARE - AVERAGE PATIENT CONTRIBUTION PER SERVICE NON-HOSPITAL PATIENTS BILLED SERVICES BY STATE/TERRITORY 2005/06 (YEAR OF PROCESSING)	
State/Territory	Avg Patient Contribution per Service
New South Wales	\$ 28.53
Victoria	\$ 23.49
Queensland	\$ 24.19
South Australia	\$ 21.25
Western Australia	\$ 24.12
Tasmania	\$ 20.51
Northern Territory	\$ 28.19
Australian Capital Territory	\$ 28.27
Total	\$ 25.11

Statistics on the average patient contribution per service for non-hospital patients billed services by broad type of service group are published at the Australia level. Details for 2005/06 are as follow:

MEDICARE - AVERAGE PATIENT CONTRIBUTION PER SERVICE NON-HOSPITAL PATIENTS BILLED SERVICES BY BROAD TYPE OF SERVICE GROUP, AUSTRALIA 2005/06 (YEAR OF PROCESSING)	
State/Territory	Avg Patient Contribution per Service
Non-referred (GP) attendances -	
GP/VRGP	\$ 15.30
EPC	\$ 8.02
Other	\$ 27.86
Total	\$ 15.82
Practice nurse	\$ 1.02
Total including practice nurse	\$ 15.72
Specialist attendances	\$ 32.88
Obstetrics	\$ 54.80
Anaesthetics	n.a.
Pathology	\$ 11.94
Diagnostic imaging	\$ 51.54
Operations	n.a.
Optometry	\$ 10.72
Other	\$ 27.96
Total	\$ 25.11

Notes to the statistics

These statistics only relate to non-hospital patient billed services rendered on a fee for service basis for which Medicare benefits were paid. Excluded are details of hospital and non-hospital bulk billed services and hospital patient billed services.

It is not possible to compute the average patient contribution per service for hospital services under Medicare, since private health insurance rebates are not captured in the Medicare system.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-372

OUTCOME 3: Access to Medical Services

Topic: Medicare Services and Benefits

CA142

Question on Notice

Senator McLucas asked:

Can you please confirm that the Minister will not release total Medicare services and benefits paid data by electorate?

Answer:

Total Medicare services and benefits paid data for States and Territories is published quarterly by the Department of Health and Ageing. At this time, total Medicare services and benefits paid data is not published by electorate.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-181

OUTCOME 3: Access to Medical Services
5: Primary Care

Topic: ROUND THE CLOCK MEDICARE: INVESTING IN AFTER HOURS GP SERVICES

Written Question on Notice

Senator McLucas asked:

In answers to question on notice from the February Estimates round, it was revealed that the Government has under-spent on its Round the Clock Medicare package by \$57.6 million as at June 2006.

Please provide a consolidated table of Round the Clock Medicare funding and expenditure to date (including YTD expenditure for 2006-07), broken down by component, showing how un-spent funds have been re-phased.

Answer:

As indicated in the answer to the February 2007 question on notice, the *Round the Clock Medicare: Investing in After-Hours GP Services* package has two components as follows:

- higher rebates for after-hours GP attendances; and
- three new types of grant funding to after-hours GP services:
 - Operating Subsidies;
 - Start Up Grants; and
 - Supplementary Grants.

Higher After-Hours Rebates

	2004-05	2005-06	2006-07
	\$m	\$m	\$m
Original estimate*	42.1	83.8	91.7
Actual expenditure**	21.6	46.7	51.5

* Includes Medicare flow-ons

**For \$10 loading only, does not include flow-ons which can not be tracked.

Medicare expenditure is demand driven. Funding for Medicare benefits is provided under the Medical Benefits special appropriation under the *Health Insurance Act 1973*.

As this is a special appropriation, funding is made available as required and therefore there is no need to seek rephases.

Grant funding

	2004-05	2005-06	2006-07 *
	\$m	\$m	\$m
(A) Original estimates	2.00	10.50	16.00
(B) Net rephased amounts into 2007-08 and later years	-1.93	-8.27	-9.98
(C) Allocation post rephases (C=A+B)	0.07	2.23	6.02
(D) Expenditure	0.07	2.23	6.02^

* The 2006-07 amounts at B and C are subject to confirmation.

^ Amount as at 30 June 2007.

Rephased funds from 2004-05, 2005-06 and any subsequent rephasing will be available in future years to reflect the profile of funding needed by existing services, and supporting new services.

To date, in excess of 120 after-hours services have been funded throughout Australia under the first two rounds of the *Round the Clock Medicare* Program.

Senate Community Affairs Committee
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO
Budget Estimates 2007-2008, 30-31 May 2007

Question: E07-171

OUTCOME 3: Access to Medical Services

Topic: ELECTORATE DATA

Written Question on Notice

Senator McLucas asked:

Please provide data on total Medicare benefits by federal electorate, for 2005-06. (The Department has previously made the 2004-05 data publicly available – this question is simply asking for an update of this data).

Answer:

The Department of Health and Ageing does not publish electorate statistics on total Medicare benefits paid by financial year.

The Department of Health and Ageing and Medicare Australia publish statistics on the percentage of non-referred (GP) attendances bulk billed and statistics on the Medicare safety nets, by federal electorate on a calendar year basis. The latest statistics can be accessed at - www.health.gov.au/electoratereports