

**Community Affairs Committee**  
**Examination of Budget Estimates 2008-2009**  
**Additional Information Received**  
**CONSOLIDATED VOLUME 1**  
**HEALTH AND AGEING PORTFOLIO**  
**Outcomes: Whole of Portfolio and Outcomes 1 to 3**

**30 SEPTEMBER 2008**



## ADDITIONAL INFORMATION RELATING TO THE EXAMINATION OF BUDGET EXPENDITURE FOR 2008-2009

Included in this volume are answers to written and oral questions taken on notice and tabled papers relating to the budget estimates hearings on 4 and 5 June 2008

### HEALTH AND AGEING PORTFOLIO

Senator	Quest. No.	Whole of portfolio	Vol. 1 Page No.	Date tabled in the Senate or presented out of session*
Humphries	37	Staffing		04.09.08
Humphries	38	Non-ongoing staff		04.09.08
Humphries	40	Staff survey		04.09.08
Colbeck	41	Expenditure on advertising agency pitch fees for national safe use of alcohol campaign		04.09.08
Fierranvanti-Wells Humphries	10, 42	Appointments to Boards, Advisory Committees or any other quangos		04.09.08
Humphries	35	Graduates		04.09.08
Fierranvanti-Wells	12	Election commitments		04.09.08
Fierranvanti-Wells	13	Programs and initiatives		04.09.08
Adams	147	COAG Health and Ageing Working Group – Aged care sub group		04.09.08
Fierranvanti-Wells	11	Appointments to Boards, Advisory Committees or any other quangos		04.09.08
Humphries	39	FOI requests		04.09.08
Humphries	36	SES Officers		04.09.08
Humphries	196	Approved grants		04.09.08
<b>Outcome 1: Population Health</b>				
	T1 tabled at hearing	National Bowel Cancer Screening Program (NBCSP) – No. of invitations, participation and positivity volumes and rates as at 30 Apr 08		24.06.08
	T2 tabled at hearing	FSANZ Safety Assessment of Genetically Modified Foods		24.06.08
	T3 tabled at hearing	FSANZ Choosing the Right Stuff: official shoppers' guide to food additives and labels, kilojoules and fat content		24.06.08
	T4 tabled at hearing	FSANZ Science Strategy 2006-09		24.06.08
Humphries		Family Planning Western Australia National Pregnancy Support Helpline Training Program for Counsellors		24.06.08
Boyce	20	Staff shortage		04.09.08
Colbeck	127	Importation of Hoodia Gordonii		04.09.08
Colbeck	128	Purchase of products containing Hoodia Gordonii		04.09.08
Colbeck	129	Mr Farrel Levinsohn – importation of Hoodia Gordonii		04.09.08

Colbeck	130	Representation of mr Levinsohn by Senator Colbeck	04.09.08
Colbeck	131	Sale of Hoodia products	04.09.08
Colbeck	133	Products sold in New Zealand	04.09.08
Siewert	195	Genetically modified feed	04.09.08
Brown, Carol	21	Solaria	04.09.08
Birmingham	32	Electromagnetic energy	04.09.08
Colbeck	114	Healthy Habits for Life Guide	04.09.08
Adams	152	Preventative Health Taskforce	04.09.08
Colbeck	171	Stephanie Alexander Kitchen Garden program	04.09.08
Stott Despoja	166	Pregnancy counselling helpline	04.09.08
Stott Despoja	167	Pregnancy counselling organisations	04.09.08
Boyce	168	Pregnancy counselling helpline	04.09.08
Humphries	169	National pregnancy support helpline	04.09.08
Boyce	17, 162	Food and regulatory policy	04.09.08
Colbeck	103	ARPANSA funding	04.09.08
Boyce	161	Reductions in Population Health Budget in PBS	04.09.08
Boyce	163	Population Health Budget in PBS	04.09.08
Adams	154	Head injuries	04.09.08
Siewert	4	United Nations International Assessment of Agricultural Science & Technology for Developmentn (IAASTD)	04.09.08
Boyce	16	National binge drinking strategy	04.09.08
Adams	134	Indigenous tobacco control initiative	04.09.08
Colbeck	132	Advertising and sale of Hoodia products	04.09.08
Siewert	165	Alcohol	04.09.08

## **Outcome 2: Access to Pharmaceutical Services**

Humphries	45	Cost of Champix (Varenicline)	04.09.08
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## **Outcome 3: Access to Medical Services**

Colbeck	105, 108	Diagnostic imaging Memorandum of Understanding	04.09.08
Colbeck	110	MRI rebates	04.09.08
Colbeck	118	Pathology quality and outlays MoU	04.09.08
Colbeck	109	Indexation to radiology rebates	04.09.08
Ronaldson	102	Home-based sleep services	04.09.08
Colbeck	96	Health kids check MBS items	04.09.08
Colbeck	106	Diagnostic imaging	04.09.08
Colebeck	107	MBS schedule	04.09.08
Colbeck	126	PET scanner – Royal North Shore Hospital	04.09.08
Milne	46	MSAC PET assessments	04.09.08
Milne	46	Supplementary response MSAC PET assessments	13.11.08

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-037

OUTCOME 0: Whole of Portfolio

Topic: STAFFING

Hansard Page: CA 7

Senator Humphries asked:

Can we break the staffing numbers as of November into full-time and part-time?

Answer:

The table below provides the total headcount and full time equivalent (FTE) departmental staffing by full-time and part-time status at 30 November 2007.

<b>Employment status</b>	<b>Headcount</b>	<b>Full time equivalent (FTE)</b>
Full-time	4,237	4,092
Part-time	709	431
<b>Total</b>	<b>4,946</b>	<b>4,523</b>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-038

OUTCOME 0: Whole of Portfolio

Topic: NON-ONGOING STAFF

Hansard Page: CA 8

Senator Humphries asked:

Do we know what the average length of their contract is?

Answer:

The average length of contract for the 335 non-ongoing staff who commenced with the department between 24 November 2007 and 30 April 2008 is 4.5 months.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-040

OUTCOME 0: Whole of Portfolio

Topic: STAFF SURVEY

Hansard Page: CA14

Senator Humphries asked:

Agreed to provide results of staff survey in November

Answer:

The Department has arrangements in place to advise the Committee of the results of any 2008 survey, when they become available.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-041

OUTCOME 0: Whole of Portfolio

Topic: EXPENDITURE ON ADVERTISING AGENCY PITCH FEES FOR NATIONAL SAFE USE OF ALCOHOL CAMPAIGN

Hansard Page: CA 70

Senator COLBECK asked:

How much has been expended on that process for that particular campaign to the time you put it on hold.

Answer:

Nil expenditure.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-010

OUTCOME 0: Whole of Portfolio

Topic: APPOINTMENTS TO BOARDS, ADVISORY COMMITTEES, OR ANY OTHER QUANGOS

Written Question on Notice

Senator Fierranvanti-Wells asked:

What appointments have been made to boards, advisory committees, or any other quasi-autonomous non-governmental organisations (quangos) within the following departments and agencies within the responsibility of these departments since 24 November 2008 (Health and Ageing)?

Definition of “quangos” is; all government or quasi government bodies or organisations including advisory bodies, boards committees and councils and statutory authorities within portfolio areas.

Answer:

See response to E08-042.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 5 June 2008

Question: E08-042

OUTCOME 0: Whole of Portfolio

Topic: APPOINTMENTS TO BOARDS, ADVISORY COMMITTEES, OR ANY OTHER QUANGOS

Hansard Page: CA 8

Senator Humphries asked:

- a) I want to ask about board appointments in the department. What appointments have been made by the government either through the executive council or directly by ministers when they have the power to statutory authorities, executive agencies and advisory boards?
- b) You might indicate whether there are any vacancies at the moment which are yet to be filled?

Answer:

Please see [Attachment A](#) for details on ministerial or executive council appointments for the period 24 November 2007 until 5 June 2008, and vacancies as at 5 June 2008. Appointments made by governing boards with government approval have also been included.

**Appointments and current vacancies to bodies within Health and Ageing Portfolio for period 24 November 2007 – 5 June 2008.**

<b>Body</b>	<b>Position</b>	<b>Appointee</b>	<b>Appointed by</b>	<b>Term</b>	<b>Current vacancies as at 5 June 2008</b>	<b>Is there intention to fill vacancies</b>
Advisory Panel on the Marketing in Australia of Infant Formula	Chair	Ms Venessa Tripp	Parliamentary Secretary McLucas	1 March 2008 – 28 Feb 2012	Nil	
Aged Care Standards and Accreditation Agency Ltd (ACSAA)					6 Director positions.	There are no current plans to fill the vacant positions.
Anti-Doping Research Program Panel (ADRPP)	Member Member Member	Prof Kenneth Fitch Prof David Handelsman Prof Brian Stoddart	Minister Ellis Minister Ellis Minister Ellis	3 April 2008 – 2 April 2010 3 April 2008 – 2 April 2010 3 April 2008 – 2 April 2010	No prescribed number of members.	
Australian Community Pharmacy Authority (ACPA)	Member nominated by the Pharmacy Guild of Australia	Ms Helen O'Byrne	Minister Roxon	1 March 2008 - 28 Feb 2010	Nil	
Australian Drug Evaluation Committee (ADEC) (Including Adverse Drug Reaction Advisory Committee & Pharmaceutical Subcommittee)	Chair Core Member Core Member Assoc Member Assoc Member Assoc Member	Dr Geoffrey Herkes Prof Julia Potter Dr Paul Pavli Assoc Prof David Scott Prof John Horowitz Dr Catherine Cole	Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas	1 Jan 2008 – 31 Dec 2009 1 Jan 2008 – 31 Dec 2009 1 Jan 2008 – 31 Dec 2009 1 Jan 2008 – 31 Dec 2009 1 Jan 2008 – 31 Dec 2009 1 Jan 2008 – 31 Dec 2009	Nil	

<b>Body</b>	<b>Position</b>	<b>Appointee</b>	<b>Appointed by</b>	<b>Term</b>	<b>Current vacancies as at 5 June 2008</b>	<b>Is there intention to fill vacancies</b>
Australian Institute of Health and Welfare (AIHW)	Staff elected member Member nominated by Community and Disability Services Ministers' Advisory Council (CDSMAC)	Ms Louise York  Ms Bette Kill	Governor-General  Governor-General	15 May 2008 – 14 May 2009  15 May 2008 – 14 May 2011	Member with knowledge of consumers of housing assistance services;  Member with knowledge of consumers of welfare services; and  Member with knowledge of consumers of health services.	Yes. There is intention to fill one of the vacant consumer member positions.
Australian Sports Anti Doping Authority (ASADA)	Member Member	Ms Jennifer Clark Ms Nicole Livingstone	Minister Ellis Minister Ellis	7 April 2008 – 13 June 2008 7 April 2008 – 13 June 2008	Nil	

<b>Body</b>	<b>Position</b>	<b>Appointee</b>	<b>Appointed by</b>	<b>Term</b>	<b>Current vacancies as at 5 June 2008</b>	<b>Is there intention to fill vacancies</b>
Australian Sports Commission (ASC)	Deputy Chair Board Member Board Member Board Member Board Member Deputy Chair Board Member Board Member Board Member Board Member Deputy Chairman Board Member Board Member Board Member Board Member	Mr Alan Jones Mrs Pamela Tye Mr Kieren Perkins Mr Roy Masters Mr Geoffrey Stooke OAM Mr Alan Jones Mrs Pamela Tye Mr Geoffrey Stooke OAM Mr Kieren Perkins Mr Roy Masters Mr Greg Hartung OAM Ms Sally Carbon OAM Ms Elizabeth Ellis Ms Kate Allen Mr Kyle Vander-Kuyp Mr David Gallop	Minister Ellis Minister Ellis Minister Ellis Minister Ellis Minister Ellis Minister Ellis Minister Ellis Minister Ellis Minister Ellis Minister Ellis Minister Ellis Minister Ellis Minister Ellis Minister Ellis Minister Ellis	7 Feb 2008 - 6 April 2008 7 Feb 2008 - 6 April 2008 7 Feb 2008 - 6 April 2008 7 Feb 2008 - 6 April 2008 5 March 2008 – 6 April 2008 7 April 2008 - 6 May 2008 7 April 2008 - 6 May 2008 7 April 2008 - 6 May 2008 7 April 2008 - 6 May 2008 7 April 2008 - 6 May 2008 7 May 2008 - 9 Aug 2009 7 May 2008 - 6 May 2010 7 May 2008 - 6 May 2010 7 May 2008 - 6 May 2010 7 May 2008 - 6 May 2010 7 May 2008 - 6 May 2010	4 Members	No. The <i>Australian Sports Commission Act 1989</i> prescribes that the Commission consist of a Chairperson; Deputy Chairperson, the Secretary of the Department and not fewer than 5 nor more than 10 other members. The Commission currently has 9 members.
Australian Sports Drug Medical Advisory Committee (ASDMAC)					Up to 2 members	Issue is to be raised with the Minister for Sport. Subject to her consideration.
Australian Sports Foundation (ASF)	Chair Chair Director Chair Director	Mrs Pamela Tye Mrs Pamela Tye Mr Geoffrey Stooke OAM Mr Greg Hartung OAM Ms Sally Carbon OAM	Minister Ellis Minister Ellis Minister Ellis Minister Ellis Minister Ellis	7 Feb 2008 - 6 April 2008 7 April 2008 - 6 May 2008 7 April 2008 - 6 May 2008 7 May 2008 - 9 Aug 2009 7 May 2008 - 6 May 2010	No prescribed maximum number of members, minimum of 3.	Issue is to be raised with the Minister for Sport. Subject to her consideration.
Cancer Australia Advisory Council (CA)					2 members	Not at this time.

<b>Body</b>	<b>Position</b>	<b>Appointee</b>	<b>Appointed by</b>	<b>Term</b>	<b>Current vacancies as at 5 June 2008</b>	<b>Is there intention to fill vacancies</b>
Complementary Medicines Committee (CMC)	Chair Member Member Member Member Member Member Member Member Member Member Member Member Member	Prof Tony Smith Dr Richard Oppenheim Dr Lesley Braun Assoc Prof Heather Yeatman Mr Hans Wohlmuth Prof Bill Webster Mr Kevin Ryan Prof Stephen Myers Ms Karen Martin Dr Vicki Kotsirilos Dr Gary Deed Dr Alan Bensoussan	Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas	1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010	Nil	
Embryo Research Licensing Committee of the National Health and Medical Research Council (NHMRC)					Member - expertise in consumer health issues relating to disability and disease.	Yes. Appointment process is being undertaken.
Gene Technology Ethics and Community Consultative Committee (GTECCC)	Chair Member Member Member Member Member Member Member Member Member Member Member Member	Prof Donald Chalmers Assoc Prof Rachel Ankeny Dr Lesley Ashton Ms Jill Boehm Rev'd Dr John Fleming Mr Eric Lockett Ms Gayle McNaught Ms Toni Meek Dr Vaughan Monamy Ms Roma O'Callaghan Mr Robert Phelps Dr Nikolajs Zeps	Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas	31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011	Nil	

<b>Body</b>	<b>Position</b>	<b>Appointee</b>	<b>Appointed by</b>	<b>Term</b>	<b>Current vacancies as at 5 June 2008</b>	<b>Is there intention to fill vacancies</b>
Gene Technology Technical Advisory Committee (GTTAC)	Chair Member Expert Advisor	Prof John Rasko Dr Lesley Ashton Prof Robert Birch Mr Richard Davies Prof Peter Gresshoff Dr Richard Groves Prof Geoffrey Gurr Dr Jay Hetzel Assoc Prof Gordon Howarth Dr John Manners Dr Oliver Mayo Dr Robert Moore Mrs Pamela Moore Dr Paul Reddell Dr Nancy Schellhorn Dr John Skerritt Dr Jason Smythe Assoc Prof Paul Young Dr Peter Young Prof Stephen Powles	Parliamentary Secretary McLucas Parliamentary Secretary McLucas	31 Jan 2008 – 30 Jan 2011 31 Jan 2008 – 30 Jan 2011	1 position for toxicologist	Yes, appointment process currently under way.
General Practice Education and Training Limited (GPET)					2 Director positions	Not at this time
Hearing Services Consultative Committee (HSCC)					Chair plus 11 members	Yes

<b>Body</b>	<b>Position</b>	<b>Appointee</b>	<b>Appointed by</b>	<b>Term</b>	<b>Current vacancies as at 5 June 2008</b>	<b>Is there intention to fill vacancies</b>
Medical Devices Evaluation Committee (MDEC) (Including Implantable Medical Devices Tracking Sub-committee, Medical Devices Incident Review Committee)	Chair Core Member Core Member Core Member Core Member Core Member Core Member Core Member Core Member Core Member Core Member Core Member Ass Member Ass Member Ass Member Ass Member Ass Member Ass Member Ass Member Ass Member Ass Member Ass Member Ass Member Ass Member Ass Member	Paul O'Brien Bruce Davis Peter Field Frank Fisher Loraine Holley Guy Ludbrook Guy Maddern Norman Olbourne Laura Poole-Warren Gregory Roger Stuart Thomas Stephen Graves Leslie Burnett Elizabeth Dax Peter Devane Andrew Downing Margaret Evans Gabor Kovacs Harry Mond Bob Salamonsen Klaus Schindhelm Michael Steiner Martin Tyas Geoffrey White	Parliamentary Secretary McLucas Parliamentary Secretary McLucas	1 June 2008 – 31 May 2009 1 June 2008 – 31 May 2009	Nil	
Medical Services Advisory Committee (MSAC)					Australian Health Ministers' Advisory Council (AHMAC) Representative	Yes



<b>Body</b>	<b>Position</b>	<b>Appointee</b>	<b>Appointed by</b>	<b>Term</b>	<b>Current vacancies as at 5 June 2008</b>	<b>Is there intention to fill vacancies</b>
Medicines Evaluation Committee (MEC)	Chair Member Member Member Member Member Member Member Member Member Member Member	Prof David Story Dr Christopher Beer Mrs Mary Emanuel Prof Joan Faoagali Assoc Prof John Gullotta Prof Henry Kilham Mr David Newgreen Emeritus Prof Barry Reed Prof Michael Roberts Mr George Rook Prof Andrew Somogyi	Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas Parliamentary Secretary McLucas	1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010 1 Jan 2008 – 31 Dec 2010	Nil	
Minister's Dementia Advisory Group (MDAG)	Co-chair Co-chair Member Member Member Member Member Member Member Member Member Member Member Member Member Member Member Member Member Member	Ms Sallyanne Atkinson AO Ms Sue Pieters-Hawke Prof Jennifer Abbey Prof Henry Brodaty AO Ms Sharon Davis Mrs Shirley Garnett Ms Joan Hughes Dr Stephen Judd Ms Jaklina Michael Mr Greg Mundy Ms Lily Mutharajan Ms Kaye Pritchard Mr Glenn Rees Ms Wendy Venn Mr Scott Wilson Dr Mark Yates	Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott Minister Elliott	3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009 3 March 2008 – 30 Nov 2009	Nil	
National Breast and Ovarian Cancer Centre Board (NBOCC)					1 Board Member	Not at this time

<b>Body</b>	<b>Position</b>	<b>Appointee</b>	<b>Appointed by</b>	<b>Term</b>	<b>Current vacancies as at 5 June 2008</b>	<b>Is there intention to fill vacancies</b>
National Health and Hospitals Reform Commission (NHHRC)	Commissioner Commissioner Commissioner Commissioner Commissioner Commissioner Commissioner Commissioner Commissioner Commissioner	Dr Christine Bennett Hon. Rob Knowles Hon Dr Geoff Gallop Dr Mukesh Haikerwal Prof Stephen Duckett Prof Ronald Penny Ms Sabina Knight Dr Sharon Willcox Prof Justin Beilby Ms Mary Ann O'Loughlin	Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon	6 March 2008 - 30 June 2009 6 March 2008 - 30 June 2009 6 March 2008 - 30 June 2009 6 March 2008 - 30 June 2009 6 March 2008 - 30 June 2009 6 March 2008 - 30 June 2009 6 March 2008 - 30 June 2009 6 March 2008 - 30 June 2009 6 March 2008 - 30 June 2009 6 March 2008 - 30 June 2009	Nil	
National Health and Medical Research Council (NHMRC)	NSW Chief Health Officer (member of Council of NHMRC)  ACT Chief Health Officer (member of Council of NHMRC)	Dr Kerry Chant (Acting)  Dr Charles Guest	Minister Roxon  Minister Roxon	12 June 2008 until such time a substantive NSW Chief Health Officer is appointed.  1 March 2008 - 30 June 2009.	Member - NT Chief Health Officer  Member - SA Chief Health Officer  Member - expertise in consumer issues  Member - expertise in consumer issues	Yes. All vacant positions are in the process of being filled.
National Industrial Chemicals Notification and Assessment Scheme (NICNAS) Community Engagement Forum (CEF)	Member  Member	Prof Benjamin K Sellinger AM Ms Jane Bremmer	Parliamentary Secretary McLucas  Parliamentary Secretary McLucas	1 Feb 2008 - 31 Jan 2010  1 January 2008 - 30 June 2008	6 members	Yes

<b>Body</b>	<b>Position</b>	<b>Appointee</b>	<b>Appointed by</b>	<b>Term</b>	<b>Current vacancies as at 5 June 2008</b>	<b>Is there intention to fill vacancies</b>
National Pathology Accreditation Advisory Council (NPAAC)	Member Member Member Member Member Member Member	Assoc Prof John Andrew Dr Renze Bais Dr Bruce Bennetts Prof Yee Khong Dr Graeme Nimmo Prof Eva Raik Assoc Prof Peter Stewart Dr Janney Wale	Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon	1 March 2008 – 28 Feb 2011 1 March 2008 – 28 Feb 2011 1 March 2008 – 28 Feb 2011 1 March 2008 – 28 Feb 2011 1 March 2008 – 28 Feb 2011 1 March 2008 – 28 Feb 2011 1 March 2008 – 28 Feb 2011 1 March 2008 – 28 Feb 2011	Nil	
Office of the Gene Technology Regulator (OGTR)	Gene Technology Regulator	Ms Elizabeth Flynn (Acting)	Governor-General	1 May 2008 – 31 Oct 2008 or until a substantive GTR is appointed, which ever is earlier.	The substantive Gene Technology Regulator position is vacant.	Yes, appointment process currently underway.
Pharmaceutical Benefits Pricing Authority (PBPA)	Member nominated by Medicines Australia	Dr Brendan Shaw	Minister Roxon	4 February 2008 – term not specified.	Nil	
Pharmaceutical Benefits Remuneration Tribunal (PBRT)	Additional Member Additional Member	Mr Barry Frost (pharmacy member) Ms Helen Lapsley	Minister Roxon Minister Roxon	5 June 2008 - 4 June 2011 5 June 2008- 4 June 2011	1 position of an Additional Member	Yes
Preventative Health Taskforce (PHT)	Chair Deputy Chair Member Member Member Member Member Jurisdictional representative member  Jurisdictional representative member	Prof Rob Moodie Prof Mike Daube Mr Shaun Larkin Dr Lyn Roberts Prof Paul Zimmet Prof Leonie Segal Ms Kate Carnell Dr Christine Connors  Dr Linda Selvey	Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon Minister Roxon  Minister Roxon	9 April 2008 – 8 April 2011 9 April 2008 – 8 April 2011 9 April 2008 – 8 April 2011 9 April 2008 – 8 April 2011 9 April 2008 – 8 April 2011 9 April 2008 – 8 April 2011 9 April 2008 – 8 April 2011 9 April 2008 – 8 April 2011 9 April 2008 – 8 April 2011  9 April 2008 – 8 April 2011	Nil	

<b>Body</b>	<b>Position</b>	<b>Appointee</b>	<b>Appointed by</b>	<b>Term</b>	<b>Current vacancies as at 5 June 2008</b>	<b>Is there intention to fill vacancies</b>
Private Health Insurance Administration Council (PHIAC)	CEO Council Member Council Member	Mr Shaun Gath Ms Rebecca Davies Mr John McGee	Council Minister Roxon Minister Roxon	2 June 2008 – 1 June 2013 16 Mar 2008 – 15 Mar 2011 16 Mar 2008 – 15 Mar 2011	Nil	
Private Health Insurance Ombudsman (PHIO)	Ombudsman	Mrs Samantha Gavel	Minister Roxon	1 April 2008 – 31 Mar 2011	Nil	
Professional Programs and Services Advisory Committee (PPSAC)	Chair Member Member Member	Mr Paul Sinclair Ms Helen Kurincic Mr Peter Brunskill Ms Alison Roberts	Minister Roxon Minister Roxon Minister Roxon Minister Roxon	1 April 2008 - 30 June 2009 1 April 2008 - 30 June 2009 1 April 2008 - 30 June 2009 1 April 2008 - 30 June 2009	Nil	
Professional Services Review (PSR)	Director	Dr Tony Webber	Minister Roxon	14 May 2008 – 13 May 2011	Nil	
Radiation Health and Safety Advisory Council					1 Member	Yes
Therapeutic Goods Committee (TGC)					1 Member who is a member of the Health and Foods Standards Advisory Committee of Standards Australia	Vacancy cannot be filled as the referenced Standards Australia committee no longer exists.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-035

OUTCOME 0: Whole of Portfolio

Topic: GRADUATES

Hansard Page: CA 10 & 13

Senator Humphries asked:

- a) Could you give us some information, covering the last 18 months, about the rotations of graduate positions through ministerial offices?
- b) Do you have any records of how many graduates have actually been through the program, over the last 10 or 5 years?

Answer:

- a) The Department's graduate program is a 12 month development program that involves graduates rotating through three different areas of the department.

Each Minister's or Parliamentary Secretary's office is able to participate in the program by taking one graduate for the period of their rotation (four months). From 1 February 2007 until the caretaker period commenced on 14 October 2008 graduates were placed in the offices of the Minister for Health (Abbott), the Minister for Ageing (Santoro/Pyne) and the Parliamentary Secretary (Pyne/Mason) at each rotation. During the caretaker period (17 October – 3 December 2008) graduates returned from Parliament House to the department.

After the swearing in of the new government (3 December 2008) the graduates selected for Minister's Office rotations returned to Parliament House to the offices of the Minister for Health and Ageing (Roxon), Minister for Ageing (Elliot) and Parliamentary Secretary (McLucas). Due to the short time these graduates spent in Parliament House their rotations in the Ministers Offices were extended for another complete rotation (Feb - June 2008). These offices will also participate in the July to October rotation.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-012

OUTCOME 0: Whole of Portfolio

Topic: PROGRAMS AND INITIATIVES

Written Question on Notice

Senator Fierravanti-Wells asked:

In relation to the Department of Health and Ageing and agencies within its responsibility, please answer the following questions in relation to each of the Federal seats of Banks, Lowe, Bennelong, Macquarie, Cunningham, Throsby, Barton, Watson, Charlton and Werriwa:

- a) What programs, initiatives, or other undertakings of the Howard Government will be maintained under the Rudd Government?
- b) What programs, initiatives, or other undertakings of the Howard Government will be reversed under the Rudd Government?
- c) What new programs, initiatives or other undertakings will be allocated to these seats under the Budget?

Answer:

a, b and c) The Government has made various decisions, including in the Budget context, about the establishment of new programs and initiatives, and changes and terminations to existing programs and initiatives. These are detailed in Portfolio Budget Statements, including for the Department of the Health and Ageing. There are no programs in the Health and Ageing portfolio that are implemented or allocated differentially on the basis of Federal electorates.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-013

OUTCOME 0: Whole of Portfolio

Topic: ELECTION COMMITMENTS

Written Question on Notice

Senator Fierravanti-Wells asked:

Please advise whether the list of items under the policy heading on the ALP website <http://www.alp.org.au/> constitutes the total sum election “promises” made by the Rudd Government within the following portfolios:

- a) Health and Ageing
- b) If not, please provide a comprehensive list which includes all promises referred to on the ALP website as well as those that were made but are not contained on the ALP website?

Answer:

a and b) As indicated in previous answers on this issue (answer to Questions on Notice 153 to 188 of 12 February 2008), the election commitments made by Federal Labor are on the public record. Those measures implementing commitments that are funded through Budget appropriations to the Health and Ageing portfolio are detailed in Departments’ Portfolio Budget Statements.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-147

OUTCOME 0: Whole of Portfolio

Topic: COAG HEALTH AND AGEING WORKING GROUP - AGED CARE SUB-GROUP

Written Question on Notice

Senator Adams asked:

What is the timetable on the COAG Health and Ageing Working Group review of the intersection between acute care, residential care and HACC funding, policy and service?

Answer:

In March 2008, the Council of Australian Governments (COAG) asked the Health and Ageing Working Group to focus on priority reforms in a range of areas, focusing on the development of a new National Healthcare Agreement as part of the broader Financial Framework for Specific Purpose Payments.

In July 2008, COAG confirmed that one possible priority reform area would be improving the intersection of aged care and disability services roles and responsibilities. COAG has asked that the outcome of work in this area and in other priority areas be reported to COAG in October 2008, to inform the new National Healthcare Agreement to be signed by December 2008.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-011

OUTCOME 0: Whole of Portfolio

Topic: APPOINTMENT OF BOARDS, ADVISORY COMMITTEES, OR ANY OTHER QUANGOS

Written Question on Notice

Senator Fierravanti-Wells asked:

Please list all quasi-autonomous non-government organisations (quangos) within the following departments and agencies within the responsibility of their departments (Health and Ageing).

Answer:

The following list of bodies within the Health and Ageing Portfolio includes statutory authorities and committees established under legislation for which the portfolio is responsible; prescribed agencies under the *Financial Management and Accountability Act 1997* (FMA Act); Commonwealth authorities and companies under the *Commonwealth Authorities and Companies Act 1997* (CAC Act); and non-CAC Act companies in which the Commonwealth has an interest.

While the list represents all portfolio bodies captured within the above categories, the roles and functions of the bodies listed vary significantly.

Aged Care Planning Advisory Committees
Aged Care Standards and Accreditation Agency Ltd
Alcohol Education and Rehabilitation Foundation Ltd
Australian Community Pharmacy Authority
Australian Drug Evaluation Committee
Australian Health Ethics Committee (of the National Health and Medical Research Council)
Australian Institute of Health and Welfare
Australian Institute of Health and Welfare Ethics Committee
Australian Medical Council
Australian Radiation Protection and Nuclear Safety Agency
Australian Sports Anti-Doping Authority
Australian Sports Commission
Australian Sports Foundation Limited

Beyond Blue Limited
Cancer Australia
Complaints Resolution Panel
Complementary Medicines Evaluation Committee
Determining Authority
Food Standards Australia New Zealand
Gene Technology Ethical and Community Consultative Committee
Gene Technology Technical Advisory Committee
General Practice Education and Training Ltd
General Practice Recognition Appeal Committee
General Practice Recognition Eligibility Committee
Health Advisory Committee (of the National Health and Medical Research Council)
Embryo Research Licensing Committee (of the National Health and Medical Research Council)
Medical Devices Evaluation Committee
Medical Training Review Panel
Medicare Participation Review Committees
Medicines Evaluation Committee
National Blood Authority
National Breast and Ovarian Cancer Centre
National Drugs and Poisons Schedule Committee
National E-Health Transition Authority
National Health Call Centre Network
National Health and Medical Research Council
National Prescribing Service Ltd
National Return of Unwanted Medicines Ltd
Nuclear Safety Committee
Pharmaceutical Benefits Advisory Committee
Pharmaceutical Benefits Remuneration Tribunal
Private Health Insurance Administration Council
Private Health Insurance Ombudsman
Professional Services Review
Radiation Health and Safety Advisory Council
Radiation Health Committee
Research Committee (of the National Health and Medical Research Council)
Specialist Recognition Advisory Committee
Specialist Recognition Appeal Committee
Therapeutic Goods Advertising Code Council
Therapeutic Goods Committee

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-039

OUTCOME 0: Whole of Portfolio

Topic: FOI REQUESTS

Hansard Page: CA 9

Senator Humphries asked:

How many have been granted and how many have been denied?

Answer:

From 24 November 2007, when the Government was elected, until 4 June 2008, the date of the Department's attendance at the Senate Standing Committee on Community Affairs Budget Estimates Hearings, the Department and received 99 FOI requests. Of those, 11 applicants received documents in full, 18 received documents in part and 11 were refused access in full. 26 requests were withdrawn and three requests were transferred to another agency. Decisions about the access to documents on the remaining 30 requests were yet to be made with no decisions being overdue.

Of the 99 requests received between 24 November 2007 and 4 June 2008, 50 were from the media, 28 from legal firms, 7 from pharmaceutical companies and the remaining 14 requests were from members of the public.

During the period 4 June 2008 to 30 June 2008, the Department received a further 12 requests. At 30 June 2008, of these 12 requests, six were from the media, three from legal firms, two from pharmaceutical companies and one was from a member of the public. Over this period, only one request from the media was withdrawn. The remaining 11 requests are currently being processed by the Department.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-036

OUTCOME 0: Whole of Portfolio

Topic: SES OFFICERS

Hansard Page: CA 5

Senator Humphries asked:

Compared with last November, the time of the election, are there more or less SES officers than there were?

Answer:

At 30 November 2007 there were 114 SES officers and at 31 May 2008 there were 122 SES officers.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-196

OUTCOME 0: Whole of Portfolio

Topic: APPROVED GRANTS

Hansard Page: CA 8

Senator Humphries asked:

List of grants approved by Ministers within this portfolio since it came to government.

Answer:

For information on grants prior to 14 February 2008 see Senate Parliamentary Question on Notice 127, 150 and 152. Grants information from 14 February to 5 June 2008 (date of the Senate Estimates Hearing) is at Attachment A.

## GRANTS APPROVED BY MINISTERS FROM 14 FEBRUARY - 5 JUNE 2008

**DIVISION :** Regulatory Policy Governance Division

Institution	Grant Purpose	Value	Program
University of Notre Dame	To establish a Chair in Cerebral Palsy	\$ 550,000.00	10.6 - Research Capacity
Australian Centre for Health Research	To further health policy discussions.	\$ 550,000.00	10.6 - Research Capacity
Australian Institute for Policy and Science	Funding of the Tall Poppy Campaign	\$ 495,000.00	10.6 - Research Capacity

**DIVISION :** Primary and Ambulatory Care Division

Institution	Grant Purpose	Value	Program
Central Western Victoria Division of General Practice	Grant funding under the new after hours grant program	\$ 281,821.49	5.2 - Primary Care Financing, Quality and Access
Department of Human Services Victoria	Operating Subsidy funding under Round The Clock Medicare Program for Phillip Island	\$ 598,000.00	5.2 - Primary Care Financing, Quality and Access
Hunter Urban Division of General	Funding under the new after hours grants program for GP Access After Hours	\$ 8,051,787.02	5.2 - Primary Care Financing, Quality and Access
GP Assist (Tasmania) Pty Ltd	Funding under the new after hours grants program	\$ 3,187,325.90	5.2 - Primary Care Financing, Quality and Access
Australian Nursing Federation	The Development of Informatics Competency Standards for the Nursing Profession in Australia	\$ 141,908.00	10.2 - e-Health Implementation

**DIVISION :** Portfolio Strategies Division

Institution	Grant Purpose	Value	Program
Trigeminal Neuralgia Association Australia Inc	The CSSS provides national secretariat funding to secretariats of peak community organisations that focus their activities on meeting the health and ageing needs of the Australian community.	\$ 5,000.00	10.3 – Consumer & Community Engagement

National Seniors Association Ltd	The CSSS provides national secretariat funding to secretariats of peak community organisations that focus their activities on meeting the health and ageing needs of the Australian community.	\$ 397,419.00	10.3 – Consumer & Community Engagement
Anaphylaxis Australia Inc	The CSSS provides national secretariat funding to secretariats of peak community organisations that focus their activities on meeting the health and ageing needs of the Australian community.	\$ 75,405.00	10.3 – Consumer & Community Engagement
Metabolic Dietary Disorders Association	The CSSS provides national secretariat funding to secretariats of peak community organisations that focus their activities on meeting the health and ageing needs of the Australian community.	\$ 75,405.00	10.3 – Consumer & Community Engagement
Continenence Foundation of Australia	The CSSS provides national secretariat funding to secretariats of peak community organisations that focus their activities on meeting the health and ageing needs of the Australian community.	\$ 173,635.00	10.3 – Consumer & Community Engagement
Heart Support - Australia	The CSSS provides national secretariat funding to secretariats of peak community organisations that focus their activities on meeting the health and ageing needs of the Australian community.	\$ 173,635.00	10.3 – Consumer & Community Engagement
COTA Over 50s Ltd	The CSSS provides national secretariat funding to secretariats of peak community organisations that focus their activities on meeting the health and ageing needs of the Australian community.	\$ 402,787.00	10.3 – Consumer & Community Engagement
Vision 2020 Australia	The CSSS provides national secretariat funding to secretariats of peak community organisations that focus their activities on meeting the health and ageing needs of the Australian community.	\$ 402,787.00	10.3 – Consumer & Community Engagement

**DIVISION :** Ageing and Aged Care Division

<b>Institution</b>	<b>Grant Purpose</b>	<b>Value</b>	<b>Program</b>
Benetas – Centre for Cultural Diversity	Development of a training program for aged care service providers to assist them to use the language skills of bi-lingual staff appropriately and to support the professional development of language skills	\$ 45,000.00	4.5 - Community Partners Program
WA Department of Rehabilitation and Aged Care –	Updating and modifying the “World of Food” resource to an electronic format for use by aged care facilities to	\$ 12,000.00	4.5 - Community Partners Program

Multilingual Aged Care Services	provide appropriate and nutritious food		
ACT Government – ACT Health	Provision of mentoring funds for the ACT Partners in Culturally Appropriate Care Program to assist the establishment of the new Community Partners project covering the South east region of NSW.	\$ 6,500.00	4.5 - Community Partners Program
Catholic Healthcare Limited	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 100,000.00	4.1 - Aged Care Assessment
The Trustee The Salvation Army (NSW)	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 500,000.00	4.1 - Aged Care Assessment
Wesley Mission	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 100,000.00	4.1 - Aged Care Assessment
Perth Home Care Service	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 50,000.00	4.1 - Aged Care Assessment
Melbourne City Mission Incorporated	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 100,000.00	4.1 - Aged Care Assessment
The Benevolent Society	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 500,000.00	4.1 - Aged Care Assessment
Lifeline Australia	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 500,000.00	4.1 - Aged Care Assessment
Wesley Mission Melbourne	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 100,000.00	4.1 - Aged Care Assessment
UCA Assembly Limited	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 500,000.00	4.1 - Aged Care Assessment
Royal Flying Doctor Service of Australia	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 100,000.00	4.1 - Aged Care Assessment
Woden Community Service Incorporated	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 33,000.00	4.1 - Aged Care Assessment
Uniting Church Frontier Service	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 100,000.00	4.1 - Aged Care Assessment
Aged Care & Housing Group Incorporated	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 150,000.00	4.1 - Aged Care Assessment
Southside Community Services Incorporated	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 33,000.00	4.1 - Aged Care Assessment
Multilink Community Services Incorporated	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 100,000.00	4.1 - Aged Care Assessment



St Bartholomew's House Incorporated	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 50,000.00	4.1 - Aged Care Assessment
Northside Community Service Incorporated	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 33,000.00	4.1 - Aged Care Assessment
St Vincent De Paul Society Nat. Cou	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 500,000.00	4.1 - Aged Care Assessment
Colony 47 Incorporated	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 100,000.00	4.1 - Aged Care Assessment
Grafton District Meal on Wheels Incorporated	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 64,000.00	4.1 - Aged Care Assessment
The Uniting Church of Aust Nat Asse	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 500,000.00	4.1 - Aged Care Assessment
Anglicare Australia Incorporated	One off Discretionary Grants Targeting Frail and Socially Vulnerable People	\$ 500,000.00	4.1 - Aged Care Assessment
Department For Families	A New Strategy for Community Care - The Way Forward	\$ 200,000.00	4.4 - Community Care
Health Corporate Network	A New Strategy for Community Care - The Way Forward	\$ 300,000.00	4.4 - Community Care
Disability Services Queensland	Access Points Demonstration Project Funding	\$ 400,000.00	4.4 - Community Care
PQ Lifestyles Ltd	Continance Aids Assistance Scheme (CAAS)*	\$ 34,600,000.00	4.4 - Community Care
Prostrate Cancer Foundation of Australia	National Continance Management Strategy (NCMS)*	\$ 770,000.00	4.4 - Community Care
Alzheimers Australia ACT	ACT Respite Links	\$ 5,000.00	4.4 - Respite Services
Alzheimers Australia ACT	ACT Respite Links	\$ 419,207.00	4.4 - Respite Services
Carers ACT	Home from Home and Host Family Respite	\$ 19,700.00	4.4 - Respite Services
Carers ACT	Home from Home and Host Family Respite	\$ 321,930.00	4.4 - Respite Services
Uniting Church in Australia (ACT) Property Trust	UnitingCare Care Ageing - SE Region - Mirinjani Village Expanded Day Care Program	\$ 2,500.00	4.4 - Respite Services
Carers Australia Incorporated	Carers Australia Incorporated	\$ 2,700,000.00	4.4 - National Respite for Carers
Carers Australia Incorporated	Carers Australia Incorporated	\$ 431,990.00	4.4 - National Respite for Carers

Carers Australia Incorporated	Carers Australia Incorporated	\$ 4,927,677.00	4.4 - Carer Information & Support Program
Carers Australia Incorporated	Carers Australia Incorporated	\$ 19,463,352.00	4.4 - National Respite for Carers
Aged & Disability Support Services Incorporated (ADSSI)	Aged & Disability Support Services Incorporated (ADSSI)	\$ 105,000.00	4.4 - Respite Services
Aged & Disability Support Services Incorporated (ADSSI)	Aged & Disability Support Services Incorporated (ADSSI)	\$ 258,906.00	4.4 - Respite Services
Alzheimers Australia NSW	Mobile Respite Team - Bega Valley Shire	\$ 510,753.00	4.4 - Respite Services
Anglican Retirement Villages	Penrith House Respite Program	\$ 629,466.00	4.4 - Respite Services
Australian Chinese Community Association	Chinese Dementia Respite Day Care - Western Sydney Area	\$ 523,716.00	4.4 - Respite Services
Ballina District Community Services Association Incorporated	Interval Respite	\$ 354,018.00	4.4 - Respite Services
Baptist Community Services - NSW & ACT	CareConnect Southern Highlands	\$ 720,336.00	4.4 - Respite Services
Baptist Community Services - NSW & ACT	Carer Support Wagga	\$ 615,330.00	4.4 - Respite Services
Baptist Community Services - NSW & ACT	Central West Dementia Respite	\$ 401,589.00	4.4 - Respite Services
Baptist Community Services - NSW & ACT	Cumberland Prospect Commonwealth Carelink Centre	\$ 891,621.00	4.3 - C'wealth Carelink Centres
Baptist Community Services - NSW & ACT	Host Home Day Care-Marsfield	\$ 559,644.00	4.4 - Respite Services
Baptist Community Services - NSW & ACT	Murrumbidgee Region Carer Support	\$ 408,396.00	4.4 - Respite Services
Baptist Community Services - NSW & ACT	Respite Recreation Network	\$ 405,069.00	4.4 - Respite Services
Baptist Community Services - NSW & ACT	Ryde/Parramatta Centre Based Respite	\$ 119,697.00	4.4 - Respite Services
Bay and Basin Community Resources Incorporated (BBCRI)	Bayrest Respite Service	\$ 1,201,350.00	4.4 - Respite Services

Broken Hill City Council	Far West Commonwealth Carelink Centre (Part of Orana/Far West)	\$ 493,872.00	4.3 - C'wealth Carelink Centres
Byron Shire Respite Day Care Service Incorporated	Challenging Behaviours Project	\$ 945,249.00	4.4 - Respite Services
Care Connect Limited	Care Connect Cumberland Prospect Respite for Carers Service	\$ 552,000.00	4.4 - Respite Services
Carrathool Shire Council	Carrathool Shire Council Respite Program	\$ 182,538.00	4.4 - Respite Services
Carrington Centennial Care Limited	Carrington Community Care	\$ 73,353.00	4.4 - Respite Services
Catholic Healthcare Limited	David Palmer Long Day Respite Centre	\$ 132,582.00	4.4 - Respite Services
Catholic Healthcare Limited	Lourdes In-Home Dementia Respite Service	\$ 632,700.00	4.4 - Respite Services
Catholic Healthcare Limited	Mercy Community Care Respite Day Service	\$ 287,439.00	4.4 - Respite Services
Catholic Healthcare Limited	Orana Commonwealth Carelink Centre (Part of Orana/Far West HACC Region)	\$ 511,869.00	4.3 - C'wealth Carelink Centres
Centacare Broken Bay Catholic Family Services	Respite Options Program	\$ 85,763.00	4.4 - Respite Services
Chinese Australian Services Society (CASS)	Chinese Australian Services Society (CASS) Day Respite Centre	\$ 226,827.00	4.4 - Respite Services
Community Care (Northern Beaches) Incorporated	Northern Beaches Dementia Carer Respite Service	\$ 580,089.00	4.4 - Respite Services
Community Programs Incorporated	National Respite for Carers Project	\$ 433,442.00	4.4 - Respite Services
Cooma Challenge Limited	Snowy Monaro Respite	\$ 209,055.00	4.4 - Respite Services
Eurobodalla Shire Council	Respite For Carers	\$ 968,073.00	4.4 - Respite Services
Feros Care Limited	Feros Care Respite Services- Far North Coast	\$ 341,340.00	4.4 - Respite Services
Feros Care Limited	Innovative Employed Carers Initiative	\$ 315,488.00	4.4 - Respite Services
Gilgai Aboriginal Centre Incorporated	Gilgai Carer Support Services	\$ 437,094.00	4.4 - Respite Services
Glen Innes Severn Council-Northern Community Care	Northern Community Care	\$ 695,625.00	4.4 - Respite Services

Greek Welfare Centre	Liverpool CALD Dementia Day Respite	\$ 360,141.00	4.4 - Respite Services
Greek Welfare Centre	Parramatta CALD Dementia Day Respite Centre	\$ 358,887.00	4.4 - Respite Services
Greek Welfare Centre	South East CALD Dementia Day Respite	\$ 228,738.00	4.4 - Respite Services
Hay Shire Council Multi Service Outlet	Hay Shire Council Multi Service Outlet	\$ 149,997.00	4.4 - Respite Services
Home Care Service of NSW	Orana/Far West Dementia Respite Services	\$ 1,200,000.00	4.4 - Respite Services
Hope Healthcare Limited	Flexible Carer Respite Solutions	\$ 1,139,553.00	4.4 - Respite Services
Hunter Integrated Care Incorporated	Hunter Dementia & Palliative Care Respite	\$ 900,000.00	4.4 - Respite Services
Hunter New England Area Health Service	Hunter Commonwealth Carelink Centre	\$ 630,237.00	4.3 - C'wealth Carelink Centres
Hunter New England Area Health Service	New England Commonwealth Carelink Centre	\$ 518,586.00	4.3 - C'wealth Carelink Centres
Interchange Illawarra Incorporated	Interchange Illawarra Family Based Flexible Respite Options	\$ 272,598.00	4.4 - Respite Services
Kiama Council on Behalf of Southern Councils Group	Illawarra Commonwealth Carelink Centre	\$ 18,000.00	4.3 - C'wealth Carelink Centres
Kiama Council on Behalf of Southern Councils Group	Illawarra Commonwealth Carelink Centre	\$ 667,161.00	4.3 - C'wealth Carelink Centres
Kincare Community Services	Live-in Respite - Central West	\$ 225,861.00	4.4 - Respite Services
Kincare Community Services	Live-in Respite - Cumberland/Prospect	\$ 300,138.00	4.4 - Respite Services
Kincare Community Services	Live-in Respite - Northern Sydney	\$ 202,067.00	4.4 - Respite Services
Kurri Kurri Community Centre Incorporated	Lower Hunter Carer's Respite	\$ 1,153,107.00	4.4 - Respite Services
Lithgow Information and Neighbourhood Centre Incorporated	Doreen's Place	\$ 187,047.00	4.4 - Respite Services
Mercy Care Centre, Young	Respite in the Home	\$ 211,848.00	4.4 - Respite Services

Mid North Coast Community Care Options Incorporated	Mid Coast Break Away	\$ 660,537.00	4.4 - Respite Services
Midwest Community Care Incorporated	Midwest Multicultural Dementia Carers Support Services	\$ 618,699.00	4.4 - Respite Services
Narrama Multi Service Aboriginal Corporation	Aboriginal Respite Options	\$ 564,000.00	4.4 - Respite Services
North Coast Area Health Service	Mobile Respite Services	\$ 767,715.00	4.4 - Respite Services
Northern Sydney & Central Coast Health Service	Central Coast Commonwealth Carelink Centre	\$ 587,181.00	4.3 - C'wealth Carelink Centres
Northern Sydney & Central Coast Health Service	Dementia Respite Services Richard Geeves Centre	\$ 911,565.00	4.4 - Respite Services
Northside Community Forum Incorporated	Northern Sydney Commonwealth Carelink Centre	\$ 955,356.00	4.3 - C'wealth Carelink Centres
Novacare Incorporated	Hamilton Care Centre	\$ 440,112.00	4.4 - Respite Services
Novacare Incorporated	Milpara Extended Hours for Working Carers	\$ 499,104.00	4.4 - Respite Services
Orange Community Resource Organisation Incorporated (OCRO)	Central West Commonwealth Carelink Centre	\$ 627,837.00	4.3 - C'wealth Carelink Centres
Queanbeyan City Council	Queanbeyan Flexible Respite Services	\$ 696,462.00	4.4 - Respite Services
Queanbeyan City Council	Southern Highlands Commonwealth Carelink Centre	\$ 753,624.00	4.3 - C'wealth Carelink Centres
Regional Social Development Group Incorporated	Riverina Murray Commonwealth Carelink Centre	\$ 567,156.00	4.3 - C'wealth Carelink Centres
Share Care Incorporated	Respite Options	\$ 810,000.00	4.4 - Respite Services
Southern Cross Care (NSW & ACT) Incorporated	Southern Cross National Respite for Carers Project	\$ 353,454.00	4.4 - Respite Services
Southern Cross Community Health Care Pty Limited	Southern Cross Western Sydney NRCP	\$ 398,580.00	4.4 - Respite Services
St Basil's Homes	St Basil's Overnight Respite	\$ 58,659.00	4.4 - Respite Services
St Luke's Hospital Complex	St Luke's Community Home Care Respite Program	\$ 1,591,494.00	4.4 - Respite Services

Sydney Anglican Home Mission Society Trading as Anglicare Diocese of Sydney	Anglicare Chelsalon Hawkesbury / Nepean Community Services	\$ 788,883.00	4.4 - Respite Services
Sydney Anglican Home Mission Society Trading as Anglicare Diocese of Sydney	Eleebana Respite Cottage	\$ 568,479.00	4.4 - Respite Services
Sydney Anglican Home Mission Society Trading as Anglicare Diocese of Sydney	Nepean Commonwealth Carelink Centre	\$ 623,793.00	4.3 - C'wealth Carelink Centres
Sydney Anglican Home Mission Society Trading as Anglicare Diocese of Sydney	South West Sydney Commonwealth Carelink Centre	\$ 699,999.00	4.3 - C'wealth Carelink Centres
Sydney Anglican Home Mission Society Trading as Anglicare Diocese of Sydney	South West Sydney Commonwealth Carer Respite Centre	\$ 3,715,395.00	4.3 - C'wealth Respite Centres
Sydney South West Area Health Service (SSWAHS)	After Hours and Weekend Day Care	\$ 511,539.00	4.4 - Respite Services
Sydney South West Area Health Service (SSWAHS)	Karinya Day Centre	\$ 280,890.00	4.4 - Respite Services
Sydney South West Area Health Service (SSWAHS)	Reslink	\$ 1,097,580.00	4.4 - Respite Services
Sydney South West Area Health Service (SSWAHS)	Transcultural Respite	\$ 197,820.00	4.4 - Respite Services
The Benevolent Society	Community and In-Home Flexible Respite - Penrith	\$ 559,308.00	4.4 - Respite Services
The Benevolent Society	Community and In-Home Flexible Respite - Southern Sydney	\$ 1,088,295.00	4.4 - Respite Services
The Benevolent Society	South East Sydney Commonwealth Carelink Centre	\$ 986,286.00	4.3 - C'wealth Carelink Centres
The Hammond Care Group (HCG)	Hammond Care Respite Service Central Coast	\$ 1,257,060.00	4.4 - Respite Services
The Hammond Care Group (HCG)	Hammond Care Respite Service Lake Macquarie	\$ 1,073,100.00	4.4 - Respite Services
The Hammond Care Group (HCG)	Hammond Care Respite Service South West Sydney	\$ 1,149,750.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (NSW)	Miraga Day Centre	\$ 245,100.00	4.4 - Respite Services

The Uniting Church in Australia Property Trust (NSW)	Red Dove Social Group	\$ 89,193.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (NSW)	Unanderra Day Care Centre	\$ 172,380.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (NSW) for Wesley Mission	Inner West Commonwealth Carelink Centre	\$ 710,238.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (NSW) for Wesley Mission	Inner West Commonwealth Carer Respite Centre	\$ 50,000.00	4.3 - C'wealth Respite Centres
The Uniting Church in Australia Property Trust (NSW) for Wesley Mission	Inner West Commonwealth Carer Respite Centre	\$ 2,533,971.00	4.3 - C'wealth Respite Centres
Tweed Valley Respite Service Incorporated	Dementia and Challenging Behaviour Program	\$ 468,699.00	4.4 - Respite Services
Tweed Valley Respite Service Incorporated	Innovative Employed Carers Initiative	\$ 70,827.00	4.4 - Respite Services
United Protestant Association NSW Limited - Northern Region	Far North Coast Commonwealth Carelink Centre	\$ 800,910.00	4.3 - C'wealth Carelink Centres
United Protestant Association NSW Limited - Northern Region	Far North Coast Commonwealth Carer Respite Centre	\$ 50,000.00	4.3 - C'wealth Respite Centres
United Protestant Association NSW Limited - Northern Region	Far North Coast Commonwealth Carer Respite Centre	\$ 2,894,019.00	4.3 - C'wealth Respite Centres
United Protestant Association NSW Limited - Northern Region	Mid North Coast Commonwealth Carelink Centre	\$ 764,457.00	4.3 - C'wealth Carelink Centres
UnitingCare Goulburn North East	McFarland House	\$ 295,755.00	4.4 - Respite Services
Unitingcare NSW.ACT	Wellness Respite for Carers	\$ 272,697.00	4.4 - Respite Services
Uralla Shire Council	Kamilaroi Aged and Disabled Services	\$ 313,344.00	4.4 - Respite Services
Uralla Shire Council	Tablelands Respite for Carers	\$ 202,653.00	4.4 - Respite Services
Westworks Incorporated	Westworks Respite for Carers Services	\$ 358,875.00	4.4 - Respite Services
Wollongong City Council	Illawarra Dementia Respite Service	\$ 1,086,765.00	4.4 - Respite Services

Anglicare NT Incorporated	East Arnhem Commonwealth Carer Respite Centre	\$ 18,992.00	4.3 - C'wealth Respite Centres
Anglicare NT Incorporated	East Arnhem Commonwealth Carer Respite Centre	\$ 681,606.00	4.3 - C'wealth Respite Centres
Anglicare NT Incorporated	East Arnhem Mobile Respite	\$ 379,146.00	4.4 - Respite Services
Angurugu Community Government Council	Groote Eylandt Mobile Respite Service	\$ 276,534.00	4.4 - Respite Services
Angurugu Community Government Council	Groote Eylandt Respite Service	\$ 209,940.00	4.4 - Respite Services
Carers NT Incorporated	Carer Respite Service	\$ 267,327.00	4.4 - Respite Services
Carers NT Incorporated	Commonwealth Carelink Northern Region Carers NT Incorporated	\$ 427,716.00	4.3 - C'wealth Carelink Centres
Carers NT Incorporated	Northern Region Commonwealth Carer Respite Centre	\$ 160,000.00	4.3 - C'wealth Respite Centres
Carers NT Incorporated	Northern Region Commonwealth Carer Respite Centre	\$ 1,972,620.00	4.3 - C'wealth Respite Centres
Carers NT Incorporated	Responsive Respite (Remote/Rural) Service	\$ 404,139.00	4.4 - Respite Services
Carers NT Incorporated	Responsive Respite Services - 'Troopy' Program Central & Barkly Region	\$ 219,342.00	4.4 - Respite Services
Julalikari Council Aboriginal Corporation	Julalikari Council Aboriginal Corporation	\$ 312,000.00	4.4 - Respite Services
Masonic Homes Incorporated	Masonic Homes Respite Program	\$ 15,055.00	4.4 - Respite Services
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Womens Council Aboriginal Corporation	Central Australian Cross Border Respite Service	\$ 480,000.00	4.4 - Respite Services
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Womens Council Aboriginal Corporation	Ngaanyatjarra Pitjantjatjara Yankunytjatjara Womens Council Cross Border C'wealth Carer Respite Cent	\$ 897,834.00	4.3 - C'wealth Respite Centres
Uniting Church in Australia Frontier Services	Central Region Carer Respite Centre Dementia Respite Service	\$ 353,793.00	4.4 - Respite Services
Uniting Church in Australia Frontier Services	Central Region Commonwealth Carer Respite Centre	\$ 17,029.00	4.3 - C'wealth Respite Centres



Uniting Church in Australia Frontier Services	Central Region Commonwealth Carer Respite Centre	\$ 1,117,314.00	4.3 - C'wealth Respite Centres
Uniting Church in Australia Frontier Services	Commonwealth Carelink Centre Central Region	\$ 826,236.00	4.3 - C'wealth Carelink Centres
Uniting Church in Australia Frontier Services	Frontier Services Carer Respite Service	\$ 43,658.00	4.4 - Respite Services
Uniting Church in Australia Frontier Services	Frontier Services Carer Respite Service	\$ 156,672.00	4.4 - Respite Services
Uniting Church in Australia Frontier Services	Frontier Services Top End Respite Options	\$ 1,005,810.00	4.4 - Respite Services
Uniting Church in Australia Frontier Services	Mutitjulu Aged and Disabled Respite Program	\$ 330,000.00	4.4 - Respite Services
Uniting Church in Australia Frontier Services	Respite Options for Senior Territorians - Central	\$ 795,000.00	4.4 - Respite Services
Uniting Church in Australia Frontier Services	Respite Options for Senior Territorians - Darwin	\$ 900,000.00	4.4 - Respite Services
Alzheimer's Association of QLD Incorporated	Garden City Respite Centre	\$ 27,248.00	4.4 - Respite Services
Alzheimer's Association of QLD Incorporated	Gordon Park Day Respite	\$ 350,451.00	4.4 - Respite Services
Alzheimer's Association of QLD Incorporated	Ipswich Day Respite Centre	\$ 16,931.00	4.4 - Respite Services
Alzheimer's Association of QLD Incorporated	Toowoomba Day Respite Centre	\$ 21,320.00	4.4 - Respite Services
Alzheimer's Association of QLD Incorporated	Toowoomba Day Respite Centre	\$ 259,140.00	4.4 - Respite Services
Alzheimer's Australia Gold Coast Incorporated	Carer Respite, Education and Support	\$ 93,378.00	4.4 - Respite Services
Alzheimer's Australia Gold Coast Incorporated	Carer Support Day and Night - Rosemary	\$ 2,000.00	4.4 - Respite Services
Alzheimer's Australia Gold Coast Incorporated	Carer Support Day and Night - Rosemary	\$ 459,990.00	4.4 - Respite Services
Alzheimer's Australia Gold Coast Incorporated	Tarrant House	\$ 15,500.00	4.4 - Respite Services
Alzheimer's Australia Gold Coast Incorporated	Tarrant House	\$ 459,990.00	4.4 - Respite Services

ARC Disabilities Services Incorporated	ARC Host Family Program	\$ 5,204.00	4.4 - Respite Services
ARC Disabilities Services Incorporated	ARC Host Family Program	\$ 192,000.00	4.4 - Respite Services
Bendemere Shire Council	Bendemere Shire Respite Service	\$ 5,300.00	4.4 - Respite Services
Blackall-Tambo Regional Council	Tambo Multipurpose Centre	\$ 84,258.00	4.4 - Respite Services
Bromilow Home Support Services	Bromilow Home Support Services	\$ 4,540.00	4.4 - Respite Services
Bromilow Home Support Services	Bromilow Home Support Services	\$ 1,018,371.00	4.4 - Respite Services
Churches of Christ in Queensland Incorporated	Travel Care - Southport	\$ 8,000.00	4.4 - Respite Services
Churches of Christ in Queensland Incorporated	Travel Care - Southport	\$ 810,162.00	4.4 - Respite Services
Corporation of the Synod of the Diocese of Brisbane (St Lukes)	Spiritus Enable Lifestyle Support Service	\$ 240,000.00	4.4 - Respite Services
Corporation of the Trustees of the Roman Catholic Archdiocese of Brisbane (Centacare)	Centacareservices - North Brisbane Metro	\$ 911,718.00	4.4 - Respite Services
Corporation of the Trustees of the Roman Catholic Archdiocese of Brisbane (Centacare)	Centacareservices - South Brisbane	\$ 24,000.00	4.4 - Respite Services
Corporation of the Trustees of the Roman Catholic Archdiocese of Brisbane (Centacare)	Centacareservices - South Brisbane	\$ 1,023,639.00	4.4 - Respite Services
Ethnic Community Care Links Incorporated	Respite Options - Strategies for Diversity	\$ 2,480.00	4.4 - Respite Services
Ethnic Community Care Links Incorporated	Respite Options - Strategies for Diversity	\$ 207,546.00	4.4 - Respite Services
Family Services Group (FSG) Australia	Bluegums Overnight Cottage	\$ 2,130.00	4.4 - Respite Services
Family Services Group (FSG) Australia	Bluegums Overnight Cottage	\$ 1,260,900.00	4.4 - Respite Services

Family Services Group (FSG) Australia	Brisbane South Respite Cottages	\$ 4,020.00	4.4 - Respite Services
Family Services Group (FSG) Australia	Brisbane South Respite Cottages	\$ 689,934.00	4.4 - Respite Services
Family Services Group (FSG) Australia	Flexible Packages (High Care)	\$ 933,000.00	4.4 - Respite Services
Family Services Group (FSG) Australia	Flexible Transitional Care Packages - Brisbane Sth	\$ 241,224.00	4.4 - Respite Services
Family Services Group (FSG) Australia	Flexible Transitional Care Packages - West Moreton	\$ 230,190.00	4.4 - Respite Services
Family Services Group (FSG) Australia	FSG Australia & Inala Day Respite Centre	\$ 7,475.00	4.4 - Respite Services
Family Services Group (FSG) Australia	South Brisbane Commonwealth Carelink Centre	\$ 1,196,781.00	4.3 - C'wealth Carelink Centres
Family Services Group (FSG) Australia	South Brisbane Commonwealth Carer Respite Centre	\$ 20,590.00	4.3 - C'wealth Respite Centres
Family Services Group (FSG) Australia	South Brisbane Commonwealth Carer Respite Centre	\$ 3,383,613.00	4.3 - C'wealth Respite Centres
Family Services Group (FSG) Australia	Working Carers - South Brisbane	\$ 429,765.00	4.4 - Respite Services
Family Services Group (FSG) Australia	Yallarwah House	\$ 444,504.00	4.4 - Respite Services
Family Services Group (FSG) Australia	Yo! Beau	\$ 61,485.00	4.4 - Respite Services
Home and Community Care Incorporated	Longreach Community Care	\$ 300,000.00	4.4 - Respite Services
Inglewood Community Welfare Group Incorporated	Inglewood Respite Program	\$ 123,924.00	4.4 - Respite Services
Ipswich Hospice Care Incorporated	Ipswich Hospice Care	\$ 15,590.00	4.4 - Respite Services
Ipswich Hospice Care Incorporated	Ipswich Hospice Care	\$ 263,052.00	4.4 - Respite Services
Islamic Womens Association of QLD Incorporated	Salam (Peace) Community Respite Service	\$ 9,300.00	4.4 - Respite Services
Kabbarli HACC Association Incorporated	Kabbarli Respite Program	\$ 244,086.00	4.4 - Respite Services

Lutheran Church of Australia Queensland District (Lutheran Community Care)	Lowood Day Respite Centre - Extra Care for Carers	\$ 7,300.00	4.4 - Respite Services
Lutheran Church of Australia Queensland District (Lutheran Community Care)	Lowood Day Respite Centre - Extra Care for Carers	\$ 203,784.00	4.4 - Respite Services
Mater Respite Services	Mater Respite - Extended Hours	\$ 1,218,000.00	4.4 - Respite Services
Mater Respite Services	Mater Respite - Weekday Overnight	\$ 224,661.00	4.4 - Respite Services
Multilink Community Services Incorporated	Multilink Club House	\$ 19,154.00	4.4 - Respite Services
Ozcare	Ozcare Positive Care for Carers - Central (Rocky)	\$ 1,584,294.00	4.4 - Respite Services
Ozcare	Ozcare Positive Care for Carers - South Coast	\$ 1,272,324.00	4.4 - Respite Services
Ozcare	Positive Care for Carers - Far North	\$ 319,926.00	4.4 - Respite Services
Ozcare	Positive Care for Carers - North Brisbane	\$ 832,767.00	4.4 - Respite Services
Ozcare	Positive Care for Carers - Redcliffe/Caboolture	\$ 663,186.00	4.4 - Respite Services
Ozcare	Positive Care for Carers - South Brisbane	\$ 398,277.00	4.4 - Respite Services
Ozcare	Positive Care for Carers - Toowoomba	\$ 712,416.00	4.4 - Respite Services
Ozcare	Positive Care for Carers - Townsville	\$ 476,022.00	4.4 - Respite Services
Ozcare	Positive Care for Carers - Wide Bay	\$ 1,003,179.00	4.4 - Respite Services
Ozcare	Positive Care for Carers Mackay	\$ 380,478.00	4.4 - Respite Services
Pormpuraaw Community Council	Pormpuraaw Respite Centre	\$ 31,992.00	4.4 - Respite Services
Radcare Incorporated	Cedar Park Cottage	\$ 1,650.00	4.4 - Respite Services
Roma Regional Council	Bendemere Shire Respite Service	\$ 315,792.00	4.4 - Respite Services

RSL (QLD) War Veterans' Homes Limited	Caboolture Day Respite Centre	\$ 14,430.00	4.4 - Respite Services
South Burnett Senior Citizens Welfare Association	Nanango/Yarraman/Blackbutt-NRCP Respite Services	\$ 13,500.00	4.4 - Respite Services
South Burnett Senior Citizens Welfare Association	Nanango/Yarraman/Blackbutt-NRCP Respite Services	\$ 601,200.00	4.4 - Respite Services
St John's Community Care	Flexible Dementia Respite Program	\$ 9,013.00	4.4 - Respite Services
St John's Community Care	Flexible Dementia Respite Program	\$ 412,800.00	4.4 - Respite Services
Suncare Community Services Incorporated	Central Commonwealth Carelink Centre	\$ 905,370.00	4.3 - C'wealth Carelink Centres
Suncare Community Services Incorporated	Central Commonwealth Carer Respite Centre	\$ 393,403.00	4.3 - C'wealth Carelink Centres
Suncare Community Services Incorporated	Central Commonwealth Carer Respite Centre	\$ 4,134,912.00	4.3 - C'wealth Carelink Centres
Suncare Community Services Incorporated	Commonwealth Carelink Centre North Brisbane Region	\$ 1,574,637.00	4.3 - C'wealth Carelink Centres
Suncare Community Services Incorporated	Direct Services North Brisbane	\$ 42,200.00	4.4 - Respite Services
Suncare Community Services Incorporated	Direct Services North Brisbane	\$ 2,683,011.00	4.4 - Respite Services
Suncare Community Services Incorporated	North Brisbane Commonwealth Carer Respite Centre	\$ 244,442.00	4.3 - C'wealth Respite Centres
Suncare Community Services Incorporated	North Brisbane Commonwealth Carer Respite Centre	\$ 6,588,936.00	4.3 - C'wealth Respite Centres
Tambo Shire Council	Tambo Multipurpose Centre	\$ 2,860.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus - Bayside	\$ 9,800.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus - Bayside	\$ 266,865.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus - Extended Day Respite - Robina	\$ 723,678.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Give Me A Break	\$ 21,950.00	4.4 - Respite Services

The Corporation of the Synod of the Diocese of Brisbane	Spiritus Give Me A Break	\$ 296,220.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Healthy Living for Carers - South & Southeast	\$ 9,300.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Healthy Living for Carers - South & Southeast	\$ 643,203.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Healthy Living for Carers - Townsville	\$ 15,410.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Healthy Living for Carers - Townsville	\$ 319,926.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Healthy Living for Carers - Zillmere	\$ 642,738.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Longreach Community Respite House Thompson House	\$ 19,800.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Red Swag Respite Services - Cecil Plains	\$ 11,713.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Red Swag Respite Services - Cecil Plains	\$ 396,708.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Roma Palliative Care Service	\$ 9,629.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Roma Palliative Care Service	\$ 52,680.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus St Luke's House	\$ 18,450.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Thallon Day Respite Centre	\$ 10,500.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Thallon Day Respite Centre	\$ 121,035.00	4.4 - Respite Services
The Corporation of the Synod of the Diocese of Brisbane	Spiritus Working Carers Southport	\$ 552,888.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Blue Care - Ashgrove Centre	\$ 13,490.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Blue Care - Ashgrove Centre	\$ 762,771.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Blue Care Burdekin	\$ 111,000.00	4.4 - Respite Services

The Uniting Church in Australia Property Trust (Q) (Blue Care)	Blue Care Callide Valley Respite Service	\$ 2,500.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Blue Care Callide Valley Respite Service	\$ 369,693.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Blue Care Innisfail	\$ 250,044.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Blue Care Southside Cottage Respite	\$ 175,959.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Carer Support and Flexible Respite	\$ 89,067.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Darling Downs South West Commonwealth Carelink Centre	\$ 926,841.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Darling Downs/South West Commonwealth Carer Respite Centre	\$ 37,414.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Darling Downs/South West Commonwealth Carer Respite Centre	\$ 2,893,188.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Employed Carer Service	\$ 12,940.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Flexible Respite Response for People with Disabilities and Their Carers	\$ 2,500.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Flexible Respite Response for People with Disabilities and Their Carers	\$ 330,282.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Galaxy Project	\$ 190,008.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Home Care Dementia Services - Far North Queensland	\$ 1,338,441.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Home Option Plus	\$ 15,858.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Home Option Plus	\$ 963,894.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Homecare Dementia Services - Northern	\$ 724,524.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Mackay Homecare Dementia Services	\$ 38,000.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Mackay Homecare Dementia Services	\$ 926,520.00	4.4 - Respite Services

The Uniting Church in Australia Property Trust (Q) (Blue Care)	Mt Isa Respite Centre	\$ 99,027.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Networks - Caloundra	\$ 7,000.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Networks - Caloundra	\$ 874,059.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Networks - Sandgate	\$ 329,472.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Northern Commonwealth Carelink Centre	\$ 1,003,794.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Northern Commonwealth Carer Respite Centre	\$ 15,000.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Northern Commonwealth Carer Respite Centre	\$ 3,038,289.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Peninsula Commonwealth Carelink Centre	\$ 847,467.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Peninsula Commonwealth Carer Respite Centre	\$ 1,704,195.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Respite Options Project	\$ 936,471.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Southside In-Home Respite	\$ 17,070.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	Southside In-Home Respite	\$ 879,462.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Q) (Blue Care)	West Moreton South Coast Commonwealth Carelink Centre	\$ 1,690,746.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (Q) (Blue Care)	West Moreton/ South Coast Commonwealth Carer Respite Centre	\$ 32,000.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (Q) (Blue Care)	West Moreton/ South Coast Commonwealth Carer Respite Centre	\$ 5,483,685.00	4.3 - C'wealth Carelink Centres
Torres Strait Home for the Aged Association Incorporated	Torres Strait Inner Islands Carer Respite Program	\$ 47,991.00	4.4 - Respite Services
Vision Australia	Vision Australia Respite Service	\$ 162,000.00	4.4 - Respite Services
Adelaide Hills Council	The Hut Program for Carers	\$ 79,140.00	4.4 - Respite Services



Aged Care and Housing Group Incorporated	Carer Respite Options - Dementia Services Program	\$ 15,450.00	4.4 - Respite Services
Aged Care and Housing Group Incorporated	Carer Respite Options - Dementia Services Program	\$ 1,629,273.00	4.4 - Respite Services
Aged Care and Housing Group Incorporated	Innovative Employed Carers Initiative	\$ 190,365.00	4.4 - Respite Services
Aged Care and Housing Group Incorporated	Respite Options East	\$ 2,500.00	4.4 - Respite Services
Aged Care and Housing Group Incorporated	Respite Options East	\$ 293,919.00	4.4 - Respite Services
Aged Care and Housing Group Incorporated	Savas House	\$ 12,700.00	4.4 - Respite Services
Aged Care and Housing Group Incorporated	Southern Working Carers Respite Initiative	\$ 1,550.00	4.4 - Respite Services
Aged Care and Housing Group Incorporated	Swan Cottage	\$ 5,100.00	4.4 - Respite Services
Aged Care and Housing Group Incorporated	Wyatt Holidays	\$ 250,677.00	4.4 - Respite Services
Associazione Nazionale Famiglie Degli Emigrati Incorporated (ANFE)	All-Cultures Respite Options - North-West Program	\$ 1,023,455.00	4.4 - Respite Services
Cambodian Association of SA Incorporated	Cambodian Respite Care	\$ 293,370.00	4.4 - Respite Services
Care Connect Ltd	Clarence Park Community Centre	\$ 3,600.00	4.4 - Respite Services
Care Connect Ltd	Clarence Park Community Centre	\$ 343,440.00	4.4 - Respite Services
Carer Support and Respite Centre Incorporated	In-Home Emergency Respite	\$ 212,541.00	4.4 - Respite Services
Carer Support and Respite Centre Incorporated	Respite Choices	\$ 784,647.00	4.4 - Respite Services
Carer Support and Respite Centre Incorporated	South and East Metropolitan Commonwealth Carer Respite Centre	\$ 137,886.00	4.3 - C'wealth Respite Centres
Carer Support and Respite Centre Incorporated	South and East Metropolitan Commonwealth Carer Respite Centre	\$ 3,927,270.00	4.3 - C'wealth Respite Centres
Carers' Link Barossa and Districts Incorporated	Wakefield Regional Respite Service for Employed Carers	\$ 3,444.00	4.4 - Respite Services

Carers SA	Southern Country Commonwealth Carer Respite Centre	\$ 56,204.00	4.3 - C'wealth Respite Centres
Carers SA	Southern Country Commonwealth Carer Respite Centre	\$ 2,953,893.00	4.3 - C'wealth Respite Centres
Churches of Christ Life Care Incorporated	Norman House	\$ 6,409.00	4.4 - Respite Services
City of Charles Sturt	City of Charles Sturt Supported Participation Respite Program	\$ 2,645.00	4.4 - Respite Services
City of Charles Sturt	City of Charles Sturt Supported Participation Respite Program	\$ 173,700.00	4.4 - Respite Services
City of Onkaparinga	Friendship Club Day Program	\$ 147,273.00	4.4 - Respite Services
City of Onkaparinga	Southern Carers Support Service	\$ 153,540.00	4.4 - Respite Services
Country Health SA Inc	Flexible Respite Services & Home Away from Home	\$ 531,744.00	4.4 - Respite Services
Country Health SA Inc	Riverland Carer Respite Program	\$ 1,387,944.00	4.4 - Respite Services
Country Health SA Inc	South East Carer Solutions	\$ 1,141,368.00	4.4 - Respite Services
Country North Community Services Incorporated	Grevillea House	\$ 2,641.00	4.4 - Respite Services
Country North Community Services Incorporated	Wakefield Registered Respite for Carers of People with Dementia and Challenging Behaviours	\$ 741,819.00	4.4 - Respite Services
Eastern Eyre Health and Aged Care Incorporated	Flexicare Respite Service Home Away from Home	\$ 112,803.00	4.4 - Respite Services
Hawker Memorial Hospital Incorporated	Great Northern Hospital CRC Program	\$ 2,299.00	4.4 - Respite Services
Hawker Memorial Hospital Incorporated	Great Northern Hospital CRC Program	\$ 62,670.00	4.4 - Respite Services
Helping Hand Aged Care Incorporated	24/7 Community Respite House	\$ 3,000.00	4.4 - Respite Services
Helping Hand Aged Care Incorporated	Pathways Respite	\$ 2,115,081.00	4.4 - Respite Services
Helping Hand Aged Care Incorporated	Respite for Carers	\$ 6,500.00	4.4 - Respite Services

Helping Hand Aged Care Incorporated	Respite for Carers	\$ 616,038.00	4.4 - Respite Services
Helping Hand Aged Care Incorporated	Shift Worker Respite Project	\$ 44,606.00	4.4 - Respite Services
Holiday Explorers Incorporated	Holiday Explorers	\$ 10,104.00	4.4 - Respite Services
Holiday Explorers Incorporated	Holiday Explorers	\$ 352,512.00	4.4 - Respite Services
Italian Benevolent Foundation SA Incorporated	Oggi Con Noi (Today with Us)	\$ 4,965.00	4.4 - Respite Services
James Brown Memorial Trust Incorporated	Kalyra Care	\$ 5,280.00	4.4 - Respite Services
James Brown Memorial Trust Incorporated	Kalyra Care	\$ 240,336.00	4.4 - Respite Services
Kangaroo Island Health Service	Kangaroo Island Home Care Service	\$ 75,204.00	4.4 - Respite Services
Lyell McEwin Health Service Volunteers Incorporated	Northern Respite Care 'Service/Men's' Outing Program	\$ 266,040.00	4.4 - Respite Services
Masonic Homes Incorporated	Southern in Home Respite Program	\$ 29,788.00	4.4 - Respite Services
Masonic Homes Incorporated	Southern in Home Respite Program	\$ 239,943.00	4.4 - Respite Services
Mid North Health	Orroroo and District Health Service Respite	\$ 2,940.00	4.4 - Respite Services
Mid North Health	Orroroo and District Health Service Respite	\$ 193,500.00	4.4 - Respite Services
Overseas Chinese Association of SA Incorporated	Love - Link Chinese Respite Care	\$ 3,950.00	4.4 - Respite Services
Overseas Chinese Association of SA Incorporated	Love - Link Chinese Respite Care	\$ 255,000.00	4.4 - Respite Services
Renmark and Paringa District Hospital Incorporated	Community Respite Options Program	\$ 391,749.00	4.4 - Respite Services
Resthaven Incorporated	Hills Mallee Aged Care Respite Service - Mannum	\$ 178,293.00	4.4 - Respite Services
Resthaven Incorporated	Hills Respite Service	\$ 2,136.00	4.4 - Respite Services
Resthaven Incorporated	Hills Respite Service	\$ 353,151.00	4.4 - Respite Services

Resthaven Incorporated	Innovative Employed Carers Initiative	\$ 153,404.00	4.4 - Respite Services
Resthaven Incorporated	Naracoorte Overnight Respite Service	\$ 5,290.00	4.4 - Respite Services
Resthaven Incorporated	Ridgeway House	\$ 36,350.00	4.4 - Respite Services
Resthaven Incorporated	Ridgeway House	\$ 600,000.00	4.4 - Respite Services
Rural City of Murray Bridge	Rural City of Murray Bridge NRCP	\$ 156,672.00	4.4 - Respite Services
Seniors Information Service Incorporated	Commonwealth Carelink Centre North West Country Region	\$ 922,500.00	4.3 - C'wealth Carelink Centres
Seniors Information Service Incorporated	Commonwealth Carelink North West Metro Region	\$ 785,211.00	4.3 - C'wealth Carelink Centres
Seniors Information Service Incorporated	Commonwealth Carelink South East Country Region	\$ 754,203.00	4.3 - C'wealth Carelink Centres
Seniors Information Service Incorporated	Commonwealth Carelink South East Metro Region	\$ 814,938.00	4.3 - C'wealth Carelink Centres
South Coast District Hospital	Railway Cottage	\$ 2,229.00	4.4 - Respite Services
South Coast District Hospital	Southern Fleurieu Carer Respite Program	\$ 490,389.00	4.4 - Respite Services
Southern Cross Care (SA) Incorporated	Adelaide Hills Community Respite House	\$ 4,312.00	4.4 - Respite Services
Southern Cross Care (SA) Incorporated	Hills, Mallee, Southern 'Buddy' Respite Program	\$ 3,599.00	4.4 - Respite Services
Southern Cross Care (SA) Incorporated	Hills, Mallee, Southern 'Buddy' Respite Program	\$ 979,203.00	4.4 - Respite Services
UnitingCare Wesley Adelaide Incorporated	Eyre House	\$ 70,000.00	4.4 - Respite Services
UnitingCare Wesley Adelaide Incorporated	North and West Country Commonwealth Carer Respite Centre	\$ 14,869.00	4.3 - C'wealth Respite Centres
UnitingCare Wesley Adelaide Incorporated	North and West Country Commonwealth Carer Respite Centre	\$ 2,611,614.00	4.3 - C'wealth Respite Centres
UnitingCare Wesley Adelaide Incorporated	Renewal and Rest	\$ 1,629,396.00	4.4 - Respite Services
UnitingCare Wesley Adelaide Incorporated	Respite To Go	\$ 2,848.00	4.4 - Respite Services

UnitingCare Wesley Adelaide Incorporated	Respite To Go	\$ 1,206,378.00	4.4 - Respite Services
UnitingCare Wesley Bowden Incorporated	North and West Metropolitan Commonwealth Carer Respite Centre	\$ 15,000.00	4.3 - C'wealth Respite Centres
UnitingCare Wesley Bowden Incorporated	North and West Metropolitan Commonwealth Carer Respite Centre	\$ 3,830,952.00	4.3 - C'wealth Respite Centres
Vietnamese Community in Australia South Australian Chapter Inc	Vietnamese Respite Services	\$ 15,941.00	4.4 - Respite Services
Vietnamese Community in Australia South Australian Chapter Inc	Vietnamese Respite Services	\$ 211,851.00	4.4 - Respite Services
Community Based Support South Incorporated	Commonwealth Respite for Carers	\$ 380,457.00	4.4 - Respite Services
Community Based Support South Incorporated	Southern Commonwealth Carelink Centre	\$ 712,914.00	4.3 - C'wealth Carelink Centres
Community Based Support South Incorporated	Southern TAS Commonwealth Carer Respite Centre	\$ 15,000.00	4.3 - C'wealth Carelink Centres
Community Based Support South Incorporated	Southern TAS Commonwealth Carer Respite Centre	\$ 2,821,284.00	4.3 - C'wealth Carelink Centres
Eastside Care	Cottage Day Respite Program	\$ 112,215.00	4.4 - Respite Services
Eastside Care	Old Codgers Group	\$ 39,600.00	4.4 - Respite Services
Eastside Care	Outreach Recreational Group	\$ 31,197.00	4.4 - Respite Services
Eastside Care	Outreach Rokeby Mobile Respite Expansion	\$ 18,750.00	4.4 - Respite Services
Eastside Care	Risdon Vale Mobile Respite	\$ 59,331.00	4.4 - Respite Services
Family Based Care Association (Northern Region) Incorporated	Host Homes	\$ 142,770.00	4.4 - Respite Services
Family Based Care Association (Northern Region) Incorporated	In Home Respite	\$ 534,567.00	4.4 - Respite Services
Family Based Care Association (Northern Region) Incorporated	North Commonwealth Carer Respite Centre	\$ 60,000.00	4.3 - C'wealth Respite Centres

Family Based Care Association (Northern Region) Incorporated	North Commonwealth Carer Respite Centre	\$ 1,652,136.00	4.3 - C'wealth Respite Centres
Family Based Care Association (Northern Region) Incorporated	Northern Commonwealth Carelink Centre	\$ 529,554.00	4.3 - C'wealth Respite Centres
Family Based Care Association (Northern Region) Incorporated	Respite Options	\$ 43,720.00	4.4 - Respite Services
Family Based Care Association (Northern Region) Incorporated	Respite Options	\$ 554,463.00	4.4 - Respite Services
Family Based Care Association (Northern Region) Incorporated	Summerhill Respite House	\$ 14,559.00	4.4 - Respite Services
Family Based Care Association North West Incorporated	Commonwealth Respite for Carers Program	\$ 32,000.00	4.4 - Respite Services
Family Based Care Association North West Incorporated	Commonwealth Respite for Carers Program	\$ 352,284.00	4.4 - Respite Services
Family Based Care Association North West Incorporated	Dementia Carer Respite Program	\$ 705,039.00	4.4 - Respite Services
Family Based Care Association North West Incorporated	North West Commonwealth Carelink Centre	\$ 668,655.00	4.3 - C'wealth Carelink Centres
Family Based Care Association North West Incorporated	North West Commonwealth Carer Respite Centre	\$ 1,618,575.00	4.3 - C'wealth Carelink Centres
Glenview Home Incorporated	Bisdee House	\$ 39,000.00	4.4 - Day Respite in Residential Aged Care Fac.
Meercroft Care Incorporated	Munnew Day Centre	\$ 350,304.00	4.4 - Respite Services
Oak Enterprises	Oak Respite Service	\$ 20,390.00	4.4 - Respite Services
Oak Enterprises	Oak Respite Service	\$ 450,000.00	4.4 - Respite Services
Prosser House Respite Day Care Centre	Prosser House Respite Day Care Centre	\$ 187,386.00	4.4 - Respite Services
South Eastern Nursing & Home Care Association Incorporated	Respite for Carers Day Centre	\$ 147,273.00	4.4 - Respite Services
Southern Cross Care (Tasmania) Incorporated	In-Home Diversional Therapy Respite	\$ 700.00	4.4 - Respite Services
Southern Cross Care (Tasmania) Incorporated	In-Home Diversional Therapy Respite	\$ 600,000.00	4.4 - Respite Services

Tasmanian Dept of Health & Human Services	Carer Support	\$ 1,500.00	4.4 - Respite Services
Tasmanian Dept of Health & Human Services	Carer Support	\$ 107,685.00	4.4 - Respite Services
Tasmanian Dept of Health & Human Services	Flinders Island Day Centre	\$ 5,000.00	4.4 - Respite Services
Tasmanian Dept of Health & Human Services	Flinders Island Day Centre	\$ 125,946.00	4.4 - Respite Services
Tasmanian Dept of Health & Human Services	Scottsdale Day Centre	\$ 2,900.00	4.4 - Respite Services
Tasmanian Dept of Health & Human Services	Scottsdale Day Centre	\$ 216,207.00	4.4 - Respite Services
Tasmanian Dept of Health & Human Services	Southern Midlands Respite Care Service	\$ 209,940.00	4.4 - Respite Services
The Parkside Foundation	Alzheimer's Australia Tasmania - Mobile Day Centre	\$ 94,275.00	4.4 - Respite Services
The Parkside Foundation	Flexible Dementia Respite Packages	\$ 16,614.00	4.4 - Respite Services
The Parkside Foundation	Flexible Dementia Respite Packages	\$ 1,055,745.00	4.4 - Respite Services
The Parkside Foundation	Headway Cottage Respite	\$ 129,543.00	4.4 - Respite Services
The Parkside Foundation	May Shaw Day Centre	\$ 82,761.00	4.4 - Respite Services
The Parkside Foundation	South East Tasmanian Aboriginal Corporation (In Home Respite)	\$ 128,001.00	4.4 - Respite Services
Wattle Group Incorporated	George Town Respite Centre	\$ 20,963.00	4.4 - Respite Services
Wattle Group Incorporated	George Town Respite Centre	\$ 88,332.00	4.4 - Respite Services
Westbury Community Health & Day Centre Committee Incorporated	Meander Valley Respite for Carers Program	\$ 6,195.00	4.4 - Respite Services
Westbury Community Health & Day Centre Committee Incorporated	Meander Valley Respite for Carers Program	\$ 254,778.00	4.4 - Respite Services
Annecto Incorporated	Annecto NRCP - North	\$ 2,400,000.00	4.4 - Respite Services

Annecto Incorporated	Annecto NRCP - West	\$ 1,136,100.00	4.4 - Respite Services
Australian Greek Welfare Society	Greek Centre Based Respite (East)	\$ 182,556.00	4.4 - Respite Services
Australian Greek Welfare Society	Greek in Home and Recreation Respite (North West)	\$ 608,739.00	4.4 - Respite Services
Australian Greek Welfare Society	Greek in Home and Recreational Respite (East)	\$ 62,511.00	4.4 - Respite Services
Ballarat Health Services	Grampians Commonwealth Carelink Centre	\$ 559,212.00	4.3 - C'wealth Carelink Centres
Ballarat Health Services	Grampians Commonwealth Carer Respite Centre	\$ 2,686,665.00	4.3 - C'wealth Carelink Centres
Ballarat Health Services	Innovative & Responsive Respite Services	\$ 745,368.00	4.4 - Respite Services
Banksia Services for Seniors - Brotherhood of St Laurence	Banksia Services for Seniors	\$ 1,800,000.00	4.4 - Respite Services
Barwon Health	Barwon Commonwealth Carer Respite Centre	\$ 27,720.00	4.4 - C'wealth Respite Centres
Barwon Health	Barwon Commonwealth Carer Respite Centre	\$ 3,056,733.00	4.4 - C'wealth Respite Centres
Barwon Health	Barwon South West Commonwealth Carelink Centre	\$ 912,147.00	4.3 - C'wealth Carelink Centres
Barwon Health	Barwon South West Flexible Respite Services	\$ 968,595.00	4.4 - Respite Services
Bayside Health	Bayside Health Inner South Respite Care	\$ 1,800,000.00	4.4 - Respite Services
Bayside Health	Southern Metro Commonwealth Carelink Centre	\$ 824,673.00	C'wealth Carelink Centres
Bayside Health	Southern Metro Commonwealth Carer Respite Centre	\$ 9,362.00	4.4 - C'wealth Respite Centres
Bayside Health	Southern Metro Commonwealth Carer Respite Centre	\$ 6,625,332.00	4.4 - C'wealth Respite Centres
Bendigo Health Care Group	Bendigo Health Care Group NRCP Respite Services	\$ 1,325,880.00	4.4 - Respite Services
Bendigo Health Care Group	Loddon Mallee Commonwealth Carelink Centre	\$ 1,388,964.00	C'wealth Carelink Centres
Bendigo Health Care Group	Loddon Mallee Commonwealth Carer Respite Centre	\$ 2,900,796.00	C'wealth Respite Centres



Best of Care Proprietary Limited	Take a Break	\$ 718,461.00	4.4 - Respite Services
Boroondara Aged Services Society (Bass Care)	Maranoa House Going-Out Club	\$ 306,600.00	4.4 - Respite Services
Carers Association Victoria Incorporated	North West Commonwealth Carer Respite Centre	\$ 16,000.00	C'wealth Respite Centres
Carers Association Victoria Incorporated	North West Commonwealth Carer Respite Centre	\$ 3,627,267.00	C'wealth Respite Centres
Carers Association Victoria Incorporated	North West Metro (West Sect) Commonwealth Carelink Centre	\$ 570,435.00	C'wealth Carelink Centres
Central Bayside Community Health Services	Time Out Respite Care	\$ 142,101.00	4.4 - Respite Services
Central Bayside Community Health Services	Wednesday Walkers	\$ 142,101.00	4.4 - Respite Services
Central Gippsland Health Service	Responsive Respite and Recreation Project	\$ 183,600.00	4.4 - Respite Services
Christadelphian Welfare Association (VIC) Incorporated	Olivet Dementia Day Respite Centre	\$ 1,037,811.00	4.4 - Respite Services
City of Brimbank	Dementia Support Program	\$ 259,440.00	4.4 - Respite Services
City of Casey	Mens Group Outings	\$ 19,800.00	4.4 - Respite Services
City of Casey	Planned Activities Respite	\$ 176,589.00	4.4 - Respite Services
Co.As.It. - Italian Assistance Association	Co.As.It. Respite Services - Eastern Region	\$ 780,543.00	4.4 - Respite Services
Co.As.It. - Italian Assistance Association	Co.As.It. Respite Services - Northern Region	\$ 1,165,080.00	4.4 - Respite Services
Co.As.It. - Italian Assistance Association	Co.As.It. Respite Services - Western Region	\$ 952,569.00	4.4 - Respite Services
E W Tipping Foundation	E W Tipping Foundation Respite	\$ 457,239.00	4.4 - Respite Services
Essendon Adult Day Centre Incorporated	Essendon Adult Day Centre	\$ 81,057.00	4.4 - Respite Services
Footscray YMCA Incorporated	Western Leisure Care	\$ 333,048.00	4.4 - Respite Services
Frankston City Council	In Home Overnight Emergency Respite Services	\$ 49,728.00	4.4 - Respite Services

Frankston City Council	In Home Respite Services	\$ 260,610.00	4.4 - Respite Services
Gateways Support Services Incorporated	Flexible Respite for Carers	\$ 313,344.00	4.4 - Respite Services
Gateways Support Services Incorporated	Flexible Respite for Carers of the Frail Aged	\$ 325,836.00	4.4 - Respite Services
Gippsland Multicultural Services Incorporated	Gippsland Multicultural Respite Care Program	\$ 412,290.00	4.4 - Respite Services
Gisborne & Districts Community Health & Hospital Board - Trading as Macedon Ranges Health Services	Macedon Ranges Health Services	\$ 111,015.00	4.4 - Respite Services
Golden City Support Services Inc (GCSS)	Enhanced in Home Respite for Rural Carers	\$ 156,204.00	4.4 - Respite Services
Golden City Support Services Inc (GCSS)	Pleasure/Leisure Day Activity Day Group/Service	\$ 185,940.00	4.4 - Respite Services
Golden City Support Services Inc (GCSS)	Staying At Home	\$ 1,240,848.00	4.4 - Respite Services
Goulburn Valley Health - Community Interlink	Carer Respite Options	\$ 1,350,000.00	4.4 - Respite Services
Hobsons Bay City Council	Hobsons Bay City Council Respite Program	\$ 766,500.00	4.4 - Respite Services
Inner East Community Health Service	Inner East Day Respite	\$ 199,722.00	4.4 - Respite Services
Interchange Central Gippsland Incorporated	Flexible Family Respite	\$ 306,000.00	4.4 - Respite Services
Interchange Inner East Incorporated	Young Adults R and R	\$ 109,167.00	4.4 - Respite Services
Interchange Outer East Incorporated	Extended Hours Respite Service	\$ 136,284.00	4.4 - Respite Services
Interchange Outer East Incorporated	Weekend Respite Care	\$ 138,558.00	4.4 - Respite Services
Interchange Western Region Association Incorporated	Westraves Respite thru Recreation	\$ 195,000.00	4.4 - Respite Services
Jewish Care (Victoria) Incorporated	Dementia Respite	\$ 342,000.00	4.4 - Respite Services
Karingal Incorporated	Karingal Incorporated	\$	4.4 - Respite Services

		478,194.00	
Kingston City Council	City of Kingston Respite Service	\$ 766,500.00	4.4 - Respite Services
Latrobe Community Health Service Incorporated	Gippsland Commonwealth Carelink Centre	\$ 677,745.00	4.3 - C'wealth Carelink Centres
Latrobe Community Health Service Incorporated	Gippsland Commonwealth Carer Respite Centre	\$ 2,703,537.00	4.3 - C'wealth Carelink Centres
Latrobe Community Health Service Incorporated	LCHC Ongoing Respite Services	\$ 2,299,500.00	4.4 - Respite Services
Lyndoch, Warrnambool Incorporated	Lyndoch Community Respite	\$ 1,200,000.00	4.4 - Respite Services
Mallacoota District Health and Support Service Incorporated	Mallacoota District Health and Support Services	\$ 245,280.00	4.4 - Respite Services
Maribyrnong City Council	In and Out of Home Respite - Maribyrnong City Council	\$ 260,610.00	4.4 - Respite Services
MECWA	MECWA Cardinia Care NRCP Respite Services	\$ 866,838.00	4.4 - Respite Services
MECWA	MECWA Redicare NRCP Respite	\$ 1,650,000.00	4.4 - Respite Services
Moreland Community Health Service	Banyule City Council Flexible Respite Services	\$ 174,417.00	4.4 - Respite Services
Moreland Community Health Service	Benetas Kilby House Respite Service	\$ 200,886.00	4.4 - Respite Services
Moreland Community Health Service	Dianella Community Health Service Respite for Carers	\$ 115,668.00	4.4 - Respite Services
Moreland Community Health Service	Hume City Council Respite Care Project	\$ 97,137.00	4.4 - Respite Services
Moreland Community Health Service	Ilma Lever Gardens Program	\$ 73,434.00	4.4 - Respite Services
Moreland Community Health Service	Interchange Northern Region Incorporated	\$ 71,688.00	4.4 - Respite Services
Moreland Community Health Service	New Horizons (Sunbury Community Health)	\$ 157,557.00	4.4 - Respite Services
Moreland Community Health Service	Nillumbik Community Health Service	\$ 231,192.00	4.4 - Respite Services
Moreland Community Health Service	North West Metro (Nth Sect) Commonwealth Carelink Centre	\$ 532,020.00	4.3 - C'wealth Carelink Centres

Moreland Community Health Service	Northern Metro Commonwealth Carer Respite Centre	\$ 36,000.00	4.4 - C'wealth Respite Centres
Moreland Community Health Service	Northern Metro Commonwealth Carer Respite Centre	\$ 3,930,744.00	4.4 - C'wealth Respite Centres
Moreland Community Health Service	Northern Respite Consortium	\$ 188,124.00	4.4 - Respite Services
Moreland Community Health Service	Respite Carer Services	\$ 110,973.00	4.4 - Respite Services
Mt Alexander Hospital	Mt Alexander Hospital Adult Day Service - NRCP Services.	\$ 120,000.00	4.4 - Respite Services
Murrindindi Shire Council	Murrindindi Flexible Respite Program	\$ 229,950.00	4.4 - Respite Services
Northern Migrant Resource Centre	Multicultural Respite Service	\$ 1,315,926.00	4.4 - Respite Services
Rumbalara Aboriginal Cooperation	Indigenous Respite Program	\$ 1,350,000.00	4.4 - Respite Services
Shire of Melton	Melbacc House Overnight Respite	\$ 459,900.00	4.4 - Respite Services
Shire of Melton	Melbacc House Overnight Respite	\$ 370,011.00	4.4 - Respite Services
Southern Cross Care (VIC)	Ave Maria Village Community Respite	\$ 600,000.00	4.4 - Respite Services
Southern Health/Bunurong Community Care	Bunurong Respite Care	\$ 876,903.00	4.4 - Respite Services
Southern Health/Bunurong Community Care	Inner South Respite Option Consortium	\$ 766,500.00	4.4 - Respite Services
Southern Peninsula Community Care	Host Home Respite Program	\$ 80,000.00	4.4 - Respite Services
Southern Peninsula Community Care	Host Home Respite Program	\$ 125,094.00	4.4 - Respite Services
St Laurence Community Services Inc.	'Reach Out Respite' - Planned Overnight Respite	\$ 750,000.00	4.4 - Respite Services
Surf Coast Shire Council	Surf Coast Shire Respite Service	\$ 291,000.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Victoria)	Community Respite House - St Mark's Community	\$ 270,000.00	4.4 - Respite Services

The Uniting Church in Australia Property Trust (Victoria)	Community Respite House - St Mark's Community	\$ 449,175.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Victoria)	Eastern Metro Commonwealth Carelink Centre	\$ 657,717.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (Victoria)	Eastern Metro Commonwealth Carer Respite Centre	\$ 3,798,975.00	4.3 - C'wealth Carelink Centres
The Uniting Church in Australia Property Trust (Victoria)	Flexible Respite Network	\$ 306,777.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Victoria)	Hume Flexible Respite Project	\$ 735,840.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Victoria)	Leighmoor Adult Day Care Centre	\$ 172,350.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Victoria)	UnitingCare Community Options - Eastern Access	\$ 423,672.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Victoria)	UnitingCare Community Options - Flexible Brokered Innovative Care Model	\$ 3,585,384.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Victoria)	UnitingCare Community Options-UACV 'A Day on the Thames'	\$ 95,772.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Victoria)	UnitingCare Community Options-UACV Out & About Program	\$ 69,639.00	4.4 - Respite Services
The Uniting Church in Australia Property Trust (Victoria)	UnitingCare Community Options-UACV Wesley Do Care	\$ 172,653.00	4.4 - Respite Services
Timboon and District Healthcare Service	Timboon Day Respite Care	\$ 74,517.00	4.4 - Respite Services
Villa Maria Society	Carinya Dementia Services	\$ 2,023,725.00	4.4 - Respite Services
Villa Maria Society	Hume Commonwealth Carelink Centre	\$ 966,582.00	4.3 - C'wealth Carelink Centres
Villa Maria Society	Hume Commonwealth Carer Respite Centre	\$ 2,789,469.00	4.4 - C'wealth Respite Centres
Vision Australia Limited	Maryborough Respite Service	\$ 253,554.00	4.4 - Respite Services
Warrnambool City Council	South West Carer Respite Program	\$ 564,021.00	4.4 - Respite Services
West Wimmera Health Service	Wimmera Respite for Carers Program	\$ 459,900.00	4.4 - Respite Services
Wimmera Health Care Group	Community Flexible Centre Based	\$	4.4 - Respite Services

		218,454.00	
Wimmera Health Care Group	Community Flexible Respite Central Grampians	\$ 121,959.00	4.4 - Respite Services
Wimmera Health Care Group	Dementia Respite Care	\$ 447,696.00	4.4 - Respite Services
Alzheimer's Australia (WA) Incorporated	Mobile Dementia Respite Team - Goldfields	\$ 640,668.00	4.4 - Respite Services
Alzheimer's Australia (WA) Incorporated	Mobile Dementia Respite Team - Great Southern	\$ 1,260,000.00	4.4 - Respite Services
Alzheimer's Australia (WA) Incorporated	Mobile Dementia Respite Team - Wheatbelt	\$ 640,668.00	4.4 - Respite Services
Australian Red Cross Society (WA Division)	East Metropolitan Commonwealth Carelink Centre	\$ 26,000.00	4.3 - C'wealth Carelink Centres
Australian Red Cross Society (WA Division)	East Metropolitan Commonwealth Carelink Centre	\$ 604,584.00	4.3 - C'wealth Carelink Centres
Australian Red Cross Society (WA Division)	East Metropolitan Commonwealth Carer Respite Centre	\$ 99,750.00	4.4 - C'wealth Respite Centres
Australian Red Cross Society (WA Division)	East Metropolitan Commonwealth Carer Respite Centre	\$ 1,073,871.00	4.4 - C'wealth Respite Centres
Australian Red Cross Society (WA Division)	South East Metropolitan Commonwealth Carelink Centre	\$ 633,600.00	4.3 - C'wealth Carelink Centres
Australian Red Cross Society (WA Division)	South East Metropolitan Commonwealth Carer Respite Centre	\$ 93,750.00	4.4 - C'wealth Respite Centres
Australian Red Cross Society (WA Division)	South East Metropolitan Commonwealth Carer Respite Centre	\$ 1,062,414.00	4.4 - C'wealth Respite Centres
Australian Red Cross Society (WA Division)	South West Commonwealth Carelink Centre	\$ 543,402.00	4.3 - C'wealth Carelink Centres
Australian Red Cross Society (WA Division)	South West Commonwealth Carer Respite Centre	\$ 816,432.00	4.4 - C'wealth Respite Centres
Broome Aged and Disabled Services Incorporated	Broome Aged and Disabled Respite Service	\$ 271,935.00	4.4 - Respite Services
Carealot Home Health Services Incorporated	South West Rural Respite Services	\$ 27,361.00	4.4 - Respite Services
Carealot Home Health Services Incorporated	South West Rural Respite Services	\$ 1,507,800.00	4.4 - Respite Services

Churches of Christ Homes and Community Services Incorporated	Bethanie Community Care - Midwest	\$ 404,637.00	4.4 - Respite Services
Churches of Christ Homes and Community Services Incorporated	Bethanie Community Care - South East Metro	\$ 765,000.00	4.4 - Respite Services
Churches of Christ Homes and Community Services Incorporated	Bethanie Community Care - South West	\$ 1,102,800.00	4.4 - Respite Services
Churches of Christ Homes and Community Services Incorporated	Bethanie Community Care - South West Metro	\$ 834,600.00	4.4 - Respite Services
Churches of Christ Homes and Community Services Incorporated	Bethanie Community Care-Great Southern	\$ 521,250.00	4.4 - Respite Services
City of Canning	City of Canning - Multicultural Respite Services	\$ 825,000.00	4.4 - Respite Services
City of Swan	Swan Caring Respite Care	\$ 243,000.00	4.4 - Respite Services
East Pilbara Independent Support Incorporated	Nyabalee House	\$ 127,845.00	4.4 - Respite Services
Esperance Shire Council	Esperance Home Care	\$ 19,092.00	4.4 - Respite Services
Esperance Shire Council	Esperance Home Care	\$ 313,344.00	4.4 - Respite Services
Gosnells Community Support Service Incorporated	Gosnells Community Support Service Carer Respite Service	\$ 435,000.00	4.4 - Respite Services
Hills Community Support Group Incorporated	Hills Community Support Group Respite Service	\$ 37,536.00	4.4 - Respite Services
Hills Community Support Group Incorporated	Hills Community Support Group Respite Service	\$ 585,000.00	4.4 - Respite Services
Hyden Silver Chain, Subcommittee of Hyden Progress Association Inc	Hyden Community Respite Service	\$ 93,969.00	4.4 - Respite Services
Hyden Silver Chain, Subcommittee of Hyden Progress Association Inc	Hyden Community Respite Service	\$ 319,926.00	4.4 - Respite Services

Independent Living Centre of WA (Incorporated)	North Metropolitan Commonwealth Carelink Centre	\$ 908,223.00	4.3 - C'wealth Carelink Centres
Independent Living Centre of WA (Incorporated)	North Metropolitan Commonwealth Carer Respite Centre	\$ 40,370.00	4.4 - C'wealth Respite Centres
Independent Living Centre of WA (Incorporated)	North Metropolitan Commonwealth Carer Respite Centre	\$ 1,828,488.00	4.4 - C'wealth Respite Centres
Mandurah Retirement Village Incorporated	Coolibah Respite Cottage	\$ 76,750.00	4.4 - Respite Services
Mercy Community Services (MCS) Incorporated	Mercy Respite Services - Davis House	\$ 83,118.00	4.4 - Respite Services
Mercy Community Services (MCS) Incorporated	Mercy Respite Services - Davis House	\$ 940,137.00	4.4 - Respite Services
Mercy Community Services (MCS) Incorporated	Mercy Respite Services - In-Home Dementia & Challenging Behaviour	\$ 1,324,287.00	4.4 - Respite Services
Perth Home Care Services Incorporated	PHCS: North Metropolitan Respite Service	\$ 317,319.00	4.4 - Respite Services
Perth Home Care Services Incorporated	PHCS: Wheatbelt Respite Service	\$ 383,910.00	4.4 - Respite Services
Pilbara & Kimberley Care Incorporated	Pilbara & Kimberley Care Respite Service	\$ 163,233.00	4.4 - Respite Services
RSL (WA) Retirement and Aged Care Association	RSL Guest Lodge	\$ 42,750.00	4.4 - Respite Services
Shire of Northam	Killara Carer Respite Services	\$ 71,010.00	4.4 - Respite Services
Shire of Northam	Killara Carer Respite Services	\$ 546,000.00	4.4 - Respite Services
Silver Chain Nursing Association Incorporated	East Metropolitan Respite Program	\$ 750,000.00	4.4 - Respite Services
Silver Chain Nursing Association Incorporated	Goldfields Commonwealth Carelink Centre	\$ 472,038.00	4.3 - C'wealth Carelink Centres
Silver Chain Nursing Association Incorporated	Goldfields Commonwealth Carer Respite Centre	\$ 935,898.00	4.4 - C'wealth Respite Centres
Silver Chain Nursing Association Incorporated	Great Southern Commonwealth Carelink Centre	\$ 459,072.00	4.3 - C'wealth Carelink Centres
Silver Chain Nursing Association Incorporated	Great Southern Commonwealth Carer Respite Centre	\$ 832,683.00	C'wealth Respite Centres



Silver Chain Nursing Association Incorporated	Silver Chain Respite Services - South West	\$ 553,197.00	4.4 - Respite Services
Silver Chain Nursing Association Incorporated	South West Metropolitan Commonwealth Carelink Centre	\$ 607,419.00	4.3 - C'wealth Carelink Centres
Silver Chain Nursing Association Incorporated	South West Metropolitan Commonwealth Carer Respite Centre	\$ 1,242,162.00	4.4 - C'wealth Respite Centres
Silver Chain Nursing Association Incorporated	South West Metropolitan Respite for Carers Program	\$ 1,671,900.00	4.4 - Respite Services
Silver Chain Nursing Association Incorporated	Wheatbelt Commonwealth Carelink Centre	\$ 469,656.00	4.3 - C'wealth Carelink Centres
Silver Chain Nursing Association Incorporated	Wheatbelt Commonwealth Carer Respite Centre	\$ 1,141,908.00	4.4 - C'wealth Respite Centres
Southern Cross Care (WA) Incorporated	Innovative Employed Carers Initiative	\$ 122,350.00	4.4 - Respite Services
Southern Cross Care (WA) Incorporated	Southern Cross Care (WA) Incorporated - Success House	\$ 765,000.00	4.4 - Respite Services
UCA Assembly Ltd	Frontier Services Mobile Respite - Pilbara Region	\$ 676,137.00	4.4 - Respite Services
UCA Assembly Ltd	Kununurra Respite - Kimberley Region	\$ 45,852.00	4.4 - Respite Services
UCA Assembly Ltd	Kununurra Respite - Kimberley Region	\$ 191,763.00	4.4 - Respite Services
WA Country Health Services	East Kimberley Mobile Respite Unit	\$ 465,207.00	4.4 - Respite Services
WA Country Health Services	Kimberley Commonwealth Carelink Centre	\$ 407,787.00	4.3 - C'wealth Carelink Centres
WA Country Health Services	Kimberley Commonwealth Carer Respite Centre	\$ 987,237.00	4.4 - C'wealth Respite Centres
WA Country Health Services	Midwest Carer Respite Service	\$ 413,115.00	4.4 - Respite Services
WA Country Health Services	Midwest Commonwealth Carelink Centre	\$ 397,041.00	4.3 - C'wealth Carelink Centres
WA Country Health Services	Midwest Commonwealth Carer Respite Centre	\$ 1,409,868.00	4.4 - C'wealth Respite Centres
WA Country Health Services	Pilbara Commonwealth Carelink Centre	\$ 454,200.00	4.3 - C'wealth Carelink Centres

WA Country Health Services	Pilbara Commonwealth Carer Respite Centre	\$ 1,533,417.00	4.4 - C'wealth Respite Centres
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**DIVISION :** Medical Benefits Division

Institution	Grant Purpose	Value	Program
Sir Charles Gairdner Hospital	Priority-driven collaborative cancer research scheme	\$ 292,875.00	3.5 - Radiation Oncology
Ludwig Institute for Cancer	Priority-driven collaborative cancer research scheme	\$ 200,000.00	3.5 - Radiation Oncology
University of Sydney	Priority-driven collaborative cancer research scheme	\$ 263,250.00	3.5 - Radiation Oncology
University of Sydney	Priority-driven collaborative cancer research scheme	\$ 281,019.00	3.5 - Radiation Oncology
University of NSW	Priority-driven collaborative cancer research scheme	\$ 457,650.00	3.5 - Radiation Oncology
University of Melbourne	Priority-driven collaborative cancer research scheme	\$ 503,586.00	3.5 - Radiation Oncology
Health Corporate Network (WA Dept of Health)	Funding for radiation oncology facility at Bunbury, WA	\$ 6,000,000.00	3.5 - Radiation Oncology
Austin Health *	To conduct and deliver clinical Positron Emission Tomography (PET) services and conduct PET research	\$ 1,640,000.00	3.3 – Diagnostic Imaging Services
NSW Dept of Health *	To establish and provide a PET facility at Westmead Hospital	\$ 2,600,000.00	3.3 – Diagnostic Imaging Services
NSW Dept of Health **	Purchase and install a PET/CT scanner at the Royal North Shore Hospital, Sydney	\$ 3,500,000.00	3.3 – Diagnostic Imaging Services

\* Represents the value of the extension to an existing funding agreement – extension approved by the Minister on 28 May 2008.

\*\*This funding was initially approved by the previous Government. Approval to proceed was given by the current Minister on 19 May 2008.

**DIVISION :** Population Health Division

Institution	Grant Purpose	Value	Program
Australian Rugby Union	Partially fund the participation of an 'Australia A' team in the 2008 IRB Pacific Nations Cup	\$ 557,700.00	15.1 - Funds re-directed from the Indigenous Sport and Recreation Program
Surf Life Saving Australia	To support high priority water safety projects.	\$ 450,000.00	15.1 - National Recreation Safety Program
Royal Life Saving Society Australia	To support high priority water safety projects.	\$ 460,000.00	15.1 - National Recreation Safety Program

Austswim	To support high priority water safety projects.	\$ 50,000.00	15.1 - National Recreation Safety Program
Australian Ski Patrol Association	To support high priority ski safety projects.	\$ 40,000.00	15.1 - National Recreation Safety Program
Coonamble Shire Council	To contribute towards the construction of a skate and bike ramp. This grant was part of a Shared Responsibility Agreement between the Department of Health and Ageing, Coonamble Shire Council, the Department of Infrastructure, Transport, Regional Development and Local Government, the New South Wales Department of Sport and Recreation and the Department of Families, Housing, Community Services and Indigenous Affairs.	\$ 20,000.00	15.1 - Indigenous Sport and Recreation Program
Gilgandra Shire Council	To develop: a small gym and a fitness and wellbeing program aimed at improving the health and wellbeing of young indigenous offenders. This grant was part of a Shared Responsibility Agreement between the Department of Health and Ageing and The Gilgandra Shire Council.	\$ 15,000.00	15.1 - Indigenous Sport and Recreation Program
Amphetamine Type Stimulants Grants	The Australian Government provided \$22 million over two years to 2008-09 for service providers to increase their capacity to attract more amphetamine type stimulants (ATS) users into treatment and/or increase referrals of ATS users into treatment.	\$22 million over two years to 2008-09	15.1 - Indigenous Programs and Psycho stimulants Program
Parkinson's Australia	Assist in developing a Parkinson's online education program for medical practitioners	\$ 99,000.00	10.1 - National Diabetes Strategy
Heart Support - Australia	Replicate, distribute and promote the <i>Healthy Living Plan – DVD</i> ; train facilitators in each of Heart Support – Oz's 43 branches to deliver the program as a nationwide rollout.	\$ 205,496.50	10.1 - National Diabetes Strategy
Amata Arts Centre	Contribution to Shared Responsibility Agreement to the Tjala Art Centre, Minymaku Aboriginal Corporation, towards capital costs of the proposed new Amata Arts Centre.	\$ 50,000.00	1 - Population Health

**DIVISION :** Mental Health Workforce Division

<b>Institution</b>	<b>Grant Purpose</b>	<b>Value</b>	<b>Program</b>
University Departments of Rural Health	To operate a University Department of Rural Health	\$62m over three years (GST exc)	12.1 - Rural Workforce
Various Universities	To participate in the Rural Undergraduate Support and Coordination Program	\$18M over three years (GST exc)	12.1 - Rural Workforce
Spencer Gulf School of Rural Health	Refurbish student accommodation	\$ 160,000.00	12.1 - Rural Workforce
Mt Isa Centre for Rural and Remote Health	Refurbish student accommodation	\$ 67,100.00	12.1 - Rural Workforce
Mt Isa Centre for Rural and Remote Health	Increased training opportunities for students.	\$ 145,000.00	12.1 - Rural Workforce
Northern Rivers University Department of Rural Health	Funding for the North Coast Medical Education Collaboration	\$ 550,000.00	12.1 - Rural Workforce
University of Adelaide	Ongoing funding for Rural Clinical School	\$ 10,538,406.00	12.1 - Rural Workforce
Australian National University	Ongoing funding for Rural Clinical School	\$ 8,282,820.00	12.1 - Rural Workforce
Flinders University	Ongoing funding for Rural Clinical School	\$ 10,666,382.00	12.1 - Rural Workforce
James Cook University	Ongoing funding for Rural Clinical School	\$ 9,737,639.00	12.1 - Rural Workforce
University of Melbourne	Ongoing funding for Rural Clinical School	\$ 14,189,070.00	12.1 - Rural Workforce
Monash University	Ongoing funding for Rural Clinical School	\$ 21,176,097.00	12.1 - Rural Workforce
Newcastle	Ongoing funding for Rural Clinical School	\$ 9,486,520.00	12.1 - Rural Workforce
University of NSW	Ongoing funding for Rural Clinical School	\$ 18,035,741.00	12.1 - Rural Workforce
Northern Territory Rural Clinical School	Ongoing funding for Rural Clinical School	\$ 5,513,661.00	12.1 - Rural Workforce
University of Queensland	Ongoing funding for Rural Clinical School	\$ 20,300,066.00	12.1 - Rural Workforce
University of Sydney	Ongoing funding for Rural Clinical School	\$ 12,400,000.00	12.1 - Rural Workforce
University of Tasmania	Ongoing funding for Rural Clinical School	\$	12.1 - Rural Workforce

		11,616,396.00	
Rural Clinical School of Western Australia	Ongoing funding for Rural Clinical School	\$ 31,582,237.00	12.1 - Rural Workforce
Flinders University	Flinders Medical Centre Upgrade	\$ 10,000,000.00	12.2 - Workforce
University of Newcastle	Construction of the Taree Multi-purpose centre	\$ 5,500,000.00	5.1 - Primary Care Education and Training
Australian Medical Students' Association	Partial sponsorship of several AMSA projects in 2008	\$ 96,012.85	5.1 - Primary Care Education and Training
Swinburne University of Technology	To develop Anxiety Online – web treatment modules with therapist support	\$ 1,663,398.00	11 - Mental Health
Blackdog Institute	Web-based mood tracker system to support therapy	\$ 2,068,000.00	11 - Mental Health
Mental Health Professionals Network	Mental Health Interdisciplinary Networks (Phase two)	\$ 14,999,988.00	11 - Mental Health
Dept of Health SA	Bringing Nurses Back into the Workforce (BNBW)	\$ 3,336,810.00	12.1 - Rural Workforce
ACT Health	BNBW	\$ 712,826.00	12.1 - Rural Workforce
NSW Dept of Health	BNBW	\$ 14,487,504.00	12.1 - Rural Workforce
Dept of Human Services Victoria	BNBW	\$ 10,951,316.00	12.1 - Rural Workforce
Dept of Health and Human Services Tasmania	BNBW	\$ 1,041,323.00	12.1 - Rural Workforce
Dept of Health and Community Services NT	BNBW	\$ 449,215.00	12.1 - Rural Workforce
Dept of Health WA	BNBW	\$ 4,427,672.00	12.1 - Rural Workforce
Catholic Health Aust Inc	BNBW	\$ 2,682,128.18	12.1 - Rural Workforce
St Andrew's Toowoomba Hospital	BNBW	\$ 56,662.73	12.1 - Rural Workforce

**DIVISION :** Acute Care Division  
NIL

**DIVISION :** Pharmaceutical Benefits Division  
NIL

**DIVISION :** Office of Health Protection  
NIL

**DIVISION :** Office of Aboriginal and Torres Strait Islander Health  
NIL

## T1 NATIONAL BOWEL CANCER SCREENING PROGRAM (NBCSP)

**Table: Number of invitations, participation and positivity volumes and rates (%) (as at 30 April 2008)**

State/ Territory	Invitations sent	% of total invitees	Number of participants	Crude participation rate*	Participants with positive FOBT	Positivity rate^	Commencement Date	Rollout Type <sup>#</sup>
QLD	172,112	86.1%	67,251	39.1%	5078	7.9%	7-Aug-06	Geographic
NSW	292,734	89.6%	110,947	37.9%	7,742	7.3%	14-Aug-06	Birthdate
ACT	14,618	89.7%	6,201	42.4%	397	6.7%	11-Sep-06	Birthdate
SA	85,275	85.8%	36,416	42.7%	2873	8.3%	22-Jan-07	Geographic
VIC	238,739	90.3%	99,021	41.5%	7392	7.9%	29-Jan-07	Birthdate
WA	86,628	83.9%	36,400	42.0%	2703	7.7%	29-Jan-07	Geographic
TAS	22063	86.4%	9242	41.9%	843	9.5%	2-Apr-07	Birthdate
NT	6229	48.7%	2013	32.3%	160	8.4%	5-Mar-07	Geographic
<b>TOTAL</b>	<b>918,398</b>	<b>87.6%</b>	<b>367,491</b>	<b>40.0%</b>	<b>27,188</b>	<b>7.8%</b>		

<sup>#</sup> 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.

\* The crude participation rate will generally underestimate the true proportion of the population who will participate in the Program. This is because at any point in time there will be members of the population who are eligible to proceed to the next point on the screening pathway but who have not yet had time to do so.

^ Positivity rates exclude 'no test results' and 'inconclusive test results'

T2

Food Standards Australia New Zealand

Safety Assessment of Genetically Modified Foods

[http://www.foodstandards.gov.au/srcfiles/GM%20Foods\\_text\\_pp\\_final.pdf](http://www.foodstandards.gov.au/srcfiles/GM%20Foods_text_pp_final.pdf)

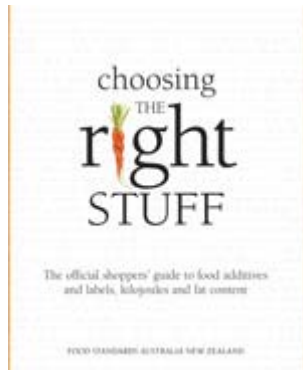


T3

Food Standards Australia New Zealand

Choosing the Right Stuff: the official shoppers' guide to food additives and labels, kilojoules and fat content

[Note: the attachment was tabled in the Senate on 24.06.08 and has not been included in the electronic/printed volume]



T4

Food Standards Australia New Zealand

Striving for Excellence in Food Regulatory Science

[http://www.foodstandards.gov.au/srcfiles/Science %20Strategy\\_final.pdf](http://www.foodstandards.gov.au/srcfiles/Science%20Strategy_final.pdf)

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2008-2009, 4 and 5 June 2008

Senator Humphries  
Answer to question on notice CA78, 4 June 08

Family Planning Western Australia – National Pregnancy Support Helpline Training Program  
for Counsellors

[Note: the document was tabled in the Senate on 24.06.08 and has not been included in the  
electronic/printed volume]

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-020

OUTCOME 1: Population Health

Topic: STAFF SHORTAGE

Written Question on Notice

Senator Boyce asked:

In your report (p282), you state there is a major challenge for your strategy due to a shortage of skilled staff. Can you give me an indication of what staffing you have at the moment, what is the optimum level and the initiatives you have introduced?

Answer:

ARPANSA currently employs 135 staff.

The challenge arising from the shortage of skilled staff is an ongoing problem related to the fact that there is a relatively limited pool of people available within Australia with the specialised skills required by the Agency. The challenge of maintaining the scientific expertise and quality to support the delivery of its services is being addressed by ARPANSA through a range of measures, including a learning and development and knowledge management program, some reorganisation and re-evaluation of programs and projects, maintaining an annual intake of graduates, and other targeted recruitment measures.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 4 & 5 June 2008

Question: E08-127

OUTCOME 1: Population Health

Topic: IMPORTATION OF HOODIA GORDONII

Written Question on Notice

Senator Colbeck asked:

Can the TGA outline and explain its current position on the importation for sale of Hoodia Gordonii.

Answer:

The TGA is responsible for administering the provisions of the *Therapeutic Goods Act 1989* (the Act), which provides a national framework for the regulation of therapeutic goods in Australia. In general, therapeutic goods for human use must be included in the Australian Register of Therapeutic Goods (ARTG) before they can be manufactured in, exported from, imported into or supplied in Australia. There are currently no products containing *Hoodia gordonii* included in the ARTG.

Products presented in a medicinal dosage form, for example a tablet or capsule, and with claims for weight loss or weight management, would be expected to meet the definition of therapeutic goods as provided in Section 3 of the Act.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 4 & 5 June 2008

Question: E08-128

OUTCOME 1: Population Health

Topic: PURCHASE OF PRODUCTS CONTAINING HOODIA GORDONII

Written Question on Notice

Senator Colbeck asked:

- a) Is the TGA aware of any means by which Australians can purchase products containing Hoodia Gordonii and if so:
- b) How and where are these products purchased.
- c) What types of products are available?
- d) For what purpose are such products used.

Answer:

- a) Unless specifically exempt or excluded under the *Therapeutic Goods Act 1989* (the Act), products for human use that make therapeutic claims must be included in the Australian Register of Therapeutic Goods (ARTG) before they can be manufactured in, exported from, imported into or supplied in Australia.

There are currently no products containing *Hoodia gordonii* included in the ARTG. Therefore, products containing this substance which make therapeutic claims cannot be legally supplied for sale to the general public in Australia. The TGA's Regulatory Compliance Unit investigates therapeutic products that may be illegally supplied in Australia and will take action as appropriate if this is deemed to be warranted.

However, the Act includes a number of provisions whereby individuals can obtain access to therapeutic goods that are not approved for supply in Australia.

For example, under personal importation provisions (Item 1 of Schedule 5 of the *Therapeutic Goods Regulations 1990*), an individual may bring an unapproved therapeutic good into Australia on their person, or arrange from within Australia for a therapeutic good to be sent to them from an overseas supplier. The goods must be intended for use by the importing individual or a member of his/her immediate family and are not to be sold or supplied to another person. An individual may import three months supply per import and no more than fifteen months supply per twelve-month period.

However, certain products cannot be imported under personal importation unless an import permit has been obtained. These include substances that are prohibited under Customs legislation, antibiotics, injectable drugs that contain material of human or animal origin (except insulin), and products that contain substances derived from endangered species.

It should be noted that Hoodia species are classified as endangered species under the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES). Before bringing Hoodia products into Australia for personal use, an individual must obtain a CITES import permit from the Australian Department of Environment, Water, Heritage and the Arts and a matching CITES export permit from the CITES Management Authority in the country of export or re-export.

Medicines (other than medicines used for gene therapy) that are dispensed, or extemporaneously compounded, for a particular person for therapeutic application to that person are also exempt from the requirement that they be included on the ARTG before being supplied in Australia (Item 6 of Schedule 5 of the *Therapeutic Goods Regulations 1990*). See also the response to question E08-0131.

- b, c & d) The TGA is unable to comment on products containing *Hoodia gordonii* that are not approved for commercial supply in Australia (for example, personally imported or extemporaneously compounded products) beyond what is provided at a).

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2007-2008, 4 & 5 June 2008

Question: E08-129

OUTCOME 1: Population Health

Topic: MR FARREL LEVINSOHN – IMPORTATION OF HOODIA GORDONII

Written Question on Notice

Senator Colbeck asked:

- a) Can the TGA confirm it took action against a Sydney man Mr Farrel Levinsohn of International Cosmetic Care in 2006 regarding the importation of Hoodia Gordonii.
- b) What actions did the TGA take with regard to Mr Levinsohn.
- c) Why have Mr Levinsohn's repeated requests for a meeting with TGA representatives been ignored.

Answer:

- a) The TGA has not taken any formal legal action against Mr Levinsohn or International Cosmetic Care.
- b) On 8 January 2007, the TGA wrote to International Cosmetic Care following review of a written complaint in relation to Kalahar Hoodia Capsules. The TGA advised that the product meets the definition of a “therapeutic good” and was required to be included on the Australian Register of Therapeutic Goods (ARTG) before it could be legally supplied in Australia. The company was requested to cease supply of the product until such time as the product had been included on the ARTG.

The TGA again wrote to Mr Levinsohn on 20 March 2007 following review of the company’s website requesting that the company cease supply of the product.

Following correspondence from Mr Levinsohn’s regulatory affairs consultant, the TGA provided responses reiterating that the product was classified as a therapeutic good and was required to be included on the ARTG before being supplied in Australia.

The company’s regulatory consultant wrote again to the TGA in June 2007 advising that the product would be classified as a dietary supplement in New Zealand provided the claims made for the product were revised. The TGA advised that the presentation of the product classifies it as a therapeutic good under Australian legislation. The TGA wrote again on 9 November 2007 to Mr Levinsohn outlining in detail why Kalahar Hoodia Capsules would be classified as therapeutic goods and again requesting that the company cease supply of the product.



- c) The TGA has no record of any requests from Mr Levinsohn, or his regulatory consultant, to meet with TGA representatives.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 4 & 5 June 2008

Question: E08-130

OUTCOME 1: Population Health

Topic: REPRESENTATION OF MR LEVINSOHN BY SENATOR COLBECK

Written Question on Notice

Senator Colbeck asked:

- a) Is the TGA aware of a representation made by Senator Colbeck to the Minister for Health and Ageing on 7 April 2008, which requests the Minister to investigate claims made by Mr Levinsohn of International Cosmetic Care regarding his treatment by the TGA.
- b) What action has the TGA taken with regard to this investigation?
- c) When can Senator Colbeck expect the Minister to respond to his written request made on 7 April 2008?

Answer:

- a) Yes.
- b) Mr Levinsohn also made a complaint to the Commonwealth Ombudsman (the Ombudsman) in relation to this matter, and the Department of Health and Ageing has provided information to the Ombudsman. For this reason, it would be more appropriate to await the Ombudsman's response, so as not to pre-empt these findings. The Department has yet to be formally advised of any outcomes of the Ombudsman's review.
- c) Senator McLucas sent a response on 26 June 2008.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 4 & 5 June 2008

Question: E08-131

OUTCOME 1: Population Health

Topic: SALE OF HOODIA PRODUCTS

Written Question on Notice

Senator Colbeck asked:

Can the TGA explain why an Adelaide pharmacy, which is part of a national chain owned by a company listed on the Australian Stock Exchange, is currently able to compound and sell as capsules imported Hoodia, and how such a case differs from International Cosmetic Care's attempts to import and sell Hoodia products.

Answer:

The Therapeutic Goods Administration (TGA) is responsible for administering the provisions of the *Therapeutic Goods Act 1989* (the Act), which provides a national framework for the regulation of therapeutic goods in Australia. Under the Act, therapeutic goods are subject to regulation to ensure they are of acceptable quality, safety and efficacy.

In general, therapeutic goods for human use must be included in the Australian Register of Therapeutic Goods (ARTG) before they can be manufactured in, exported from, imported into or supplied in Australia. However, certain medicines do not need to be included in the ARTG. This includes medicines that are dispensed, or extemporaneously compounded, for a particular person for therapeutic application to that person.

The exemption applies to medicines prepared for individual patients, either following consultations with that particular patient, or to fill a prescription for that particular patient. The exemption does not cover situations where the practitioner makes up medicines in advance, in anticipation of patients who may come onto the premises and ask for that medicine.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 4 & 5 June 2008

Question: E08-133

OUTCOME 1: Population Health

Topic: PRODUCTS SOLD IN NEW ZEALAND

Written Question on Notice

Senator Colbeck asked:

Many products sold in Australia are brought in via New Zealand, as New Zealand sourced dietary supplement. Why are these products, which are not on the TGA list allowed into Australia?

Answer:

The term “dietary supplement” has a specific legislative meaning in New Zealand. However, in Australia products that meet the New Zealand definition of “dietary supplements” may be regulated as either foods or therapeutic goods, depending on factors such as the ingredients they contain, the way in which they are presented and the claims that are made for them.

Food Standards Australia New Zealand (FSANZ) sets the standards that foods supplied in Australia and/or New Zealand must comply with. Foods may generally not make therapeutic claims. Products that are supplied in Australia which make therapeutic claims are regulated by the Therapeutic Goods Administration (TGA). The TGA does not regulate therapeutic goods supplied in New Zealand.

For a dietary supplement that is legal in New Zealand to be legally supplied in Australia, it would need to either comply with the relevant requirements for foods, or the therapeutic goods legislation.

The TGA is aware that some “dietary supplements” imported from New Zealand are not, by definition, therapeutic goods on the basis that there is a prescribed food standard for them (ie formulated supplementary sports foods). However, any imported product that meets the definition of a therapeutic good under the *Therapeutic Goods Act 1989* (the Act), regardless of its country of origin, is regulated as a therapeutic good in Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-195

OUTCOME 1: Population Health

Topic: GENETICALLY MODIFIED FEED

Hansard Page: CA 92

Senator Siewert asked:

Could FSANZ provide information on what studies have been done on the safety of food products derived from animals that have been fed GM feed?

Answer:

Yes. A comprehensive review of the literature, specifically addressing this subject, was published by the Council for Agricultural Science and Technology in 2006 [available online from: [http://www.cast-science.org/websiteUploads/publicationPDFs/feedsafety\\_ip.pdf](http://www.cast-science.org/websiteUploads/publicationPDFs/feedsafety_ip.pdf) ]. Based on the available data, the review concluded that “meat, milk, and eggs produced by farm animals fed biotechnology-derived crops are as wholesome, safe, and nutritious as similar products derived from animals fed conventional crops”. FSANZ is not aware of any subsequent studies that would challenge this conclusion.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-021

OUTCOME 1: Population Health

Topic: SOLARIA

Written Question on Notice

Senator Carol Brown asked:

The Tasmanian Government is currently in the process of conducting an inquiry into the regulation of solariums, inspired in part by the tragic death of Victorian woman Clare Oliver last September.

- a) What nationally consistent principles were agreed to by the AHMC to regulate the solarium industry?
- b) What action is being taken on a national and state by state basis to enforce these principles?
- c) What other measures are being taken by other states to introduce legislation and/or to better regulate solarium use?
- d) Has there been any attempt by the Government to engage with the industry in an attempt to improve industry standards?

Answer:

- a) The Commonwealth, and states and territories agreed at the Australian Health Ministers' Conference (AHMC) on 18 April 2008 to adopt the principles for a nationally consistent regulatory scheme for the regulation of the solarium industry in Australia. The principles, when implemented, provide:
  - 1. Persons under 18 years of age to be prohibited from using solaria.
  - 2. Skin type required to be assessed with persons of skin type I to be discouraged/prohibited from being exposed.
  - 3. Training to be required for solarium operators, including training in assessing skin type.
  - 4. Supervision to be a required component of solarium operation.
  - 5. Informed consent of clients to be a requirement of solarium operation.
  - 6. Total exposure and/or frequency of repeat exposure in a solarium to be restricted.

- b) In addition to the endorsement of national principles, solaria legislation has been developed in several Australian states. Victoria and South Australia have recently commenced the regulation of the solaria industry. Queensland has introduced solaria legislation into their parliament.

Following the endorsement of the national principles, the Radiation Health Committee (RHC) developed a regulatory scheme which has been incorporated into a draft amendment to the National Directory for Radiation Protection. A regulatory impact statement on this amendment is being prepared to allow AHMC to consider the details of the regulatory scheme later this year.

- c) See response to Question 1b.
- d) The Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) held a National Forum on the Implications of Regulating Solaria on 20 November 2007, which was attended by Government and industry representatives. Government and industry are also represented on the committee of Standards Australia that is reviewing the Australian Standard on Solaria. The draft Standard prepared by the committee is currently available for public comment. Further consultation will occur when the regulatory impact statement on the RHC's proposed uniform requirements for regulation of solaria is released. This is expected to occur during August 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-032

OUTCOME 1: Population Health

Topic: ELECTROMAGNETIC ENERGY

Written Question on Notice

Senator Birmingham asked:

Are you satisfied with the current state of scientific knowledge about the electromagnetic energy (EME) impact of mobile phone towers and handset use, and what EME exposure might mean for human health?

Answer:

A considerable body of research has been conducted on this topic. It generally suggests that there is little scientific reason to expect harmful effects to occur at levels below current exposure standards, and little evidence that any harm is occurring. However, there are some observations indicating possible harmful effects, and the current state of scientific knowledge does not permit all of these to be explained. Research in this area continues to be closely monitored by the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA).

The current ARPANSA Standard, *Radiation Protection Standard for Maximum Exposure Levels to Radiofrequency Fields 3 kHz to 300 GHz (2002)*, acknowledges the scientific uncertainty and requires that exposure of members of the public should be minimised where it is unnecessary or incidental to achievement of service objectives or process requirements, provided this can be readily achieved at reasonable expense.



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-114

OUTCOME 1: Population Health

Topic: HEALTHY HABITS FOR LIFE GUIDE

Written Question on Notice

Senator Colbeck asked:

The Budget sets aside \$2.9 million over two years to produce what is called a 'Healthy Habits for Life Guide'. The Department of Health and Ageing has already produced an Australian Guide for Healthy Eating, and has an excellent web-site including guides to healthy eating and healthy weight in all age groups. Nutrition Australia also produces material on healthy eating, as does the National Heart Foundation and other similar reputable organisations. In what way will the new Guide be different from the comprehensive information already available, both from the Department, from State Health Departments and from professional bodies?

Answer:

The Guide, called *Get Set 4 Life – habits for healthy kids*, is a targeted resource intended to be provided to parents and carers of four year old children at the same time they receive the *Healthy Kids Check*.

The Guide has been developed to provide parents and carers with practical and accessible information about healthy living habits for young children. The Guide's content aligns with current Australian Guidelines for healthy eating and physical activity but does not replace these documents. The Guide is not intended to contain the depth of information as the evidence based guidelines available through Commonwealth and state health departments or other professional bodies, but rather to help parents and carers get a better sense of what they would expect in the health promoting behaviours of a four year old child.

The Guide is an interactive tool that contains information on key areas of health and age appropriate development such as: healthy eating, play and learning, speech and language, oral health, skin and sun protection, hygiene and sleep patterns. It also provides parents with information on what behaviours can be expected in this age group and what to look for, and encourages parents and children to develop and promote healthy habits and routines together.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-152

OUTCOME 1: Population Health

Topic: PREVENTATIVE HEALTH TASKFORCE

Written Question on Notice:

Senator Adams asked:

- a) What is the remit of the natural preventative health care task force?
- b) Who is on it?
- c) What date is it due to report and by what means?
- d) Is it taking public submissions?

Answer:

a – d)

The Preventative Health Taskforce was established on 9 April 2008 to provide evidence-based advice to government and health providers – both public and private – on preventative health programs and strategies, and support the development of a National Preventative Health Strategy. The Strategy will be finalised by June 2009.

The Strategy will provide a blueprint for tackling the burden of chronic disease currently caused by obesity, tobacco, and excessive consumption of alcohol. It will be directed at primary prevention and will address all relevant arms of policy and all available points of leverage, both the health and non-health sectors, in formulating its recommendations.

The Taskforce has been appointed for a term of three years and reports to the Commonwealth Minister for Health and Ageing.

The Taskforce is consulting extensively in developing the Strategy. A discussion paper to be released in September 2008 will set out a framework for the Strategy and key issues. A draft Strategy will then be released for comment in March 2009 before the finalised Strategy itself is handed to the Government in June 2009. Consultation will be invited on both the discussion paper and draft Strategy following their respective releases.

The Taskforce is chaired by Professor Rob Moodie, Professor of Global Health at the Nossal Institute for Global Health at the University of Melbourne, former CEO of VicHealth, the Victorian Health Promotion Foundation, and internationally renowned leader in health promotion and preventative health.

The other members of the Taskforce are:

- Professor Mike Daube, Professor of Public Health at Curtin University of Technology, former Director-General of WA Department of Health, and expert in public health, tobacco prevention and alcohol policy;
- Professor Paul Zimmet AO, Professor and Director of the International Diabetes Institute, and expert in obesity and type 2 diabetes prevention;
- Ms Kate Carnell AO, CEO of the Australian Food and Grocery Council, former ACT Chief Minister, and former pharmacist;
- Dr Lyn Roberts AM, CEO of the National Heart Foundation with wide ranging experience in public health promotion, particularly in cardiovascular disease and cancer, and current Chair of the Australian Chronic Disease Prevention Alliance;
- Mr Shaun Larkin, General Manager of Benefits Management at health insurer HCF, and keen advocate of the role of the private health insurance sector in prevention;
- Professor Leonie Segal, Foundation Chair in Health Economics at the University of South Australia;
- Dr Christine Connors, Director, Preventable Chronic Disease Program, Northern Territory Department of Health and Community Services; and
- Dr Linda Selvey, Deputy Chief Health Officer and Senior Director, Population Health, Queensland Health.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-171

OUTCOME 1: Population Health

Topic: STEPHANIE ALEXANDER KITCHEN GARDEN PROGRAM

Hansard Page: CA 81

Senator Colbeck asked:

Does the current program that is being run by the foundation only run in government schools?

Answer:

Yes, the Stephanie Alexander Kitchen Garden Foundation program currently running in Victoria is in government schools only. This confirms Ms Jennifer Bryant's response to Senator Colbeck at the Senate Estimates hearing on 4 June 2008.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Additional Estimates 2007-2008, 4 June 2008

Question: E08-166

OUTCOME1: Population Health

Topic: PREGNANCY COUNSELLING HELPLINE

Hansard Page: CA 76

Senator Stott Despoja asked:

...whether or not you are considering any changes in the advertising or the communication strategy involving the helpline. In particular whether or not the government is prepared to consider what some of us would consider a more transparent advertising campaign.

Answer:

The Australian Government has not considered any changes to advertising or the communication strategy for the Helpline at this point in time.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 4 June 2008

Question: E08-167

OUTCOME1: Population Health

Topic: PREGNANCY COUNSELLING ORGANISATIONS

Hansard Page: CA 77

Senator Stott Despoja asked:

Does the department have any further information as to how that money was directed or spent for 07-08 or is that something we will find out after the financial year?

Answer:

Six organisations providing family planning, sexual and reproductive health related activities were funded for 12 months to the end of June 2008 for the following outputs and funded amounts:

<b>Organisation</b>	<b>2007-08 funded amount (GST excl.)</b>	<b>Description of services and outputs</b>
Australian Episcopal Conference of the Roman Catholic Church	\$976,978	Vocational training and education in natural family planning, and reproductive health education. <b>Output 1:</b> Project plan and forecasted expenditure of funds <b>Output 2:</b> Sexual and reproductive health and education services <b>Output 3:</b> Vocational training and education to health and other professionals <b>Output 4:</b> Agreed reporting narrative and statistical data proforma <b>Output 5:</b> Collaborative national partnerships with other agencies that provide related services in fertility awareness <b>Output 6:</b> Common service standards

Organisation	2007-08 funded amount (GST excl.)	Description of services and outputs
Australian Federation of Pregnancy Support Services (trading as Pregnancy Help Australia)	\$314,287	<p>Practical pregnancy and early parenting support services.</p> <p><b>Output 1:</b> Project Plan and forecasted expenditure of funds</p> <p><b>Output 2:</b> Sexual and reproductive health support and advice services</p> <p><b>Output 3:</b> Pregnancy support consultant training</p> <p><b>Output 4:</b> Accreditation as an Australian National Training Authority recognised Registered Training Organisation</p> <p><b>Output 5:</b> National Pregnancy Support Consultant Professional Development Seminars</p> <p><b>Output 6:</b> Agreed reporting narrative and statistical data proforma</p> <p><b>Output 7:</b> Collaborative national partnerships with other agencies that provide family planning, sexual and reproductive health related services</p> <p><b>Output 8:</b> Common service standards</p>
Caroline Chisholm Society	\$52,020	<p>Practical pregnancy and early parenting support services.</p> <p><b>Output 1:</b> Project Plan and forecasted expenditure of funds</p> <p><b>Output 2:</b> Provision of specialist practical support and referral services to pregnant women and their partners/families and ongoing information in early parenting</p> <p><b>Output 3:</b> Maintenance of material support items – ongoing</p> <p><b>Output 4:</b> Common service standards</p>
Foundation for Human Development	\$52,020	<p>Practical pregnancy and early parenting support services.</p> <p><b>Output 1:</b> Project Plan and forecasted expenditure of funds</p> <p><b>Output 2:</b> Practical resources and support for pregnant women and their families - ongoing</p> <p><b>Output 3:</b> Common service standards</p>

Organisation	2007-08 funded amount (GST excl.)	Description of services and outputs
Multicultural Centre for Women's Health (formerly Working Women's Health)	\$121,074	<p>Culturally appropriate sexual and reproductive health training to bilingual community and health educators.</p> <p><b>Output 1:</b> Project Plan and forecasted expenditure of funds</p> <p><b>Output 2:</b> Culturally appropriate training</p> <p><b>Output 3:</b> Health promotion outreach services to women from culturally and linguistically diverse communities relating to sexual and reproductive health across Australia</p> <p><b>Output 4:</b> Accreditation as a training organisation through the Registered Training Organisation for recognition of training to bilingual health educators, health professionals and other workers across Australia</p> <p><b>Output 5:</b> Multilingual sexual and reproductive health publications</p> <p><b>Output 6:</b> Collaborative national partnerships with other agencies</p> <p><b>Output 7:</b> Agreed reporting narrative and statistical data proforma</p> <p><b>Output 8:</b> Common service standards</p>
Sexual Health & Family Planning Australia	\$106,504	<p>Information on emerging sexual and reproductive health issues and priorities.</p> <p><b>Output 1:</b> Project Plan and forecasted expenditure of funds</p> <p><b>Output 2:</b> National leadership for Sexual Health and Family Planning Australia and its member organisations (to be known as the Federation)</p> <p><b>Output 3:</b> National sexual and reproductive health briefings and advice including emerging issues</p> <p><b>Output 4:</b> Clinical service standards and medical and nursing education programs are comparable across family planning organisations</p> <p><b>Output 5:</b> Common service standards</p>



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 4 June 2008

Question: E08-168

OUTCOME1: Population Health

Topic: PREGNANCY COUNSELLING HELPLINE

Hansard Page: CA 77

Senator Boyce asked:

Are you aware whether any women who contact the service have had a diagnosis of an abnormality of any sort with the foetus?

Answer:

No.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Additional Estimates 2007-2008, 4 June 2008

Question: E08-169

OUTCOME 1: Population Health

Topic: NATIONAL PREGNANCY SUPPORT HELPLINE

Hansard Page: CA 78

Senator Humphries asked:

Membership of the Helpline advisory committee?

Answer:

Current Membership of the National Pregnancy Counselling Expert Advisory Committee is as follows:

*Chair:*

Dr Andrew Pesce is an obstetrician and gynaecologist from Westmead Hospital with 14 years experience. Dr Pesce is also the Australian Medical Association's obstetrics and gynaecology spokesperson.

*Committee:*

Professor Helen Christensen is the deputy director of the Centre for Mental Health Research at the Australian National University.

Ms Rosemary Bryant was the executive director of the Royal College of Nursing Australia and a member of the Board of the International Council of Nurses. Ms Bryant has been a registered nurse for approximately 30 years. The Minister for Health and Ageing on 22 June 2008 announced Ms Bryant's appointment as the Commonwealth Chief Nurse and Midwifery Officer.

Mrs Jenny Brandon-Baker is a mid-wife from the Queanbeyan District Hospital, and a member of the Australian Medical Defence College.

Dr Leslie Stephan is a psychiatrist from the Royal Adelaide Hospital. Dr Stephan is a clinical lecturer at the Faculty of Health Services, University of Adelaide.

Dr Veronica O'Connell is a general practitioner from Sydney with 20 years experience. Dr O'Connell has long experience in women's health issues.

Professor Harvey Whiteford is The Kratzmann Professor of Psychiatry at the University of Queensland and a consultant for the World Bank. Professor Whiteford is responsible for the design and implementation of the Mental Health Strategy, and is currently Chairman of the Working Group designing Australia's mental health strategy.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-017

OUTCOME 1: Population Health

Topic: FOOD AND REGULATORY POLICY

Written Question on Notice

Senator Boyce asked:

In Outcome 1.4 Food and Regulatory Policy - there is a cut in the budget of about \$2.6m - what services and delivery will be compromised by this cut in the budget?

Answer:

There is minimal expenditure impact for program 1.4 between 2007-08 and 2008-09 as reported in the Portfolio Budget Statement (PBS).

The change in the level of resourcing, is partly the result of implementing a revised reporting format for estimated available resources in 2008-09. The change was required by the Department of Finance and Deregulation and it involved reporting on the opening balances and receipts for Special Accounts. The result was a change in the estimated resourcing available for 2008-09 compared to the expected actual for 2007-08.

In the case of program 1.4, the change in the balances and receipts for this special account arises from the reporting of the estimated actual amount of \$1.9m of expenditure in 2007-08 that was forecast to be paid for the National Nutrition Survey thereby reducing the opening balance of the Special Account for 2008-09.

No services or delivery will be compromised by this change.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2008-2009, 4 June 2008

Question: E08-162

OUTCOME 1: Population Health

Topic: FOOD AND REGULATORY POLICY

Hansard Page: CA 64

Senator Boyce asked:

We have a significant decrease in food and regulatory policy. That is under - explain.

Answer:

Please refer to answer E08-017.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-103

OUTCOME 1: Population Health

Topic: ARPANSA FUNDING

Written Question on Notice

Senator Colbeck asked:

- a) What effect will the increase in the efficiency dividend have on the operations of ARPANSA?
- b) Does ARPANSA expect to shed staff as a consequence of Budget cuts, and if so will it be by not filling positions, or redundancies, or some other means?

Answer:

- a) ARPANSA will continue to review its programs and priorities to manage the reduction in appropriation arising from the increased efficiency dividend.
- b) ARPANSA conducted a program of offering voluntary redundancies in May-June 2008. Changes are being made to organisational arrangements and work practices to limit the impact of the consequent staffing reduction.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-161

OUTCOME1: Population Health

Topic: REDUCTIONS IN POPULATION HEALTH BUDGET IN PBS

Hansard Page: CA 63

Senator Boyce asked:

When you get to Outcome 3, the drug strategy, there is a reduction of \$13 million for expected underspends offset by some indexation growth. Can you tell me about that underspend?

Answer:

The underspend of \$13 million was predicted in February 2008 for the 2007-08 financial year for drug strategy grant programs based on information available at that time. This underspend is likely to have reduced since February, however, the exact amount of the underspend will not be known until all end-of-financial-year transactions have been processed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-163

OUTCOME1: Population Health

Topic: POPULATION HEALTH BUDGET IN PBS

Hansard Page: CA 65

Senator Boyce asked:

I return to program 1.3 (page 60 of the PBS). Well, it has gone from \$198 million to \$225 million. Is that right? But regarding the \$53.5 million that has come from elsewhere for the national binge drinking strategy, is that in there or not? And you have undertaken to find out what has decreased within program 1.3 to allow these increases. Is that right?

Answer:

The difference in funding for the drug strategy program between 2007-08 and 2008-09 comprises two elements:

- 1) In February 2008 Drug Strategy Branch predicted an underspend of approximately \$13 million. This adjustment was reflected in 2007-08 estimated actual expenditure (page 60 Portfolio Budget Statements). Actual expenditure for 2007-08 will not be known until all end-of-financial-year processing is completed. Consequently, the underspend is likely to be reduced.
- 2) Additional funds provided to the program, such as the \$15 million provided over four years to reinvigorate the National Tobacco Strategy.

The \$53.5 million provided to the National Binge Drinking Strategy incorporated funds reprioritised from outcome 1.3's allocation – these are not new funds.

Funds from the following programs have been reprioritised to support new programs:

- National Binge Drinking Strategy: Counsellors on University Campuses Measure; Community Partnerships Initiative and Rural and Regional Initiative; and National Safe Use of Alcohol Campaign. Whilst funding has been redirected, it is still being used to address problem drinking within the Australian Community.
- Indigenous Tobacco Control: National Tobacco Youth Campaign; and Capacity Building in Indigenous Communities Initiative.
- Illicit Drug Use – Targeting Young People Who Use Methamphetamines: National Drugs Campaign.

In the 2008-09 Budget, the drug strategy program provided savings from the:

- ‘Alerting the Community to Links Between Illicit Drugs and Mental Illness Campaign:’ market research undertaken in 2006-07 found there is a considerable level of awareness amongst young people about the potential for mental health problems associated with illicit drug use; and
- National Psychostimulants Initiative: whilst total funding is reduced, this measure is sufficient to continue to support a modest level of specific research into psychostimulants, and will not impact our primary prevention and treatment activities.



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-154

OUTCOME 1: POPULATION HEALTH

Topic: HEAD INJURIES

Written Question on Notice

Senator Adams asked:

Recent Analysis of over forty thousand patient records in Queensland, the Northern Territory, South Australia and Western Australia reveals that Indigenous women are 70 times more likely to receive head injuries requiring hospital treatment than non-Indigenous women, with rates of injury being higher in rural and remote areas than in cities. How can the DoHA work in a targeted way on areas in which there are such huge disparities?

Answer:

The National Aboriginal and Torres Strait Islander Safety Promotion Strategy (2005) outlines specific strategic requirements for improving safety and reducing the incidence of harm or injury to Aboriginal and Torres Strait Islander peoples. This Strategy builds on the National Injury Prevention and Safety Promotion Plan 2004-2014 and together they represent a comprehensive approach to safety promotion and injury prevention for all Australians.

The National Aboriginal and Torres Strait Islander Safety Promotion Strategy (2005) acknowledges the complex determinants of safety for Indigenous men, women and children such as environment, policy, socio-economic factors, culture, health and wellbeing, psycho-social and access to appropriate programs and services.

The Australian Government, through the National Injury Prevention (injury prevention) program provides \$1.3 million annually to reduce the incidence, morbidity and mortality associated with injury across all age groups and falls in people aged 65 years and over (55+ Indigenous). The injury prevention program provides funding to the Australian Institute of Health and Welfare National Injury Surveillance Unit, the National Coroners Information System and the National Poison Register to strengthen evidence based research, data collection and analysis to enable government and other agencies respond appropriately to injury trends.

The injury prevention program has also supported a range of community grants to help prevent injuries and promote safety awareness in communities across Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 4 & 5 June 2008

Question: E08-004

OUTCOME 1: Population Health

Topic: UNITED NATIONS INTERNATIONAL ASSESSMENT OF AGRICULTURAL SCIENCE & TECHNOLOGY FOR DEVELOPMENT (IAASTD)

Written Question on Notice

Senator Siewert asked:

- a) Did Australia participate in the IAASTD in April 2008?
- b) Was a final report produced by IAASTD?
- c) What countries were not signatories to the final report, if any?
- d) Was Australia a signatory to the final report produced by IAASTD?
- e) If not, why not?

Answer:

- a – e) The Department of Health and Ageing is not aware of the information. It is understood the question would be better asked of the Department of Agriculture, Fisheries and Forestry.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-016

OUTCOME 1: Population Health

Topic: NATIONAL BINGE DRINKING STRATEGY

Written Question on Notice

Senator Boyce asked:

In Outcome 1.3, I notice there is a slight increase of \$27m, however this outcome has had a direct increase of \$53.5m for the National Binge Drinking Strategy, so in fact there has been a net decrease in the drug strategy budget of \$26.5m

- a) Can you give me an indication of what services will be affected by this decrease?
- b) What areas of the drug strategy will now be affected when the budget has been decreased?

Answer:

a and b)

Funding for the Drug Strategy program (outcome 1.3) has increased by \$26.976 million from 2007-08 to 2008-09 (*Health and Ageing Portfolio Budget Statements 2008-09* page 60). The figures are set out below.

<b>2007-08</b>	<b>2008-09</b>
\$198,420,000	\$225,396,000

The increased funding provides for enhancement of existing measures including a number of drug treatment and prevention initiatives which will receive increased funding in 2008-09, including the Council of Australian Governments' (COAG) initiative to improve services for people with drug and alcohol problems and mental illness and the National Cannabis Prevention and Information Centre. In addition, the 2008 Budget provides new funding of \$15 million over four years for the National Tobacco Strategy – including \$2.5 million in 2008-09.

Funding for the National Binge Drinking Strategy (\$53.5m over four years) was provided by re-prioritising funds from existing initiatives to address the Government's priorities in this area. Funding for the National Safe Use of Alcohol Campaign (\$20 million over four years) will be redirected to the National Binge Drinking Campaign; funding previously provided under the Community Partnerships and Rural and Regional initiatives (\$14.4 million over four years) will support a new community grants program to address youth drinking; and the expansion of the Good Sports program and funding allocated to the counsellors on university campus measure (\$19.1 million over four years) will be provided for a new early intervention program to address underage drinking.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-134

OUTCOME 1: Population Health

Topic: INDIGENOUS TOBACCO CONTROL INITIATIVE

Written Question on Notice

Senator Adams asked:

- a) \$14.5 million to tackle high rates of smoking – what are the rates?
- b) What will the money be used for?
- c) Is there money for the treatment of associated disease – lung cancer, passive smoking illnesses etc?
- d) The money comes from existing resources in DoHA – what programme has been cut to get this funding?

Answer:

- a) The overall daily tobacco smoking rate for non-Indigenous Australians has decreased from 23.8 per cent in 1995 to 16.6 per cent in 2007<sup>1</sup>. The most recent overall daily tobacco smoking rate reported for Indigenous Australians is at approximately 50 per cent<sup>2</sup> and this has not reduced since it was first measured in 1995<sup>3</sup>.
- b) The Indigenous Tobacco Control Initiative is the first step towards closing the gap in smoking rates between the Indigenous and non-Indigenous population within a generation. The \$14.5 million is being spent on three main areas, which are to:
  - Build an evidence-base by carrying out essential formative research to understand the reasons for the higher rates of smoking, the barriers to quitting, as well as identifying what strategies might work, the key messages, and the audiences to be targeted;
  - Trial community interventions such as smoking prevention and cessation programs, and targeted communication approaches; and
  - Offer smoking prevention and cessation training and support to Indigenous health workforce to enhance the effectiveness of other community interventions.

1. National Drug Strategy Household Survey – First Result 2007
2. National Aboriginal and Torres Strait Islander Health Survey 2004-2005
3. Aboriginal and Torres Strait Islander Health Performance Framework (HPF) 2006 Report

- c) The \$14.5 million is specifically aimed at reducing tobacco smoking rates in the Indigenous population and will not be used for the treatment of smoking associated diseases. The Australian Government separately provides significant funding to hospitals for the treatment of a range of smoking related illness including cancers, heart and respiratory disease as well as passive smoking illnesses. Under the Medical Benefits Scheme and the Pharmaceutical Benefit Scheme significant funding is provided to support the treatment and management of smoking related illness. Funding is also provided to Cancer Australia to fund support groups, research, and cancer service improvements relating to lung cancer. As well as focusing on specific cancers that have poor prognosis, Cancer Australia is also committed to working with population groups, including Indigenous Australians that currently have poorer outcomes.
- d) Funding for the Initiative comes from the reprioritisation of existing programmes and will be sourced from:
- The *National Youth (Tobacco) Campaign* - \$10.5 million;
  - The *Capacity Building in Indigenous Communities Program* - \$3.0 million; and
  - The National Tobacco Strategy - \$1.0 million.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2007-2008, 4, 5 June 2008

Question: E08-132

OUTCOME 1: Population Health

Topic: ADVERTISING AND SALE OF HOODIA PRODUCTS

Written Question on Notice

Senator Colbeck asked:

- (a) Why has the TGA allowed numerous Australian companies to continually advertise and sell Hoodia online, for example OZhoodia.com, AUShoodia.com and hoodia.com.au after being notified in written and verbally of their existence?
- (b) Why are they different to the case of International Cosmetic?

Answer:

All reports of alleged breaches of the *Therapeutic Goods Act 1989* are assessed by the Therapeutic Goods Administration (TGA) and where appropriate, investigated and compliance action taken. The action taken is influenced by the individual circumstances and the risk to public health and safety and may range from a formal warning letter or other administrative action to civil prosecution in the Federal Court or criminal prosecution in the Courts of the relevant State.

Regulatory action has been taken to stop the advertising of products containing *Hoodia gordonii* by Australian-based internet sites but the TGA does not have the legal jurisdiction to regulate a company and/or its internet site based outside Australia. Action by the TGA is ongoing and includes monitoring the internet for any new Australian-based sites advertising and/or supplying these products.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-165

OUTCOME 1: Population Health

Topic: ALCOHOL

Hansard Page: CA 18 & 72

Senator Siewert asked:

- (a) If I then want to translate that into alcohol harm – for example, the stats on hospitalisation and those sorts of issues – has there been any significant increase in those long term trends of alcohol related harm?
- (b) Number of people with alcohol related harm in terms of domestic violence.

Answer:

- (a) Risky drinking can lead to harm in the short or long term. Short term harm includes accidents, violence, and fast-onset events such as alcohol poisoning. Long term harm includes conditions that require time to set in such as cancers, cirrhoses, and dependence. Short term harm is sometimes referred to as acute harm and long term harm as chronic harm.

Currently at the national level, it is only possible to *estimate* deaths and hospitalisations caused by risky alcohol consumption.

Deaths

Deaths from acute and chronic alcohol-related conditions have followed the same slight downward trend of per capita alcohol consumption since 1990. The decline has slowed since the late 1990s.

Acute and chronic death rates both showed an overall decline but chronic deaths declined at a slower rate than acute.

The proportion of cases contributing to the total number of deaths, by each type of death such as road accident, suicide, etc, remained unchanged between 1990 and 2001.

Death rates were higher for males and in non-metropolitan areas.



A NSW report, using diagnostic codes (ICD-AM) to report on trends in child deaths, has found that:

- over the period 1996–2005, 145 (2.1%) of the 6,879 children and young people whose deaths were registered in NSW died an alcohol-related death;
- alcohol-related deaths were mainly found in association with suicides or traffic fatalities; and
- mortality rates for alcohol-related deaths as a whole have oscillated across the 10 years, with no clear trend.

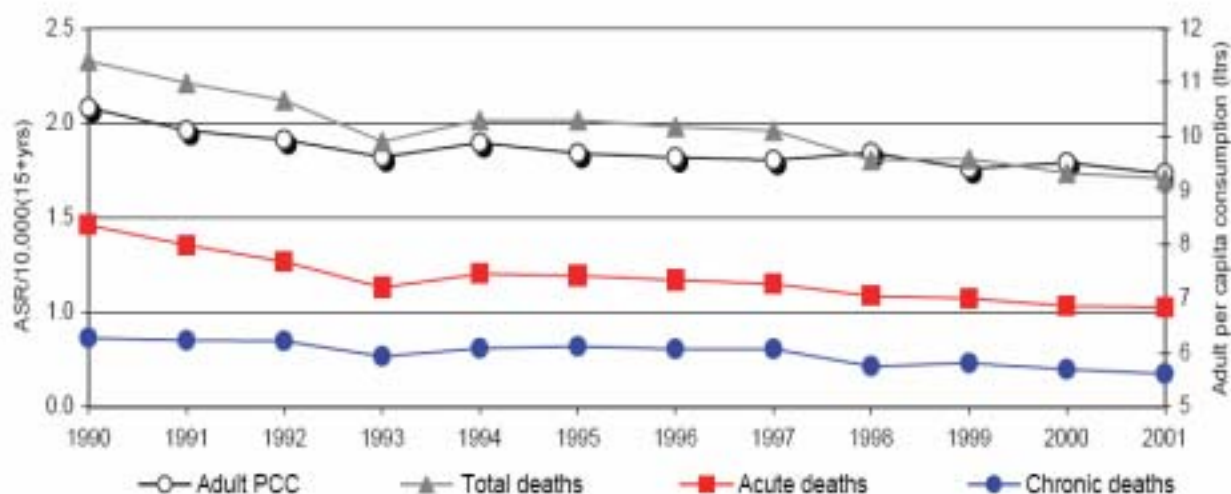
There were differences in trends for age group, sex, socioeconomic background and geographic remoteness when the first half of the 10 year period was compared with the second:

- for males, there was a 17 per cent decline in the likelihood of an alcohol-related death while for females there was a 37 per cent increase;
- for the 14–15 year age group, there was a 152 per cent increase in the likelihood of an alcohol-related death, while for the 16–17 year olds there was a 23 per cent decline;
- in relatively low socioeconomic areas, there was a six per cent decline in the likelihood of an alcohol-related death; in middle socioeconomic areas there was 20 per cent decline; and in relatively high socioeconomic areas there was a 21 per cent increase; and
- in major cities, there was a 16 per cent decline in the likelihood of an alcohol-related death; in inner regions there was a 26 per cent decline; and in outer, remote and very remote regions there was a 40 per cent increase.

Source: (2008) Trends in child deaths in NSW, 1996-2005.

Figure 1 shows the age-standardised trend of *estimated* deaths caused by risky drinking between 1990 and 2001, in comparison to per capita alcohol consumption.

**Figure 1:** Trends in age standardised rates/10,000 (15+yrs) of acute and chronic alcohol-caused deaths due to risky and high risk drinking and adult per capita alcohol consumption (PCC) in Australia, 1990- 2001.



## Hospitalisations

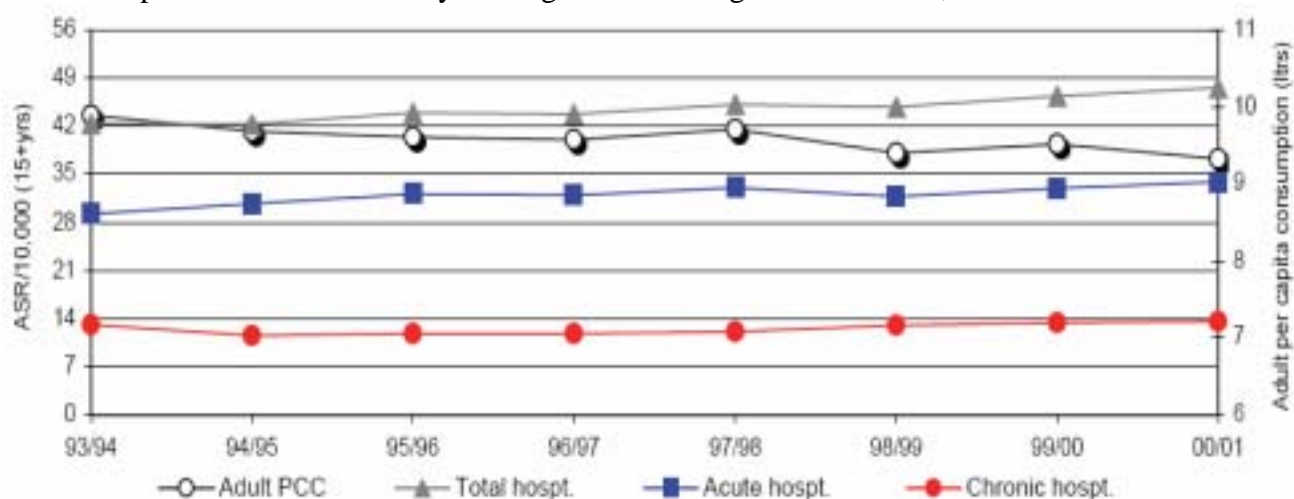
Despite declining levels of per capita alcohol consumption, and in contrast to the trends in alcohol-caused deaths, there was a gradual upward trend in the rate of alcohol-caused hospitalisations between 1993/94 and 2000/01.

This increasing trend was due to increases in rates of conditions of acute rather than from the effects of chronic alcohol consumption. Trends in hospitalisation due to chronic-type harms dipped slightly in the mid to late 1990s but have now returned to the levels seen around 1993/94.

The increase was mostly driven by people aged 30 or over. Hospitalisation rates were higher for males and in non-metropolitan areas.

Figure 2 shows the age-standardised trend of *estimated* hospitalisations caused by risky drinking between 1990 and 2001, in comparison to per capita alcohol consumption.

**Figure 2:** Trends in age standardised rates/10,000 (15+yrs) of acute and chronic alcohol-caused hospitalisations due to risky and high risk drinking and adult PCC, 1993/94-2000/01.



In the data above, age standardised rates are shown which remove the effect of age on the rates of deaths and hospitalisations. The data is from Tanya Chikritzhs; Paul Catalano; Tim Stockwell; Susan Donath, Hanh Ngo, Deidra Young, and Sharon Matthews. (2003) *Australian Alcohol Indicators, 1990-2001 Patterns of alcohol use and related harms for Australian states and territories*

(b) There is no national database of information about alcohol-related domestic violence. However, the *National Alcohol Strategy 2006–2009* does cite a number of studies that have found:

- According to police data, about 40% of all domestic violence incidents involve alcohol;

Source: Doherty, S.J & Roche, A.M. (2003) *Alcohol and Licensed Premises: Best Practice in Policy, A Monograph for Police and Policy Makers*, Australasian Centre for Policing Research, Adelaide.

- Excessive alcohol has found to be an important factor in 50% of cases of domestic physical and sexual violence; and

Source: Steering Committee for the Review of Government Service Provision (SCRGSP 2005). *Overcoming Indigenous Disadvantage Key Indicators 2005 Report*, Productivity Commission, Melbourne.

- Research within selected parts of Australia found that 18% of adults surveyed had experienced some form of violence by a current or ex partner and that alcohol misuse was one of the variables found to be strongly associated with these occurrences.

Source: Dal Grande, E., Hickling, J., Taylor, A., Woollacott, T., (2003) 'Domestic violence in South Australia: a population survey of males and females' in *Australian New Zealand Journal of Public Health*, 27(5),pp.543-550.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 June 2008

Question: E08-045

OUTCOME 2: Access to Pharmaceutical Services

Topic: THE COST OF CHAMPIX (VARENICLINE)

Hansard Page: CA 137

Senator Humphries asked:

What does an average dose cost to the taxpayer?

Answer:

CHAMPIX<sup>®</sup> is available through the PBS as an initiation pack and a continuation pack. The initiation pack costs the Government \$98.15 per pack for concession card holders and \$71.85 for general patients. The continuation pack costs the Government \$227.45 per pack for concession card holders and \$201.15 for general patients.

Therefore, for patients who complete the full course of CHAMPIX<sup>®</sup>, the cost to the Government is \$325.60 for concession card holders and \$273.00 for general patients.

**CHAMPIX Initiation Pack**

	<b>Dispensed Price for Maximum Quantity</b>	<b>Patient Co-payment</b>	<b>Cost to Government</b>
<b>Concession card holders</b>	\$103.15	\$5.00	\$98.15
<b>General Patients</b>	\$103.15	\$31.30	\$71.85

**CHAMPIX Continuation Pack**

	<b>Dispensed Price for Maximum Quantity</b>	<b>Patient Co-payment</b>	<b>Cost to Government</b>
<b>Concession card holders</b>	\$232.45	\$5.00	\$227.45
<b>General Patients</b>	\$232.45	\$31.30	\$201.15

**CHAMPIX Full Course**

	<b>Dispensed Price for Maximum Quantity</b>	<b>Patient Co-payment</b>	<b>Cost to Government</b>
<b>Concession card holders</b>	\$335.60	\$10.00	\$325.60
<b>General Patients</b>	\$335.60	\$62.60	\$273.00

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-105

OUTCOME 3: Access to Medical Services

Topic: DIAGNOSTIC IMAGING MEMORANDUM OF UNDERSTANDING

Written Question on Notice

Senator Colbeck asked:

Can the Department confirm that the Minister has written to the radiology industry saying that the Diagnostic Imaging MOU ceasing on 30 June 2008 will not be replaced?

Answer:

The Minister for Health and Ageing wrote on 16 May 2008 to signatories of the four memoranda of understanding relating to diagnostic imaging: the Radiology Quality and Outlays Memorandum of Understanding (MoU); the MoU for the Management of Medicare Outlays for Nuclear Medicine Imaging Services and Quality Practice; the MoU for the Management of Obstetric and Gynaecological Ultrasound Outlays and Quality Practice; and the Cardiac Imaging Quality and Outlays MoU. She advised them that each MoU would expire on 30 June 2008 and that the Government had decided that future funding arrangements for diagnostic imaging should be reviewed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-108

OUTCOME 3: Access to Medical Services

Topic: DIAGNOSTIC IMAGING MEMORANDUM OF UNDERSTANDING (MOU)

Written Question on Notice

Senator Colbeck asked:

If the MOU is to be ended, and therefore caps on volumes and incentives against co-payments are to be removed, isn't it both fair and sensible to index radiology rebates along with the Medicare schedule as a whole?

Answer:

The MoUs did not cap volume but expenditure - while expenditure is a function of service volume and price per service, the cap was on total expenditure rather than on service volume.

The Government has decided that until the review is complete there will be no change to Medicare Benefits Schedule fees for diagnostic imaging.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-110

OUTCOME 3: Access to Medical Services

Topic: MRI REBATES

Written Question on Notice

Senator Colbeck asked:

Will the review look specifically at the level of MRI rebates?

Answer:

The Government has requested a strategic review of future funding arrangements for diagnostic imaging. This is expected to include consideration of rebates for all modalities of diagnostic imaging, including Magnetic Resonance Imaging (MRI).



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-118

OUTCOME 3: Access to Medical Services

Topic: PATHOLOGY QUALITY AND OUTLAYS MOU

Written Question on Notice

Senator Colbeck asked:

The current MOU between the Federal Government, the Australian Association of Pathology Practices, the Royal College of Pathologists of Australasia and the National Coalition of Public Pathology covers the period from 1 July 2004 to 30 June 2009. It was signed during the caretaker period in September 2004 by the then Health Minister, Mr Abbott.

Consistent with the caretaker conventions, I am advised that Mr Abbott's office consulted with the office of the then Shadow Minister, Ms Gillard, before the MOU was signed in 2004, given that it was during the pre-election period.

- a) I understand that the Government has recently made some changes to the MOU without the consent of the other parties, contrary to the MOU --- Is this correct?
- b) If so, what are the changes, was agreement or consent sought, or, if not, why not?
- c) Will the Government undertake not to change the MOU without written consent, consistent with the MOU itself?

Answer:

- a) The Government has not made any changes to the MOU. It did make changes to the Pathology Services Table (PST) of the Medicare Benefits Schedule.
- b) The changes to the PST involve:
  - the removal of three items
  - the addition of one new item
  - the amendment of an existing item

These changes were made in the context of a Federal Budget, and were therefore subject to the normal confidentiality constraints of Budget processes. No consultation outside Government occurred.

- c) The Government has requested a strategic review of future funding of pathology and diagnostic imaging. Current arrangements will continue until the review is completed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-109

OUTCOME 3: Access to Medical Services

Topic: INDEXATION TO RADIOLOGY REBATES

Written Question on Notice

Senator Colbeck asked:

Has the Department estimated the cost to the budget of applying indexation to radiology rebates?

Answer:

Yes.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Budget Estimates 2008-2009, 5 June 2008

Question: E08-102

OUTCOME 3: Access to Medical Services

Topic: HOME-BASED SLEEP STUDIES

Hansard Page: CA 27

Senator Ronaldson asked:

Is the Government considering an option whereby this 1 July date will be lifted and you will allow a temporary item until we have seen the outcome of this inquiry? (*Senator Ronaldson is referring to the MSAC evaluation*)

Answer:

In order to ensure full consideration of issues raised in representations by the Australian Medical Association (AMA) and the Australasian Sleep Association (ASA), the department temporarily suspended its action to prevent the billing of items used to reimburse patients for home-based sleep studies under Medicare from 1 July 2008.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Budget Estimates, 5 June 2008

Question: E08-096

OUTCOME 3: Access to Medical Services

Topic: HEALTHY KIDS CHECK MBS ITEMS

Hansard Page: CA 81

Senator Colbeck asked:

The funding tends to go up and down a little over the budgeted years, can you give an explanation for that?

Answer:

The funding for the first year of the Healthy Kids Check initiative assumes a larger uptake of the service in that year only. This is due to the need to include five year old children who have already received the four year old immunisation but not yet entered school.

After the first year, funding for the Healthy Kids Check will increase in accordance with population projections for four year old children.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-106

OUTCOME 3: Access to Medical Services

Topic: DIAGNOSTIC IMAGING

Written Question on Notice

Senator Colbeck asked:

- a) Can the Department confirm that Medicare rebates for diagnostic imaging services will remain indefinitely?
- b) Can the Department confirm that a comprehensive review of Medicare funding of diagnostic imaging services is being conducted?
- c) If so, who is conducting the review?
- d) Are the industry and the Royal Australian and New Zealand College of Radiologists going to be actively involved, or just "consulted"?
- e) How long will the review take?
- f) If it is proposed to be an internal interdepartmental review, will its findings be made public?
- g) Will detailed financial modelling be part of the review?
- h) Will that be by Treasury or outside experts?

Answer:

- a) Medicare rebates for diagnostic imaging services will remain at their current levels until the Government has considered the outcomes of a review.
- b) Yes. The Government has requested a review of future funding arrangements for diagnostic imaging.
- c) The review will involve the Department of the Prime Minister and Cabinet, the Department of the Treasury, the Department of Finance and Deregulation and the Department of Health and Ageing.
- d) The Government is currently considering how best to involve stakeholders, including the Royal Australian and New Zealand College of Radiologists.
- e) It is hoped that the review will be completed by early 2009.
- f) No decision has been made about whether the findings will be made public.
- g) It is likely that the review will involve some financial modeling.
- h) Some modeling will likely be undertaken collaboratively between the Department of Health and Ageing, the Department of Finance and Deregulation and the Department of the Treasury. No decision has yet been made about whether to also involve outside experts in financial modeling.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-107

OUTCOME 3: Access to Medical Services

Topic: MBS SCHEDULE

Written Question on Notice

Senator Colbeck asked:

- a) Medicare rebates are usually indexed to coincide with the November MBS schedule using the Government's Wage Cost Index 5. Is it the case that radiology rebates will be frozen, without indexation, until the review has reported?
- b) If so, why?

Answer:

- a) Medicare rebates for diagnostic imaging services have not received annual indexation for around ten years. Medicare rebates for diagnostic imaging services will remain at their current levels until the Government has considered the outcomes of a review. The Government does not intend to index them in November 2008.
- b) The review will consider options for future funding for diagnostic imaging, which will inform any changes to Medicare Benefits Schedule fees.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 4 & 5 June 2008

Question: E08-126

OUTCOME 3: Access to Medical Services

Topic: POSITRON EMISSION TOMOGRAPHY (PET) SCANNER - ROYAL NORTH SHORE HOSPITAL

Written Question on Notice

Senator Colbeck asked:

- a) On 2 October 2007, before the election was announced and the Government assumed caretaker status, a grant of \$3.5 million was announced to provide a PET Scanner to the Nuclear Medicine Department of the Royal North Shore Hospital. Is funding for this vital equipment provided for in the budget?
- b) If not, why not?

Answer:

- a) There is no specific funding provided in the budget for this grant.
- b) It was a Budget decision not to allocate specific funding from the 2008-09 Federal Budget. However, the Department is investigating options for funding this grant from a more general budget allocation.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 5 June 2008

Question: E08-046

OUTCOME 3: Access to Medical Services

Topic: MSAC PET ASSESSMENTS

Hansard Page: CA 20

Senator Milne asked:

- a) Why can MSAC not process this information on PET faster, and the information seems to be out there according to the specialists working in the field?
- b) Can we have a copy of the PET assessment timetable and an explanation as to why?

Answer:

- a) The department has consulted with the Chair of the Medical Services Advisory Committee (MSAC), Dr Stephen Blamey, who has in turn spoken with the Positron Emission Tomography (PET) Advisory Panel Chair, Associate Professor Frederick Khafagi about the current assessment timeframes for the MSAC evaluation of PET.

Their advice is that the MSAC needs to separately evaluate the use of PET for many different diseases. This takes time but is important because it is likely that PET is not equally clinically or economically effective for all conditions, and the information from the PET scans influences treatment decisions in different ways (e.g. solid tumours vs. lymphoma). Not all cancers take up the radioactive tracer (used in PET scans) avidly or equally, meaning that PET is more effective in finding some cancers than others. Also, other conditions may show up as “hot spots” on PET scans, but are not related to the cancer and may lead to unnecessary future investigations or incorrect decisions being made.

Furthermore, the international evidence supporting the use of PET in oncology requires thorough consideration in the Australian context. There are several medically sophisticated jurisdictions where PET is not publicly funded (eg New Zealand and Germany). MSAC is well-regarded internationally for its leadership in funding decisions around PET because of the rigor of its process required because of the very direct link in Australia between health technology assessments and funding of new technologies.



In order to properly assess the many indications for which the use of PET is proposed, the MSAC commissioned the Australian and New Zealand Association of Physicians in Nuclear Medicine (ANZAPNM) to conduct an Australian PET data collection project. The project, conducted over the period of interim funding for PET in Australia, has collected data on the effectiveness of PET scanning, in particular on its impact on patient management decisions.

Whilst valuable and informative data were collected, the department's contracted independent evaluators needed to obtain and synthesise additional information from other sources (in particular, literature reviews) to augment the data provided by ANZAPNM. This will ensure a robust assessment of the effectiveness and cost effectiveness of PET for each indication. The necessary time to gather and evaluate this broad volume of evidence, together with the need to convene advisory panels to provide an expert clinical perspective to this evidence, has also affected PET assessment timeframes.

Determining cost-effectiveness for PET in the Australian context greatly depends on the "downstream" management of the patient. For many solid tumours, the cost of PET is offset by savings in the cost and morbidity of radical surgery, radiotherapy, or chemotherapy (or other treatment) avoided as a result of the scan finding more disseminated disease than was clinically suspected. Translating these considerations into cost effectiveness is a complex undertaking.

- b) Attached is the timetable for MSAC PET assessments. These timeframes are set to ensure thorough analysis and appraisal of relevant evidence. The MSAC assessment timeframe (the time between receipt of an application and the MSAC's recommendation to the Minister) is becoming shorter, decreasing from an average of 21 months in 2003-04, to 18 months in 2007-08 by year of endorsement. The MSAC is responsible for evaluating all technology applications requesting listing on the Medical Benefits Schedule (MBS). On average, the MSAC is dealing with up to 25 applications at any one time.

The efficiency of the PET assessments has already received much attention from the MSAC. Efficiencies have been achieved by using a core advisory panel that is supplemented with specific specialists for each indication, and engaging the same contracted evaluators across all PET assessments. PET indications have also been grouped together and assessed in batches, again increasing the Committee's productivity. For Reference 35a, the assessment period was approximately 14 months, which is less than the average timeframe for other MSAC assessments. The assessment of Reference 35b(i) was completed in under 13 months.

MSAC recognizes the inherent tension between protecting the public by ensuring that there is good evidence for the safety and effectiveness of new technologies (and appropriately allocating Commonwealth outlays to services that are cost-effective) prior to providing public funding, and enabling timely access to such technologies (which the medical profession, industry and sections of the public may wish to have available before the evidence has been established), and strives to appropriately balance these competing demands.

## PET Evaluation Timetable as at August 2008

### Dates Considered by MSAC

Indication	MSAC Consideration
Solitary pulmonary nodule	November 2003
Non-small cell lung cancer	November 2003
Epilepsy	November 2004
Colorectal	August 2007
Melanoma	August 2007
Ovarian	August 2007
Oesophageal Gastric	June 2008

### Dates Scheduled for MSAC Consideration

Head & Neck	November 2008
Lymphoma	March 2009
Glioma	August 2009
Sarcoma	August 2009
Cardiac viability	November 2009
Cervical cancer	November 2009
Breast	November 2009
Neurodegenerative disorders	

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 5 June 2008

Question: E08-000046

OUTCOME 3: Access to Medical Services

Topic: MSAC PET ASSESSMENTS

Hansard Page: CA 20 and 31

Senator MILNE asked:

“Why can MSAC not process this information on PET faster, the information seems to be out there according to the specialists working in the field, and can we have a copy of the PET Assessment timetable and an explanation as to why?”

Answer:

This answer is a supplementary response to this question on notice that was tabled in the Senate on 4 September 2008.

At the estimates hearing on 5 June 2008, the Secretary of the Department of Health and Ageing offered to write to Dr Stephen Blamey, Chair of MSAC, to seek information about the MSAC assessment timeframes and his advice on options to bring the PET assessment completion dates forward in responding to Senator Milne’s question above.

Senator Milne said she “would appreciate receiving a copy of the correspondence”.

A copy of the correspondence is attached.



**Australian Government**  
**Department of Health and Ageing**

**SECRETARY**

Dr Stephen Blamey  
Waverley Endoscopy  
301 Blackburn Road  
MT WAVERLEY VIC 3149

Dear Dr Blamey,

I am writing to you in your capacity as Chair of the Medical Services Advisory Committee (MSAC) in response to questions raised at the Budget Estimates hearing of the Senate Standing Committee on Community Affairs (the Committee) on 5 June 2008 by Senator the Hon Christine Milne in relation to Positron Emission Tomography (PET).

In responding to departmental advice that all PET indications referred to MSAC will have been assessed and recommendations made to the Minister by 2010, Senator Milne posed questions about the work schedule for the MSAC and the MSAC assessment timeframes.

Senator Milne asked: "Why can MSAC not process this information on PET faster, the information seems to be out there according to the specialists working in the field, and can we have a copy of the PET Assessment timetable and an explanation as to why?"

In responding to Senator Milne's questions, I offered to write to you to seek information about the MSAC assessment timeframes and your advice on options to bring the PET assessment completion dates forward. The committee accepted my offer.

On the face of it, there does seem to be an urgent need to address questions about the appropriate place for this technology in Australia's health system. I would welcome your views by 11 July 2008 on how MSAC could expedite this process so that the department is able to respond to Senator Milne's questions in a timely manner.

I appreciate your assistance in this matter.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jane Halton', written over a horizontal line.

Jane Halton PSM  
Secretary

7<sup>th</sup> June 2008



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MDP 106, GPO Box 9848  
CANBERRA ACT 2601  
Ph : (02) 6289 6811

*E-Mail:* [msac.secretariat@health.gov.au](mailto:msac.secretariat@health.gov.au)  
*Website:* <http://www.msac.gov.au>  
Fax: (02) 6289 8799

Ms Jane Halton PSM  
Secretary  
Department of Health and Ageing  
GPO Box 9848  
CANBERRA ACT 2601

Dear Ms Halton,

Thank you for your letter of 26 June 2008 regarding Medical Services Advisory Committee (MSAC) assessment timeframes, prompted by Senator Christine Milne's question from the Senate Budget Estimates hearing of 5 June 2008.

I have chaired the MSAC since 2002 after my appointment as an inaugural member in 1998. During my time on the Committee, I have participated in the assessment of approximately 80 new technologies. I understand how important it is that the MSAC operates efficiently to ensure that Australians have timely access to medical services that have been shown to be safe and clinically effective, as well as representing value for money for both patients and taxpayers.

You would be aware that on 19 May 2008 the Minister for Health and Ageing accepted the MSAC recommendations for 'Reference 35a - Positron emission tomography (PET) review for melanoma, ovarian and colorectal cancer' to support funding for these PET indications in certain circumstances. The MSAC also completed its assessment of 'Reference 35b(i) - Positron emission tomography (PET) for oesophageal and gastric cancer' at the latest MSAC meeting of June 6 2008.

In order to properly assess the many indications for which the use of PET is proposed, the MSAC commissioned the Australian and New Zealand Association of Physicians in Nuclear Medicine (ANZAPNM) to conduct an Australian PET data collection project. The project, conducted over the period of interim funding for PET in Australia, has collected data on components of effectiveness. In particular, information was collected on the impact of PET scanning on patient management decisions.

Whilst valuable and informative data have been collected, the department's contracted independent evaluators, have been required to obtain and synthesise additional information from other sources (in particular, literature reviews) to augment the data provided by ANZAPNM. This will ensure a robust assessment of the effectiveness and cost effectiveness of PET for each indication. The necessary time to gather and evaluate this broad volume of evidence, together with the need to convene advisory panels to provide a clinical perspective to this evidence, has also affected PET assessment timeframes. MSAC members are busy professionals who willingly invest more time and work in the MSAC than that for which they are remunerated.

Attached is the current timetable for MSAC PET assessments, as requested. These timeframes are set to ensure thorough analysis and appraisal of relevant evidence. The MSAC assessment timeframe (the time between receipt of an application and the MSAC's recommendation to the Minister) is becoming shorter, decreasing from an average of 21 months in 2003-04, to 18 months in 2007-08 by year of endorsement. The MSAC is responsible for evaluating all technology applications requesting listing on the Medical Benefits Schedule (MBS). On average, the MSAC is dealing with up to 25 applications at any one time.

The efficiency of the PET assessments has already received much attention from the MSAC. Efficiencies have been achieved by using a core advisory panel that is supplemented with specific specialists for each indication, and engaging the same contracted evaluators across all PET assessments. PET indications have also been grouped together and assessed in batches, again increasing the Committee's productivity. For Reference 35a, the assessment period was approximately 14 months, well under the average timeframe. Similarly, the assessment of Reference 35b(i) was completed in under 13 months.

The MSAC is committed to improving its assessment procedures, with an emphasis on efficiency and timeliness. To this end, I initiated a review of the MSAC in 2005, which canvassed a wide range of external stakeholders' views about the MSAC process. Average assessment timeframes may reduce slightly as a result of business improvements anticipated to be implemented by the end of 2008, but within the resources available to the Committee, any significant changes are unlikely to be possible.

I would be glad to discuss further avenues for expediting MSAC evaluations of PET with the chair of the PET advisory panel, bearing in mind the Committee's obligations to the Minister, as prescribed in the MSAC Terms of Reference, and maintaining the MSAC's international reputation for high standard Health Technology Assessments.

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I trust that this information is of assistance to you.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Stephen Blamey', with a stylized flourish at the end.

Stephen Blamey, FRACS  
Chair, MSAC

## PET Evaluation Timetable at June 2008

Indication	Original App	MSAC Ref	MSAC Consideration	Comments	MBS Funding
Solitary pulmonary nodule	1025 & 1027	2	March 2000	Data Collection	Interim
Non-small cell lung cancer	1025 & 1027	16	November 2003	Positive Recommendation, Endorsed by Minister in March 2005	Yes
Epilepsy	1025 & 1027	2	March 2000	Data Collection	Interim
		26	November 2004	Positive Recommendation, Endorsed by Minister in March 2005	Yes
Colorectal	1025 & 1027	2	March 2000	Data Collection	Interim
		35(a)	August 2007	Positive Recommendation, Endorsed by Minister on 19 May 2008	Awaiting Implementation
Melanoma	1027	2	March 2000	Data Collection	Interim
		35(a)	August 2007	Positive Recommendation, Endorsed by Minister on 19 May 2008	Awaiting Implementation
Ovarian	1025 & 1027	10 [Part 2(i)]	May 2001	Data Collection	Interim
		35(a)	August 2007	Positive Recommendation, Endorsed by Minister on 19 May 2008	Awaiting Implementation
Oesophageal	1025 & 1027	10 [Part 2(i)]	May 2001	Data Collection	Interim
Gastric		35(b)	June 2008	Recommendation to be submitted to the Minister for Consideration	
Head & Neck	1025 & 1027	10 [Part 2(ii)]	August 2001	Data Collection	Interim
		35(b)	November 2008	MSAC evaluation about to commence	
Lymphoma	1025 & 1027	10 [Part 2(ii)]	August 2001	Data Collection	Interim
		35(c)	March 2009	MSAC evaluation pending	
Glioma	1025 & 1027	2	March 2000	Data Collection	Interim
		35(d)	Mid 2009	MSAC evaluation pending	
Sarcoma	1025 & 1027	10 [Part 2(ii)]	August 2001	Data Collection	Interim
		35(d)	Mid 2009	MSAC evaluation pending	
Cardiac viability	1025 & 1027	2	March 2000	PCPs not being collected, however included in demographic data collection	Interim
		35(e)	2009	Evaluation will commence in 2009	
Cervical cancer	1025 & 1027	10 [Part 2(i)]	May 2001	PCPs not being collected, however included in demographic data collection	Interim
		35(e)	2009	Evaluation will commence in 2009	

Breast	1025 & 1027	2	2009	MSAC Supporting Committee (Ref 2) recommended that further evaluation of additional indications be a matter of judgement of clinical need. Page 7 & 8 of MSAC Ref 2 noted that it should not be assumed that there is no role for PET in other indications including breast. Evaluation will commence in 2009	No
Neurodegenerative disorders	1025	2		A decision was made in August 2000 to defer an assessment of PET's role in dementia and related conditions whilst other higher priority assessments were completed.	No (Austin receives research funding)
				The Austin's research may lead to an application to MSAC to assess PET for Alzheimer's.	
		Awaiting Application from the Austin			

Note: Application 1025 was submitted by Wesley Hospital in 1999  
Application 1027 was submitted by Peter MacCallum in 1999





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MDP 106, GPO Box 9848  
CANBERRA ACT 2601  
Ph : (02) 6289 6811

*E-Mail:* [msac.secretariat@health.gov.au](mailto:msac.secretariat@health.gov.au)

*Website:* <http://www.msac.gov.au>

*Fax:* (02) 6289 8799

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Ms Jane Halton PSM  
Secretary  
Department of Health and Ageing  
GPO Box 9848  
CANBERRA ACT 2601

Dear Ms Halton,

I am writing further to my response of July 11 2008 regarding Medical Services Advisory Committee (MSAC) assessment timeframes, in particular the current series of Positron Emission Tomography (PET) assessments.

In my letter of 11 July I offered to discuss further avenues for expediting the MSAC evaluations of PET with the Chair of the PET advisory panel, Associate Professor Frederick Khafagi.

**Assessment Timeframes**

With the development of the new triage process to facilitate more rapid assessments, I expect that the application of this process may possibly lead to a more expeditious completion of assessments by the MSAC.

Whilst in the past there has occasionally been some delay after the MSAC recommendation is completed until final ratification by the Minister, this seems unlikely to be a contributing factor to delay in the future.

My recent discussions with Associate Professor Khafagi covered the possibility of abbreviated assessments that undertake a less rigorous economic evaluation; however the terms of reference for the MSAC require an assessment of cost effectiveness. While this is interpreted broadly, in an assessment where there is a high likelihood of a substantial financial impact there is a clear responsibility to carry out a rigorous assessment. Each PET assessment has the potential for significant financial impact.

The MSAC has already devoted considerable resources to the assessment of PET and has already finalised recommendations for solitary pulmonary nodules, lung cancer staging, colorectal, ovarian, oesophageal and gastric cancers and melanoma, as well as for intractable epilepsy. There are assessments of head and neck cancer, lymphoma, glioma, sarcoma, cardiac viability, cervical and breast cancers awaiting completion. It is anticipated that recommendations for these will be finalised progressively with a target for completion of November 2009.

### **Developing Evidence for PET**

It is difficult to obtain evidence for health technology assessments as many technologies and procedures (particularly those involving diagnostic technologies) are not suited to randomised controlled trials and consequential financial analysis. There is an opportunity to manage this by 'Coverage with Evidence Development' (CED). Australia, through the MSAC, has led the world by providing conditional funding of new technologies whilst data was collected to further enlighten the safety, effectiveness and cost effectiveness of new technology. We did this first with data collection around Endoluminal Stenting of Abdominal Aortic Aneurysms supported by the Royal Australasian College of Surgeons and managed through the Australian Safety and Efficacy Register of New Interventional Procedures – Surgical (ASERNIP-S) during a period of conditional interim funding. The evidence collected contributed to the eventual removal of interim funding and movement of the procedure to the Medicare Benefits Schedule (MBS). There is, however, currently no formal source of funding that has been identified to fund CED.

Whilst evidence collected via the PET data collection project is an important part of the MSAC's current assessment of PET, it needs to be considered in the context of the whole body of evidence that has emerged internationally since the last review of PET in 2000.

### **International Approaches to PET**

The evidence supporting the use of PET in oncology requires thorough consideration in the Australian context. There are several medically sophisticated jurisdictions where PET is not publicly funded (eg New Zealand) or where access is limited (eg Germany). The MSAC has led the world and is looked to for leadership in funding decisions around PET because of the rigour of our process and the very direct link in Australia between health technology assessment and funding of new technologies.

NICE (National Institute of Health and Clinical Excellence UK) carries out a similar but more comprehensive range of HTA activities; it is required to commission research where there is uncertainty and has been provided with substantial resources to conduct this translational research. In Australia such research could be conducted under the auspices of NHMRC.

Of interest, I understand that the Ontario Department of Health has commissioned a series of randomised controlled trials to evaluate different uses of PET.

### **MSACs Role and Duty in the evaluation of PET**

While issues of safety do not require re-evaluation for each indication, the diagnostic accuracy is disease and tumour specific and leads to potentially major variations in costs and cost effectiveness. The MSAC needs to *separately* evaluate the use of PET for many different diseases. This takes time but is important because it is likely that PET is not equally clinically or economically effective for all conditions, and the information from the PET scans is used to direct treatment in different ways (e.g. solid tumours vs. lymphoma). Not all cancers take up the radioactive tracer (used in PET scans) avidly or equally, meaning that PET is more effective in finding some cancers than others. Also, other conditions may show up as "hot spots" on PET scans, but are not related to the cancer and may lead to unnecessary future investigations or incorrect decisions being made.

Determining cost-effectiveness for PET in the Australian context greatly depends on the "downstream" management of the patient. For many solid tumours, the cost of PET is offset by savings in the cost and morbidity of radical surgery, radiotherapy, or chemotherapy (or other treatment) avoided as a result of the scan finding more disseminated disease than was clinically suspected. Translating these considerations into cost effectiveness is complex.

There is an inherent tension between protecting the public by ensuring that there is good evidence for the safety and effectiveness of new technologies (and appropriately allocating Commonwealth outlays to services that are cost-effective) prior to providing public funding, and enabling timely access to such technologies (which the medical profession, industry and sections of the public may wish to have available before the evidence has been established).

The assessment process is also substantially constrained by the rapid changes in clinical management and practice; in the case of PET the comparator technology has sometimes been dismissed as inferior before the clinical (let alone the financial) value has been rigorously established.

#### **Financial Issues**


Financial solutions are not the remit of MSAC but the committee has an extensive appreciation of funding approaches; at present much of diagnostic imaging is managed by capping; to this point I understand that PET has not been included in the capping arrangements. There may be other approaches that could facilitate cost effective and financially efficient implementation of this technology that are worthy of discussion.

The problem of providing PET services to the community is shared internationally and Australia has put much effort and has provided leadership in the link between technology assessment and health care funding policy. Clinicians and PET providers promote PET often on the basis of expert opinion supported sometimes by studies of diagnostic accuracy rather than on evidence of improvements in health outcomes. MSAC is required to look at the evidence but there are few substantial trials to inform; thus MSAC has made reasonable recommendations on the basis of effectiveness and cost consequences for PET.

PET is expensive and the impact of PET is difficult to assess; MSAC can assess safety and diagnostic accuracy but will continue to struggle with lack of data and thus uncertainty with regard to effectiveness and cost effectiveness. We are well positioned to provide advice on financial impact and risk.

I would like to reiterate the MSAC's commitment to the timely conclusion of the PET assessments, in conjunction with the rest of MSAC's extensive work program. I trust that this information is helpful; I would be pleased to meet to discuss these issues and potential solutions with you if I can be of further assistance.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Stephen Blamey', written in a cursive style.

Stephen Blamey, FRACS  
Chair, MSAC