Community Affairs Committee

Examination of Budget Estimates 2008-2009

Additional Information Received
CONSOLIDATED VOLUME 5

HEALTH AND AGEING PORTFOLIO

Whole of Portfolio, Outcomes 1 to 15

4 FEBRUARY 2009

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 supplementary budget estimates hearing on 22 & 24 October 2008

*** Please also note that the tabling date of 5 February 2009 is the proposed tabling date**

HEALTH AND AGEING PORTFOLIO

Senator	Quest. No.	Whole of portfolio	Vol. 5 Page No.	Date tabled in the Senate or presented out of session*
	T1 tabled at hearing	Australian Better Health Initiative - How do you measure up		13.11.08
	T2 tabled at hearing	Australian Council on Intellectual Property review of patentable subject matter		13.11.08
	T3 tabled at hearing	BRCA1 and BRCA2 Australian Patents: a brief overview, The Regulatory Institutions Network, The Australian National University, Dr Luigi Palombi		13.11.08
	T4 tabled at hearing	Patenting breast and ovarian cancer		13.11.08
	T5 tabled at hearing	Institut Curie; AP-HP; IGR press release *Cancer and ovarian cancer predisposition, new European victory in the opposition to American patents: the Board of Appeal of the European Patent Office rejects the appeal of Myriad Genetics*		13.11.08
		DoHA letter dd 13.11.08 correction to evidence provided at hearing on 22.10.08 relating to Peter MacCallum Institute		04.12.08
Humphries	15	Program underspends		04.12.08
Boyce	94	International policy engagement		04.12.08
Bernardi	70	Departmental Liaison Officers – office of the Minister for Sport		04.12.08
Humphries	20	Ministers hospitality		04.12.08
Humphries	21	Grants		04.12.08
Humphries	23	DLOs		04.12.08
Humphries	11	Permanent staff		05.02.09
Humphries	12	Temporary positions		05.02.09
Humphries	13	Staffing		05.02.09
Humphries	18	Advertising		05.02.09
Boswell	216	Climate change – carbon pollution reduction scheme		05.02.09
Humphries	220	Freedom of information		05.02.09
Humphries	24	Community Cabinet		05.02.09
Cormann	218	Efficiency dividend		05.02.09
Humphries	219	Special accounts		05.02.09
Humphries	25	Reviews		05.02.09
Humphries	14	Efficiency dividend/budget cuts		05.02.09
Humphries	17	Electorate staff		05.02.09
Humphries	22	Ministerial travel		05.02.09
Bernardi	69	Ministerial travel – Office of the Minister for Sport		05.02.09

Adams	182, 183	Indigenous health issues	05.02.09
Bernardi	68	Ministerial travel in Office of Minister for Sport	05.02.09
Humphries	16	Media monitoring	05.02.09
Humphries	19	Departmental hospitality	05.02.09
Adams	206	NHHRC	05.02.09

Outcome 1: Population Health

Boyce	85	CanNet consumer survey	04.12.08
Bernardi	236	Reforms to Therapeutic Goods legislation	04.12.08
Boyce	98	Australian Breastfeeding Association	04.12.08
Boyce	271	Obesity	04.12.08
Hanson-Young	229	Pregnancy counselling helpline	04.12.08
Siewert	37	Applications to amend the *Australian New Zealand Food Standards Code*	05.02.09
Siewert	39	Contaminated Chinese rice products	05.02.09
Siewert	41, 43	GM food	05.02.09
Siewert	44	Intergenerational animal feeding studies	05.02.09
Siewert	45	GM testing	05.02.09
Siewert	46	Novel foods	05.02.09
Siewert	47	Nanomaterials in food	05.02.09
Boyce	86	Cancer treatments	05.02.09
Boyce	87	Preventative health	05.02.09
Boyce	88	National Centre for Gynaecological Cancers	05.02.09
Boyce	92	Dairy imports from China	05.02.09
Siewert	276	GM crops in Austria	05.02.09
Boswell	277	Imported food from China	05.02.09
Siewert	278	GM Labelling requirements	05.02.09
Hanson-Young	228	Maternity service review/pregnancy counselling helpline	05.02.09
Siewert	38	MON863 Corn	05.02.09
Siewert	40	Syngenta GE Alpha-Amylase Corn	05.02.09
Siewert	42	Scientific standards	05.02.09
Ryan	226	Trends in vaccination programs	05.02.09
Ryan	227	Illicit drug diversion initiative funding	05.02.09

Outcome 2: Access to Pharmaceutical Services

Boyce	243	Palliative care medicines listed on the schedule of pharmaceutical benefits	04.12.08
Cormann	244	PBAC recommendations	04.12.08
Siewert	48	Prescription prices	05.02.09

Outcome 3: Access to Medical Services

Adams	101, 265	MBS and PBS expenditure per capita	05.02.09
Adams	102, 266	Medicare Benefits Schedule (MBS) Review	05.02.09

Outcome 4: Aged Care and Population Ageing

		DoHA letter correcting evidence provided at hearing on 22.10.08 relating to deidentified unit record data	04.12.08
		30 June 2008 Stocktake of Aged Care Places	04.12.08
		Additional information dated 10.11.08 provided by Evans Head Memorial Aerodrome Committee following estimates hearings on 22.10.08, 04.06.08, 31.05.07 relating to nursing home bed allocation for Ballina Ex-Services Home and the Evans Head Memorial Aerodrome	04.12.08
Adams	110	Aged care assessment teams – number and location	04.12.08
Adams	150	ACFI	04.12.08
Boyce	213-214	Ambassador for ageing	04.12.08
Ryan	263	Community care	04.12.08
Adams	108	Revocation of license on grounds of serious risk	05.02.09
Adams	118	Aged Care Assessment Teams	05.02.09
Adams	129	Aged Care Approvals Round	05.02.09
Adams	268	Workforce	05.02.09
Siewert	52	Productivity Commission report	05.02.09
Adams	126-127	Transition care	05.02.09
Adams	131	Aged care data	05.02.09
Adams	135	Residential appraisals	05.02.09
Adams	140	Grant Thornton report	05.02.09
Adams	142	Release of the benchmark results	05.02.09
Adams	146, 151	ACFI	05.02.09
Adams	157, 160	Questions relating to answers given to QONs from budget estimates June 2008	05.02.09
Adams	262	Community care places 30 June 2008	05.02.09
Siewert	49	Aged care	05.02.09
Adams	106	Rosden nursing home	05.02.09
Adams	107	Revocation of licenses	05.02.09
Adams	109	Non compliant outcomes	05.02.09
Adams	117	Aged care assessment teams	05.02.09
Adams	130	Aged care approvals round	05.02.09
Adams	132	Aged care wages	05.02.09
Adams	136, 137, 139	ACFI/Aged Care Funding Scheme	05.02.09
Adams	141	Securing the future package	05.02.09
Adams	148, 149	ACFI	05.02.09
Adams	215	Rosden nursing home	05.02.09
Adams	258	Aged care places	05.02.09
Siewert	50, 51	Aged care funding instrument	05.02.09
Siewert	53	Aged care	05.02.09
Adams	111-116, 119	Aged care assessment teams	05.02.09
Adams	120-122	Aged care funding scheme	05.02.09
Adams	123	Conditional adjustment payment subsidy	05.02.09
Adams	124, 128	Transition care	05.02.09
Adams	134	Information flow to aged care providers	05.02.09
Adams	138	ACFI/Aged care funding scheme	05.02.09
Adams	143	Financial accounts	05.02.09

Adams	144	CAP review	05.02.09
Adams	145, 147	ACFI	05.02.09
Adams	155	Police checks	05.02.09
Adams	156, 158, 159, 161, 162, 163	Questions relating to answers given to QoNs from budget estimates June 2008	05.02.09
Adams	180	Indigenous aged care	05.02.09
Adams	242	Ageing programs	05.02.09
Adams	259	Aged care residents	05.02.09
Adams	260, 261	Aged care places	05.02.09
Boyce	264	Evans Head	05.02.09
Siewert	270	Consultation	05.02.09
Adams	133	Aged Care Funding Scheme	05.02.09
Adams	179	Indigenous aged care	05.02.09

Outcome 5: Primary Care

	T9 tabled at hearing	Improving Maternity Services in Australia: a discussion paper from the Australian Government	13.11.08
		DoHA let dd 31 Oct 08 correcting evidence provided at hearing 22 Oct 08 relating to public consultations	13.11.08
Adams	186	Maternal services	04.12.08
Cormann	2	Community consultations – GP super clinics	04.12.08
Cormann	4	GP super clinics	04.12.08
Cormann	7	Super clinic applications	04.12.08
Cormann	8	Super clinics	04.12.08
Cormann	9	'Hub and Spoke' model	04.12.08
Adams	154	Aged care GP panels initiative	04.12.08
Brown	211	Parkinson's disease	04.12.08
Brown	248, 249	GP super clinics	04.12.08
Cormann	272	GP workforce	04.12.08
Cormann	1	GP super clinics – community consultation	05.02.09
Cormann	3	GP shortages	05.02.09
Cormann	5	Challenges with roll-out of super clinics	05.02.09
Cormann	6	Funding for GP super clinics	05.02.09
Cormann	10	Running super clinics	05.02.09
Boyce	96, 250	GP super clinics	05.02.09
Adams	171	GP super clinics	05.02.09

Outcome 6: Rural Health

Adams	189	Shortage of doctors in rural areas	04.12.08
Adams	164, 166, 167	Patient Assisted Travel Schemes	04.12.08
Adams	168	National Rural Health Plan	04.12.08
Adams	174	National Rural and Remote Health Infrastructure Program	04.12.08
Adams	175	Healthy Horizons	04.12.08
Adams	191	Shortage of doctors in rural areas	04.12.08
Adams	165	PATS	05.02.09
Adams	169	National Rural Health Plan	05.02.09

Adams	173	National Rural and Remote Health Infrastructure Program	05.02.09
Adams	177	Shortage of doctors in rural areas	05.02.09
Adams	103	Rural and regional area doctors	05.02.09
Adams	194	Shortage of doctors in rural areas	05.02.09
Adams	104	Maternity services review	05.02.09
Adams	199	Payment of doctors in Indigenous communities	05.02.09
Adams	170	National Rural Health Plan	05.02.09
Adams	190, 192	Shortage of doctors in rural areas	05.02.09

Outcome 7: Hearing Services

Siewert	55	Cost of hearing services	05.02.09
Siewert	56	Hearing services	05.02.09
Siewert	57	Hearing and vision loss	05.02.09
Siewert	58	Hearing services	05.02.09
Adams	178	Hearing services	05.02.09
Boyce	267	Hearing services location	05.02.09

Outcome 8: Indigenous Health

Adams	269	Indigenous mortality rates	04.12.08
Boyce	240	Security funding	04.12.08
Adams	198	Payment of doctors in Indigenous communities	04.12.08
Adams	181, 184, 185	Indigenous health issues	05.02.09
Adams	197	Payment of doctors in Indigenous communities	05.02.09
Adams	237	Dialysis treatment	05.02.09
Adams	238	Rheumatic fever strategy	05.02.09
Boyce	239	Indigenous health	05.02.09
Adams	187	Death rates	05.02.09
Adams	241	Maternity services	05.02.09
Adams	200	Payment of doctors in Indigenous communities	05.02.09

Outcome 9: Private Health

Cormann	279	Private health insurance membership	04.12.08
Cormann	252	Premium increases	04.12.08

Outcome 10: Health System Capacity and Quality

Brown, C	209	Parkinson's disease	04.12.08
Moore	247	Breast care nurses	04.12.08
Humphries	26	NHMRC budget	05.02.09
Humphries	28	Grants for the 2009-2010 budget	05.02.09
Humphries	29	Funding	05.02.09
Boyce	251	eHealth	05.02.09
Humphries	27	Funding	05.02.09
Humphries	30-34	Cardiovascular disease	05.02.09
Boyce	93	National Diabetes Strategy	05.02.09
Brown, Carol	207, 208, 210, 212	Parkinson's disease	05.02.09

Boyce	95	Palliative care and community assistance	05.02.09

Outcome 11: Mental Health

Adams	188	Mental health	04.12.08
Boyce	245	Program of Assistance to Survivors of Torture and Trauma (PASTT)	04.12.08
Humphries	246	Psychological survey	04.12.08
Boyce	273	Eating disorders	04.12.08
Siewert	217	Safe houses	04.12.08

Outcome 12: Health Workforce Capacity

Siewert	60	National Registration and Accreditation Scheme	04.12.08
Boyce	89	Nurses back into the workforce	04.12.08
Boyce	97	Nurses dropping out of nursing courses	04.12.08
Adams	196	Indigenous workforce training	04.12.08
Adams	195	Indigenous workforce training	04.12.08
Fielding	99	Projections for doctor numbers	05.02.09
Adams	193	Medical training	05.02.09
Siewert	59	Special needs dentists	05.02.09
Fielding	100	Self-sufficiency in producing doctors	05.02.09

Outcome 13: Acute Care

	T8 tabled at hearing	Medicare Teen Dental Plan	13.11.08
Abetz	35	Mersey Hospital Board	04.12.08
Cormann	36	AHCAs funding of procedures	04.12.08
Adams	201-203	Australian Health Care Agreements	04.12.08
Adams	256	Rural and regional hospitals	04.12.08
Adams	204, 205, 257	National Health Care Agreements	04.12.08
Siewert	253	Chronic Disease Dental Scheme	05.02.09
Siewert	255	Medicare Teen Dental Plan	05.02.09
Boyce	90	Dental treatment for people with chronic disease	05.02.09
Adams	153	Aged care dental initiatives	05.02.09
Siewert	254	Chronic disease dental scheme	05.02.09
Adams	176	Federal intervention – public hospitals	05.02.09
Adams	152	Aged care dental initiatives	05.02.09

Outcome 14: Biosecurity and Emergency Response

Colbeck	221-225	Avian influenza, H5N1 human cases	05.02.09

Outcome 15:

	T6 tabled at hearing	2008-09 Budget Measure: Sport and Recreation Facilities – contribution to funding	13.11.08
	T7 tabled at hearing	Paralympic funding	13.11.08
Bernardi	61	Community street soccer	04.12.08
Bernardi	64	Penrith Valley Sports Hub	04.12.08
Bernardi	230	Community street soccer program funding	04.12.08
Bernardi	275	Blackwood Football Club	04.12.08
		Letter from Australian Sports Anti-doping Authority dated 5 Dec 08 correcting evidence given at hearing on 22 Oct 2008 relating to pre Olympic Games testing	05.02.09
Bernardi	74	Program underspends – Australian Sports Commission	05.02.09
Bernardi	63	Active After-School communities (AASC) program	05.02.09
Bernardi	67	Expert independent panel	05.02.09
Bernardi	73	Razor gang MKII – Australian Sports Commission	05.02.09
Bernardi	75	Government advertising – Australian Sports Commission	05.02.09
Bernardi	76	Freedom of information – Australian Sports Commission	05.02.09
Bernardi	231	Sports leadership grants for women	05.02.09
Bernardi	78	Staffing – Australian Sports Anti-Doping Authority	05.02.09
Bernardi	79	Staffing – efficiency dividend/budget cuts – Australian Sports Anti-Doping Authority	05.02.09
Bernardi	80	Razor gang MKII - Australian Sports Anti-Doping Authority	05.02.09
Bernardi	81	Program underspends - Australian Sports Anti-Doping Authority	05.02.09
Bernardi	82	Government advertising - Australian Sports Anti-Doping Authority	05.02.09
Bernardi	83	Freedom of information	05.02.09
Bernardi	232	Olympic and Paralympic testing	05.02.09
Bernardi	233-234	Olympic testing	05.02.09
Bernardi	235	Stamp out doping hotline	05.02.09
Bernardi	274	Name of adviser who attended the Beijing Olympic and Paralympic Games with Minister Ellis	05.02.09
Ryan	280	Senate Order list	05.02.09
Bernardi	77	Reviews – Australian Sports Commission	05.02.09
Bernardi	84	Reviews – Australian Sports Anti-Doping Authority	05.02.09
Bernardi	62	Sports leadership grants for women	05.02.09
Bernardi	65	Paralympics	05.02.09
Bernardi	66	Olympics	05.02.09
Bernardi	71	Staffing – Australian Sports Commission	05.02.09
Bernardi	72	Staffing – efficiency dividend/budget cuts - ASC	05.02.09

T1

Australian Better Health Initiative - How do you measure up

http://www.measureup.gov.au/internet/abhi/publishing.nsf/Content/Home

Australian Government
Australian Advisory Council on Intellectual Property

Current Reviews

ACIP's current work program covers a number of reviews, including:

- Review of Patentable Subject Matter
- Review of post-grant Patent Enforcement Strategies
- Review of enforcement of Plant Breeder's Rights (PBR)

For information on completed reviews, follow this link

Review of Patentable Subject Matter

In recent years a variety of concerns have been raised about the sorts of things that can be patented. In Australia the main legal test of whether an invention is patentable subject matter is whether it is a 'manner of manufacture'. In its broad ranging 2004 review of gene patenting and human health Report 99 Genes and ingenuity, the Australian Law Reform Commission (ALRC) recognised the value of a flexible test for patentable subject matter, but found that the manner of manufacture test was ambiguous and obscure. In particular, the meaning of the criterion that an invention not be 'generally inconvenient' and the test for the usefulness of an invention were not clear. The ALRC recommended that the manner of manufacture test be reviewed.

Due to the high degree of overlap between 'manner of manufacture' and other criteria for patentability, in order to be effective the scope of the review will encompass 'patentable subject matter'. Consequently, the Minister for Innovation, Industry, Science and Research has requested that the Advisory Council on Intellectual Property (ACIP) conduct a review of patentable subject matter, including the appropriateness and adequacy of the 'manner of manufacture' test as the threshold requirement for patentable subject matter under Australian law, and the historical requirement that an invention must not be 'generally inconvenient'.

ACIP released an Issues Paper in July 2008 to seek the views of interested parties. A number of written submissions were received. ACIP intends to hold public discussions in November – December 2008 and is developing an options paper taking into account the submissions received. ACIP expect to publish the options paper around March 2009 and invite further written comments at that stage.

For further information about the review, contact:

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Review of post-grant Patent Enforcement Strategies

In recent years there has been increasing concerns expressed regarding the difficulties involved in enforcing patent rights, particularly by individuals and small to medium enterprises (SMEs). Difficulties with patent enforcement could lead to sub-optimal innovation growth which may also affect the Australian economy. In response the then Federal Industry Parliamentary Secretary, requested that ACIP inquire into and report on issues relating to post-grant patent enforcement strategies to benefit the Australian economy by assisting patentees to effectively enforce their patent rights. This review will focus on strategies that may assist individuals and (SME's) enforce their patents in a cost effective way.

ACIP has released an issues paper in November 2006 to seek the views of interested parties. The Council received a number of written submissions and consultations were held with interested parties in Canberra, Sydney and Melbourne in October 2007. ACIP is currently developing an discussion paper which it expects to release late 2008. After consideration of the submissions and possible consultations regarding the discussion paper, ACIP expects to submit a final Report with recommendations to the Government in early 2009. Hard copies of the issues paper are available and may be obtained by contacting the ACIP Secretariat: jacqueline.carroll@ipaustralia.gov.au

Review of enforcement of Plant Breeder's Rights (PBR)

In response to concerns raised about the enforcement of plant breeder's rights, the Government requested that ACIP inquire into and report on issues relating to the enforcement of plant breeder's rights in Australia and to consider possible strategies to assist Australian plant breeder's rights holders effectively enforce valid rights. The Review includes a consideration of whether there may be benefits from extending the jurisdiction of the Federal Magistrates Court to include PBR matters.

ACIP released an issues paper in March 2007 to seek the views of interested parties. The Council received a number of written submissions and consultations were held with interested parties in Canberra, Sydney, Melbourne, Brisbane and Perth in June and July 2007. ACIP has released an Options Paper which identifies those options with the most potential to assist the enforcement of PBR. A number of written submissions to this paper have been received. Late submissions may still be considered by ACIP. Enquiries about the review may be directed to sean.applegate@ipaustralia.gov.au or 02 6283 2207.

After consideration of the submissions and possible further consultations, ACIP expects to submit a final Report with recommendations to the Government in late 2008.

Written Submissions on the enforcement of Plant Breeder's Rights (PBR)

The files below are in Adobe PDF Format (download Acrobat Reader for PDF files).

- Australian Agricultural Crop Technologies - Daryl Young
- Australian Center for Plant Functional Genomics Pty Ltd - Michael Gilbert
- Australian Customs Service
- Australian Grain Technologies, Andrew Cecil
- Australian Nurseryman's Fruit Improvement Co. Ltd Part 1
- Australian Nurseryman's Fruit Improvement Co. Ltd Part 2
- Australian Seed Federation
- Benny Browne
- Bilddulph Rural Consulting
- BSES Limited.pdf
- Bywong Nursery - Peter Ollerenshaw
- Canola Breeders Western Australia
- CIOPORA
- Coggo Seeds Pty Ltd
- Crocker Farming Company
- Crop & Food Research - Peter Neilson
- Department of Agriculture and Food Western Australia (DAFWA)
- Department of Primary Industries and Fisheries QLD
- Diversity Arrays Technology - Andrzej Kilian
- Dr Charles Lawson ACIPA
- Dr Mathew Rimmer ACIPA
- FICPI, Greg Chambers
- Food Science Australia - Ian Batey
- Gene Ethics
- Grandiflora Nurseries - Chris Prescott

- Greenpeace
- Henry Doubleday Research Association Australia Inc - Eric Brocken
- Heritage Seeds Pty Ltd
- Jay Sanderson ACIPA
- Kathryn Adams ACIPA
- NSW Farmers' Association
- Organic Cotton Advantage
- Pacific Seeds Pty Ltd
- Plant Breeder's Right Advisory Committee
- Southern Cross University
- Value Added Wheat CRC - Clare Johnson
- Value Added Wheat CRC - Peter Vaughan
- Victorian Farmers Federation

Six confidential submissions were received by ACIP

T3

BRCA1 and BRCA2 Australian Patents: A Brief Overview

The Regulatory Institutions Network, The Australian National University, Canberra, ACT, 0200 Author: Dr Luigi Palombi, Centre for the Governance of Knowledge & Development.

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1. The Australian BRCA1 and BRCA2 Patents

. • There are 3 BRCA 1 (Australian Patent Nos: 686004, 691331 and 691958) and 1 BRCA 2 (773601) patents that have been granted by IP Australia. The owners (patentees) of these patents vary, but Myriad Genetics, Inc (a US corporation) is a part owner of all 4 patents, while the United States Department of Health is a part owner of 2 BRCA1 patents (691331 and 691958).

. • All 3 BRCA1 patents expire on August 11, 2015, while the BRCA2 patent expires on December 17, 2016.

.• 2 BRCA1 patents (686004 and 691958) and the BRCA2 patent define the primary 'invention' to be 'an isolated nucleic acid'; that is, DNA that has been removed from the human body:

. In 686004 it is the isolated DNA of a human gene that codes for a 'mutant' protein BRCA1 that has been linked to breast and ovarian cancer.

. In 691958 it is the isolated DNA of a human gene that codes for a 'mutant' protein BRCA1 that has been linked to breast and ovarian cancer and that is 'at least 95% complementary' to that DNA.

. In 773601 it is the isolated DNA of a human gene that codes for a 'mutant' protein BRCA2 that also has been linked to breast and ovarian cancer.

. • 1 BRCA1 patent (691331) defines the primary 'invention' to be any method of detecting, in a human being, the DNA (or a biological derivative) of the human gene that codes for the 'mutant' protein BRCA1.

. • In October 2002, Genetics Technologies Limited (GTL), an Australian company, became the exclusive licensee in Australia of all 4 patents.

. • In May 2003, GTL publicly announced that it would not enforce its patent rights in Australia.

. • On July 7, 2008 GTL sent a cease and desist letter to various laboratories in Australia that perform BRCA 1 and BRCA 2 gene tests for breast and ovarian cancer giving them to 14 days to stop performing the tests.

. • On July 11, 2008, GTL publicly announced that it would enforce its patent rights in Australia.

. • On September 29, 2008 GTL send a follow-up letter extending the litigation deadline is extended from October 6 to November 6, 2008.

. • On August 11, 2015 Patents 686,004, 691,331 and 691,958 expire.

. • On December 17, 2016 Patent 773,601 expire.

2. Patents are for 'inventions'

. • *Patents Act, 1990* provides in s.18(1) that IP Australia is permitted to grant a 20 year patent monopoly in respect to an 'invention' that is (a) novel, (b) involves an inventive step and, (c) is industrially applicable.

. • 'Invention' is primary threshold of patentability. Therefore unless the subject matter of a patent is an *invention*, it is ineligible for the grant of a patent monopoly.

. • The word 'invention' is defined in the legislation to be 'any manner of new manufacture the subject of letters patent and grant of privilege within section 6 of the Statute of Monopolies …'.

. • The leading case in Australia with respect to the definition of 'invention' is *National Research Development Corporation v. Commissioner of Patents* (1959) 102 CLR 252 (High Court of Australia). According to NRDC the threshold question is: *Is this a proper subject of letters patent according to the principles which have been developed for the application of s 6 of the Statute of Monopolies?*

. • In terms of what is capable of being an 'invention' the legislation provides some guidance in the definition of the word 'exploit', which 'in relation to an invention, includes (a) where the invention is a *product* …; or (b) where the invention is a *method or process* …'. (emphasis added)

. • No Australian court has ruled on whether an isolated biological material that is identical or substantially identical to a naturally occurring substance or material, such as a human gene, is the proper subject of letters patent in Australia.

3. Is an 'isolated' human gene that is causative of human disease an 'invention' within the meaning of that word in the Patents Act, 1990?

. • In the absence of Australian court authority there is British and US court authority that provides some guidance.

. • The US Supreme Court ruled in *Diamond v Chakrabarty* (1980) 447 U.S. 303 that a genetically modified bacterium was an 'invention' within the meaning of the word in s.101 *US Patents Act, 1952*, however, the threshold was not merely its isolation from nature. The Chief Justice, who wrote the majority opinion, emphasised that what made it an invention, even though it was derived from nature, was that the bacterium had been subjected to *significant* genetic modifications the result of which enabled it to degrade crude oil, a useful function that was completely alien to the bacterium in its natural unmodified state. According to the Chief Justice 'the patentee has produced a *new* bacterium with *markedly different characteristics from any found in nature* and one having the potential for *significant utility*.'[1] (emphasis added)

. • Prof Rebecca Eisenberg, an American law professor, observed[2] that the US Supreme Court in *Chakrabarty*, 'did not reach the issue of whether naturally-occurring microorganisms that have been newly isolated or purified also fall within the ambit of "manufactures" or "compositions of matter"'.

. • Indeed, it has long been accepted under US and British patent law that '[t]he laws of nature, physical phenomena, and abstract ideas [are] … not patentable.'[3] According to the Chief Justice in *Diamond v Chakrabarty* this means that 'a new mineral discovered in the earth or a new plant found in the wild is not patentable subject matter'.[4]

. • In *Genentech Inc's Patent* [1989] RPC 147 the UK Court of Appeal held that an isolated form of the protein, human tissue plasminogen activator (t-PA), produced by recombinant technology was not an 'invention' within the meaning of the word in s.1(1) *UK Patents Act, 1977*. There the Court of Appeal invalidated a patent that included claims to the isolated DNA of the human gene that coded for t-PA. It also invalidated the claims to the process that made use of the isolated DNA to produce t-PA using recombinant technology. According to Mustill LJ the 'explosively new technology [had] exposed some deep flaws' in the European patent system, but as his duty was to 'understand the Act, and apply it' and so he had no choice but to

[1] *Diamond v Chakrabarty* (1980) 447 U.S. 303, 309.
[2] Eisenberg, R.S. (1987), 'Proprietary Rights and the Norms of Science in Biotechnology Research', *The Yale Law Journal*, 97 (2), 177-231.
[3] *Diamond v Chakrabarty* (1980) 447 U.S. 303, 309.
[4] Ibid.

invalidate the patent. In his opinion 'any necessary repairs must be effected by the legislation, not by the courts.'[5]

• Some 9 years later that legislative 'repair' was effected by the European Parliament which passed the European Biotechnology Directive.[6] The Directive made it mandatory for all EU countries to amend their patent laws by July 2000 so that 'isolated' biological materials would be deemed to be 'inventions'. Art. 5(2) of the Directive provides:

'an element isolated from the human body or otherwise produced by means of a technical process, including the sequence or partial sequence of a gene, may constitute a patentable invention, even if the structure of that element is identical to that of a natural element.'

. • However, the Directive has been the subject of political controversy in Europe.[7] The Nuffield Council on Bioethics in its 2002 Report, *The Ethics of Patenting DNA: A Discussion Paper,* criticised the rationale of the Directive. According to the Nuffield Council 'patent offices maintain that the DNA sequences claimed in patents are not natural phenomena [because they argue that] extracting the genetic information encoded by a DNA sequence is not just a matter of gaining scientific knowledge about a natural phenomenon [but] involves the use of cloning techniques to create an artificial molecule in such a way that it includes much the same genetic information as is to be found in the natural phenomenon.' But just as the Nuffield Council concluded that '[t]he assumption … that the isolation and cloning involved does produce *genuinely* new molecules of a kind which do not occur naturally, can be questioned', the Danish Council of Bioethics in its 2004 Report, *Patenting Human Genes and Stem Cells*, rejected as being 'unreasonable', the idea that 'a sequence or partial sequence of a gene ceases to be part of the human body merely because an identical copy of the sequence is isolated from or produced outside of the human body.'[8]

. • It is arguable that the Directive violates art. 27.1 of the *Agreement on Trade Related Aspects of Intellectual Property* (TRIPS).[9] TRIPS binds every country that is a member of the World Trade Organization. This article provides that patents must be granted only for 'inventions' and then, only if those inventions are novel, involve an inventive step and are industrially applicable. Indeed it must be noted that art 27.1 TRIPS uses almost identical language to art. 52(1) EPC upon which s.1(1) of the UK Patents Act, 1977 was modelled. Not only was the EPC signed in 1973, but TRIPS, being one of the World Trade Agreements was signed in 1994. Both of these international documents predate the Directive. Accordingly, if the UK Court of Appeal was of the view that art. 52(1) EPC (as it was in 1988) did not permit the patenting of isolated biological materials, then it is likely that neither does art. 27.1 TRIPS.

. • It is also arguable that under Australian patent law, which is TRIPS compliant, isolated DNA that encodes proteins which are causative of or linked to human disease, such as breast and ovarian cancer, are not 'inventions' within the meaning of the word in *AU Patents Act, 1990*. Just as new mineral discovered on earth or a new

[5] *Genentech Inc's Patent* [1989] RPC 147 per Mustill LJ, 259 lines 28-39; 259 line 52 – 260 line 3. [6]

Directive 98/44/EC of the European Parliament and of the Council of 6 July 1998 on the *Legal Protection of Biotechnological Inventions*. Official Journal L 213, July 30, 1998, 13 -21. [7] Ann, C. (2006), 'Patents on Human Gene Sequences in Germany', *German Law Journal*, 7 (5), 279291. [8] Danish Council of Bioethics Report, *Patenting Human Genes and Stem Cells,* 98.
[9]

Palombi, L. (2005), 'The Impact Of TRIPS On The Validity Of The European Biotechnology Directive', *Journal of International Biotechnology Law*, 2, 15-23.

plant in the wild is not patentable subject matter, so isolated DNA derived from a human being is also not patentable.

4. What is BRCA1 and BRCA2?

. • These are terms that refer to human genes.

. • Women who are born with mutations to either or both of these genes carry, according to Dr Gert Matthijs, a European cancer expert, a 'significantly higher risk of developing breast and ovarian cancer than women in the general population.'[10]

. • The term BRCA1 was first used by Prof Mary Claire King after her research team at the University of California, Berkeley discovered in 1990 the link to breast cancer in human chromosome 17q21.[11]

. • The BRCA1 gene for breast and ovarian cancer was first identified in 1994 by researchers led by Dr Mark Skolnick from the University of Utah. He then established Myriad Genetics, Inc in partnership with American venture capitalists. Myriad then applied for US patents for BRCA1 in August 1994. Other researchers, also at Myriad then identified the BRCA2 gene for breast and ovarian cancer in 1995, although they were not alone. Simultaneously, a research team at the UK Institute for Cancer Research discovered BRCA2.

5. Have BRCA 1 and BRCA 2 patents been granted in the US and the EU to Myriad Genetics?

. • Yes. The European Patent Office (EPO) granted 4 patents – 3 for BRCA1 (EP0699754, EP0705902 and EP0705903) and 1 for BRCA2 (EP0785216). The United States Patent and Trademark Office (USPTO) has granted 8 patents -6 for BRCA1 (US 5693473, US5709999, US 5710001, US 5837492, US6162897 and 7250497) and 2 for BRCA2 (US 5837492 and US 6033857).

. • Also other BRCA patents have been granted by the USPTO, for instance to the University of California over specific BRCA1 mutations (US 5622829).

6. Have BRCA 1 and BRCA 2 patents been subject to Opposition in Europe?[12]

. • Yes, although this has been confined mainly to Europe before the European Patent Office. Oppositions were filed after the 4 patents were granted.

. • All 4 European patents have been opposed. The principal opponent in all 4 Oppositions is Institute Curie, but others include the Belgian Government (Ministers of Public Health, of Social Affairs and of Scientific Research), Belgium Society of Human Genetics, Danish Society for Human Genetics, Institute Gustave-Roussy, Swiss Cancer Research Institute, British Society for Human Genetics, State of Netherlands, German Society for Human Genetics and many more.

. • The results so far has seen EP0699754 (BRCA1 diagnostic method equivalent to AU691331) has been revoked by the EPO Opposition Division and that decision has been upheld on appeal to the Technical Appeal Board of the EPO (TBA) – See Appendix 1 for Institute Curie Press Release Oct 1, 2007.

. • With respect to EP0705902 and EP0705903 (BRCA1 isolated DNA patents equivalent to AU686004 and AU691958) the claims have been severely narrowed

[10] Matthijs, G. (2006), 'The European Opposition Against the BRCA 1 Gene Patent', *Familial Cancer,* 5, 95-102.

[11] Hall et al. (1990) *Science*250: 1684-1689.

[12] Op cit 10.

through the opposition process – essentially these patents now only apply to the genetics of women of Ashkenazi decent. Appeals were heard by the TBA in January 2008, but a decision has yet to be announced.

. • With respect to EP0785216 (BRCA2 isolated DNA) the claims have been severely narrowed through the opposition process so that they apply only to women on Ashkenazi decent.

. • Appeals are pending in respect to all 4 patents.

T4

Patenting Breast and Ovarian Cancer

If someone said to you that one possible cause of breast and ovarian cancer had been patented, you would probably ask them to repeat the statement. Yet, as absurd as it sounds, the human DNA that is linked to breast and ovarian cancer in some people, mainly women who have a family history of these diseases, has been patented around the world. No, I'm not joking! There are people who claim to have invented cancer causing human DNA and the Australian Patent Office, today called IP Australia, agrees. What's more, IP Australia thinks its OK to allow these people to then claim a 20 year patent monopoly not only over this DNA in an isolated form, but also the proteins that the DNA (which is actually a gene mutation in this case) instructs the human body to make. And, if that's not enough, IP Australia has also granted these people a 20 year monopoly over any diagnostic test to detect these gene mutations in people.

"How is this possible?", I hear you ask. "I thought patents are granted to inventors for their inventions, not to scientists that discover one possible cause of human disease?"

These are two very good questions and now even the Cancer Council of Australia is asking them. But why now? After all, Myriad Genetics, a US corporation and the patent owner, was granted the first of these patents by IP Australia over ten years ago. The reason; recently an Australian company that has the exclusive license to these patents in Australia – a company that, incidentally, patented something called 'junk DNA', announced to the Australian Stock Exchange that it no longer wanted Australia's premier medical and scientific laboratories, such as the Peter MacCallum Cancer Centre, to do the tests. Basically, it wants to corner the market for tests that cost the Australian government – actually the Australian taxpayer -about $2,500 each. So this company, which has done nothing more than pay the American patent owner for the rights to these Australian patents, now wants the Australian people to pay it a lot of money.

Now, if what Myriad Genetics had patented was truly an 'invention' that was valid under Australian law, there wouldn't be a thing that any of us could do about it. Of course, the Australian government could use its power under the Patents Act to authorise the use of any patented invention without having to worry about being sued for

patent infringement. But that exemption does not apply to Australia's scientific and medical researchers nor to the universities, hospitals and laboratories that they work for. In any event, the Australian government has done no such thing because it appreciates that it would probably cause Washington DC to pick up the phone and ask why American intellectual property was being abused. Oh, I forgot to mention that the United States Department of Health is one of the patent owners of Australian patent 691331; that's the patent over the diagnostic method.

What this means, for all intents and purposes, is that the patent owner or its exclusive licensee can do whatever they want to and if they have something that no one else can legally make, then they can charge whatever the market will be prepared to pay. It's all about supply and demand. In terms of the genetic tests for breast and ovarian cancer that is $2,500, but there's no guarantee about that. There's no price ceiling.

Of course, we're presupposing that the patent is valid. "What if it's not?", I hear you ask. Well until someone brings an action before the Australian Federal Court to revoke these patents there's no real way

of testing their validity. You see, IP Australia is powerless to do anything since it granted the patents in the first place. Indeed it maintains that isolated DNA, that is, DNA that has been removed from its natural environment, like the human body, is an invention. And as absurd as that sounds because one naturally finds it hard to understand how something that is found in the human body is an invention, that is its official position. In fact, the European Parliament changed the patent law in Europe so that there could be no argument about it. Thankfully, that is not the law in Australia.

In Australia patents are only about inventions, right! – but are they? Well until someone brings this case before the courts we won't have a definitive answer and in the meantime we Australian's have to pay, what is akin to a tax, to a Melbourne company who collects the tax on behalf of Myriad Genetics and the US Department of Health.

Luigi Palombi, LL.B., B.Ec., Ph.D.
The Regulatory Institutions Network (RegNet)
Australian National University, Canberra, ACT, Australia
August 7, 2008

PRESS RELEASE

Breast and ovarian cancer predisposition

New European victory in the opposition to American patents: the Board of Appeal of the European Patent Office rejects the appeal of Myriad Genetics

Paris, 1 October 2007. Following the appeals procedure of 24 to 27 September 2007 in Munich (Germany), the Board of Appeal of the European Patent Office (EPO) has rejected the appeal of Myriad Genetics/University of Utah and upheld the revocation of the patent regarding the BRCA1 gene and its applications.

This decision of the Board of Appeal confirms the ruling pronounced by the Opposition Division of the EPO in January 2005.

After over six years of European procedures, this is a new victory for the Institut Curie, the Paris Public Hospitals, and the Institut Gustave-Roussy, as well as other European opponents who since 2001 have been contesting the monopoly imposed by the excessively wide-ranging claims of Myriad Genetics.

This patent claimed the isolated BRCA1 gene (chemical molecule), the corresponding protein, and the conceivable therapeutic applications (gene therapy, drug screening, transgenic animals) and diagnostic kits (use of probes or primers specific to certain mutations).

In January 2005, the Opposition Division revoked basic points of the patent, which led Myriad Genetics/University of Utah to lodge an appeal.

Revocation upheld regarding the patent of the BRCA1 gene and its applications

At a four-day public hearing, the Board of Appeal of the EPO examined the arguments for and against the disputed patent EP 705 902. As in 2005, the Board of Appeal rejected the principal claim relating to the gene itself, because of noncompliance with the European Patent Convention (EPC), and refused priority. The BRCA1 gene and its protein are defined by their sequences. Now, these sequences are wrongly indicated in the first patent applications made by Myriad in 1994 (called “priorities”). As a result, the reference sequences can no longer be those of September 1994, but those of March 1995, which therefore becomes the real date of “priority” that the patentee can claim. Now, on this date, the BRCA1 gene had already been isolated and its complete correct sequence had been published in scientific databases. The principal claim of the patent (gene and protein sequences) as registered can not, therefore, be validated. Only the secondary claims relating to a nucleic acid probe and to vectors comprising certain parts of the gene sequence are accorded.

Continuation of diagnostic tests in European laboratories

Thus revoked, patent EP 705902 is no longer a hindrance to the pursuance of diagnostic tests in our institutions and in all French laboratories performing such tests. This is a gratifying for all those involved who favor an ethical and conceptual view of public health based on equal access to healthcare for all, over and above commercial interests. The revocation is also encouraging for

all those who defend a conception of basic and clinical research based on real public-private partnerships in the drive for innovation in Europe and beyond. Thus respect of the law has prevailed over monopoly abuse, which leads to unwarranted appropriation of methods of prime importance likely to benefit public health.
There are two other patents related to the BRCA1 gene which will be examined later by the EPO Board of Appeal, as Myriad Genetics/University of Utah has also lodged an appeal against decisions made by the Opposition Division in May 2004 (EP 699 754) and January 2005 (EP 705 903).

For more information: see the ***press file*** "Against the monopoly on tests of predisposition to breast and ovarian cancers linked to the BRCA1 gene: the latest on French opposition at the European Patent Office" *of September 2007* (www.curie.fr > heading "press and publications").
The appeals procedures are supported financially by the National Cancer Institute (INCa) and the Ministry of Health.

Patent EP 705 902
BRCA1 gene of breast and ovarian cancer predisposition

28 November 2001: award of the patent by the EPO

27 August 2002: French and European opposition

20 January 2005: partial revocation of the patent by the Opposition Division of the EPO

27 September 2007: rejection of the appeal by Myriad Genetics and upholding of the revocation of the patent by the Board of Appeal of the EPO

Contents of the patent
Protection of the isolated gene itself (chemical molecule), of its corresponding protein, of the conceivable therapeutic applications (gene therapy, drug screening, transgenic animals), and of diagnostic kits of limited scope (use of probes or primers specific to certain mutations) but which potentially stop tests being performed.

Opponents
- **Institut Curie, Paris Public Hospitals, and the Institut Gustave-Roussy** supported by the National Federation of French Cancer Research Centers and the French Hospital Federation
- **Belgian Human Genetics Society**, which brings together Belgian and Dutch human genetics centers, the German, Danish, Czech, Swiss, Austrian, Italian, Finnish, and British genetics societies, the Greek National Center for Scientific Research, the Swiss Institute for Applied Cancer Research, and two patient groups (Belgium and Holland)
- **Dutch Ministry of Health**
- **Austrian Ministry of Health**
- **Swiss Social Democratic Party**
- **Greenpeace Germany**
- **Dr Wihelms (Germany)**

Arguments against Refusal of priority and lack of originality: The BRCA1 gene and its corresponding protein are defined by their sequences, which are erroneously indicated in the first patent applications (priorities) made by the American company Myriad, in 1994. They do not correspond to the gene concerned by this patent and so are not valid. Consequently, the reference sequences are not those of September 1994, but rather those of March 1995. However, at this time, the gene had already been isolated and its correct sequence was available in databases, so there is a lack of originality. **Flawed inventiveness:** when the patent application was made, it was already possible to isolate the gene using knowledge available at the time.

Insufficient description: The therapeutic applications, and notably the methods of gene therapy, are not described in the patent.

Reasons for the revocation (Opposition Division – January 2005)

The Opposition Division rejected the principal claim relating to the gene itself and the basic points of the other claims as they failed to comply with the European Patent Convention, because of refusal of priority.

Only secondary claims relating to a nucleic acid probe and vectors containing certain parts of the gene sequence were accorded.

Reasons for the revocation (Board of Appeal – September 2007) The Board of Appeal rejected the appeal and upheld the previous decision for the same reasons as in 2005: failure to comply with the European Patent Convention, because of refusal of priority. Only secondary claims relating to a nucleic acid probe and vectors containing certain parts of the gene sequence were accorded.

All the documents on the Myriad Genetics case are available at:
www.curie.fr ("press and publications" section)
The patent files can be consulted at:

www.european-patent-office.org
Copyright-free images available:

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Australian Government

Department of Health and Ageing

Mr Elton Humphery
Secretary
Senate Community Affairs Committee
Parliament House
CANBERRA ACT 2066

Dear Mr Humphery

Request for Amendment to Evidence Provided at the Supplementary Budget Estimates Hearing, on Wednesday 22 October 2008 : Outcome: Whole of Portfolio

I am writing to correct a statement that I made at the Supplementary Budget Estimates of the Senate Community Affairs Committee on Wednesday 22 October 2008.

Senator Heffernan asked the following question (page CA 15):

"There is also correspondence that I have and can make available to the committee which sets out the problem in New Zealand, where it is understood that the Commonwealth government has told the Peter MacCallum institute to continue doing the testing for New Zealand breast cancer and they will indemnify them against any litigation. I have that letter – you are not aware of that?"

My response was as follows (page CA 15):

"Senator, we are not aware of the Australian government having indemnified. We are aware the Victorian government have indemnified the Peter MacCallum Institute."

However, in light of subsequent discussions the response should now be amended as follows (changes are underlined):

"Senator, we are not aware of the Australian government having indemnified. We are <u>also not</u> aware <u>of whether</u> the Victorian government have indemnified the Peter MacCallum institute"

Yours sincerely

Linda Addison
First Assistant Secretary
Regulatory Policy and Governance Division
Department of Health and Ageing
13 November 2008

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-015

OUTCOME 0: Whole of Portfolio

Topic: PROGRAM UNDERSPENDS

Written Question on Notice

Senator Humphries asked:

a) How many programs were underspent in 07-08 financial year?
b) What requests have been made to roll-over underspends to 2008-09?
c) Were these requests successful?

Answer:

a) Thirty three programs underspent in 2007-08. Further details about the expenditure of each program is contained in the 2007-08 Annual Report.

b)&c) Roll-over requests are considered in the Budget or Additional Estimates context and subject to the normal Government confidentiality rules as they apply in that context.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-094

OUTCOME 0: Whole of Portfolio

Topic: INTERNATIONAL POLICY ENGAGEMENT

Written Question on Notice

Senator Boyce asked:

a) Can the Department outline what meetings they have participated in with the World Health Organization, the World Health Assembly, the APEC Health Working Group and the OECD Health Committee in the past 12 months?
b) What is planned for the next 12 months?
c) What have been the outcomes of these meetings?

Answer:

<u>WORLD HEALTH ORGANIZATION (WHO)</u>

a) During the past 12 months, the Department of Health and Ageing has participated in 22 meetings of the WHO, as listed at Attachment A.

b) It is anticipated that the Department of Health and Ageing will participate in the following meetings of the WHO:
    - Open Ended Working Group and InterGovernmental Meeting on Pandemic Influenza Preparedness, Geneva, Switzerland, 8-13 December 2008;
    - International Agency for Research on Cancer Governing Council Fifty-First Session, 14-15 May 2009 (location to be confirmed);
    - Sixty-Second Session of the World Health Assembly, Geneva, Switzerland, 18-27 May 2009;
    - Sixtieth Session of the Western Pacific Regional Committee, Hong Kong Special Administrative Region of China, 21-25 September 2009.

    The WHO also holds various technical meetings throughout the year, which are scheduled on an 'as needs' basis. The Department's participation in these meetings is considered once a formal invitation is received and determined on a case by case assessment according to expected outcomes of the meeting; current national and regional priorities; and availability of finances and resources.

c) The outcomes of the meetings attended by the Department of Health and Ageing in the past twelve months are described at Attachment B.

WORLD HEALTH ASSEMBLY (WHA)

a) The Department of Health and Ageing participated in the sixty-first session of the WHA.

b) The WHA is held annually in Geneva, Switzerland. The sixty-second session is scheduled to occur on 18-27 May 2009, and it is anticipated that representatives from the Department of Health and Ageing will attend.

c) The key outcomes of the sixty-first session of the World Health Assembly were:
   - Endorsement of a six-year action plan to tackle non-communicable diseases;
   - Adoption of a resolution urging Member States to take decisive action to address health impacts from climate change;
   - Commitment by Member States to accelerate action towards the elimination of the practice of female genital mutilation through laws and educational and community efforts;
   - Direction to the WHO to help countries in reaching higher coverage of immunization and to encourage development of new vaccines;
   - A request to WHO to assess the health aspects in migrant environments and to explore options to improve the health of migrants; and
   - Consideration of WHO governance matters, including method of work and review of programme budget.

APEC HEALTH WORKING GROUP

a) During the preceding 12 months, the Department of Health and Ageing has participated in two meetings of the APEC Health Working Group (HWG). The first meeting was convened on 21-22 February 2008 and the second meeting was held on 12-13 August 2008.

b) The APEC Health Working Group is expected to meet twice during the next 12 months. The first meeting will be held in Singapore during the period 13-26 February 2009. It is anticipated that the Second Meeting will held in August – September 2009. Exact dates for this meeting are unknown, at this stage.

c) At its meetings this year, the APEC HWG:
   - Endorsed new Terms of Reference and a Medium Term Workplan following its transformation from the Health Task Force to the HWG.
   - Agreed to the following priority areas: enhancing preparedness for and response to public health threats, including avian and human pandemic influenza and vector borne disease; fighting against HIV/AIDS in the APEC region; and improving health outcomes through advances in health information technology.
   - Continued its efforts to strengthen collaboration with other APEC forums as well as other international health agencies working in the Asia Pacific Region, particularly those progressing activities focused on the HWG priority areas.
   - Developed a protocol for the management of project assessments and evaluations that are consistent with the APEC Quality Assessment Framework process.
   - Managed and reviewed progress on 14 projects relating to enhancing preparedness for public health threats, HIV/AIDS reduction and improvements in health information technology. In addition, there are several projects still in development by the HWG.

OECD HEALTH COMMITTEE

a) The Department of Health and Ageing participated in the two meetings of the OECD Health Committee in November 2007 and another in May 2008.

b) The OECD Health Committee routinely meets twice a year. It is anticipated that the Department will participate in the December 2008 and May 2009 meetings.

c) The Health Committee directs the OECD work on health and advises the OECD Council on appropriate priorities, including:
    - publishing country comparison reports on statistics and indicators, collecting health accounts data, and developing health care quality and health system outcome indicators;
    - progressing projects on health workforce migration, healthy ageing policies, information and communication technologies (ICTs), pharmaceutical pricing policies, and the economics of prevention; and
    - producing key health publications, including the annual publication *OECD Health Data* and the biennial publication *OECD Health at a Glance*.

Attachment A
Question: E08-094

World Health Organization (WHO) Meetings attended by the Department of Health and Ageing
22 October 2007 to 22 October 2008

- Meeting of Pacific National Focal Points for the International Health Regulations, Fiji, 23-25 October 2007
- Strengthening Health Systems to Improve Chronic Disease Prevention and Control, Singapore, 5-7 November 2007
- WHO Framework Convention on Tobacco Control Working Group Meeting, Manila, Philippines, 5-7 November 2007
- InterGovernmental Meeting on Pandemic Influenza Preparedness, Geneva, Switzerland, 20-23 November 2007
- Seventh Meeting of the Programme, Budget and Administration Committee of the WHO Executive Board, Geneva, Switzerland, 17-18 January 2008
- 122nd Session of the WHO Executive Board, Geneva, Switzerland, 21-26 January 2008
- Informal Consultation on the Core Capacity at Designated Points of Entry, Manila, Philippines, 11-13 February 2008
- First Session of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products, Geneva, Switzerland, 11-16 February 2008
- Fourth Pacific Stop Tuberculosis Meeting, Brisbane, Australia, 11-14 March 2008
- 2008 Global Salm-Surv Steering Committee Meeting, Atlanta, United States of America, 15 March 2008
- Open Ended Working Group of the Intergovernmental Meeting on Pandemic Influenza, Geneva, Switzerland, 3-4 April 2008
- Second meeting of National Influenza Centres in the Western Pacific and South-East Asia Regions, Tokyo, Japan, 21-24 April 2008
- Consultation on Pandemic Influenza Preparedness Guidance, Geneva, Switzerland, 5-9 May 2008
- International Agency for Research on Cancer Governing Council Fiftieth Session, Lyon, France, 14-16 May 2008
- Eighth Meeting of the Programme, Budget and Administration Committee of the WHO Executive Board, Geneva, Switzerland, 15-16 May 2008

- 123rd Session of the WHO Executive Board, Geneva, Switzerland, 26-27 May 2008

- First Regional Meeting on Reducing Alcohol-Related Harm in the Western Pacific Region, Manila, Philippines, 3-5 June 2008

- Symposium on Foreign Policy and Global Health, Geneva, Switzerland, 12-13 June 2008

- Meeting of the Global Outbreak Alert and Response Network Partners, Melbourne, Australia, 17-19 June 2008

- Third Meeting of the Asia Pacific Technical Advisory Group on Emerging Infectious Disease, Kuala Lumper, Malaysia, 16-18 July 2008

- Regional Workshop on Sustaining Action on the WHO Framework Convention on Tobacco Control, Manila, Philippines, 20-22 August 2008

- Training on Tobacco Control Policies and Programmes, Manila, Philippines, 25-27 August 2008

- Fifty-Ninth Session of the Western Pacific Regional Committee Meeting, Manila, Philippines, 22-26 September 2008

- Second Session of the WHO Framework Convention on Tobacco Control Intergovernmental Negotiating Body, Geneva, Switzerland, 20-25 October 2008

Attachment B Question: E08-094

Outcomes of World Health Organization (WHO) Meetings attended by the Department of Health and Ageing

22 October 2007 to 22 October 2008

Meeting Title	Date	Location	Outcomes
Meeting of Pacific National Focal Points for the International Health Regulations	23-25 October 2007	Hall, Fiji	• Identification of surveillance and response capacity requirements in Pacific Island countries. • Identification of measures to enhance effective implementation of the Asia Pacific Strategy for Emerging Diseases Work Plan to meet the International Health Regulations core capacity requirements for surveillance and response. • Provision of updated information regarding risk communication principles and skills.
Strengthening Health Systems to Improve Chronic Disease Prevention and Control	5-7 November 2007	Singapore	• Reviewed changing patterns of disease burden impact on health systems, households and communities. • Reviewed evidence and best practices in health policies and other strategies to improve chronic disease outcomes. • Identified major barriers and critical success factors in the implementation of successful health policies and interventions. • Agreed on relevant priorities at country and regional levels to strengthen health system responses to chronic disease.
WHO Framework Convention on Tobacco Control Working Group Meeting	7-9 November 2007	Manila, Philippines	• Drafted guidelines for the implementation of Article 11 of the WHO Framework Convention on Tobacco Control on packaging and labelling of tobacco products.
InterGovernmental Meeting on Pandemic Influenza Preparedness	20-23 November 2007	Geneva, Switzerland	• Establishment of Traceability Mechanism to track all shared H5N1 and other potentially pandemic human viruses • Establishment of Advisory Mechanism to oversee system of virus sharing and access to vaccines and other benefits • Agreement to sharing of viruses while overarching framework continues to be developed. • Open-ended Working Group established to take this work forward.

Seventh Meeting of the Programme, Budget and Administration Committee of the WHO Executive Board	17-18 January 2008	Geneva, Switzerland	Australia attended as an observer and noted the following key outcomes: • assessment of the performance of the annual programme budget to date; • review of the progress of management reforms; and • consideration of WHO's role in harmonisation of operational development activities at country level as part of the United Nations reform process.
122nd Session of the WHO Executive Board	21-26 January 2008	Geneva, Switzerland	Australia attended as an observer and noted the following key outcomes: • review of operational matters regarding WHO finances, organisational management, human resources and the method of work of the World Health Assembly; and • development of recommendations regarding technical health matters of global significance for adoption by the World Health Assembly.
Informal Consultation on the Core Capacity at Designated Points of Entry	11-13 February 2008	Manila, Philippines	• Identified regional priority actions to support the development and strengthening of core capacity at designated international airports and ports required under the International Health Regulations (2005) to minimize public health risks caused by the spread of diseases through international traffic.
First Session of the Intergovernmental Negotiating Body on a Protocol on Illicit Trade in Tobacco Products	11-16 February 2008	Geneva, Switzerland	• Reviewed progress since second session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control. • Drafted protocol on illicit trade in tobacco products.

Fourth Pacific Stop Tuberculosis Meeting	11-14 March 2008	Brisbane, Australia	• Reviewed progress and identified constraints for Pacific Island countries and areas in implementing recommendations to address laboratory strengthening, tuberculosis drug management and monitoring and evaluation. • Reviewed 5 year Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) workplans and identified technical assistance needs of countries who receive support from the Global Fund. Identified a particular need for improvements in surveillance and collaboration between tuberculosis and HIV programmes. • Reviewed technical assistance needs in all Pacific islands and countries and areas, especially those who do not receive assistance from the Global Fund, and identified options for financing to meet those needs.
2008 Global Salm-Surv Steering Committee Meeting	15 March 2008	Atlanta, United States of America	• Developed the strategic direction of the Global Salm-Surv international program for the next year to enhance laboratory-based foodborne disease surveillance, outbreak detection, and responses worldwide.
Open Ended Working Group of the Intergovernmental Meeting on Pandemic Influenza Preparedness	3-4 April 2008	Geneva, Switzerland	• Prepared consolidated text on following aspects of virus sharing and access to vaccines and other benefits: research and publication; safe handling of materials; transparency/traceability; advisory mechanism; identification of parties. • Agreed to process for preparation of Chair's Text (to cover all remaining issues) for consideration at a resumed Open Ended Working Group and Intergovernmental Meeting in late 2008.
Second meeting of National Influenza Centres in the Western Pacific and South-East Asia Regions	21-24 April 2008	Tokyo, Japan	• Reviewed accomplishments since the first meeting of the National Influenza Centres in the Western Pacific and South-East Asia Regions according to the proposed action in the sub-workplan of the Asia Pacific Strategy for Emerging Diseases. • Reviewed and updated surveillance information of seasonal and avian influenza, and progress of vaccine development. • Finalised generic protocols for influenza disease burden studies and surveillance guidelines.

			• Introduced laboratory database for national influenza centres. • Provision of training on antiviral drug resistance monitoring.
Consultation on Pandemic Influenza Preparedness Guidance	5-9 May 2008	Geneva, Switzerland	• Revised draft provisions of the WHO Guidance on Pandemic Influenza Preparedness.
International Agency for Research on Cancer Governing Council Fiftieth Session	14-16 May 2008	Lyon, France	• Selected new Agency Director for a period of 5 years from 1 January 2009. • Revised IARC scientific review procedures. • Analysed the financial implications of accepting new Participating States on the contributions of existing Participating States and future programme budgets.
Eighth Meeting of the Programme, Budget and Administration Committee of the WHO Executive Board	15-16 May 2008	Geneva, Switzerland	Australia attended as an observer and noted the following key outcomes: • assessment of performance of the annual programme budget to date; • consideration of the report from the external auditor to the World Health Assembly; and • review of progress to develop draft policy guidelines for WHO's involvement in the Global Health Partnership.
123rd Session of the WHO Executive Board	26-27 May 2008	Geneva, Switzerland	Australia attended as an observer and noted the following key outcomes: • membership confirmed for the following Executive Board committees: Standing Committee on Nongovernmental Organizations; Programme, Budget and Administration Committee and the Jacques Parisot Foundation Committee and Selection Panel; • draft statutes of the Dr LEE Jong-wook Memorial Prize for Public Health approved; and • appointed representatives of the Executive Board to the Sixty-Second World Health Assembly.

First Regional Meeting on reducing alcohol-related harm in the Western Pacific Region	3-5 June 2007	Manila, Philippines	• Reviewed developments related to the Regional Strategy to Reduce Alcohol-Related harm at the individual country level, and internationally. • Agreed upon effective mechanisms for country support, regional cooperation and resource mobilization. • Developed draft Regional Action Plan to Reduce Alcohol-Related Harm including definition of tasks, milestones and priority areas for regional cooperation and collaboration.

Symposium on Foreign Policy and Global Health	12-13 June 2008	Geneva, Switzerland	• Reviewed progress against the 2006 Oslo Ministerial Declaration on global health and foreign policy. • Reviewed the status of the health and foreign policy relationship and examined ways to strengthen synergies and capture opportunities to build health-based consensus in international negotiations.
Meeting of the Global Outbreak Alert and Response Network (GOARN) Partners	17-19 June 2008	Melbourne, Australia	• Reviewed progress made following recommendations from the previous meeting held in Sendai, Japan. • Considered experiences and lessons learnt from recent international responses to disease outbreaks. • Encouraged greater regional participation in GOARN and discussed future development of the network.
Third Meeting of the Asia Pacific Technical Advisory Group on Emerging Infectious Disease	16-18 July 2008	Kuala Lumpur, Malaysia	• Provision of updated information on emerging infectious diseases in the Asia Pacific Region. • Reviewed progress of pandemic preparedness and implementation of the Asia Pacific Strategy for Emerging Diseases and International Health Regulations (2005), and in particular, the achievements and areas for further improvement at the country level with a focus on surveillance and response. • Developed technical recommendations on future steps to prevent, prepare for and respond to emerging infectious diseases in the Region.
Regional Workshop on Sustaining Action on the WHO	20-22 August 2008	Manila, Philippines	• Developed regional and national strategies for sustaining action for the WHO Framework Convention on Tobacco Control.

Framework Convention on Tobacco Control			• Prepared a regional report for Western Pacific countries for the third session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control in Durban on 17-22 November 2008.
Training on Tobacco Control Policies and Programmes	25-27 August 2008	Manila, Philippines	• Identified evidence based strategies to strengthen national tobacco control policies and programs.

Fifty-Ninth Session of the Western Pacific Regional Committee Meeting	22-26 September 2008	Manila, Philippines	• Dr Yong-Soo Shin from the Republic of Korea was nominated as the candidate for submission to the WHO Executive Board for the Western Pacific Regional Director position. • Developed future directions for health care systems strengthening and renewed commitment to primary health care in the region. • Endorsed Regional Action Plan for the Prevention and Control of Non-Communicable Diseases. • Endorsed the Dengue Strategic Plan for the Asia Pacific Region. • Endorsed the draft Regional Framework for Action to Protect Human Health from the Effects of Climate Change. • Discussed the final report on the budget performance of the 2006-07 Programme Budget. • Discussed proposed second biennial programme budget under WHO's six-year medium strategic plan (2010-11).
Second Session of the WHO Framework Convention on Tobacco Control Intergovernmental Negotiating Body	20-25 October 2008	Geneva, Switzerland	• Developed a report on progress by the Intergovernmental Negotiating Body for consideration at the third session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control in Durban on 17-22 November 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-070

OUTCOME 0: Whole of Portfolio

Topic: DEPARTMENTAL LIAISON OFFICERS – OFFICE OF THE MINISTER FOR SPORT

Written Question on Notice

Senator Bernardi asked:

a) How many Departmental Liaison Officers are currently allocated to the Minister?

b) Can you rule out that they provide policy advice?

Answer:

a) There is one Departmental Liaison Officer from the Department of Health and Ageing currently working in the Office of the Minister for Sport.

b) Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-020

OUTCOME 0: Whole of Portfolio

Topic: MINISTERS HOSPITALITY

Written Question on Notice

Senator Humphries asked:

a) For each Minister/Parl Sec office, please detail hospitality spend YTD?
b) Please detail date, location, purpose and cost of each event.

Answer:

a) From 1 January 2008 to 31 October 2008 hospitality expenditure for each Minister/Parliamentary Secretary is as follows:
Minister for Health and Ageing - $66.00
Minister for Ageing - $2,555.65
The Minister for Sport and the Parliamentary Secretary did no incur any costs related to hospitality.

b) Minister for Health and Ageing:
- 2 May 2008, Melbourne, Maternity Services Review - $66.00

Minister for Ageing:
- 2 April 2008, Tweed Heads, meeting to progress issues of policy and future directions - $855.00
- 9 April 2008, Canberra, meeting with Ambassador for Ageing designate - $164.30
- 30 May 2008, Tweed Heads, meeting with Uniting Care - $351.00
- 16 June 2008 Parliament House, meeting with Anglicare - $690.00
- 23 June 2008, Parliament House, meeting with Ambassador for Ageing, the Aged Care Commissioner and the Commissioner for Aged Care Discrimination - $423.25
- 27 May 2008, Parliament House, meeting to progress aged care policies - $72.10

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-021

OUTCOME 0: Whole of Portfolio

Topic: GRANTS

Written Question on Notice

Senator Humphries asked:

Has the department complied with interim requirements relating to the publication of discretionary grants?

Answer:

Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-023

OUTCOME 0: Whole of Portfolio

Topic: DLOS

Written Question on Notice

Senator Humpries asked:

c) How many Departmental Liaison Officers are currently allocated to each Minister/Parliamentary Secretary?

d) Can you rule out that they provide policy advice?

Answer:

b) There are a total of five Departmental Liaison Officers currently working in the Offices of the Minister for Health and Ageing, the Minister for Ageing, the Minister for Sport and the Parliamentary Secretary to the Minister for Health and Ageing.

b) Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-011

OUTCOME 0: Whole of Portfolio

Topic: PERMANENT STAFF

Written Question on Notice

Senator Humphries asked:

a) How many permanent staff recruited since budget estimates?
b) What levels are these staff?

Answer:

a) A total of 138 ongoing staff commenced with the department in the period 4 June 2008 (date of Budget Estimates) to 22 October 2008.

b) The table below provides information on the total ongoing staff commencements by actual classification in the period 4 June 2008 to 22 October 2008.

Actual Classification	Total
APS1	1
APS3	6
APS4	19
APS5	16
APS6	35
Executive Level 1	38
Executive Level 2	15
Graduate	1
Legal 1	2
Medical Officer 3	1
SES 1	2
SES 2	2
Grand Total	**138**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-012

OUTCOME 0: Whole of Portfolio

Topic: TEMPORARY POSITIONS

Written Question on Notice

Senator Humphries asked:

How many temporary positions exist or have been created since budget estimates?

Answer:

The department does not have temporary positions.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-013

OUTCOME 0: Whole of Portfolio

Topic: STAFFING

Written Question on Notice

Senator Humphries asked:

Since Budget Estimates, how many employees have been employed on contract and what is the average length of their employment period?

Answer:

A total of 210 staff commenced with the department on a non-ongoing basis in the period 4 June 2008 (date of Budget Estimates) to 22 October 2008. The average length of contract for these staff is 4.4 months.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-018

OUTCOME 0: Whole of Portfolio

Topic: ADVERTISING

Written Question on Notice

Senator Humphries asked:

c) What communications programs has the Department/Agency undertaken, or are planning to undertake?
d) For each program, what is the total spend?

Answer:

a) The Department, on behalf of the Government, has undertaken the following advertising programs in the period 1 January 2008 to 31 October 2008:

- the National Skin Cancer Awareness Campaign;
- the Australian Better Health Initiative (ABHI) 'Measure Up' Campaign;
- the National Prescribing Service program to raise awareness of generic medicines to support PBS changes implemented from 1 August 2008;
- promotion of Commonwealth Carelink Program;
- the Human Papillomavirus (HPV) Campaign; and
- Lifetime Health Cover.

Planning is underway for the following communications programs that are proposed to commence prior to 30 June 2009:

- binge drinking;
- sexually transmissible infections;
- illicit drug use;
- tobacco cessation:- including Indigenous and youth specific campaigns;
- eye health; and
- organ and tissue donation.

b) Media costs associated with communication programs undertaken since December 2007 are as follows:

Program name	**Total spend* 1/1/08 – 31/10/08 (includes radio, TV, newspaper, mailout, internet, etc.)**
National Skin Cancer Awareness Campaign	$4,198,867 **
Australian Better Health Initiative (ABHI) "Measure Up" Campaign	$12,895,833 **
National Prescribing Service: Campaign to raise awareness of generic medicines to support PBS changes implemented from 1 August 2008.	$4,410,150
Commonwealth Carelink Program: promotion of services provided by Commonwealth Respite and Carelink Centres through national advertising and promotional material	$935,608
Human Papillomavirus (HPV) campaign: advertising and promotion	$30,505
Mailout of Lifetime Health Cover information packs	$110,561

*** GST exclusive**

**** Includes funds committed for current media advertising**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-216

OUTCOME 0: Whole of Portfolio

Topic: CLIMATE CHANGE – CARBON POLLUTION REDUCTION SCHEME

Written Question on Notice

Senator Boswell asked:

For each Minister/Parl in the portfolio:

a) What if any steps have been taken to estimate the costs of the government's response to climate change including the Carbon Pollution Reduction Scheme for every department, Agency and program within this portfolio?
b) What are the costs and estimated costs identified (reported separately)?
c) Have any costs been included in forward estimates and if so where?

Answer:

a) The Department of Health and Ageing and portfolio agencies have not taken any steps to estimate the costs of the government's response to climate change, including the Carbon Pollution Reduction Scheme.

b) There are no estimated costs identified.

c) No costs have been included in the forward estimates.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-220

OUTCOME 0: Whole of Portfolio

Topic: FREEDOM OF INFORMATION

Hansard Page: CA 9

Senator Humphries asked:

For the financial year to 30 September 2008, how many favourable decisions have been made?

Answer:

The Department received 56 FOI requests between 1 July 2008 and 30 September 2008.

Of the 56 requests received:

- 32 had decisions outstanding;
- 2 were granted access in full;
- 9 requests were withdrawn by the applicant;
- 4 requests were deemed withdrawn (no response was received within the 30 day statutory timeframe to a request for payment of charges because the applicant did not wish to continue with the request);
- 1 request was transferred to another agency; and
- 8 requests were refused access because the documents could not be found or they did not exist.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-024

OUTCOME 0: Whole of Portfolio

Topic: COMMUNITY CABINET

Written Question on Notice

Senator Humphries asked:

a) What was the cost of Ministers' travel and expenses for the Community Cabinet meetings held since Budget Estimates?
b) How many Ministerial staff and Departmental officers travelled with the Minister for the Cabinet meetings?
c) What was the total cost of this travel?

Answer:

a) The cost of Ministers' travel and expenses for Community Cabinet Meetings (CCM), is as follows:

Dawson
Minister Roxon plus two advisors
Minister Elliot plus two advisors
Total travel costs: $4,668.71

Lingiari
Minister Elliot plus two advisors
Minister Ellis plus one advisor
Total travel costs: $10,039.24

Kingston
Minister Roxon plus two advisors $3386.54

Newcastle
Minister Roxon plus three advisors $3247.25
(Three advisors were present at the Newcastle meeting because of other events taking place in conjunction with this CCM, including a meeting of the Expenditure Review Committee.)

Ministers' travel costs for Community Cabinet are paid through the Department of Finance and Deregulation (DoFD) and details of costings have been provided by that Department.

DoFD notes that the above figures reflect travel costs to Community Cabinet Meetings from June 2008 to 22 October 2008. These figures include airfares and Travelling Allowance claims. They do not include travel by taxis (due to the difficulties determining exact destinations using the electronic information as provided by Cabcharge) or travel on Special Purpose Aircraft (which is administered by the Department of Defence).

The Department of Defence tables the schedule of costings for Special Purpose Aircraft twice yearly in the federal Parliament. The next tabling will be in December 2008.

b) Minister Roxon, two advisers and the Secretary attended Community Cabinet meetings in Dawson and Kingston.

Minister Elliot and two advisors also attended the Dawson meeting.

Minister Elliot and two advisors, Minister Ellis and one advisor, and Deputy Secretary, Mr Philip Davies attended the Community Cabinet Meeting in Lingiari.

Minister Roxon, three advisors and the Secretary attended the Community Cabinet Meeting held in Newcastle.

c) Total costs associated with travel (with the same qualifications as set out in the answer to Question a)) are as follows:

Ministerial:	
Dawson	$ 4,668.71
Lingiari	$10,039.24
Kingston	$ 3,386.54
Newcastle	$ 3,247.25
	$21,341.74

Departmental:	
Dawson	$ 2,575.45
Lingiari	$ 4,370.21
Adelaide	$ 1,828.47
Newcastle	$ 742.37
	$ 9,516.50

Total travel costs: $30,858.24

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-218

OUTCOME 0: Whole of Portfolio

Topic: EFFICIENCY DIVIDEND

Hansard Page: CA 6

Senator Cormann asked:

Where did the 179 come from in the department? What is the breakdown for the different outcomes compared to what was in the PBS, by outcome.

Answer:

The forecast movement in average staffing levels by Outcome for the 2008-09 financial year as published in the Department of Health and Ageing 2008-09 Portfolio Budget Statements Resource Summary tables is as follows:

Outcome	**Estimated 2007-08 Staffing Level**	**Estimated 2008-09 Staffing Level**	**Estimated Staffing Level Movement**
1. Population Health	991.1	1,020.4	+29.3
2. Access to Pharmaceutical Services	261.9	264.4	+2.5
3. Access to Medical Services	175.8	163.5	-12.3
4. Aged Care and Population Ageing	1,135.2	1,090.4	-44.8
5. Primary Care	320.8	307.0	-13.8
6. Rural Health	96.2	95.4	-0.8
7. Hearing Services	82.0	78.7	-3.3
8. Indigenous Health	485.8	413.5	-72.3
9. Private Health	77.7	72.9	-4.8
10. Health System Capacity and Quality	181.8	166.1	-15.7
11. Mental Health	123.0	118.3	-4.7
12. Health Workforce Capacity	160.3	149.6	-10.7
13. Acute Care	184.0	161.1	-22.9
14. Biosecurity and Emergency Response	226.5	212.5	-14.0
15. Development of a stronger and internationally competitive Australian Sports sector and encouragement of greater participation in Sport in Australia	12.1	21.4	+9.3
Total	**4,514.2**	**4,335.2**	**-179.0**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates, 22 October 2008

Question: E08-219

OUTCOME 0: Whole of Portfolio

Topic: SPECIAL ACCOUNTS

Hansard Page: CA 9

Senator Humphries asked:

What special accounts does DoHA hold? Can you tell me roughly how much is in all of those accounts put together?

Answer:

The Department holds the following special accounts:

Special Account Name	**Balance as at 30 June 2008 $'000**	**Interest Bearing Yes/No**
Administered		
Services for Other Governments	34,285	No
Australian Childhood Immunisation Register	1,093	No
Sports and Recreation	437	No
Human Pituitary Hormones	3,770	No
Safety and Quality in Health Care	19,061	No
Intergovernmental Nutrition	0	No
Alcohol Education and Rehabilitation Account *(legislation supporting this special account was revoked on 3 July 2008 and the account was closed)*	0	No
Sub-Total	***58,646***	
Departmental		
Therapeutic Goods Administration	35,488	Interest supplementation only
Office of the Gene Technology Regulator	6,258	Interest supplementation only
National Industrial Chemicals Notification and Assessment Scheme	8,104	Interest supplementation only
Other Trust Monies	116	No
Sub-Total	***49,966***	
Total	***108,612***	

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-025

OUTCOME 0: Whole of Portfolio

Topic: REVIEWS

Written Question on Notice

Senator Humphries asked:

a) How many reviews are currently being undertaken in the portfolio/agency or affecting the portfolio agency?
b) When will these reviews be concluded?
c) Which reviews have been completed since Budget Estimates?
d) When will the Government be responding to the respective reviews that have been completed?

Answer:

a) The term 'review' is fairly broad and ambiguous. In answering this question the Department has interpreted it to refer to major policy reviews commissioned by the current Government. There are ten such reviews. This figure excludes internal reviews which are undertaken as part of the day-to-day management of programs and reviews routinely undertaken as part of administrative processes.

b) Completion timeframes of these reviews are as follows:
   - 1 was completed since the last Budget Estimates;
   - 3 are due to be completed in the next six months (to May 2009); and
   - 6 are due to be completed after May 2009.

c) See answer to b).

d) It is expected that the Government's response to reviews will vary in accordance with the timeframes and specific content of each review. The Department has not been advised when the Australian Government intends to respond to all the reviews.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-014

OUTCOME 0: Whole of Portfolio

Topic: EFFICIENCY DIVIDEND / BUDGET CUTS

Written Question on Notice

Senator Humphries asked:

a) Have staffing numbers been reduced as a result of the efficiency dividend and/or other budget cuts?
b) If so, where and at what level?

Answer:

a) The Department's average staffing level (ASL) for October 2008 was 4,380 staff which is 117 staff lower than the ASL reported in the Department's 2007-08 Annual Report.

b) There has been a net decrease of 85 staff in Canberra (Central Office) and 32 staff in state and territory offices.

The majority (approximately 84%) of the net staff reductions have occurred across the APS 1 to APS 6 staff classifications.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-017

OUTCOME 0: Whole of Portfolio

Topic: ELECTORATE STAFF

Written Question on Notice

Senator Humphries asked:

For each Minister/Parliamentary Secretary in the Health and Ageing portfolio:

a) How many staff are based in the Electorate office?
b) MOPS classification of each staff member based in the electorate office?
c) Duty statement for each staff member in the electorate office?
d) In relation to personal staff based in the electorate office, please list supporting Department for each.

Answer:

a and b)
The Ministerial and Parliamentary Services Division of the Department of Finance and Deregulation has provided the following information in relation to the number and classification of *Members of Parliament (Staff) Act 1984* employees (MOP(S) Act employees) based in the electorate office:

The Hon Nicola Roxon MP – MOP(S) Act employees in the combined Electorate/Ministerial Office

Number of Employees	**Classifications**
8	Senior Media Adviser x 1
	Adviser x 1
	Assistant Adviser x 1
	Executive Assistant/Office Manager x 1
	Electorate Officer B x 3
	Electorate Officer A x 1

The Hon Justine Elliot MP – MOP(S) Act employees in the combined Electorate/Ministerial Office

Number of Employees	**Classifications**
5	Electorate Officer C x 1

	Electorate Officer B x 2 (2 part-time employees sharing one position)
	Electorate Officer A x 2

The Hon Kate Ellis MP – MOP(S) Act employees in Electorate Office

Number of Employees	**Classifications**
4	Electorate Officer B x 3
	Electorate Officer A x 1

Senator the Hon Jan McLucas – MOP(S) Act employees in Electorate Office

Number of Employees	**Classifications**
3	Electorate Officer B x 2
	Electorate Officer A x 1

c) The Ministerial and Parliamentary Services Division of the Department of Finance and Deregulation has advised that the issue of duty statements is a matter for each employing Senator or Member. There are no duty statements for MOP(S) Act employees issued by Ministerial and Parliamentary Services.

d) The supporting departments are the Department of Finance and Deregulation and the Department of Health and Ageing.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-022

Outcome 0: Whole of Portfolio

Topic: MINISTERIAL TRAVEL

Written Question on Notice

Senator Humphries asked:

a) Has the Minister/Parliamentary Secretary travelled overseas on official business since Budget Estimates?
b) If so, where was the travel and what was the duration?
c) What was the total cost of i) travel, ii) accommodation and iii) any other expenses?:
d) How many ministerial staff or family accompanied the Minister/Parliamentary Secretary?
e) For these staff/family what was the cost of i) travel ii) accommodation and iii) any other expenses?
f) How many officers from the Department accompanied the Minister/Parliamentary Secretary?
g) In relation to these Departmental officers, what was the cost of i) travel, ii) accommodation and iii) any other expenses?

Answer:

a) Yes. The Hon Kate Ellis MP, Minister for Sport has undertaken two international trips since the 2008-09 Budget Estimates.

b) Minister Ellis travelled to:

1. Beijing, Tianjin and Qingdao, Peoples Republic of China, to attend the Olympic Games from 5-18 August 2008 and chair and co-host the 4th Commonwealth Sports Ministers' Meeting (CSMM) in Beijing on 9 August 2008; and
2. Beijing to attend the Paralympic Games from 3-11 September 2008.

c) The cost to the taxpayer for the travel undertaken by Minister Ellis is as follows:

Date of travel	Traveller	i) Travel	ii) Accommodation	iii) Other expenses	Total
5-18 Aug	Minister Ellis	$ 8 325.15	$ 6 952.22*	$ 2 768.15	$18 045.52
3-11 Sep	Minister Ellis	$ 7 384.87	$ 3 324.50*	$ 441.00	$11 150.37
Total		$15 710.02	$10 276.72	$ 3 209.15	$29 195.89

d) One Adviser accompanied Minister Ellis.

e) The cost to the taxpayer for the travel undertaken by the Adviser accompanying Minister Ellis is as follows:

Date of travel	Traveller	i) Travel	ii) Accommodation	iii) Other expenses	Total
5-18 Aug	Adviser	$ 8 003.80	$ 6 622.85*	$ 892.23	$15 518.88
3-11 Sep	Adviser	$ 7 384.87	$ 3 324.50*	$ 395.30	$11 104.67
Total		$15 388.67	$ 9 947.35	$1 287.53	$26 623.55

The financial information provided above for Ministerial and accompanying MOP(S) Act staff (Adviser) travel expenses was provided by the Department of Finance and Deregulation (DFD) [with the exception of $7.910.44 and $7,649.52 paid by DHA for airfares for Minister Ellis and her Adviser respectively, to attend the Olympics, and to be reimbursed by DFD under MOPS arrangements]. This advice is accurate as at 29 October 2008. DFD has advised that some trips remain unreconciled given that the travel was undertaken recently. This means that DFD may not have received all accounts and information from the Department of Foreign Affairs and Trade (DFAT) Overseas Posts, and may not have acquitted the travel allowances paid.

DFD has advised that as further expenditure is paid they do not intend to revisit or update the information provided given the diversion of resources required for this task.

** DFD is unable to disaggregate accommodation costs between the Minister and her Adviser. Therefore the figure provided for accommodation represents approximately half of the total accommodation costs charged to the Minister and her Adviser allowing for the difference in room standards.*

f) One departmental official attended the Beijing Olympic Games with Minister Ellis from 5-18 August 2008, one departmental official attended the CSMM from 6-11 August 2008 and one departmental official attended the Beijing Paralympic Games from 3-11 September 2008.

g) The cost to the taxpayer for the travel undertaken by the departmental officials accompanying Minister Ellis is as follows:

Date of travel	Traveller	i) Travel	ii) Accommodation	iii) Other expenses	Total
5-18 Aug	Dept Official	$ 7 741.98	$11 087.00 #	$3 260.13	$22 089.11
6-11 Aug	Dept Official	$ 7 722.30	$11 087.00 #	$ 825.33	$19 634.63
3-11 Sep	Dept Official	$ 5 553.29	$ 4 260.00	$ 962.10	$10 775.39
Total		$21 017.57	$26 434.00	$5 047.56	$52 499.13

 # Accommodation for departmental officials was arranged by DFAT.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-069

Outcome 0: Whole of Portfolio

Topic: MINISTERIAL TRAVEL – OFFICE OF THE MINISTER FOR SPORT

Written Question on Notice

Senator Bernardi asked:

a) Has the Minister travelled overseas on official business since Budget Estimates?
b) If so, where was the travel and what was the duration?
c) What was the total cost of i) travel, ii) accommodation and iii) any other expenses?
d) How many ministerial staff or family accompanied the Minister?
e) For these staff/family what was the cost of i) travel ii) accommodation and iii) any other expenses?
f) How many officers from the Department accompanied the Minister?
g) In relation to these Departmental officers, what was the cost of i) travel, ii) accommodation and iii) any other expenses?

Answer:

a) Yes. The Hon Kate Ellis MP, Minister for Sport has undertaken two international trips since the 2008-09 Budget Estimates.

b) Minister Ellis travelled to:

3. Beijing, Tianjin and Qingdao, Peoples Republic of China, to attend the Olympic Games from 5-18 August 2008 and chair and co-host the 4th Commonwealth Sports Ministers' Meeting (CSMM) in Beijing on 9 August 2008; and
4. Beijing to attend the Paralympic Games from 3-11 September 2008.

c) The cost to the taxpayer for the travel undertaken by Minister Ellis is as follows:

Date of travel	Traveller	i) Travel	ii) Accommodation	iii) Other expenses	Total
5-18 Aug	Minister Ellis	$ 8 325.15	$ 6 952.22 *	$ 2 768.15	$18 045.52
3-11 Sep	Minister Ellis	$ 7 384.87	$ 3 324.50 *	$ 441.00	$11 150.37
Total		$15 710.02	$10 276.72	$ 3 209.15	$29 195.89

f) One Adviser accompanied Minister Ellis.

g) The cost to the taxpayer for the travel undertaken by the Adviser accompanying Minister Ellis is as follows:

Date of travel	Traveller	i) Travel	ii) Accommodation	iii) Other expenses	Total
5-18 Aug	Adviser	$ 8 003.80	$ 6 622.85**	$ 892.23	$15 518.98
3-11 Sep	Adviser	$ 7 384.87	$ 3 324.50**	$ 395.30	$11 104.67
Total		$15 388.67	$ 9 947.35	$1 287.53	$26 623.55

The financial information provided above for Ministerial and accompanying MOP(S) Act staff (Adviser) travel expenses was provided by the Department of Finance and Deregulation (DFD) [with the exception of $7.910.44 and $7,649.52 paid by DHA for airfares for Minister Ellis and her Adviser respectively, to attend the Olympics, and to be reimbursed by DFD under MOPS arrangements]. This advice is accurate as at 29 October 2008. DFD has advised that some trips remain unreconciled given that the travel was undertaken recently. This means that DFD may not have received all accounts and information from the Department of Foreign Affairs and Trade (DFAT) Overseas Posts, and may not have acquitted the travel allowances paid.

DFD has advised that as further expenditure is paid they do not intend to revisit or update the information provided given the diversion of resources required for this task.

** DFD is unable to disaggregate accommodation costs between the Minister and her Adviser. Therefore the figure provided for accommodation represents approximately half of the total accommodation costs charged to the Minister and her Adviser allowing for the difference in room standards.*

f) One departmental official attended the Beijing Olympic Games with Minister Ellis from 5-18 August 2008, one departmental official attended the CSMM from 6-11 August 2008 and one departmental official attended the Beijing Paralympic Games from 3-11 September 2008.

g) The cost to the taxpayer for the travel undertaken by the departmental officials accompanying Minister Ellis is as follows:

Date of travel	Traveller	i) Travel	ii) Accommodation	iii) Other expenses	Total
5-18 Aug	Dept Official	$ 7 741.98	$11 087.00 #	$3 260.13	$22 089.11
6-11 Aug	Dept Official	$ 7 722.30	$11 087.00 #	$ 825.33	$19 634.63
3-11 Sep	Dept Official	$ 5 553.29	$ 4 260.00	$ 962.10	$10 775.39
Total		$21 017.57	$26 434.00	$5 047.56	$52 499.13

 # Accommodation for departmental officials was arranged by DFAT.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-182

OUTCOME 0: Whole of Portfolio

Topic: INDIGENOUS HEALTH ISSUES

Written Question on Notice

Senator Adams asked:

Over the past 5 years:

a) What is the total annual expenditure for Indigenous-specific health services funded under programs within the Portfolio?
b) What is the total estimated annual expenditure for mainstream health services provided to, or accessed by, Indigenous persons funded under programs within this Portfolio?
c) Do you have details as to the expenditure breakdown for each program?

Answer:

a) Indigenous specific health services [1]

2003-04 (estimate) ($m)	2004-05 (estimate) ($m)	2005-06 ($m)	2006-07 ($m)	2007-08 ($m)
311.73	343.86	357.43*	466.59*	566.46

[1] Indigenous Specific Program Expenditure (ISPE) relates to expenditure on Indigenous specific programs.

b) Indigenous mainstream health services [2]

2003-04 (estimate) ($m)	2004-05 (estimate) ($m)	2005-06 ($m)	2006-07 ($m)	2007-08 ($m)
59.16	51.53	89.34*	95.85*	134.70

[2] Indigenous Specific Mainstream Expenditure (ISME) relates to identified expenditure under generic mainstream programs that is applied to Indigenous specific purposes. Where data is not collected on Indigenous status, these programs have not been included.

* Where specific data on the break up of ISPE/ISME expenditure is not available estimates have been made.

Note: Data for 2003-04 and 2004-05 is sourced from the "Commonwealth Indigenous-specific expenditure 1968–2006" report issued online 8 August 2007 by the Parliamentary Library. The figures for these years reflect estimated actual expenditure only.

Data for 2005-06 and 2006-07 is sourced from the Secretaries' Group Annual Report on Indigenous Affairs, and reflects actual expenditure.

The 2007-08 figures reflect actual expenditure.

c) Since 2005-06, a breakdown of expenditure by program has been published in the Secretaries' Group Annual Report on Indigenous Affairs. A breakdown of expenditure for 2003-04 and 2004-05 is available from the Parliamentary Library in the report "Commonwealth Indigenous-specific expenditure 1968–2006"

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-183

OUTCOME 0: Whole of Portfolio

Topic: INDIGENOUS HEALTH ISSUES

Written Question on Notice

Senator Adams asked:

What is the total estimated annual expenditure for mainstream health services provided to, or accessed by, Indigenous persons funded under programs within this Portfolio?

Answer:

Refer to Question on Notice number E08-182 part b).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-068

OUTCOME 0: Whole of Portfolio

Topic: MINISTERIAL STAFFING IN OFFICE OF MINISTER FOR SPORT

Written Question on Notice

Senator Bernardi asked:

a) How many members of Minister Ellis' staff are based in the electorate office?
b) What is the MOPS classification of each staff member based in electorate office?

Answer:

Please refer to E08-017.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-016

OUTCOME 0: Whole of Portfolio

Topic: MEDIA MONITORING

Written Question on Notice

Senator Humphries asked:

How much has been spent on media monitoring to date this year?

Answer:

Costs incurred on media monitoring during the period 1 January 2008 to 31 October 2008 total $955,660 (excl GST), broken down as follows:

- Department (includes three Ministers and one Parliamentary Secretary) $670,683
- Portfolio Agencies $284,977

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-019

OUTCOME 0: Whole of Portfolio

Topic: DEPARTMENTAL HOSPITALITY

Written Question on Notice

Senator Humphries asked:

e) What is the Department's hospitality spend YTD?

f) Please detail date, location, purpose and cost of all events.

Answer:

a) The Department's hospitality expenditure for the financial year to date 30 September 2008 was $46,967.32.

b) The date, location, purpose and cost of all events is as follows:

Date	**Location**	**Purpose**	**Cost**
1-Jul-08	Axis Restaurant, Canberra, ACT	Official lunch for Thai Delegation	$628.20
2-Jul-08	Dept of Health and Ageing Woden ACT	Small scale entertainment	$288.65
8-Jul-08	Brisbane Convention & Exhibition Centre, QLD	Conference dinner - Population Health Congress 2008	$120.00
10-Jul-08	National Convention Centre ACT	EA of the Year Dinner	$700.00
22-Jul-08	Dept of Health and Ageing, Adelaide, SA	Small scale entertainment	$181.91
25-Jul-08	Level 41 Restaurant, Chifley Square, Sydney, NSW	Official dinner, Indonesian, US & Australian Influenza Preparedness meeting	$3,992.00
25-Jul-08	National Convention Centre, ACT	EA of the Year Dinner	$200.00
25-Jul-08	Old Parliament House, Canberra, ACT	Hospitality (one lunch) incidental to 5 day training course in Evaluation of generic medicine for overseas participants	$398.00
25-Jul-08	Rubicon Restaurant, Canberra, ACT	National Health and Hospital Reform Commission (NHHRC) lunch	$332.50
29-Jul-08	three one two restaurant, Carlton, VIC	Working dinner National Indigenous Health Quality Council	$150.00
31-Jul-08	Canberra, ACT	Mersey Hospital transition team consultations	$181.92
1-Aug-08	Bottega Restaurant, Melbourne, VIC	Study tour to Melbourne by the visiting experts representing the Vietnamese	$906.00

Date	Location	Purpose	Cost
		National Institute of Hygiene & Epidemiology	
1-Aug-08	The University of Melbourne, VIC	Study tour to Melbourne by the visiting experts representing the Vietnamese National Institute of Hygiene & Epidemiology	$385.00
1-Aug-08	Bellucis Restaurant, Woden, ACT	Committee consultations	$403.40
6-Aug-08	The Treasury Bistro, Melbourne, VIC	Meeting with Director of Medical Services, Ministry of Health, Singapore	$150.00
6-Aug-08	Hilton, Melbourne Airport, VIC	Tobacco Working Group meeting	$456.00
8-Aug-08	Hilton, Melbourne Airport, VIC	Alcohol Working Group meeting	$456.00
9-Aug-08	Hilton Beijing Hotel, China	4th Commonwealth Sports Minister's Meeting.	$26,741.00
14-Aug-08	Sydney, NSW	Business Lunch with General Manager, Hazardous Substances, ERMA, New Zealand	$87.00
14-Aug-08	The Malaya Restaurant, Sydney, NSW	Lunch meeting with forum organisers	$135.46
15-Aug-08	Brasserie Restaurant, Canberra, ACT	Medicare Australia meeting	$93.80
18-Aug-08	Bottega Restaurant, Melbourne, VIC	Dinner to discuss Indigenous issues	$86.91
20-Aug-08	MBF Boardroom, Sydney, NSW	Dinner with Health Insurers - NHHRC paid for own attendees	$283.96
20-Aug-08	Office of Australian Commission on Safety and Quality in Health Care (ACSQHC), Oxford St, Sydney, NSW	Working dinner at ACSQHC - IJC meeting	$115.00
25-Aug-08	Courgette Restaurant, Canberra, ACT	Working dinner National Indigenous Health Quality Council	$1,878.00
5-Sep-08	Canberra, ACT	Mersey Hospital transition team consultations	$808.50
5-Sep-08	Department of Health and Ageing, Canberra, ACT	Small scale entertainment	$202.06
9-Sep-08	Tre Scalini, Darlinghurst, Sydney, NSW	Business Dinner. Meeting with Professor of Human Nutrition, University of Sydney	$267.00
11-Sep-08	Ottoman Cuisine, Canberra, ACT	Official dinner for the Pacific Senior Officials Network	$1,618.50
22-Sep-08	Sheraton on the Park, Sydney, NSW	Working dinner with Health Complaints Commission members	$2,546.00
23-Sep-08	Manila, Philippines	World Health Organisation, Western Pacific Regional Office, Official Dinner	$2,174.55
		Total	**$46,967.32**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Estimates 2008-2009, 22 October 2008

Question: E08-206

OUTCOME 0: Whole of Portfolio

Topic: NHHRC

Written Question on Notice

Senator Adams asked:

a) How is it possible for the reviews that may be considered subsidiary to the work of the National Health and Hospitals Reform Commission to make recommendations and proposals that will be consistent with the "blueprint" being prepared by the NHHRC?"
b) For instance, how can the National Preventative Health Care work or the National Primary Health Care Strategy be meaningfully developed in the absence of knowledge about the overarching blueprint for the whole system likely to be recommended by the NHHRC?"
c) What is the timing of the interim and final reports from the NHHRC?

Answer:

a) The Government is determined to take a long term view of the many challenges facing our health system. In addition to the initiatives being progressed through COAG, a range of health reform processes have been initiated, to tackle the challenges of the future – ending the blame game, and bringing a greater focus in health policy to prevention and primary care:

   The **National Health and Hospitals Reform Commission** (NHHRC) was tasked with providing advice on performance benchmarks and practical reforms to the Australian health system which could be implemented in both the short and long term, to address the challenges of access to services, the growing burden of chronic disease, population ageing, costs and inefficiencies generated by blame and cost shifting, and the escalating costs of new health technologies.

   The NHHRC has delivered its first product with substantial work in the negotiations of the National Healthcare Agreements and the accompanying performance benchmarks. These benchmarks are available for the various review bodies to consider. The NHHRC will be providing longer term options that encompass the health system in its entirety while the reviews will provide advice and recommendations on specific aspects of the health care system.

The **Preventative Health Taskforce (PHT)** is developing a blueprint for tackling the growing burden of chronic disease caused by obesity, tobacco and excessive consumption of alcohol.

The **National Primary Health Care Strategy (NPHCS)** will provide a road map for the future of primary care in Australia including a greater focus on management of chronic disease, health promotion and illness prevention, with an emphasis on multidisciplinary team-based care.

The release of the NHHRC's Interim Report later this month will provide a strong foundation for the consideration of linkages between the current health reform processes. Without pre-empting the outcomes of each process, it is important that there is some level of integration.

b) The concurrent reviews are drawing on the specialised knowledge of relevant experts. Behind the scenes, the linkages between the processes are being established, both from the Department and between members of the various groups, to ensure that the current reform processes complement each other. For example, the Chair of the Preventative Health Taskforce, Professor Rob Moodie is scheduled to attend the next meeting of the National Primary Health Care Strategy (NPHCS) External Reference Group (ERG). Similarly, an invitation has also been extended to the NHHRC, to present to the ERG on the work of the Commission.

These mechanisms facilitate the cross fertilisation of ideas. In this way, not only will the work of the NHHRC inform the development of the NPHCS and the work of the PHT, but the provision of more specialised and specific recommendations by the PHT and the NPHCS will allow for greater depth to be added to the work of the NHHRC for the Government to consider.

c) The interim report was provided to the Government at the end of 2008 and will be released on 16 February 2009. The final report is to be provided to the government by mid 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-085

OUTCOME 1: Population Health

Topic: CANNET CONSUMER SURVEY

Written Question on Notice

Senator Boyce asked:

The Budget papers state that Cancer Australia will be conducting a survey to assess the current strengths and gaps in cancer care delivery across Australia from a patient/carer perspective.

a) Is this survey underway?
b) How is the survey being conducted?
c) Who is being surveyed?
d) When will the survey results be available?

Answer:

a) Yes. This project commenced in July 2008.

b) The '*National assessment of cancer care: perceptions and experiences of people affected by cancer*' (CanNET Consumer Survey) is being conducted in two phases. Phase One commenced in July 2008 and is focussing on securing jurisdictional ethics approval, developing a sampling strategy and developing and testing a sampling instrument. Phase Two is scheduled to commence in early 2009. This phase will utilise the survey instrument developed in Phase One to undertake the research.

c) The survey aims to include:

People affected by cancer over the last five years by date of diagnosis with consideration of the type of cancers experienced, age and gender;
People from metropolitan, regional and rural areas;
People treated in the public and private sectors; and
People treated in the acute, ambulatory and primary care sectors.

d) It is expected that the survey results will be available in late 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-236

OUTCOME 1: Population Health

Topic: REFORMS TO THERAPEUTIC GOODS LEGISLATION

Hansard Page: CA 13

Senator Bernardi asked:

When was [the legislation] submitted to the Legislative Review Committee?

Answer:

The Parliamentary Business Committee has approved the preparation of legislation amending the *Therapeutic Goods Act 1989* for introduction in the Spring 2008 session of Parliament.

The legislation is currently being drafted by the Office of Parliamentary Counsel. Once it is complete it will be considered by the Parliamentary Business Committee and, subject to approval, introduced before Parliament rises for the year.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-098

OUTCOME 1: Population Health

Topic: AUSTRALIAN BREASTFEEDING ASSOCIATION

Written Question on Notice

Senator Boyce asked:

a) Was the ALP election funding promise of $2 million to the Australian Breast Feeding Association forthcoming at the last budget?
b) If not, when will the organisation receive its funding?

Answer:

The Government committed $2.5 million in the 2008-09 Budget to the Australian Breastfeeding Association (ABA) to expand their existing telephone support service to a national 24 hour toll free helpline.

The Helpline is now operational in the Australian Capital Territory, southern New South Wales and Queensland. It is anticipated that it will be rolled out in the rest of New South Wales and the remaining states and territories during December 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-271

OUTCOME 1: Population Health

Topic: OBESITY

Hansard Page: CA 22

Senator Boyce asked:

Where does Australia rank in international comparisons of obesity?

Answer:
There are variations in methods of measurement of obesity, but best available information indicates that Australia is about 26th most obese overall and fifth most obese amongst OECD countries, certainly more obese than the OECD average.

A range of methodological issues impinge on assessing such rankings, including:

- the age range of the reported result, and other aspects of scope;
- whether the obesity 'score' is based on self-report or measured data, and further the collection mode for those data (e.g. personal interview [in the home] versus [computer-assisted] telephone interview)—self-report data typically produce lower prevalence estimates than measured data, as do telephone surveys produce lower estimates than personal interviews;
- whether the obesity measure is based on height/weight (e.g. body mass index (BMI)) or waist/hip inputs—neither measure is more correct, but both can be used to classify someone as obese; and
- the time lag between measurement and reporting—important in the context of rising or falling prevalence trends.

Notwithstanding these methodological issues, the most recent OECD report *Health at a glance 2007* puts Australia as the fifth worst country at 21.7% of the adult population obese in 1999–2000. In rank order, these are the United States of America (32.2% (2004)), Mexico (30.2% (2005)), the United Kingdom (23.0% (2005)) and Greece (21.9% (2003)). The OECD average in this report was 14.6%.

Other more recent results from Australia (albeit self-report) indicate that obesity prevalence has been increasing over the past five years, suggesting that Australia is unlikely to have moved out of the worst five group.

Another compilation by the World Health Organization (WHO), covering many more countries than the OECD report, suggests that there may be at least 25 countries with higher obesity prevalence than Australia (this particular compilation—relating to persons 15 years and over—comprises estimates by WHO staff using multiple survey sources). Notable among these countries are the Pacific Islander nations of Tonga, Samoa, Cook Islands and Nauru, where obesity prevalence may be as high as 80% of the population.

The 2007-08 National Health Survey, due for release in mid-2009, will provide reliable results on obesity. This survey included measurements of height, weight, waist and hip for respondents aged 15 years and over.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-229

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING HELPLINE

Written Question on Notice

Senator Hansen-Young asked:

a) In terms of the monthly and quarterly review, you have said what is not in them. What is in them?
b) How much do we spend on promoting the service so people know that it is actually there?
c) Provide aggregated, high level data on details of calls.

Answer:

a) The Helpline provider McKesson Pty Ltd provides monthly call volume reports, and quarterly reports to the Department that has information on:
   - unsolicited caller feedback;
   - client information including:
     - gender;
     - age group;
     - primary reason for call, ie general information on pregnancy, uncertain about continuing existing pregnancy, unintended pregnancy;
     - type of crisis call eg domestic violence, medical emergency, acute depression, other medical issue, substance abuse/overdose, child at risk;
     - if interpreter is needed;
     - non-target calls eg media, student, hang up, prank;
     - quality report, ie numbers of complaints;
     - numbers of calls offered;
     - number of calls from each state and territory;
     - call arrival times by time periods, eg 00.00 to 9.00, 9.00 to 17.00, 17.00 to 24.00 by Monday to Friday and Saturday and Sunday;
     - average call duration;
     - call response times - average speed of answer of call.
   - information on phone line or staff issues; and
   - information on staff training and coaching sessions.

b) Expenditure on Helpline promotion has been:

2006-07	$432,407
2007-08	$240,175

c)

Helpline Aggregated data for 2007-08 and 1 July to 30 October 2008

Table 1: Total No. of Calls Handled	**N$^{o.}$**
1 May 2007 to 30 June 2008	4,492
1 July 2007 to 30 June 2008	4,222
1 July 2008 to 30 Oct 2008	1,664
Total 1 May 2007 to 30 Oct 2008	10,378

Table 2: Calls by Client Gender	**2007-08 %**	**Jul – Oct 2008 %**
Female	89	89
Male	10	11
Not recorded	1	0
Total	100	100

Table 2: Primary Reason for Call	**2007-08** %	**Jul – Oct 2008** %
General information on pregnancy	14	30
Uncertain about continuing existing pregnancy	5	4
Unintended pregnancy	77	55
Unknown	4	11
Total	100	100

Table 3: Percentage of Calls (State or Territory)	**2007- 08** %	**Jul-Oct 2008** %
Australian Capital Territory	2	3
Northern Territory	1	1
New South Wales	30	26
Queensland	18	24
South Australia	11	15
Tasmania	3	2
Victoria	25	19
Western Australia	10	10
Total	100	100
Number of Calls Outside a Capital City	**1,365**	**614**

Table 4: Type of Crisis Calls	**2007-08**	**Jul-Oct 2008**
Domestic violence	9	2
Medical emergency	5	3
Acute depression	7	0
Other mental health issue	17	11
Acute substance abuse/overdose	0	0
Child at risk	20	4
Total	**58**	**20**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-037

OUTCOME 1: Population Health

Topic: APPLICATIONS TO AMEND THE *AUSTRALIA NEW ZEALAND FOOD STANDARDS CODE*

Written Question on Notice

Senator Siewert asked:

a) How many individuals have successfully complied with FSANZ administrative requirements to vary the Food Standards Code?
b) How many applications have failed and for what reasons have they failed?
c) Have you received any complaints about the administrative burden associated with applications to vary the Code. If an individual presents a case which looks to have merit but is unable to provide all the background research required e.g. detailed costings of the impact of the change on industry, would FSANZ consider undertaking that research? Has FSANZ ever done so?

Answer:

Since 1 October 2007 when the requirement for the new assessment arrangements commenced:

a) No individuals have applied to vary the *Australia New Zealand Food Standards Code*.

b) Four Applications from either companies or consultants on behalf of a company (including two from the same company) have been rejected (note that FSANZ is interpreting 'failed' to mean 'rejected' under the administrative requirements of the FSANZ Act). The applications were rejected because they did not meet the mandatory information and/or format requirements under subsection 22(2) of the FSANZ Act which are set out in Part 3 of the FSANZ *Application Handbook*. The Administrative Assessment does not consider the merits of the Application.

c) To the best of FSANZ's knowledge, the only complaints received are from the company which has had two applications rejected.

   In relation to whether FSANZ would consider undertaking that research if an individual presented a case which looked to have merit, but was unable to provide the relevant research, FSANZ could consider progressing possible amendments to the Code. This issue (if an individual's application had a clear public health and safety benefit) was canvassed during the drafting of the 2007 amendments to the FSANZ Act.

   Progressing work in this case would also be subject to the availability of resources within FSANZ.

   FSANZ has not specifically considered such an approach to date as the situation has not arisen.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-039

OUTCOME 1: Population Health

Topic: CONTAMINATED CHINESE RICE PRODUCTS

Written Question on Notice

Senator Siewert asked:

a) Is the Government aware of the contamination of Chinese rice products with an unapproved and untested GE rice variety (Bt63); that both the EU and NZ have implemented strict testing regimes to prevent this rice variety from entering the food supply; and the New Zealand Food Safety Authority withdrew products containing Bt63 from China this year?

b) Has FSANZ taken any action to monitor imported rice products from China for the illegal GE contamination?

c) Has FSANZ notified AQIS of the potential contamination and the need to monitor rice imports from China?

Answer:

a) Yes.

b) Yes. FSANZ submitted an urgent Customs request for data relating to imports of rice products from January 2006 to June 2007. Data requested were date of import, producer name, importer's name and contact details, unit, quantity, tariff, commodity name, goods description. The one product that was found in New Zealand to contain trace amounts of Bt63 rice, was not listed as imported into Australia.

c) No. The nature of the genetic modification was known, and the New Zealand Food Safety Authority had no evidence of any safety concerns. The possible presence of Bt63 rice was therefore a compliance matter. In the absence of positive testing by the states and territories, there were no grounds for notifying AQIS of a high public health and safety risk.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-041

OUTCOME 1: Population Health

Topic: GM FOOD

Written Question on Notice

Senator Siewert asked:

Could the Department please detail any studies commenced to investigate the five-fold increase in hospital admissions for severe anaphylaxis for tiny Australian children since the introduction of their GM foods in 1996?

Answer:

Anaphylactic reactions in children can be due to adverse reactions to drugs, insect venom or foods. A study investigating severe anaphylaxis in children found that the adverse reactions were to the typical food allergens such as peanut, milk, eggs and soy. There is no credible evidence linking food allergies with GM foods.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-043

OUTCOME 1: Population Health

Topic: GM FOOD

Written Question on Notice

Senator Siewert asked:

Can FSANZ confirm that its assessments of GM food safety are exclusively based on a chemical analysis of the products of GM processes?

Answer:

No. The typical safety assessment evaluates the results of detailed molecular, biochemical, chemical, toxicological and bioinformatic studies on the GM food, as well as genetic and phenotypic analyses of the crop plant. In addition, nutritional studies are required where the GM food has significantly altered nutritional characteristics. As all GM food assessments are case-by-case, other information may be required depending on the nature of the food in question and the nature of the introduced genetic trait.

The safety assessment of a GM food is carried out according to a protocol that evaluates scientific information on:

(i) the nature of the modification and the new genetic material introduced into the plant;
(ii) the nature and levels of any new proteins produced in the food parts of the plant;
(iii) the potential for any new protein to be either toxic or allergenic in humans; and
(iv) a comparison of the levels of all key nutrients, naturally occurring toxins and antinutrients normally present in the food producing parts of the plant, in the GM and non-GM counterpart.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-044

OUTCOME 1: Population Health

Topic: INTERGENERATIONAL ANIMAL FEEDING STUDIES

Written Question on Notice

Senator Siewert asked:

Why does FSANZ not require Intergenerational animal feeding studies to support its novel food safety assessments?

Answer:

FSANZ does not generally require applicants to submit feeding studies in animals (for one or more generations) as part of an application for a GM food approval. Where the results of such studies are available, FSANZ evaluates them as supporting information. For most GM foods, animal feeding studies are unlikely to contribute any further useful information to the safety assessment and therefore are not warranted. This conclusion was supported by a panel of scientific experts convened by FSANZ in 2007 to discuss the use of animal feeding studies in the safety evaluation of GM foods. The full report of the panel is available on the FSANZ website at
http://www.foodstandards.gov.au/foodmatters/gmfoods/roleofanimalfeedings3717.cfm

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-045

OUTCOME 1: Population Health

Topic: GM TESTING

Written Question on Notice

Senator Siewert asked:

a) Can FSANZ confirm that it requires no testing of GM or other novel foods on human beings?

b) What is the rationale for this, considering that new drugs are required to undergo human trials?

Answer:

a) No. The requirement for pre-market testing of GM foods in humans depends on the nature of the introduced genetic trait. In the case of agronomic characteristics in plants, there are no changes of nutritional significance to the food, so testing in humans is not required. However, where there has been major change to the nutritional properties of the food, studies in humans may be required to determine the impact on the overall diet. This could apply to certain nutritionally enhanced GM crops currently under development.

   Other novel foods or food ingredients that claim a health benefit or nutritional effect may also be required to undergo testing for safety and efficacy in humans prior to approval. This requirement has already been applied e.g. to plant sterols that can lower cholesterol levels in humans.

b) New prescription drugs are required to be safe and fulfil their technological purpose. The dual requirement for safety and efficacy generally demands human trials prior to commercialisation.

   The primary requirement of food products is that they must be safe for human consumption. To ensure public health and safety, a pre-market safety assessment is conducted on foods or substances added to foods that do not have a history of safe use. This means that novel foods, GM foods, additives, processing aids and irradiated foods must first undergo an assessment before they may be sold or used as food or ingredients. Specific data are required for each type of assessment however studies in humans would only be required in certain circumstances.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-046

OUTCOME 1: Population Health

Topic: NOVEL FOODS

Written Question on Notice

Senator Siewert asked:

Why does FSANZ not regard feeding studies with human volunteers to be a good alternative to uncontrolled community-wide exposure to novel foods and food substances after commercialisation?

Answer:

Novel foods and ingredients are not permitted to be sold or used as food or food ingredients until they have been evaluated for safety by FSANZ and approved in the *Australia and New Zealand Food Standards Code*. Human toleration and efficacy studies are routinely evaluated as part of the safety assessment for these foods.

GM foods are also assessed for safety before they are permitted in the food supply. Studies in human volunteers would be required where the genetic modification results in a significant change to the nutritional properties of the food.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-047

OUTCOME 1: Population Health

Topic: NANOMATERIALS IN FOOD

Written Question on Notice

Senator Siewert asked:

Why has FSANZ said that nanomaterials in foods and food packaging do not qualify as novel foods under Food Standard 1.5.1 even though these materials have no history of safe use in the human food supply?

Answer:

FSANZ has not said that Standard 1.5.1 – Novel Foods does not apply to nanomaterials in food. A range of standards, including the standard for novel foods, would be applicable to nanometre scale materials and FSANZ has publicly stated this position in the information sheet published on its website on 10 June 2008, which states.

'If FSANZ receives an application for a new type of engineered nanoscale particle in food, it would be assessed depending on the type of substance or food eg; whether it is a processing aid, food additive, novel food or novel food ingredient. The premarket requirements of the novel food standard apply to non traditional foods where an assessment of the public health and safety considerations is required having regard to:

- the potential for adverse effects in humans; or
- the composition or structure of the food; or
- the process by which the food has been prepared; or
- the source from which it is derived; or patterns and levels of consumption of the food; or
- any other relevant matters.

The key issue is whether there is any added risk to human health and safety due to the characteristics of newly engineered nanoscale particles used in food.'

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-086

OUTCOME 1: Population Health

Topic: CANCER TREATMENTS

Written Question on Notice

Senator Boyce asked:

The AIHW released a report saying that cancer treatments have spiked by $393m over 4 years from 2001-2005.

a) What are the major reasons for this?
b) This figure is like to increase as the population ages, what recommendations have you made to the Government about funding for treatment?

Answer:

a) Comparing data from the AIHW *Health expenditure Australia 2006-07* report (http://www.aihw.gov.au/publications/index.cfm/title/10659) with data from the AIHW *Health system expenditure on disease and injury in Australia 2000-01, second edition* report (http://www.aihw.gov.au/publications/index.cfm/title/10128) does indicate an increase in the costs of cancer treatment over the intervening period.

   This increase is consistent with the AIHW *Cancer incidence projections 2002 to 2011* report (http://www.aihw.gov.au/publications/index.cfm/title/10164), which states in the Executive Summary that:

   > "The Australian population is ageing and cancer incidence rates are highest in the older age groups. Even with the relatively stable trends in the incidence rates, the projected increase in the Australian population, particularly the increased population in the older age groups, will lead to large increases in the total number of new cases of cancer."

b) Cancer Australia is not in a position to disclose any advice that it provides to the Government.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-087

OUTCOME 1: Population Health

Topic: PREVENTATIVE HEALTH

Written Question on Notice

Senator Boyce asked:

What is the Agency recommending about preventative health in cancers, or early screening to Government?

Answer:

Cancer Australia is not in a position to disclose any advice that it provides to the Government.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-088

OUTCOME 1: Population Health

Topic: NATIONAL CENTRE FOR GYNAECOLOGICAL CANCERS

Written Question on Notice

Senator Boyce asked:

a) What stage has the establishment of the National Centre for Gynaecological Cancers reached?
b) Has is been established?
c) When will it be operational?

Answer:

a – c)
The National Centre for Gynaecological Cancers is established. In 2007-2008, Cancer Australia received $1 million in seed funding to establish the Centre. These funds were expended following consultation and advice from the National Centre for Gynaecological Cancers Working Group (which included representation from the National Breast and Ovarian Cancer Centre) on a range of projects, including: development of information and resources for consumers and clinicians; investigating the referral patterns of GPs and gynaecologists; a review of the gynaecological cancers workforce; development of resources for GPs through the gplearning website (http://www.gplearning.com.au/latest_learning_activities/index.html#gynae); development of a minimum data set for gynaecological cancers; and an evaluation of clinical guidance material needs for endometrial cancer.

In the 2008-2009 Budget, the National Centre for Gynaecological Cancers received a further $5.1 million funding over three years, to build on the work of the first year.

The Centre has a three year work plan, approved by the Minister for Health and Ageing. This work plan expands on the projects undertaken in the first year of operation. The second phase projects are being developed in close consultation with the National Centre for Gynaecological Cancers Advisory Group, which contains representatives with an interest in gynaecological cancers, including consumers, specialist clinicians, nurses, GPs and a representative from the National Breast and Ovarian Cancer Centre. More information can be found on the Centre's website: www.gynaecancercentre.gov.au

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-092

OUTCOME 1: Population Health

Topic: DAIRY IMPORTS FROM CHINA

Written Question on Notice

Senator Boyce asked:

Around 22 September 2008, FSANZ came out and issued a statement about not receiving any 'imports of dairy products from China this year'. On 28 September, foods containing melamine were removed from the shelves of Australian stores.

a) Why was there a discrepancy in the information you had and what was readily available on the supermarket shelves?
b) Did FSANZ know that products with Chinese milk was being imported into Australia?

Answer:

a) There was no discrepancy in the information provided. FSANZ's initial advice was that Australia does not import infant formula products from China and has not imported full-dairy products such as yoghurt, cheese or condensed milk, from China since March 2007. Australia does, however, import some products which contain more than 10% dairy ingredients. Under the *Quarantine Act 1908*, most of these 10% products require an import permit granted by a Director of Quarantine. Products containing more than 10% dairy ingredients which do not require an import permit include for example, chocolate, biscuits, bread and cooked cakes (other than cheese cakes and cakes containing dairy fillings or toppings that have not been cooked with the cake). In summary, Australia imports very few products containing significant quantities of dairy ingredients from China. Most of the products available on supermarket shelves imported from China were processed foods containing less than 10% dairy ingredients.

b) FSANZ became aware of the melamine adulteration incident in China on 9 September 2008. At that time, the incident appeared to be confined to infant formula and FSANZ was quickly able to establish that infant formula, along with other products with high levels of dairy content, such as milk, cheeses and yoghurts, are not permitted to be imported into Australia from China. FSANZ liaised with state and territory enforcement agencies and requested that they ensure that none of these products were illegally available for sale.

   As the incident unfolded, FSANZ soon became aware from information gathered from state and territory agencies, the Australian Bureau of Agricultural and Resource Economics, the Australian Quarantine and Inspection Service and Australian Customs, that products from China with low amounts of dairy ingredients were available for sale. This information was used to inform case by case risk assessments and subsequent risk management advice including the withdrawal of five products from sale which had been identified as containing melamine.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-276

OUTCOME 1: Population Health

Topic: GM CROPS IN AUSTRIA

Hansard Page: CA 78

Senator Siewert asked:

What was recently banned in Austria – was it growing GM crops or was it GM across the board including products derived from GM?

Answer:

As a member of the European Union (EU), Austria is technically not able to issue a ban concerning a genetically modified organism (GMO). More correctly, Austria has issued temporary moratoria on certain GMOs whilst seeking further assessment of several GM crop lines for a variety of reasons.

At various times since 2000, Austria has imposed a temporary moratorium on three GM corn lines (MON810, MON863 and T25) and two GM canola lines (GT73 and Ms8/Rf3). The moratoria previously covered importation and cultivation in Austria.

On 8 May 2008, based on favourable conclusions issued by the European Food Safety Authority (EFSA), the European Commission forced Austria to lift the moratorium on MON810 and T25 corn lines with respect to importation for human food and animal feed uses. Austria originally posed questions on the use of herbicides on the GM corn crops, and has extended its moratorium only on the cultivation of these two corn lines.

On 16 July 2008, Austria extended the moratorium on corn line MON863 for importation for feed use up to 1 October 2010.

Concerning GM canola lines, Austria issued a temporary restriction on GT73 canola in 2006, effective to 31 December 2008. A similar moratorium on Ms8/Rf3 canola was issued in 2008, and is effective to 1 October 2010. At the same time, a moratorium on corn line Bt176 was lifted due to the phasing out of this line.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-277

OUTCOME 1: Population Health

Topic: IMPORTED FOOD FROM CHINA

Hansard Page: CA 82

Senator Boswell asked:

Can FSANZ provide a complete list of products which have been tested for melamine contamination?

Answer:

As of 31 October 2008, 120 products imported from China had been tested for melamine and cyanuric acid by Australian government authorities (see attachment). Melamine was detected in five products: White Rabbit Creamy Candies, Lotte Koala Biscuits, Dali Yuan First Milk Vanilla Flavour, Orion Tiramisu Italian Cake Dessert and Kirin Milk tea. These products were removed from sale. Two additional products, Cadbury Éclairs and Lovers Body Pen Set (body paint) produced in China, were voluntarily withdrawn as a precaution.

Australia is now undertaking a more comprehensive survey under the Food Surveillance Network. Sampling under this survey will firstly occur for potentially high risk foods (e.g. milk-based beverages, confectionery yet to be tested, biscuits, cakes, chocolate, dairy desserts, infant foods, ice confection), followed by testing of lower risk products (confectionery already tested, soy products, smallgoods, flours). More test results are expected towards the end of November 2008.

Attachment

Summary table of results of imported foods tested for melamine in Australia as at 31 October 2008

Note: there are multiple entries for some products due to duplicate testing across the States and Territories (tbc = data to be confirmed)

Product name	Brand	Country of Manufacture
3 in 1 instant milk tea	DAI PAI DONG	Hong Kong
3in1 Tea Mix	Dai Pai Dong	tbc
3in1 Yuan Yang Milk	Dai Pai Dong	tbc
All in One Milk Tea	TW Classic	China
All in One Mocha Coffee	TW Classic	China
All in one Sumiyaki Coffee	TW Classic	China
Almond Cordial with fungus dessert	Nissin Retort Pouch	China
Almond flavour pudding powder	tbc	Taiwan
Big Chocky Biscuit Sticks 300g	Tresor Dore	tbc
Blue Mountain Styel Ice Coffee	Mr Brown	Taiwan
Blue Mountains Blend Coffee	Mr Brown	Taiwan
Butter Toffee	White Rabbit	Philippines
C+C Milk Sandwich Biscuits	Garden	China
C+C Milk Sandwich Biscuits	Garden	China
Candy Sample	White Rabbit	tbc
Candy Sample	White Rabbit	tbc
Candy Sample (1 sample)	White Rabbit	tbc
Cappuccino Iced Coffee Ready to Drink	Mr Brown	Taiwan
Cha Cha dessert	Nissin Retort Pouch	China
Chocolate Cream Candy	White Rabbit	China
Chocolate milk tea	Lipton	Taiwan
Chocolate Milk Tea	Lipton	China
Chocolate mini cream wafer	Garden	China
Chocolate snack koala	Lotte	china
Chunkfun milk tea	Lipton	tbc
Coconut Cream Candy	White Rabbit	China
Coconut Cream Candy	White Rabbit	China
Coffee	Mr Brown	Taiwan
Coffee and Tea Sweetener	Gold Coin	Singapore
Coffee Cream Candy	White Rabbit	China
Coffee Cream Candy	White Rabbit	China
Coffee Cream Candy	White Rabbit	China
Coffee Cream Candy	White Rabbit	China
Columbian style coffee	Master Café	Taiwan
Corn Soup Seasoning Soup base	McCormick	China
Cream candy - Large, red packet	White Rabbit	China
Cream candy - Large, red packet	White Rabbit	China
Cream candy - Large, white packet	White Rabbit	China
Cream candy - Large, white packet	White Rabbit	China

Product name	Brand	Country of Manufacture
Cream Custard Buns	LongFong	china
Cream Custard Buns	LongFong	china
Creamy candies	White Rabbit	China
Creamy candies	White Rabbit	China
Creamy candies	White Rabbit	China
Creamy Candies	White Rabbit	China
Creamy Candies	White Rabbit	China
Creamy Candy	White Rabbit	China
Creamy Candy	White Rabbit	China
Creamy Candy	White Rabbit	tbc
Creamy Candy	White Rabbit	tbc
Creamy Candy	White Rabbit	tbc
Creamy Candy	White Rabbit	tbc
Creamy Candy	White Rabbit	tbc
Creamy Candy	White Rabbit	tbc
Creamy Candy	White Rabbit	tbc
Creamy candy	White Rabbit	China
Creamy candy	White Rabbit	China
Creamy candy	White Rabbit	China
Creamy candy	White Rabbit	China
Creamy candy	White Rabbit	China
Crème White Drink	Nescafe	China
DHA Milk Drink	DHA	tbc
Disney Princess Chocolate Egg	tbc	China
Egg Pudding Jelly	tbc	Taiwan
First Milk Melon	Dali Yuan	china
First Milk Pineapple	Dali Yuan	china
First Milk Vanilla	Dali Yuan	china
French Cookies Peanut Flavour	tbc	China
Frugurt - aloe vera	tbc	Taiwan
Hello Kitty Chocolate Egg Surprise	tbc	China
HK Style Milk Tea	Lipton	China
I-Mei Red Bean & Milk Ice Bar - 6 pack	I-Mei	Taiwan
Instant Peanut Cereal	Soyspring	China
Koala Chocolate Snack 49g	Lotte	China
Koala Strawberry Snack 49g	Lotte	China
Lip N Dip (Biscuits with chocolate flavoured dip)	Mike and Jack	China
MacroWhey 400g	Gen-Tec	tbc
Mandheling Blend Coffee	Mr Brown	Taiwan
Mango flavour pudding powder	tbc	Taiwan
Marron snack koala	Lotte	china
melon snack koala	Lotte	china
Mengniu fruit milk drink apricot	Mengniu munmilk	tbc
Milk Candy	Golden Monkey	tbc
Milk Cream Scotch	tbc	Taiwan
Milk Green tea	William Tea House	Taiwan
Milk Tea	Assam	Taiwan
Milk Tea	Kirin	China
Milk tea - gold	Lipton	China
Mint Oreo Milk Chocolate Wafer Sticks 190g	Kraft	tbc
Mocha Drink	Nescafe	China

Product name	Brand	Country of Manufacture
Morning Drink	Nescafe	China
Natural Soya Drink with milk	Soyspring	China
Natural Soya drink with milk (powder)	Soyspring	China
Nescafe complete coffee mix	Nescafe	China
Oreo Chocolate Sandwich Cookies	Kraft	China
Oreo Milk Chocolate Wafer Sticks 324g	Kraft	tbc
Oreo White Chocolate Wafer Sticks 180g	Kraft	tbc
Original Premium Rice Rusk	Baby mum-mum	China
Passionfruit with Honey Drink	Hung Fook Tong	China
Peanut Candy	Roxy	China
Peanut Dessert	Red Tea Room	china
Peanut Soup with Milk	Chin Chin	Taiwan
Pearl milk tea		Taiwan
Red bean & milk ice bar	I-Mei	Taiwan
Red bean flavour candy	Golden Monkey Milk Candy	tbc
Regular Drink	Nescafe	China
Rice Crackers 100g - Sour Cream & Chives	Trident	tbc
Rich Drink	Nescafe	China
Ritz Chocolate	Kraft	china
Ritz Cream	Kraft	china
Silky Smooth Milk tea	Nescafe	China
Slim Protein Blend 400g - Strawberry	Musashi	tbc
Soymilk with 1% Whole Milk powder	Vitamilk	Thailand
Stix 50g - Chocolate	Pandaroo	tbc
Stix 50g - Strawberry	Pandaroo	tbc
Strawberry Cream Candy	White Rabbit	China
Strawberry Cream Wafers	Garden	China
Strawberry pink milk	Mengniu munmilk	tbc
Strawberry snack koala	Lotte	China
Sustagen Sport 900g - Vanilla	Sustagen	tbc
Sweetened Condensed Chocolate Milk	Indomilk	Indonesia
Sweetened Condensed Milk	Indomilk	Indonesia
Tira Misu italian cake with cheese cream	Orion	China
Top 'ems	Ritz	tbc
Traditional Danish Style Cookies 150g	Kensington	tbc
Treasure Dip 160g NET	tbc	tbc
Vanilla Milk tea	Lipton	China
Vertigo (Chocolate and caramel lolly pop)	tbc	China

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-278

OUTCOME 1: Population Health

Topic: GM LABELLING REQUIREMENTS

Hansard Page: CA 76

Senator Siewert asked:

a) Has FSANZ considered EU labelling requirements (on GM process)?

b) When were GM labelling requirements implemented in the EU.

c) Can FSANZ advise if its GM Labelling Review Report is available on the FSANZ website?

Answer:

a) Yes. The Food Standards Australia New Zealand (FSANZ) *Review of Labelling of Genetically Modified Foods (December 2003)* included a review of genetically modified (GM) food labelling requirements of other countries, including the impending changes to the European Union (EU) requirements that were to come into effect in 2004. FSANZ has continued to monitor progress since the review and is not aware of any further changes to EU regulations on GM food labelling.

b) GM labelling provisions for the EU were published on 18 October 2003 and took effect in 2004 as follows:

   1. Regulation (EC) No. 1829/2003 of the European Parliament and of the Council of 22 September 2003 on genetically modified food and feed.

   2. Regulation (EC) No. 1830/2003 of the European Parliament and of the Council of 22 September 2003 concerning the traceability of genetically modified organisms and the traceability of food and feed products produced from genetically modified organisms and amending Directive 2001/18/EC.

c) Yes. The FSANZ *Report on the Review of Labelling of Genetically Modified Foods (December 2003)* is available on the FSANZ website via the following link: http://www.foodstandards.gov.au/newsroom/publications/gmlabellingreviewrep2460.cfm

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-228

OUTCOME 1: Population Health

Topic: MATERNITY SERVICE REVIEW/PREGNANCY COUNSELLING HELPLINE

Hansard Page: CA 48

Senator Hanson-Young asked:

What is the timeframe around that and when would we be looking at seeing recommendations in terms of pregnancy counselling service?

Answer:

The report of the Maternity Services Review (MSR) is scheduled to be completed by the end of 2008. The MSR is considering a broad range of issues including maternity-related counselling and psychosocial support in the perinatal period, which will inform future directions in relation to the counselling service.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-038

OUTCOME 1: Population Health

Topic: MON863 CORN

Written Question on Notice

Senator Siewert asked:

a) Has FSANZ reviewed its approval of MON863 corn considering that it was found to produce evidence of liver and kidney toxicity when fed to rats in a peer reviewed French scientific study in 2007 (and that Austria has banned it due to human health concerns)
b) Is MON863 corn likely to be entering the food chain in Australia?

Answer:

a) Approval of food derived from insect-protected corn line MON863 was gazetted on 17 December 2003, following endorsement by the Australia and New Zealand Food Regulation Ministerial Council.

   In 2005, FSANZ evaluated a 90-day rat feeding study on MON863 corn that had been conducted specifically for the European system. FSANZ concluded that the study results did not indicate adverse effects from the consumption of MON863 corn. The same conclusion was reached by other food regulatory agencies around the world, including the European Food Safety Authority (EFSA), US Food and Drug Agency (USFDA), Health Canada Food Directorate. The EFSA review panel concluded that "the placing on the market of MON 863 maize is unlikely to have an adverse effect on human and animal health or on the environment, in the context of its intended use."

   In March 2007, a new statistical analysis of the 90-day rat feeding study done in 2005 was published in a scientific journal[1] (known as the Seralini Study) claiming that it had revealed adverse effects in the livers and kidneys of the rats fed MON863 corn. FSANZ again evaluated the original 2005 rat study and the new statistical analysis done by Seralini et al., (2007), to determine any possible significance this publication could have on the safety assessment of MON863 corn. FSANZ concluded in June 2007 that the use of alternative statistical tests did not identify any new safety concerns. Since this time, other food regulatory agencies, including EFSA, United States Food and Drug Administration (USFDA) and Health Canada Food Directorate, have found flaws in the interpretation of the Seralini et al., (2007) re-analysis of the data. An independent expert

[1] Séralini et al., (2007): 'New analysis of a rat feeding study with a genetically modified maize reveals signs of hepatorenal toxicity'. Archive Environmental Contamination Toxicology. Volume 52, Page 596-602 (2007)

panel of international scientists has recently published its support for the safety of MON863 corn in a peer reviewed journal[2].

b) It is possible that products derived from corn line MON863, including highly refined corn oil, are in foods on the market in Australia. Corn and processed corn products (flour, oil and syrup) are largely imported into Australia from the United States for manufacturing into a variety of foods. It is normal practice to co-mingle commercial corn varieties, including approved GM corn lines, after harvesting.

[2] Doull J et al (2007) Report of an Expert Panel on the reanalysis of a 90-day study conducted by Monsanto in support of the safety of a genetically modified corn variety (MON863), Food Chemical Toxicology Volume 45(11) Page 2073-85.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-040

OUTCOME 1: Population Health

Topic: SYNGENTA GE ALPHA-AMYLASE CORN

Written Question on Notice

Senator Siewert asked:

a) Is the Government aware that Syngenta's GE alpha-amylase corn variety was banned by the South African Government because of human health concerns?
b) Is the Government aware of any other regulators outside of the US, which doesn't require safety testing for GE foods, that have assessed the corn as safe for human consumption?
c) Is the Government aware that European regulators have requested additional information from Syngenta to support the company's claims that the corn is safe.
d) What concerns have been raised regarding the safety of alpha amylase corn? On what basis has FSANZ approved the corn?
e) Has FSANZ set an upper limit on how much alpha-amylase can occur in products?

Answer:

a) No. Registration of alpha-amylase corn in South Africa is contingent upon approval by both the United States Department of Agriculture (USDA) and the Food and Drug Administration (US FDA) as the relevant government authorities in the country of origin of this new variety of GE corn. This is standard South African Government policy for processing GE food applications. While US FDA approval has already been obtained, the agricultural approval process is now nearing completion and is expected to be finalised in late January 2009. Once joint food and agricultural approvals are granted in the country of origin, Syngenta intends to re-submit for approval in South Africa.

b) Yes. Health Canada approved alpha amylase corn event 3272 as a novel food on 13 March 2008.

c) FSANZ is aware that data requirements for the assessment of GM crops in Europe are subject to frequent change. During the assessment of alpha amylase corn, FSANZ sought additional information and clarifications from Syngenta on a number of occasions. It was therefore necessary to extend the statutory twelve months assessment period by a further six months in order to complete the assessment.

d) Concerns were raised on the use of the bacterial PMI (phosphomannose isomerise) protein, used as a selectable marker in alpha amylase corn. PMI is an enzyme commonly found in nature and is present in human intestinal flora. The ubiquitous nature of PMI indicates that humans are likely to be continually exposed to small amounts of PMI from various sources through the diet. FSANZ concluded that alpha amylase corn would have no impact on natural exposure to PMI.

   The assessment also considered whether the alpha amylase enzyme could be activated during the cooking or processing of corn line 3272, which could increase the glycaemic index of the final food product. However, the conclusion reached by FSANZ was that even if the final food's glycaemic index was increased, the overall effect on the diet would be minimal given that the glycaemic index is heavily influenced by other dietary factors.

   Corn line 3272 has been genetically modified for use in dry-grind ethanol production in the United States. It produces a heat-stable alpha-amylase enzyme which retains its activity during the high temperatures required for dry-grind ethanol production. While grain from corn line 3272 is intended to be channelled exclusively into industrial ethanol production, some of the ethanol produced may also be used for food applications. In addition, the potential exists for grain from corn line 3272 to be inadvertently mixed or co-mingled with corn intended for the food chain, where it could potentially enter the Australian and New Zealand food supply. As a consequence, and following consultation with FSANZ, Syngenta sought approval for food derived from alpha amylase corn line 3272, as if it was intended as food. FSANZ therefore conducted a pre-market safety assessment on food derived from amylase modified corn line 3272 according to the safety assessment guidelines applied to all other GM foods.

e) No. On the basis of the outcomes of the safety assessment, alpha amylase corn is considered as safe for human consumption as conventional varieties of corn.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-042

OUTCOME 1: Population Health

Topic: SCIENTIFIC STANDARDS

Written Question on Notice

Senator Siewert asked:

a) Why is FSANZ system of assessments of novel foods science-based and not scientific?
b) Why will FSANZ not set scientific standards and benchmarks in advance that specify in detail what independent scientific experiments are required in support of applications for the registration of novel food products from GM, irradiation, etc?

Answer:

a) The risk assessment conducted by FSANZ when evaluating the safety of any novel food, including a GM food, is based on the evaluation of detailed scientific data and information. FSANZ requires all raw laboratory, clinical and field data to be supplied at the time of application, and any other follow-up studies done subsequent to the application, and will not merely accept summaries of studies. When FSANZ undertakes a scientific risk assessment, all credible and appropriate sources of information are taken into account, including peer reviewed journal articles, information from the scientific literature, information from other food regulators around the world who have completed the same independent risk assessment, and data from the applicant. On this basis, the assessment may accurately be described as 'scientific'.

   The use of the term 'science based' stems from wording contained in s18(2) (a) of the *Food Standards Australia New Zealand Act 1991* which states 'the need for standards to be based on risk analysis using the best available scientific evidence'. In FSANZ's view, the terms 'science-based' and 'scientific' mean the same thing.

b) The package of scientific data required for the assessment of a novel food, a GM food, or an irradiated food is now set out in detail in Section 3.5 of the FSANZ *Application Handbook*, available on the FSANZ website.

   Prior to the Handbook, FSANZ produced detailed guidelines, made available on the website, for potential applicants seeking approval for a new food, food ingredient or manufacturing process. Documents outlining specific data requirements for GM, novel and irradiated foods have been publicly available since the respective Standards came into force, and are subject to regular reviews and updates.

For GM foods, the guidelines in place are in line with similar guidelines and data requirements established by international bodies such as the Food and Agriculture Organisation/World Health Organisation, Codex and the OECD, as well as many overseas food regulators including in Canada, Japan and Europe.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-226

OUTCOME 1: Population Health

Topic: TRENDS IN VACCINATION PROGRAMS

Hansard Page: CA 42

Senator Ryan asked:

Has there been a downward trend in any other immunisation programs (other than HPV) over the last two to three years?

Answer:

Data from the Australian Childhood Immunisation Register (ACIR) provided by Medicare Australia, does not show any downward trend for coverage of immunisation programs other than HPV over the last two or three years. For the 12-15 and 24-27 months age cohorts, immunisation coverage rates have consistently remained above 90%. The coverage rates for the 12-15 months age cohort was 91.0% in September 2005 and 91.2% in June 2008. The corresponding figures for the 24-27 months age cohort are 92.1% and 92.8%.

For children between 60-63 months or 72-75 months there has been an overall increase in coverage rates. For the period of September 2005 to June 2008, coverage increased from 79.6% to 87.3% in the 60-63 months age cohort and for the 72-75 months age cohort from 83.8% to 88.0%.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-227

OUTCOME 1: Population Health

Topic: ILLICIT DRUG DIVERSION INITIATIVE FUNDING

Hansard Page: CA 47

Senator Ryan asked:

Would it be possible to see a list (of Illicit Drug Diversion money) by states and territories?

Answer:

The table below provides a break down of funding allocated to the states and territories under the Illicit Drug Diversion Initiative in 2008-2009.

Jurisdiction	Allocation of funds 2008-09 ($ million)
New South Wales	17.471
Victoria	13.297
Queensland	9.565
Western Australia	5.642
South Australia	3.506
Tasmania	2.442
Australian Capital Territory	1.140
Northern Territory	1.287
Total	54.350

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-243

OUTCOME 2: Access to Pharmaceutical Services

Topic: PALLIATIVE CARE MEDICINES LISTED ON THE SCHEDULE OF PHARMACEUTICAL BENEFITS

Hansard Page: CA 117

Senator Boyce asked:

Would you be able to, on notice, give me the list of your successes [items listed in the section of Schedule of Pharmaceutical Benefits for patients receiving palliative care] over the last three years or some such?

Answer:

The Palliative Care section of the Schedule of Pharmaceutical Benefits was introduced in February 2004. The medicines currently listed in that section for use in patients receiving palliative care are set out in Table 1 attached.

Table 1. Palliative Care section listings

Drug group	Drug name, form and strength
Artificial saliva	Carmellose sodium mouth spray 25ml and 100ml
Benzodiazepines	Clonazepam oral liquid 2.5 mg per ml Clonazepam tablet 500 micrograms & 2 mg Diazepam tablet 2 mg & 5 mg Nitrazepam tablet 5 mg Oxazepam tablet 15 mg & 30 mg Temazepam tablet 10 mg
Benzydamine	Benzydamine hydrochloride mouth and throat rinse 15 ml
Hyoscine	Hyoscine butylbromide injection 20 mg
Laxatives	Bisacodyl suppositories 10 mg Bisacodyl tablet 5 mg Docusate sodium with bisacodyl suppositories 100 mg-10 mg Glycerol suppositories 1.4 g (for children) Glycerol suppositories 2.8 g (for adults) Glycerol suppositories 700 mg (for infants) Lactulose mixture 3.34 g per 5 ml Macrogol powder for oral suspension Sorbitol / sodium citrate / sodium lauryl sulfoacetate enemas 5 ml Sterculia granules 473 mg-83 mg per g Sterculia with frangula bark granules 620 mg-80 mg per g
Narcotics	Fentanyl lozenges 200mcg Fentanyl lozenges 400mcg Fentanyl lozenges 600mcg Fentanyl lozenges 800mcg Fentanyl lozenges 1200mcg Fentanyl lozenges 1600mcg Methadone hydrochloride oral liquid 25 mg per 5 ml Morphine sulfate tablet 10 mg & 20 mg Morphine sulfate tablet 200 mg (controlled release)
NSAIDs	Diclofenac sodium suppository 100 mg Diclofenac sodium tablet 25 mg (enteric coated) Diclofenac sodium tablet 50 mg (enteric coated) Ibuprofen tablet 200 mg & 400 mg Indomethacin capsule 25 mg Indomethacin suppository 100 mg Naproxen oral suspension 125 mg per 5 ml Naproxen sodium tablet 550 mg Naproxen tablet 750 mg & 1 g (sustained release) Naproxen tablet 250 mg & 500 mg Sulindac tablet 100 mg & 200mg
Paracetamol	Paracetamol suppositories 500 mg Paracetamol tablet 665 mg (modified release)
Promethazine	Promethazine hydrochloride oral liquid 5 mg per 5 ml Promethazine hydrochloride tablet 10 mg & 25 mg

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-244

OUTCOME 2: Access to Pharmaceutical Services

Topic: PBAC RECOMMENDATIONS

Hansard Page: CA 117

Senator Cormann asked:

Mr Dellar – Yes, there are a number of drugs where the PBAC has made a positive recommendation, but at this stage a decision on the listing has not yet been completed. I could name some.

Senator Cormann – Perhaps you can provide us that on notice.

Answer:

There are a small number of significant high cost drugs which have received a positive recommendation by the Pharmaceutical Benefits Advisory Committee (PBAC), but are yet to be listed on the PBS. Excluding recommendations from the most recent PBAC meeting, these are listed in the table below.

Drug and Form	**Type of Listing**
BEVACIZUMAB, solution for i.v. infusion 100 mg in 4 mL, 400 mg in 16 mL, Avastin®, Roche Products Pty Ltd	New Listing
CLOPIDOGREL HYDROGEN SULFATE, tablet, 75 mg (base), Plavix®, Sanofi-Aventis Australia Pty Ltd, Iscover®, Bristol-Myers Squibb Pharmaceuticals	Change to Listing
POSACONAZOLE, oral suspension, 40 mg per mL, Noxafil®, Schering-Plough Pty Ltd	New Listing
SUNITINIB MALATE 12.5 mg, 25 mg and 50 mg, Sutent®, Pfizer Australia Pty Ltd	New Listing

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-048

OUTCOME 2: Access to Pharmaceutical Services

Topic: PRESCRIPTION PRICES

Written Question on Notice

Senator Siewert asked:

"What is the department going to do to raise the use of medicines by pensioners following the 11 per cent drop since the Federal government increased the amount they have to pay towards prescriptions from $3.70 to $4.60?"

Answer:

The Pharmaceutical Benefits Scheme (PBS) copayment for pensioners and other concession card holders was increased from $3.80 to $4.60 on 1 January 2005 as part of a 2005-06 Budget measure. Since that time the PBS copayment for concessional patients has increased annually in line with indexation. The Department of Health and Ageing continually monitors access to, and affordability of, medicines.

The study, "The impact of copayment increases on dispensings of government-subsidised medicines in Australia", found that, for 12 of the 17 groups of medicines studied, there has been a decrease in the number of dispensings since 1 January 2005. The study claimed that dispensing volumes of most of these groups of medicines decreased in the range of three to eleven per cent. The report linked the decrease in dispensing volumes to the copayment increases.

Other factors may impact on PBS medicine usage patterns. These factors include improved clinical practice, changed medication regimens, enhanced consideration of alternative treatments including preventive health interventions. The safety net 20 day rule was introduced on 1 January 2006 to promote responsible use of medicines by reducing the incentive to obtain supplies of PBS medicines in excess of consumers' needs.

The Government funds the National Prescribing Service ($29.77 million in 2008-09) to provide evidence-based information and services to health professionals and consumers to ensure that medicines are used appropriately, and in the safest, most cost-effective manner.

The Department of Families, Housing, Community Services and Indigenous Affairs is currently considering submissions to the Pension Review with a view to developing a comprehensive approach to strengthening the financial security of pensioners.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-101

OUTCOME 3: Access to Medical Services

Topic: MBS AND PBS EXPENDITURE PER CAPITA

Written Question on Notice

Senator Adams asked:

For each of the last 10 years, what is the average of MBS and PBS expenditure per capita in rural/remote areas of Australia and the average MBS and PBS expenditure per capita in other (urban/metro areas) of Australia?

Answer:

MBS and PBS expenditure per capita[1] - Year ending 30 June

Region[2]	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
					Medicare Benefits Scheme ($)					
Urban/Metro	378.70	388.90	402.40	422.80	431.00	448.80	510.20	557.70	585.40	638.00
Rural/Remote	286.70	296.80	314.50	337.60	351.20	374.00	430.60	472.10	491.70	536.70
					Pharmaceutical Benefits Scheme ($)					
Urban/Metro	147.60	166.40	195.70	211.40	226.50	243.50	254.40	256.00	254.60	270.50
Rural/Remote	145.70	164.60	197.60	217.60	238.00	260.10	275.20	276.30	274.70	293.60

(1) Department of Health and Ageing estimated resident population by RRMA based on unpublished ABS data (Aug 2008)

(2) aggregates based on Rural and Remote Area Classification (RRMA) regions

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO
Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-265

OUTCOME 3: Access to Medical Services

Topic: MBS AND PBS EXPENDITURE PER CAPITA

Hansard Page: CA 121

Senator Adams asked:

For each of the last 10 years, what is the average of MBS and PBS expenditure per capita in rural/remote areas of Australia and the average MBS and PBS expenditure per capita in other (urban/metro areas) of Australia?

Answer:

See answer to E08-101.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-102

OUTCOME 3: Access to Medical Services

Topic: MEDICARE BENEFITS SCHEDULE (MBS) REVIEW

Written Question on Notice

Senator Adams asked:

a) Is there a review of Medicare and/or of Medicare item numbers?
b) If so, what will be the purpose of such a review?

Answer:

a) The Government is undertaking a review of the primary care elements of the Medicare Benefits Schedule

b) The purpose of the review is to simplify the Schedule so as to reduce red tape and provide more clarity for both health care providers and consumers, while identifying any opportunities this presents to further support preventative health care. The review is proceeding alongside the development of the National Primary Heath Care Strategy.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-266

OUTCOME 3: Access to Medical Services

Topic: MEDICARE BENEFITS SCHEDULE (MBS) REVIEW

Hansard Page: CA 121

Senator Adams asked:

c) Is there a review of Medicare and/or of Medicare item numbers?
d) If so, what will be the purpose of such a review?

Answer:

See answer to E08-102.

Australian Government
Department of Health and Ageing

Mr Elton Humphery
Committee Secretary
Standing Committee on Community Affairs
Parliament House
CANBERRA ACT 2600

Fax. 02 6277 5829

Dear Mr Humphery

Supplementary Budget Estimates 22 October 2008

I refer to the proof issue Hansard for the Committee on this day.

In the first paragraph of my answer in line 4 page 115 the proof record shows "if they are willing to provide the identified unit record data". This should read "if they are willing to provide the deidentified unit record data".

Please do not hesitate to call me if you require any further clarification.

Yours sincerely

David Cullen
A/g Assistant Secretary
Policy & Evaluation Branch

Ageing And Aged Care Division MDP 76 GPO Box 9848 Canberra ACT 2601
Telephone: (02) 6289 5475 Fax: (02) 6289 7708 ABN 83 605 426 759

Australian Government

Department of Health and Ageing

Mr Elton Humphery
Committee Secretary
Community Affairs Committee
Department of the Senate
Parliament House
CANBERRA ACT 2600

Dear Mr Humphery

Provision of 30 June 2008 Stocktake of Aged Care Places
Outcome 4 – Aged Care and Population Ageing

At the Budget Estimates 2004-2005 Hearings of the Senate Community Affairs Legislation Committee, the Department undertook to forward to the Committee the figures for future Stocktakes of Aged Care Places following their completion.

The 30 June 2008 Stocktake of Aged Care Places tables are attached; an electronic copy of these attachments was emailed today.

Yours sincerely

Allison Rosevear
Assistant Secretary
Residential Program Management Branch
November 2008

Total Operational Places by State/Territory
- 30 June 2008

State / Territory	High care	Low care	Total residential	Community care	Transition care	Total
NSW	30,904	28,894	**59,798**	15,663	674	**76,135**
VIC	20,979	24,135	**45,114**	11,806	502	**57,422**
QLD	14,631	16,436	**31,067**	8,066	343	**39,476**
SA	8,743	8,181	**16,924**	4,077	176	**21,177**
WA	6,851	8,044	**14,895**	4,177	160	**19,232**
TAS	2,324	2,177	**4,501**	1,243	57	**5,801**
NT	325	252	**577**	774	16	**1,367**
ACT	803	990	**1,793**	669	35	**2,497**
Australia	**85,560**	**89,109**	**174,669**	**46,475**	**1,963**	**223,107**

Total Operational Ratios by State/Territory
- 30 June 2008

State / Territory	High care	Low care	Total residential	Community care	Transition care	Total
NSW	45.0	42.1	**87.2**	22.8	1.0	**111.0**
VIC	40.9	47.1	**88.0**	23.0	1.0	**112.0**
QLD	40.2	45.2	**85.4**	22.2	0.9	**108.5**
SA	49.2	46.0	**95.2**	22.9	1.0	**119.1**
WA	38.4	45.0	**83.4**	23.4	0.9	**107.7**
TAS	44.4	41.5	**85.9**	23.7	1.1	**110.7**
NT	53.5	41.5	**95.0**	127.4	2.6	**225.0**
ACT	34.4	42.4	**76.8**	28.6	1.5	**106.9**
Australia	**42.8**	**44.5**	**87.3**	**23.2**	**1.0**	**111.5**

Notes:
Tables include flexible care places: Transition Care, Extended Aged Care at Home (EACH) and EACH Dementia, Multi-Purpose Services and places under the National Aboriginal and Torres Strait Islander Flexible Program.
Multi-Purpose Services and Aboriginal and Torres Strait Islander places are notionally allocated as high care, low care and community aged care places.
Community care includes Community Aged Care Packages, EACH and EACH Dementia places.

Total Operational Places and Ratios at Aged Care Planning Region – 30 June 2008

		Total Operational Places					Total Operational Ratio				
State / Territory	**Aged care planning region**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**
NSW	Central Coast	1,616	1,820	**3,436**	1,005	**4,441**	39.2	44.1	**83.3**	24.4	**107.6**
	Central West	772	924	**1,696**	416	**2,112**	41.6	49.7	**91.3**	22.4	**113.7**
	Far North Coast	1,387	1,653	**3,040**	841	**3,881**	36.5	43.5	**79.9**	22.1	**102.1**
	Hunter	2,565	2,873	**5,438**	1,426	**6,864**	39.9	44.7	**84.6**	22.2	**106.8**
	Illawarra	1,645	1,885	**3,530**	1,051	**4,581**	36.8	42.1	**78.9**	23.5	**102.4**
	Inner West	3,114	1,435	**4,549**	904	**5,453**	77.2	35.6	**112.8**	22.4	**135.2**
	Mid North Coast	1,494	1,928	**3,422**	973	**4,395**	34.4	44.4	**78.8**	22.4	**101.2**
	Nepean	1,235	746	**1,981**	476	**2,457**	57.1	34.5	**91.6**	22.0	**113.7**
	New England	771	904	**1,675**	464	**2,139**	39.1	45.9	**85.0**	23.5	**108.5**
	Northern Sydney	4,523	3,859	**8,382**	1,885	**10,267**	53.1	45.3	**98.5**	22.1	**120.6**
	Orana Far West	617	902	**1,519**	427	**1,946**	37.9	55.4	**93.2**	26.2	**119.5**
	Riverina/Murray	1,072	1,337	**2,409**	644	**3,053**	36.3	45.3	**81.6**	21.8	**103.5**
	South East Sydney	3,658	2,961	**6,619**	1,900	**8,519**	43.2	35.0	**78.2**	22.4	**100.6**
	South West Sydney	2,831	2,495	**5,326**	1,445	**6,771**	45.2	39.8	**85.1**	23.1	**108.1**
	Southern Highlands	786	1,251	**2,037**	546	**2,583**	34.4	54.8	**89.2**	23.9	**113.1**
	Western Sydney	2,818	1,921	**4,739**	1,260	**5,999**	53.1	36.2	**89.3**	23.8	**113.1**
	All State (Transition Care)					**674**					**1.0**

Total Operational Places and Ratios at Aged Care Planning Region – 30 June 2008

		Total Operational Places					Total Operational Ratio				
State / Territory	**Aged care planning region**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**
VIC	Barwon-South Western	1,738	2,164	**3,902**	1,037	**4,939**	40.9	51.0	**91.9**	24.4	**116.4**
	Eastern Metro	4,003	4,959	**8,962**	2,570	**11,532**	38.7	47.9	**86.6**	24.8	**111.4**
	Gippsland	1,074	1,425	**2,499**	642	**3,141**	35.6	47.2	**82.8**	21.3	**104.1**
	Grampians	962	1,145	**2,107**	437	**2,544**	40.1	47.7	**87.7**	18.2	**105.9**
	Hume	1,174	1,447	**2,621**	697	**3,318**	41.3	50.9	**92.2**	24.5	**116.7**
	Loddon-Mallee	1,348	1,803	**3,151**	734	**3,885**	38.8	51.9	**90.7**	21.1	**111.8**
	Northern Metro	2,917	3,026	**5,943**	1,354	**7,297**	39.9	41.4	**81.3**	18.5	**99.9**
	Southern Metro	5,506	5,628	**11,134**	2,540	**13,674**	44.9	45.9	**90.7**	20.7	**111.4**
	Western Metro	2,257	2,538	**4,795**	1,795	**6,590**	42.3	47.5	**89.8**	33.6	**123.4**
	All State (Transition Care)					**502**					**1.0**

Total Operational Places and Ratios at Aged Care Planning Region – 30 June 2008

		Total Operational Places					Total Operational Ratio				
State / Territory	**Aged care planning region**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**
QLD	Brisbane North	2,095	1,919	**4,014**	1,046	**5,060**	52.7	48.3	**101.0**	26.3	**127.3**
	Brisbane South	2,544	2,563	**5,107**	1,347	**6,454**	44.8	45.2	**90.0**	23.7	**113.7**
	Cabool	1,080	1,333	**2,413**	566	**2,979**	36.5	45.1	**81.6**	19.1	**100.8**
	Central West	68	54	**122**	53	**175**	69.0	54.8	**123.7**	53.8	**177.5**
	Darling Downs	1,050	1,137	**2,187**	452	**2,639**	42.3	45.8	**88.2**	18.2	**106.4**
	Far North	619	810	**1,429**	477	**1,906**	34.9	45.6	**80.5**	26.9	**107.3**
	Fitzroy	653	785	**1,438**	369	**1,807**	42.1	50.6	**92.8**	23.8	**116.6**
	Logan River Valley	644	852	**1,496**	297	**1,793**	37.0	48.9	**85.9**	17.1	**103.0**
	Mackay	408	400	**808**	231	**1,039**	41.9	41.0	**82.9**	23.7	**106.6**
	North West	49	80	**129**	143	**272**	35.6	58.1	**93.6**	103.8	**197.4**
	Northern	847	783	**1,630**	354	**1,984**	49.1	45.4	**94.5**	20.5	**115.0**
	South Coast	1,632	2,019	**3,651**	897	**4,548**	34.0	42.0	**76.0**	18.7	**94.6**
	South West	74	151	**225**	133	**358**	34.7	70.8	**105.5**	62.4	**167.8**
	Sunshine Coast	1,397	1,741	**3,138**	815	**3,953**	34.8	43.4	**78.3**	20.3	**98.6**
	West Moreton	499	672	**1,171**	259	**1,430**	35.4	47.7	**83.1**	18.4	**101.5**
	Wide Bay	972	1,137	**2,109**	627	**2,736**	34.0	39.8	**73.7**	21.9	**95.7**
	All State (Transition Care)					**343**					**0.9**

Total Operational Places and Ratios at Aged Care Planning Region – 30 June 2008

		Total Operational Places					Total Operational Ratio				
State / Territory	**Aged care planning region**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**
SA	Eyre Peninsula	161	181	**342**	88	**430**	45.3	50.9	**96.2**	24.7	**120.9**
	Hills, Mallee & Southern	585	575	**1,160**	365	**1,525**	40.8	40.1	**81.0**	25.5	**106.5**
	Metropolitan East	1,802	1,740	**3,542**	895	**4,437**	62.9	60.7	**123.6**	31.2	**154.9**
	Metropolitan North	1,986	1,172	**3,158**	602	**3,760**	58.9	34.8	**93.7**	17.9	**111.5**
	Metropolitan South	1,931	1,671	**3,602**	848	**4,450**	50.2	43.5	**93.7**	22.1	**115.7**
	Metropolitan West	1,293	1,261	**2,554**	548	**3,102**	44.1	43.1	**87.2**	18.7	**105.9**
	Mid North	69	194	**263**	96	**359**	20.0	56.2	**76.1**	27.8	**103.9**
	Riverland	170	230	**400**	85	**485**	35.1	47.4	**82.5**	17.5	**100.0**
	South East	213	346	**559**	163	**722**	32.6	52.9	**85.5**	24.9	**110.5**
	Whyalla, Flinders & Far North	144	232	**376**	163	**539**	33.7	54.2	**87.9**	38.1	**126.0**
	Yorke, Lower North & Barossa	389	579	**968**	224	**1,192**	36.6	54.4	**91.0**	21.1	**112.1**
	All State (Transition Care)					**176**					**1.0**

Total Operational Places and Ratios at Aged Care Planning Region – 30 June 2008

		Total Operational Places					Total Operational Ratio				
State / Territory	**Aged care planning region**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**
WA	Goldfields	143	127	**270**	66	**336**	56.8	50.4	**107.2**	26.2	**133.4**
	Great Southern	203	286	**489**	144	**633**	34.4	48.4	**82.8**	24.4	**107.2**
	Kimberley	68	98	**166**	73	**239**	70.5	101.6	**172.0**	75.6	**247.7**
	Metropolitan East	1,072	1,266	**2,338**	550	**2,888**	40.6	47.9	**88.5**	20.8	**109.3**
	Metropolitan North	1,605	2,169	**3,774**	1,069	**4,843**	34.3	46.3	**80.5**	22.8	**103.3**
	Metropolitan South East	1,523	1,444	**2,967**	709	**3,676**	52.2	49.5	**101.7**	24.3	**126.0**
	Metropolitan South West	1,370	1,569	**2,939**	847	**3,786**	33.2	38.0	**71.1**	20.5	**91.6**
	Mid West	158	177	**335**	173	**508**	32.2	36.1	**68.4**	35.3	**103.7**
	Pilbara	27	38	**65**	57	**122**	43.8	61.6	**105.3**	92.4	**197.7**
	South West	431	604	**1,035**	295	**1,330**	33.0	46.3	**79.4**	22.6	**102.0**
	Wheatbelt	251	266	**517**	194	**711**	36.7	38.9	**75.7**	28.4	**104.0**
	All State (Transition Care)					**160**					**0.9**
TAS	North Western	489	506	**995**	235	**1,230**	40.0	41.4	**81.3**	19.2	**100.5**
	Northern	797	560	**1,357**	357	**1,714**	53.0	37.3	**90.3**	23.8	**114.0**
	Southern	1,038	1,111	**2,149**	651	**2,800**	41.3	44.2	**85.5**	25.9	**111.4**
	All State (Transition Care)					**57**					**1.1**

Total Operational Places and Ratios at Aged Care Planning Region – 30 June 2008

		Total Operational Places					Total Operational Ratio				
State / Territory	**Aged care planning region**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**
NT	Alice Springs	110	56	**166**	207	**373**	96.8	49.3	**146.1**	182.2	**328.3**
	Barkly	17	2	**19**	42	**61**	93.9	11.0	**105.0**	232.0	**337.0**
	Darwin	161	129	**290**	365	**655**	39.2	31.4	**70.6**	88.8	**159.4**
	East Arnhem	9	6	**15**	74	**89**	51.1	34.1	**85.2**	420.5	**505.7**
	Katherine	28	59	**87**	86	**173**	59.1	124.5	**183.5**	181.4	**365.0**
	All State (Transition Care)					**16**					**2.6**
ACT	Australian Capital Territory	803	990	**1,793**	669	**2,462**	34.4	42.4	**76.8**	28.6	**105.4**
	All State (Transition Care)					**35**					**1.5**

Total Operational Places by Service Type
- 30 June 2008

Mainstream Operational Places

Residential and Community Care places under the *Aged Care Act 1997*

State / Territory	High care	Low care	Total residential	Community care	Total
NSW	30,390	28,644	**59,034**	13,477	**72,511**
VIC	20,769	24,001	**44,770**	10,120	**54,890**
QLD	14,400	16,280	**30,680**	6,942	**37,622**
SA	8,468	7,983	**16,451**	3,464	**19,915**
WA	6,518	7,734	**14,252**	3,436	**17,688**
TAS	2,270	2,137	**4,407**	1,012	**5,419**
NT	271	174	**445**	587	**1,032**
ACT	803	990	**1,793**	514	**2,307**
Australia	**83,889**	**87,943**	**171,832**	**39,552**	**211,384**

Flexible Operational Places

National Aboriginal and Torres Strait Islander Aged Care Program Places

Not allocated under the *Aged Care Act 1997*

State/ Territory	High care	Low care	Total residential	Community care	Total
NSW	6	15	**21**	14	**35**
VIC	15	10	**25**	69	**94**
QLD	49	30	**79**	6	**85**
SA	81	38	**119**	45	**164**
WA	14	-	**14**	2	**16**
TAS	-	-	**-**	46	**46**
NT	50	78	**128**	72	**200**
ACT	-	-	**-**	-	**-**
Australia	**215**	**171**	**386**	**254**	**640**

Multipurpose (MPS) Operational Places

Allocated under the *Aged Care Act 1997*

State/ Territory	High care	Low care	Total residential	Community care	Total
NSW	508	235	**743**	82	**825**
VIC	195	124	**319**	14	**333**
QLD	181	125	**306**	104	**410**
SA	194	160	**354**	14	**368**
WA	306	310	**616**	159	**775**
TAS	54	33	**87**	13	**100**
NT	4	-	**4**	2	**6**
ACT	-	-	**-**	-	**-**
Australia	**1,442**	**987**	**2,429**	**388**	**2,817**

Total Operational Places by Service Type
- 30 June 2008

Extended Aged Care at Home (EACH) and EACH Dementia Operational Places
Allocated under the *Aged Care Act 1997*

State/ Territory	EACH	EACH Dementia
NSW	1,415	675
VIC	1,106	497
QLD	667	346
SA	345	169
WA	406	174
TAS	112	60
NT	83	30
ACT	110	45
Australia	4,244	1,996

EACH places are attributed as Community Care as from June 2004 and EACH Dementia places as from December 2005

Transition Care (TC) Operational Places
Allocated under the *Aged Care Act 1997*

State/ Territory	Total
NSW	674
VIC	502
QLD	343
SA	176
WA	160
TAS	57
NT	16
ACT	35
Australia	1,963

Innovative Care (IC) Operational Places
Allocated under the *Aged Care Act 1997*

State/ Territory	High care	Low care	Total residential	Community care	Total
QLD	1	1	2	1	3
SA	-	-	-	40	40
WA	13	-	13	-	13
TAS	-	7	7	-	7
Australia	14	8	22	41	63

Total Allocated Places by State/Territory
- 30 June 2008

State / Territory	High care	Low care	Total residential	Community care	Transition care	Total
NSW	34,599	33,969	**68,568**	15,696	772	**85,036**
VIC	24,261	26,720	**50,981**	11,821	570	**63,372**
QLD	16,910	18,758	**35,668**	8,131	389	**44,188**
SA	9,283	8,657	**17,940**	4,097	193	**22,230**
WA	8,144	9,171	**17,315**	4,197	178	**21,690**
TAS	2,437	2,439	**4,876**	1,259	67	**6,202**
NT	378	299	**677**	774	22	**1,473**
ACT	1,108	1,365	**2,473**	670	37	**3,180**
Australia	**97,120**	**101,378**	**198,498**	**46,645**	**2,228**	**247,371**

Total Allocated Ratio by State/Territory
- 30 June 2008

State / Territory	High care	Low care	Total residential	Community care	Transition care	Total
NSW	50.4	49.5	**99.9**	22.9	1.1	**124.0**
VIC	47.3	52.1	**99.5**	23.1	1.1	**123.6**
QLD	46.5	51.6	**98.0**	22.3	1.1	**121.4**
SA	52.2	48.7	**100.9**	23.1	1.1	**125.1**
WA	45.6	51.4	**97.0**	23.5	1.0	**121.5**
TAS	46.5	46.5	**93.1**	24.0	1.3	**118.4**
NT	62.2	49.2	**111.4**	127.4	3.6	**242.4**
ACT	47.4	58.4	**105.9**	28.7	1.6	**136.2**
Australia	**48.5**	**50.7**	**99.2**	**23.3**	**1.1**	**123.6**

Notes:

Tables include flexible care places: Transition Care, Extended Aged Care at Home (EACH) and EACH Dementia, Multi-Purpose Services, and places under the National Aboriginal and Torres Strait Islander Flexible Program.

Multi-Purpose Services and Aboriginal and Torres Strait Islander places are notionally allocated as high care, low care and community aged care places.

Community care includes Community Aged Care Packages, EACH and EACH Dementia places.

Total Allocated Places and Ratios at Aged Care Planning Region – 30 June 2008

		Total Allocated Places					Total Allocated Ratio				
State / Territory	**Aged care planning region**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**
NSW	Central Coast	1,802	2,074	**3,876**	1,005	**4,881**	43.7	50.3	**93.9**	24.4	**118.3**
	Central West	796	938	**1,734**	420	**2,154**	42.8	50.5	**93.3**	22.6	**115.9**
	Far North Coast	1,653	1,974	**3,627**	843	**4,470**	43.5	51.9	**95.4**	22.2	**117.6**
	Hunter	2,947	3,336	**6,283**	1,426	**7,709**	45.9	51.9	**97.8**	22.2	**120.0**
	Illawarra	2,045	2,453	**4,498**	1,051	**5,549**	45.7	54.8	**100.6**	23.5	**124.0**
	Inner West	3,195	1,595	**4,790**	904	**5,694**	79.2	39.5	**118.8**	22.4	**141.2**
	Mid North Coast	1,849	2,427	**4,276**	983	**5,259**	42.6	55.9	**98.5**	22.6	**121.1**
	Nepean	1,259	776	**2,035**	476	**2,511**	58.2	35.9	**94.1**	22.0	**116.2**
	New England	871	1,026	**1,897**	464	**2,361**	44.2	52.0	**96.2**	23.5	**119.8**
	Northern Sydney	4,715	4,171	**8,886**	1,885	**10,771**	55.4	49.0	**104.4**	22.1	**126.5**
	Orana Far West	648	902	**1,550**	438	**1,988**	39.8	55.4	**95.1**	26.9	**122.0**
	Riverina/Murray	1,371	1,504	**2,875**	650	**3,525**	46.5	51.0	**97.4**	22.0	**119.5**
	South East Sydney	4,298	3,794	**8,092**	1,900	**9,992**	50.8	44.8	**95.6**	22.4	**118.0**
	South West Sydney	3,162	3,226	**6,388**	1,445	**7,833**	50.5	51.5	**102.0**	23.1	**125.1**
	Southern Highlands	1,052	1,331	**2,383**	546	**2,929**	46.0	58.3	**104.3**	23.9	**128.2**
	Western Sydney	2,936	2,442	**5,378**	1,260	**6,638**	55.4	46.0	**101.4**	23.8	**125.2**
	All State (Transition Care)					**772**					**1.1**

Total Allocated Places and Ratios at Aged Care Planning Region – 30 June 2008

		Total Allocated Places					Total Allocated Ratio				
State / Territory	**Aged care planning region**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**
VIC	Barwon-South Western	1,939	2,246	**4,185**	1,037	**5,222**	45.7	52.9	**98.6**	24.4	**123.0**
	Eastern Metro	4,647	5,514	**10,161**	2,570	**12,731**	44.9	53.3	**98.1**	24.8	**123.0**
	Gippsland	1,254	1,553	**2,807**	642	**3,449**	41.6	51.5	**93.0**	21.3	**114.3**
	Grampians	1,062	1,263	**2,325**	437	**2,762**	44.2	52.6	**96.8**	18.2	**115.0**
	Hume	1,349	1,539	**2,888**	697	**3,585**	47.5	54.2	**101.6**	24.5	**126.1**
	Loddon-Mallee	1,487	1,906	**3,393**	734	**4,127**	42.8	54.8	**97.6**	21.1	**118.7**
	Northern Metro	3,614	3,659	**7,273**	1,354	**8,627**	49.5	50.1	**99.5**	18.5	**118.1**
	Southern Metro	6,295	6,221	**12,516**	2,540	**15,056**	51.3	50.7	**102.0**	20.7	**122.7**
	Western Metro	2,614	2,819	**5,433**	1,810	**7,243**	48.9	52.8	**101.7**	33.9	**135.6**
	All State (Transition Care)					**570**					**1.1**

Total Allocated Places and Ratios at Aged Care Planning Region – 30 June 2008

		Total Allocated Places					Total Allocated Ratio				
State / Territory	**Aged care planning region**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**
QLD	Brisbane North	2,218	1,997	**4,215**	1,061	**5,276**	55.8	50.3	**106.1**	26.7	**132.8**
	Brisbane South	2,836	2,852	**5,688**	1,372	**7,060**	50.0	50.3	**100.2**	24.2	**124.4**
	Cabool	1,198	1,551	**2,749**	566	**3,315**	40.5	52.5	**93.0**	19.1	**112.1**
	Central West	68	54	**122**	57	**179**	69.0	54.8	**123.7**	57.8	**181.5**
	Darling Downs	1,150	1,220	**2,370**	455	**2,825**	46.4	49.2	**95.6**	18.3	**113.9**
	Far North	746	900	**1,646**	477	**2,123**	42.0	50.7	**92.7**	26.9	**119.5**
	Fitzroy	693	831	**1,524**	372	**1,896**	44.7	53.6	**98.3**	24.0	**122.3**
	Logan River Valley	714	993	**1,707**	297	**2,004**	41.0	57.0	**98.1**	17.1	**115.1**
	Mackay	426	425	**851**	231	**1,082**	43.7	43.6	**87.3**	23.7	**111.0**
	North West	49	80	**129**	143	**272**	35.6	58.1	**93.6**	103.8	**197.4**
	Northern	860	783	**1,643**	354	**1,997**	49.9	45.4	**95.3**	20.5	**115.8**
	South Coast	2,265	2,511	**4,776**	897	**5,673**	47.1	52.2	**99.4**	18.7	**118.0**
	South West	74	155	**229**	133	**362**	34.7	72.7	**107.4**	62.4	**169.7**
	Sunshine Coast	1,753	2,276	**4,029**	815	**4,844**	43.7	56.8	**100.5**	20.3	**120.8**
	West Moreton	608	735	**1,343**	259	**1,602**	43.1	52.2	**95.3**	18.4	**113.7**
	Wide Bay	1,252	1,395	**2,647**	642	**3,289**	43.8	48.8	**92.6**	22.4	**115.0**
	All State (Transition Care)					**389**					**1.1**

Total Allocated Places and Ratios at Aged Care Planning Region – 30 June 2008

		Total Allocated Places					Total Allocated Ratio				
State / Territory	**Aged care planning region**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**
SA	Eyre Peninsula	161	181	**342**	103	**445**	45.3	50.9	**96.2**	29.0	**125.1**
	Hills, Mallee & Southern	625	686	**1,311**	365	**1,676**	43.6	47.9	**91.5**	25.5	**117.0**
	Metropolitan East	1,841	1,740	**3,581**	900	**4,481**	64.3	60.7	**125.0**	31.4	**156.4**
	Metropolitan North	2,127	1,305	**3,432**	602	**4,034**	63.1	38.7	**101.8**	17.9	**119.6**
	Metropolitan South	2,095	1,858	**3,953**	848	**4,801**	54.5	48.3	**102.8**	22.1	**124.9**
	Metropolitan West	1,329	1,261	**2,590**	548	**3,138**	45.4	43.1	**88.4**	18.7	**107.1**
	Mid North	69	204	**273**	96	**369**	20.0	59.1	**79.0**	27.8	**106.8**
	Riverland	220	232	**452**	85	**537**	45.4	47.9	**93.2**	17.5	**110.8**
	South East	231	364	**595**	163	**758**	35.3	55.7	**91.0**	24.9	**116.0**
	Whyalla, Flinders & Far North	164	232	**396**	163	**559**	38.3	54.2	**92.5**	38.1	**130.6**
	Yorke, Lower North & Barossa	421	594	**1,015**	224	**1,239**	39.6	55.8	**95.4**	21.1	**116.5**
	All State (Transition Care)					**193**					**1.1**

Total Allocated Places and Ratios at Aged Care Planning Region – 30 June 2008

		Total Allocated Places					Total Allocated Ratio				
State / Territory	**Aged care planning region**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**
WA	Goldfields	143	127	**270**	66	**336**	56.8	50.4	**107.2**	26.2	**133.4**
	Great Southern	203	320	**523**	144	**667**	34.4	54.2	**88.6**	24.4	**113.0**
	Kimberley	68	98	**166**	73	**239**	70.5	101.6	**172.0**	75.6	**247.7**
	Metropolitan East	1,332	1,546	**2,878**	550	**3,428**	50.4	58.5	**108.9**	20.8	**129.7**
	Metropolitan North	1,917	2,355	**4,272**	1,069	**5,341**	40.9	50.3	**91.2**	22.8	**114.0**
	Metropolitan South East	1,686	1,511	**3,197**	729	**3,926**	57.8	51.8	**109.6**	25.0	**134.6**
	Metropolitan South West	1,797	1,893	**3,690**	847	**4,537**	43.5	45.8	**89.3**	20.5	**109.8**
	Mid West	160	253	**413**	173	**586**	32.7	51.6	**84.3**	35.3	**119.6**
	Pilbara	27	53	**80**	57	**137**	43.8	85.9	**129.7**	92.4	**222.0**
	South West	560	745	**1,305**	295	**1,600**	42.9	57.1	**100.1**	22.6	**122.7**
	Wheatbelt	251	270	**521**	194	**715**	36.7	39.5	**76.2**	28.4	**104.6**
	All State (Transition Care)					**178**					**1.0**
TAS	North Western	514	555	**1,069**	243	**1,312**	42.0	45.4	**87.4**	19.9	**107.2**
	Northern	825	632	**1,457**	365	**1,822**	54.9	42.0	**96.9**	24.3	**121.2**
	Southern	1,098	1,252	**2,350**	651	**3,001**	43.7	49.8	**93.5**	25.9	**119.4**
	All State (Transition Care)					**67**					**1.3**

Total Allocated Places and Ratios at Aged Care Planning Region – 30 June 2008

		Total Allocated Places					Total Allocated Ratio				
State / Territory	**Aged care planning region**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**	**High care**	**Low care**	**Total residential**	**Community care**	**Total**
NT	Alice Springs	110	56	**166**	207	**373**	96.8	49.3	**146.1**	182.2	**328.3**
	Barkly	17	2	**19**	42	**61**	93.9	11.0	**105.0**	232.0	**337.0**
	Darwin	214	176	**390**	365	**755**	52.1	42.8	**94.9**	88.8	**183.7**
	East Arnhem	9	6	**15**	74	**89**	51.1	34.1	**85.2**	420.5	**505.7**
	Katherine	28	59	**87**	86	**173**	59.1	124.5	**183.5**	181.4	**365.0**
	All State (Transition Care)					**22**					**3.6**
ACT	Australian Capital Territory	1,108	1,365	**2,473**	670	**3,143**	47.4	58.4	**105.9**	28.7	**134.6**
	All State (Transition Care)					**37**					**1.6**

Total Allocated Places by Service Type
- 30 June 2008

Mainstream Allocated Places

Residential and Community Care places under the *Aged Care Act 1997*

State/ Territory	High care	Low care	Total residential	Community care	Total
NSW	34,018	33,707	**67,725**	13,487	**81,212**
VIC	24,051	26,586	**50,637**	10,135	**60,772**
QLD	16,674	18,601	**35,275**	6,972	**42,247**
SA	8,858	8,426	**17,384**	3,464	**20,848**
WA	7,809	8,860	**16,669**	3,456	**20,125**
TAS	2,383	2,399	**4,782**	1,021	**5,803**
NT	324	221	**545**	587	**1,132**
ACT	1,108	1,365	**2,473**	514	**2,987**
Australia	**95,325**	**100,165**	**195,490**	**39,636**	**235,126**

Flexible Allocated Places

National Aboriginal and Torres Strait Islander Flexible Aged Care Program Places

Not allocated under the *Aged Care Act 1997*

State/ Territory	High care	Low care	Total residential	Community care	Total
NSW	6	15	**21**	14	**35**
VIC	15	10	**25**	69	**94**
QLD	49	30	**79**	6	**85**
SA	81	38	**119**	45	**164**
WA	14	-	**14**	2	**16**
TAS	-	-	**-**	46	**46**
NT	50	78	**128**	72	**200**
ACT	-	-	**-**	-	**-**
Australia	**215**	**171**	**386**	**254**	**640**

Multipurpose (MPS) Allocated Places

Allocated under the *Aged Care Act 1997*

State/ Territory	High care	Low care	Total residential	Community care	Total
NSW	575	247	**822**	105	**927**
VIC	195	124	**319**	14	**333**
QLD	186	126	**312**	110	**422**
SA	244	193	**437**	14	**451**
WA	308	311	**619**	159	**778**
TAS	54	33	**87**	13	**100**
NT	4	-	**4**	2	**6**
ACT	-	-	**-**	-	**-**
Australia	**1,566**	**1,034**	**2,600**	**417**	**3,017**

Total Allocated Places by Service Type
- 30 June 2008

Extended Aged Care at Home (EACH) and EACH Dementia Allocated Places
Allocated under the *Aged Care Act 1997*

State/ Territory	EACH	EACH Dementia
NSW	1,415	675
VIC	1,106	497
QLD	691	351
SA	355	179
WA	406	174
TAS	119	60
NT	83	30
ACT	111	45
Australia	**4,286**	**2,011**

EACH places are attributed as Community Care as from June 2004 and EACH Dementia places as from December 2005.

Transition Care (TC) Allocated Places
Allocated under the *Aged Care Act 1997*

State/ Territory	Total
NSW	772
VIC	570
QLD	389
SA	193
WA	178
TAS	67
NT	22
ACT	37
Australia	**2,228**

Innovative Care (IC) Allocated Places
Allocated to WA Only under the *Aged Care Act 1997*

State/ Territory	High care	Low care	Total residential	Community care	Total
QLD	1	1	2	1	3
SA	0	0	-	40	40
WA	13	-	13	-	13
TAS	-	7	7	-	7
Australia	**14**	**8**	**22**	**41**	**63**

Comparison of Allocated and Operational Places and Ratios for Stocktakes June 2004 to June 2008

At 30 June 2004:

State/ Territory	Allocated Places and Ratios								Operational Places and Ratios							
	Residential		Community		Transition care		Total		Residential		Community		Transition care		Total	
	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	**Places**	***Ratio***	**Places**	***Ratio***	**Places**	***Ratio***	Places	*Ratio*	**Places**	***Ratio***
NSW	60,612	*93.1*	10,278	*15.8*	-	-	**70,890**	*108.9*	53,917	*82.8*	10,192	*15.7*	-	-	**64,109**	***98.5***
Vic	45,417	*95.1*	7,709	*16.1*	-	-	**53,126**	*111.2*	39,402	*82.5*	7,685	*16.1*	-	-	**47,087**	***98.6***
Qld	30,133	*92.4*	4,792	*14.7*	-	-	**34,925**	*107.1*	27,947	*85.7*	4,740	*14.5*	-	-	**32,687**	***100.3***
SA	16,225	*95.7*	2,826	*16.7*	-	-	**19,051**	*112.4*	15,164	*89.4*	2,802	*16.5*	-	-	**17,966**	***106.0***
WA	15,333	*96.1*	2,528	*15.8*	-	-	**17,861**	*111.9*	13,321	*83.4*	2,507	*15.7*	-	-	**15,828**	***99.2***
Tas	4,574	*93.3*	881	*18.0*	-	-	**5,455**	*111.3*	4,234	*86.4*	881	*18.0*	-	-	**5,115**	***104.3***
NT	582	*121.0*	618	*128.5*	-	-	**1,200**	*249.5*	529	*110.0*	573	*119.1*	-	-	**1,102**	***229.1***
ACT	1,781	*85.3*	411	*19.7*	-	-	**2,192**	*105.0*	1,542	*73.9*	399	*19.1*	-	-	**1,941**	***93.0***
Australia	**174,657**	***94.0***	**30,043**	***16.2***	**-**	**-**	**204,700**	***110.2***	**156,056**	***84.0***	**29,779**	***16.0***	**-**	**-**	**185,835**	***100.0***

At 30 June 2005:

State/ Territory	Allocated Places and Ratios								Operational Places and Ratios							
	Residential		Community		Transition Care		Total		Residential		Community		Transition Care		Total	
	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	**Places**	***Ratio***	**Places**	***Ratio***	**Places**	***Ratio***	Places	*Ratio*	**Places**	***Ratio***
NSW	63,661	*96.4*	11,297	*17.1*	173	*0.3*	**75,131**	*113.7*	55,603	*84.2*	11,237	*17*	-	-	**66,840**	***101.2***
Vic	48,029	*98.8*	8,454	*17.4*	150	*0.3*	**56,633**	*116.5*	41,037	*84.4*	8,409	*17.3*	-	-	**49,446**	***101.7***
Qld	31,726	*94.9*	5,344	*16*	106	*0.3*	**37,176**	*111.2*	28,477	*85.2*	5,213	*15.6*	-	-	**33,690**	***100.8***
SA	16,669	*97.2*	2,996	*17.5*	90	*0.5*	**19,755**	*115.2*	15,640	*91.2*	2,996	*17.5*	-	-	**18,636**	***108.7***
WA	15,891	*96.9*	2,792	*17*	50	*0.3*	**18,733**	*114.2*	13,974	*85.2*	2,708	*16.5*	-	-	**16,682**	***101.7***
Tas	4,794	*96.3*	947	*19*	20	*0.4*	**5,761**	*115.8*	4,349	*87.4*	946	*19*	-	-	**5,295**	***106.4***
NT	584	*118.7*	645	*131*	-	-	**1,229**	*249.7*	529	*107.5*	613	*124.5*	-	-	**1,142**	***232.0***
ACT	2,041	*94.6*	466	*21.6*	10	*0.5*	**2,517**	*116.7*	1,556	*72.1*	466	*21.6*	-	-	**2,022**	***93.7***
Australia	**183,395**	***96.9***	**32,941**	***17.4***	**599**	***0.3***	**216,935**	***114.6***	**161,165**	***85.1***	**32,588**	***17.2***	**-**	**-**	**193,753**	***102.4***

Comparison of Allocated and Operational Places and Ratios for Stocktakes June 2004 to June 2008

At 30 June 2006:

State/ Territory	Allocated Places and Ratios								Operational Places and Ratios							
	Residential		Community		Transition Care		Total		Residential		Community		Transition Care		Total	
	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*
NSW	65,408	*97.1*	13,120	*19.5*	550	*0.8*	**79,078**	*117.4*	56,690	*84.1*	12,935	*19.2*	304	*0.5*	**69,929**	***103.8***
Vic	48,675	*98.0*	9,997	*20.1*	376	*0.8*	**59,048**	*118.8*	42,759	*86.0*	9,957	*20.0*	42	*0.1*	**52,758**	***106.2***
Qld	33,106	*96.1*	6,554	*19.0*	273	*0.8*	**39,933**	*116.0*	29,453	*85.5*	6,510	*18.9*	84	*0.2*	**36,047**	***104.7***
SA	16,959	*97.4*	3,472	*19.9*	121	*0.7*	**20,552**	*118.0*	15,994	*91.8*	3,472	*19.9*	90	*0.5*	**19,556**	***112.3***
WA	16,165	*95.6*	3,485	*20.6*	100	*0.6*	**19,750**	*116.8*	14,318	*84.7*	3,347	*19.8*	50	*0.3*	**17,715**	***104.7***
Tas	4,832	*95.3*	1,078	*21.3*	52	*1.0*	**5,962**	*117.6*	4,440	*87.6*	1,043	*20.6*	15	*0.3*	**5,498**	***108.5***
NT	564	*109.6*	695	*135.1*	-	-	**1,259**	*244.8*	534	*103.8*	695	*135.1*	-	-	**1,229**	***238.9***
ACT	2,226	*99.9*	541	*24.3*	35	*1.6*	**2,802**	*125.7*	1,594	*71.5*	533	*23.9*	10	*0.4*	**2,137**	***95.9***
Australia	**187,935**	***97.0***	**38,942**	***20.1***	**1,507**	***0.8***	**228,384**	***117.9***	**165,782**	***85.6***	**38,492**	***19.9***	**595**	***0.3***	**204,869**	***105.8***

At 30 June 2007

State/ Territory	Allocated Places and Ratios								Operational Places and Ratios							
	Residential		Community		Transition Care		Total		Residential		Community		Transition Care		Total	
	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*
NSW	66,590	*99.1*	14,243	*21.2*	703	*1.0*	**81,536**	*121.4*	58,073	*86.4*	14,219	*21.2*	571	*0.8*	**72,863**	***108.5***
Vic	49,611	*99.1*	10,858	*21.7*	502	*1.0*	**60,971**	*121.8*	43,747	*87.4*	10,768	*21.5*	424	*0.8*	**54,939**	***109.8***
Qld	34,083	*96.4*	7,399	*20.9*	351	*1.0*	**41,833**	*118.4*	30,288	*85.7*	7,365	*20.8*	257	*0.7*	**37,910**	***107.3***
SA	17,252	*98.6*	3,753	*21.4*	176	*1.0*	**21,181**	*121.0*	16,352	*93.4*	3,748	*21.4*	147	*0.8*	**20,247**	***115.7***
WA	16,752	*96.8*	3,800	*22.0*	160	*0.9*	**20,712**	*119.7*	14,504	*83.8*	3,743	*21.6*	100	*0.6*	**18,347**	***106.0***
Tas	4,930	*96.0*	1,153	*22.4*	57	*1.1*	**6,140**	*119.5*	4,441	*86.4*	1,136	*22.1*	52	*1.0*	**5,629**	***109.6***
NT	592	*103.9*	731	*128.3*	16	*2.8*	**1,339**	*235.0*	553	*97.0*	731	*128.3*	8	*1.4*	**1,292**	***226.7***
ACT	2,395	*106.1*	606	*26.8*	35	*1.6*	**3,036**	*134.5*	1,636	*72.5*	606	*26.8*	35	*1.6*	**2,277**	***100.9***
Australia	**192,205**	***98.4***	**42,543**	***21.8***	**2,000**	***1.0***	**236,748**	***121.2***	**169,594**	***86.8***	**42,316**	***21.7***	**1,594**	***0.8***	**213,504**	***109.3***

Comparison of Allocated and Operational Places and Ratios for Stocktakes June 2004 to June 2008

At 30 June 2008

State/ Territory	Allocated Places and Ratios								Operational Places and Ratios							
	Residential		Community		Transition Care		Total		Residential		Community		Transition Care		Total	
	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*	Places	*Ratio*
NSW	68,568	*99.9*	15,696	*22.9*	772	*1.1*	**85,036**	***124.0***	59,798	*87.2*	15,663	*22.8*	674	*1.0*	**76,135**	***111.0***
Vic	50,981	*99.5*	11,821	*23.1*	570	*1.1*	**63,372**	***123.6***	45,114	*88.0*	11,806	*23.0*	502	*1.0*	**57,422**	***112.0***
Qld	35,668	*98.0*	8,131	*22.3*	389	*1.1*	**44,188**	***121.4***	31,067	*85.4*	8,066	*22.2*	343	*0.9*	**39,476**	***108.5***
SA	17,940	*100.9*	4,097	*23.1*	193	*1.1*	**22,230**	***125.1***	16,924	*95.2*	4,077	*22.9*	176	*1.0*	**21,177**	***119.1***
WA	17,315	*97.0*	4,197	*23.5*	178	*1.0*	**21,690**	***121.5***	14,895	*83.4*	4,177	*23.4*	160	*0.9*	**19,232**	***107.7***
Tas	4,876	*93.1*	1,259	*24.0*	67	*1.3*	**6,202**	***118.4***	4,501	*85.9*	1,243	*23.7*	57	*1.1*	**5,801**	***110.7***
NT	677	*111.4*	774	*127.4*	22	*3.6*	**1,473**	***242.4***	577	*95.0*	774	*127.4*	16	*2.6*	**1,367**	***225.0***
ACT	2,473	*105.9*	670	*28.7*	37	*1.6*	**3,180**	***136.2***	1,793	*76.8*	669	*28.6*	35	*1.5*	**2,497**	***106.9***
Australia	**198,498**	***99.2***	**46,645**	***23.3***	**2,228**	***1.1***	247,371	***123.6***	**174,669**	***87.3***	**46,475**	***23.2***	**1,963**	***1.0***	**223,107**	***111.5***

Offline Places by State/Territory - 30 June 2008

State / Territory	High care	Low care	Total residential	Community care	Total	% of total
NSW	681	678	1,359	-	**1,359**	**37%**
VIC	532	796	1,328	-	**1,328**	**36%**
QLD	223	141	364	-	**364**	10%
SA	85	-	85	-	**85**	2%
WA	234	243	477	20	**497**	13%
TAS	-	71	71	-	**71**	2%
NT	-	-	-	-	**-**	0%
ACT	-	-	-	-	**-**	0%
Australia	**1,755**	**1,929**	**3,684**	**20**	**3,704**	**100%**

Notes:

Table includes flexible care places: Transition Care, Extended Aged Care at Home (EACH) and EACH Dementia, Multi-Purpose Services, and places under the National Aboriginal and Torres Strait Islander Flexible Program.

Multi-Purpose Services and Aboriginal and Torres Strait Islander places are notionally allocated as high care, low care and community aged care places.

Community care includes Community Aged Care Packages, EACH and EACH Dementia places.

Mr Elton Humphery
Secretary
Community Affairs Committee
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600

10 November 2008

Dear Secretary:

RE: Senate Estimates – Standing Committee on Community Affairs
Wednesday 22 October 2008
Wednesday 4 June 2008
Thursday 31 May 2007

I refer to material provided to 'Senate Estimates' at the dates shown above and, in particular, to material relating to nursing home bed allocation for Ballina Ex-Services Home and the Evans Head Memorial Aerodrome.

- Beds were first allocated to the proponent in January 2001 and there was a subsequent allocation in 2005 bringing the bed total to 55.
- It is now almost eight years since the first allocation and there is no indication of beds being 'on the ground' despite evidence given at Senate Estimates that development was imminent (see Hansard 4 June 2008 CA 118): "The provider has advised the department that development authority approval is expected by 31 July and building application approval by 30 September this year, and construction will commence in December this year." Comment: There is no development approval, rezoning, clearing of contamination at date of writing, and it was known publicly in June 2008 that development was not imminent.
- The nursing home bed allocation is for only a small part of a much larger 10 ha retirement village which includes a large number of independent units and other facilities.
- The site for the retirement village is part of the State Heritage Listed Evans Head Memorial Aerodrome. The site is located 110 metres from the main runway (see Illustration 1). Notwithstanding assurances from Richmond Valley Council that ANEF standards for aircraft noise and residential development will be met, the Department of Health and Ageing's own enHealth (May 2004) report *The health effects of environmental noise* makes it clear that the validity of the ANEF as a measure of the effects of noise on human health needs to be questioned and that in quieter rural areas the effects of noise may be greater because of the lower background noise. The report also identifies the elderly as a group particularly vulnerable to noise. By any noise and safety standard the proposed site would appear to be inappropriate for an aged care facility.
- Richmond Valley Council, the owners of the site, offered the land to the proponent in July/August 2004 even though Council had an internal report (18th December 2002) indicating that the site had contamination problems (see *Richmond Valley Council Evans Head Depot, Evans Head NSW Preliminary Site Investigation* March 2005 page 48).
- Council indicated on its website that contamination investigation commenced in 2006.

However, Council had an independent report from Coffey Environments in September 2005 which confirmed unequivocally that the site was contaminated. Council did not release the report to the public until April 2007. Evidence given at Senate Estimates (4 June 2008 CA 117) indicated that site assessment commenced in "early 2006" and the process finished "later in that year". It would appear that there was no attempt to corroborate Council or proponent reports regarding the contamination issue.

- Council was asked to rezone the land for the retirement village in November 2005. The application indicated that the site was not on an aerodrome or near a flightpath, was not contaminated, and was not in the Coastal Zone. The site is on an aerodrome 110 metres from the main runway (see Illustration 1), contamination was identified in the independent report dated September 2005 mentioned previously, and Council identified the site as being within the Coastal Zone in its own *State of the Environment Report* in 2001.
- The majority of the land for the retirement village is still not rezoned for a retirement village at date of writing and in fact documentary evidence obtained by us from NSW Planning shows that they refused the rezoning request on a number of occasions commencing in 2006. None of this evidence seems to have been presented to the Federal Government or at Senate Estimates. Part of the site to be rezoned is "industrial" (see Illustration 1).
- Approximately four months prior to the site being offered to the retirement village proponent in July/August 2004 Council had resolved that the area was not suitable for aged care purposes.
- There is still no finalised *Plan of Management* for the Aerodrome. Council has been operating from a Draft Plan which requires amendment (see NSW Heritage Council Minutes 26 August 2005). There are other Heritage Council requirements which Council has not yet met. The Heritage Council is the joint consent authority for any development on the Aerodrome
- Evidence given to Senate Estimates (31 May 2007 CA54) stated that Council requested a consultant to prepare a plan of management for the Aerodrome "because they proposed to use it for residential aged-care services and retirement village purposes." That is not the reason the plan was prepared. The plan was prepared as part of the requirements of State Heritage Listing of the site in November 2002 (see *Brief for Plan of Management* February 2004). In the *Brief* there is no mention of residential aged-care services or retirement village. Furthermore evidence given at Senate Estimates (same page) stated that "the plan of management was endorsed by both the council and the NSW Heritage Council". The plan was endorsed conditionally by the NSW Heritage Council in August 2006 (see Heritage Council Minutes for 26 August 2005). Until those requirements are met Council's plan is not in effect. As at time of writing all the requirements have still not been met. The evidence given in Senate Estimates in May 2007 also states that Council commissioned a contaminated site investigation after the *Plan of Management* was endorsed. This is not so. The investigation was commissioned before the *Plan* was endorsed.
- There has been no start to clearing of the contamination on the proposed site and the evidence from Health and Ageing of a bed start by December 2008 to accommodate the 55 beds is most unlikely. There are many other steps in the planning process before this can happen.
- Council does not have any community representation on its own S355 Evans Head Memorial Aerodrome Conservation and Heritage Committee. It has refused the community representation.

- Contrary to the view put by Council that the community is overwhelmingly in favour of a retirement village on the site, there is substantial opposition to a retirement home being built on the Aerodrome including opposition from World War II Veterans who trained and/or served there.
- It would appear that no-one has put the view that there is an independent Town Planning Assessment by Don Fox Planning Pty Ltd, commissioned by us, which shows that a retirement village on the site is a land use planning conflict. That extensive report has been provided to the Australian Government and Department of Health and Ageing, and Richmond Valley Council, and the Ballina Ex-Services Home. That report includes reference to a 1992 *Deed of Agreement* over the Aerodrome between Council and the Australian Government which has implications for use of the aerodrome site. A copy of the report is being sent to you for information. My Committee has attempted to enter into an effective dialogue with the Department of Health and Ageing about the site and bed allocation but we have not, in our view received an adequate reply to our correspondence. Attached is a letter the Department wrote to us in September 2008, our reply to that letter, and their subsequent reply dated 30 October 2008. There is other correspondence and we are quite prepared to make that material available to your Committee if it would be helpful. We are disappointed in the response we received from Health and Ageing. They did not respond to our questions or attempt to provide us with an explanation for the information they provided to your Committee which contains significant errors of fact. We are not privy to the decision-making processes of Health and Ageing and so are not in a position to check the validity of the information on which they are basing their decisions to continue to give extensions of time for the provider.
- Other nursing home bed providers have stayed away from Evans Head because of repeated promises of the Ballina Ex-Services Home development. In that time several appropriate sites for nursing home development on smaller sites have been lost.
- We would like to make it clear that we are not opposed to nursing home beds at Evans Head but the Aerodrome site is inappropriate.
- There seems to be some confusion between the space that is needed for the retirement village proposal from Ballina Ex-Services Home (10ha) and the space needed for 55 beds, which is much smaller. The two need to be uncoupled. There are other locations for nursing home beds at Evans Head.
- It would appear that the Department of Health and Ageing has not attempted to corroborate information provided by Council or the proponent in its deliberations about extension of time for beds to be put on the ground.
- There are other errors in the evidence given at Senate Estimates but we will not elaborate those here.

Repeated assurances over a number of years that nursing home development at Evans Head is imminent would appear to be ill-founded. A statement at the 4 June 2008 Estimates Hearing that [Council] had started on remediation of the site (see CA 118) is not correct. It is now 10 November and remediation work has not started. And certainly there was no development authority approval by 31 July or building application approval by 30 September as stated at the Hearing of which we are aware. In these circumstances the conclusion (see evidence CA 118) that "construction will commence in December this year" is not warranted.

We are surprised, in view of the fact that it is almost eight years which have elapsed since beds were allocated to the Ballina Ex-Services Home, and in view of the extensive information we have provided both to Ministers for Ageing and their department for some years now, that closer scrutiny has not been given by Health and Ageing to the evidence on

which they were basing and still appear to be basing their decisions to grant extensions of time.

We would appreciate it if you would bring this material to the attention of the Members of your Committee. Thank you.

Yours sincerely

Dr Richard Gates
President

Encl

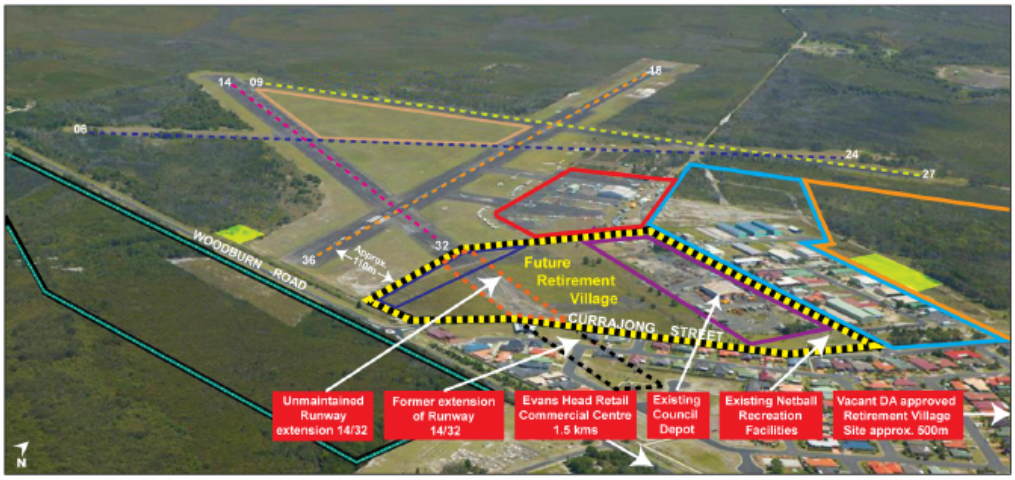

Illustration 1 – Proposed Rezoning and Retirement Village

Excerpt from Independent Town Planning Assessment, Don Fox Planning Pty Ltd (September 2007)

Australian Government

Department of Health and Ageing

Dr Richard Gates
President
The Evans Head Memorial Aerodrome Committee Incorporated
PO Box 64
Evans Head NSW 2473

Dear Dr Gates

Thank you for your further correspondence of 1 October 2008 regarding the proposed new residential aged care service at Evans Head.

The Department of Health and Ageing and the Approved Provider, Ex-Services Home Ballina, are in regular contact over the proposed development of the aged care facility at the Evans Head site and the Department will continue to monitor the progress of the development.

Thank you for the information you have provided to date. If you have any new information relevant to the development of the site, the Department would be happy to receive it.

Yours sincerely

Allison Rosevear
Assistant Secretary
Residential Program Management Branch
30 October 2008

GPO Box 9848 Canberra ACT 2601
Telephone: (02) 6289 1555 Fax: (02) 6289 5004

faxed 1/10/08

EVANS HEAD MEMORIAL AERODROME COMMITTEE INCORPORATED

Ms Allison Rosevear
Assistant Secretary
Residential Program Management Branch
Department of Health and Ageing
GPO Box 9848
Canberra ACT 2601

1 October 2008

Dear Ms Rosevear
Re: Your letter dated 22 September 2008

I refer to your letter dated 22 September which came in yesterday's mail.

I make the following responses to your letter:

1. I note your comments regarding issues beyond the jurisdiction of your Department such as land area made available for the project, rezoning of the land, land value, land rates, co-location with Independent Living Units, price of land, Native Title issues and contamination. However, I note you saw fit to comment on many of these issues in terms of a 'chronology' at the invitation of a Mr Stuart in your evidence given at the Senate Estimates Hearing in June in an attempt to justify why the Department had continued to give time extensions to beds allocated to the Ballina Ex-Services organisation (now RSL LifeCare) commencing in January 2001, more than seven years ago. So while the power to deal with many of these issues does not fall under the jurisdiction of your department, a claim my Committee has never made, such information was used in the decision-making processes of your Department in determining the granting of extensions of time to get the beds on the ground and in justifying your decision in the Senate Estimates Hearing
2. In view of the fact that the Department used certain information outside the jurisdiction of your Department to inform its decision-making, what steps did it take to corroborate the information it was given by others particularly in view of the fact that there was already well-known controversy about the proposal in the public domain and differences of opinion with regard to the facts of the case. You will remember last year's Senate Estimates hearing and the publicity that followed that hearing? Where was the third party due diligence that might have been expected in such circumstances particularly given the history of the particular local government authority which is involved in this matter?
3. In my opinion some of the information you gave in evidence at the June 2008 Senate Estimates is incorrect and I am prepared to back it up with documentary evidence now that your Department appears to be unwilling to accept what it is that I have had to say, and appears to not be willing to take even its own advice about issues such as noise, a big ticket issue for the nursing home beds for the proposed site (see enHealth document on the effects of noise produced by your own Department in 2004. There is also legal precedent). Let me give you two examples of how I believe the information you provided to the Senate was incorrect:
   Example 1: "**Ms Rosevear** -.....The third site was the one which was previously used as an aerodrome and the council had previously used it for various purposes, so they needed to undertake an investigation of whether there was any contamination on the site.
   Senator Boyce – What year did they ascertain that they needed to do that site assessment?
   Ms Rosevear – I believe the process started in early 2006. The process was finished, I think, later in that year and, in November, the results were presented to Council....."
   Comment: Richmond Valley Council commissioned an independent study into contamination of the site by Coffey Environments on the 8th of June 2005 and received a report from them dated 20 September 2005 indicating that the site was contaminated. Council documents I have in my possession show that Council knew in December 2002 that there was a contamination problem at the site well before it offered the site to the proponent of the retirement home in July/August 2004. Even though Richmond Valley Council had the results of contamination testing in **September 2005**

PO BOX 64 • EVANS HEAD • NSW 2473
PHONE: 02 6682 5161 •

(see attachment 1) it did not release them to the public until April 2007. We were kept in the dark.

Example 2:"Ms Rosevear – Yes. The provider has advised the department that development authority approval is expected by 31 July [2008] and building application approval by 30 September this year, and construction will commence in December this year.
Senator Boyce- December this year?
Ms Rosevear – Yes.
snipped
Senator Boyce – So December –
Ms Rosevear – Is when construction will commence – December this year.
Senator Boyce – The provider has notified the department of that.
Ms Rosevear – Yes.
Senator Boyce – There are no impediments, that you are aware of, to that actually being the date that the ribbon gets cut?
Ms Rosevear – when construction commences."
Comment: It is now the 1st of October and there is a meeting of Richmond Valley Council today. There is nothing in the Business Papers for today's meeting indicating anything about development on the Aerodrome. What's more, there are no papers for rezoning of land before the public for comment, no Development Application for development and the cleaning up of contamination has not commenced. In fact the situation is worse than that. Council has to get the approval of the joint consent authority, the NSW Heritage Branch as the Aerodrome is listed on the NSW State Heritage Register. It is the joint consent authority. Council has yet to complete a heritage agreement with the Heritage Branch and the Plan of Management for the Aerodrome is not yet complete. It is still in Draft form (June 2005). It is highly unlikely that there will be commencement of any construction by December, only nine weeks away. And of course there are other matters which need to be considered including the safety issue of a retirement village being built so close to a main runway (110 metres away) and the inherent land use planning conflict of a retirement village being built on an aerodrome a matter raised in the independent town planning assessment prepared by Don Fox Planning which we have provided to your Department. What due diligence will your Department be now putting in place to establish the veracity of the advice you are being given? And what steps will your Department be taking to assure itself that there are not other factors coming down the track, such as legal challenge to the land use planning conflict inherent in the retirement village proposal which has the potential to stop the development and therefore further delay the acquisition of required nursing home beds for Evans Head because of site choice?

4. My Committee has always agreed that Evans Head needs nursing home beds. If you check your file you will see that I personally supported the establishment of nursing home beds at Evans Head back in 2000. I do not resile from that position. But not on the Aerodrome.
5. I note your comments about other providers having the opportunity for residential care places at Evans Head. Other providers do not appear to have been aware of this opportunity. It would seem that there has been some sort of understanding that the current proponent was a barrier to entry for others to Evans Head. I will certainly let other providers know of the Department's position. As you will be aware from the Don Fox planning assessment others sites have been identified for aged care at Evans Head although some of them are now lost because that assessment was made more than a year ago and the market place doesn't stop to wait to see what your Department or the proponent is going to do.

Final Comment

The saga of aged care beds for Evans Head has been going now for almost eight years and it would seem we are now no closer to getting beds on the ground than we were back in 2000. The DA the proponent had for an alternative site in September 2003 has now expired. I advise you that we will continue to oppose the placement of a retirement village on the Evans Head Memorial Aerodrome in the proposed location. We are not opposed to nursing home beds at Evans Head but not on the Aerodrome. It is an inappropriate site for a number of reasons we have elaborated on previous occasions. While I have always clearly understood that planning and other issues do not fall within your Department's jurisdiction it is very clear that you are using information relating to these issues to inform your decisions and the Senate about extensions of time to the proponent, and it is on those grounds that we have been writing to the Minister and to your Department to say that these issues are problematic. Implicit in our comment has been the

request for your Department to corroborate what it is being told by others. For too long we keep being told that things are just about to happen only to find that there is yet another delay. This has been happening for years and is not only causing serious division in the community including the Veteran community, but is also causing distrust of government. The problem is made worse by the statement in your letter that "With respect to the contamination assessment process at the Aerodrome site, it is still my understanding that the process commenced in 2006….." Your statement begs the question 'what steps have you taken to assure yourself that the information you have been provided is correct?' and of course begs the larger question of 'why aren't we being listened to?'

What steps will the Department now be taking correct the information given to the Senate Estimates Hearing of June 4 and what steps will the Department be taking to put a final deadline on the proponent for delivery of beds for Evans Head?

Yours sincerely

Dr Richard Gates
President

Copy Minister for Ageing.

Australian Government
Department of Health and Ageing

Dr Richard Gates
President
The Evans Head Memorial Aerodrome Committee Incorporated
PO Box 64
Evans Head NSW 2473

Dear Dr Gates

Thank you for your correspondence of 20 July 2008 to the Minister for Ageing, the Hon Justine Elliot MP, regarding the proposed new residential aged care service at Evans Head. The Minister has asked me to reply on her behalf.

I appreciate your deep commitment to the preservation of the Evans Head Memorial Aerodrome. However, many of the issues you raise are beyond the jurisdiction of the Department of Health and Ageing. The Department's primary concern is to ensure that aged care providers meet their obligations under the *Aged Care Act 1997*.

Matters pertaining to the land area made available for a project, rezoning of the land, land value, land use, and rates, are all Council issues, and all sit within legislative and regulatory frameworks under which the Department of Health and Ageing has no authority. Similarly, the building and co-location of Independent Living Units with an aged care facility, is a company business decision, as is the choice of specific site and the price a company is prepared to pay for land. Native Title claims and heritage issues are also beyond the jurisdiction of the Department of Health and Ageing.

In your letter, you advised that Development Application Approval had been given in September 2003 for the second site identified by Ballina Ex-Services Home. While this may be the case, I understand that Native Title claims were and are still an issue impeding development of the land.

With respect to the contamination assessment process at the Aerodrome site, it is still my understanding that the process commenced in 2006, notwithstanding that the Richmond Valley Council may have been aware of the need for an assessment at an earlier date.

An aged care facility at Evans Head is very important to meet the needs of the aged population in that area. Other aged care providers that may be interested in building at Evans Head have been and are free to apply for a residential place allocation in the annual aged care approvals round. The Invitation to Apply in the 2008-09 Round is expected to be advertised on 8 November 2008.

GPO Box 9848 Canberra ACT 2601
Telephone: (02) 6289 1555 Fax: (02) 6289 5004

I trust this information is of assistance.

Yours sincerely

Allison Rosevear
Assistant Secretary
Residential Program Management Branch
22 September 2008

The Northern Rivers echo
Your free community newspa
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Edit
Advertising
22,500 copies weekly to Lismore, Alstonville, Wollongbar, Ballina, Casino & Evans Head.
November 13, 2008 •

Aerodrome anger at Evans Head

President of the Evans Head and District Ratepayers Association, Dr Richard Gates, standing in front of the contaminated site.

By Andy Parks

Richmond Valley Council is planning to spend more than $2 million cleaning up the Evans Heads Memorial Aerodrome so the land can be sold and developed as an aged care facility and retirement home.

Council voted at their October meeting to accept an offer of $1.8 million from the Department of Defence towards cleaning up contaminated groundwater and soils dating back to when the airfield was used as a training base during World War II. The rest of the clean-up, expected to cost around $3.8 million, will have to come from Council coffers.

Richmond Valley Council has offered to sell the land to RSL LifeCare (formerly Ballina Ex-Services) to develop a 55-bed aged care facility and a 100-unit retirement village, although Mayor Col Sullivan said a price has not been set and no contracts are in place.

President of the Evans Head and District Ratepayers Association, Dr Richard Gates, said the plan is not in the best interests of ratepayers.

Former Mayor Charlie Cox had previously suggested the land would be sold at a subsidised price, and this is what is angering Dr Gates. He believes any sale should be done through a transparent tender process.

"If the land is to be sold to anyone it should be sold at market value. This is a cash-strapped Council. People at Evans Heads had a massive increase in rates this year and now they are being asked to subsidise the sale of land to a private developer," he said. "We will already be subsidising the clean-up of the land, why should we also be subsidising the land sale as well? This is grossly unfair to ratepayers. In effect we will be providing a major subsidy to a private regional retirement village, of which only a small part is nursing home beds."

But Col Sullivan said putting the land out to public tender would be a "waste of resources" because RSL LifeCare are the only ones who have been issued with a license by the federal government to develop aged care beds in Evans Head.

Dr Gates doesn't accept this argument, saying other aged care providers could apply to the Department of Health and Ageing when the next round of licenses is offered.

He said Council had a history of "doing deals behind closed doors", citing the sale of 120 hectares of the Casino aerodrome in 2002. The land was sold to the Caravan and Motor Club of Australia for $660,000 in a deal that allowed them to pay a deposit of $160,000 and then $100,00 a year for five years with no interest. The land was later revalued at more than $2 million after it had been granted some development approvals.

"That site was sold for what is now essentially a private retirement home... and in effect we lost a jet airport," Dr Gates said.

Dr Gates is also the president of the Evans Memorial Aerodrome Committee and believes the retirement village would cause a land use conflict with the use of the airstrips.

"They'll start getting noise complaints and then it will be death by a thousand cuts. You can build a nursing home and retirement village anywhere, but you can't build an airport anywhere," he said.

town planners

Town Planning Assessment

Proposed Rezoning
Evans Head Memorial Aerodrome

Prepared for: Evans Head Memorial Aerodrome Committee Incorporated
Project No: 6792A
Date: September 2007

Table of Contents

1 Executive Summary

Don Fox Planning Pty Ltd ("DFP Town Planners") has been commissioned by the Evans Head Memorial Aerodrome Committee Incorporated (EMAC) to undertake an independent, objective town planning assessment of a proposed rezoning within the site boundary of Evans Head Memorial Aerodrome (YEVD) at Lot 141 DP 1067639 on the corner of Woodburn Road and Currajong Street, Evans Head. YEVD is located to the west of the coastal urban village of Evans Head and is owned by Richmond Valley Council (RVC).

On 1 February 2006, pursuant to S.54 of the Environmental Planning and Assessment Act 1979 (EP&A Act), RVC informed the Director-General of the New South Wales Department of Planning (DoP) of a decision to prepare a draft local environmental plan. We understand that the required rezoning of YEVD is intended to facilitate a future regional retirement village/nursing home proposal by the Ex-services Home Ballina (EHB) which will be located within approximately 110 metres of aircraft activity on active runway (RWY) 18/36 and immediately to the east of the RWY 14/32 threshold.

YEVD has been classified by the State Government, as being of State heritage significance. Additionally, YEVD has significant contamination, nearby surrounding residential development and other environmental constraints to more intensive development.

The future applicant for the proposal (EHB), has obtained Development Consent No. 2003/0136 dated 22 September 2003 from RVC for a similar retirement village proposal on a similar sized allotment closer to the Evans Head village and existing services in Currajong Street, with less potential for land use conflict and significantly greater amenity. It is understood that the existing consent expires on 22 September 2008.

The current retirement village proposal at YEVD is prohibited under both Richmond River Local Environmental Plan 1992 (RRLEP 1992) and State Environmental Planning Policy (Seniors Living) 2004 (SEPP (SL) 2004) and therefore, rezoning is required. RVC has not yet received a development application from EHB but is proceeding with a 'spot' rezoning on the basis that the proposed retirement village will provide for a community benefit in this location.

In the opinion of DFP, the proposed spot rezoning and associated retirement village proposal at YEVD is inappropriate for the following reasons:

- RVC has not complied with the 1992 Deed (following transfer of the site ownership from the Commonwealth of Australia to Council) which requires Council to ensure that on and from 1 July 1992, the Council:

  'shall take such action as is within its power to create land use zoning around the aerodrome which will prevent residential and other incompatible development in areas which are or which may be adversely affected by aircraft noise'.[1]

- The retirement village proposal is non-aviation based and will result in a land use conflict due to the close proximity of the development to existing runways;
- The proposal's non-aviation based purpose will have the potential to adversely impact on the identified State heritage significance of YEVD;
- Development approval has been pre-empted by RVC from the outset as evidenced by:

[1] 1992 Deed of transfer between Commonwealth of Australia and Council provided at **Appendix A**

- RVC's stated intention for EHB to use the aerodrome for the proposed retirement village in August 2004[2];

followed by:

- GHD Plan of Management (PoM) in June 2005 which has a heritage focus yet indicates that the proposal would be appropriate within the curtilage of YEVD;

without consideration of:

a) A broader land use strategy including a review of the need for this type of land use and the identification of possible alternative retirement village sites in other appropriate locations both within Evans Head and the broader RVC Local Government Area (LGA) as the proposal would provide for both local and regional needs;

b) The likelihood of an appeal against ALC No. 15332 dated 28 November 2006 being dismissed by the NSW Land and Environment Court on the basis of the DA approved retirement village site in Currajong Street being identified as needed, or likely to be needed for future residential development;

c) Capacity of existing services and infrastructure to support the proposal;

- Inappropriate endorsement of GHD's Plan of Management by the Heritage Council of NSW on 26 August 2005[3];

without proper consideration being given to:

a) Sinclair Knight Merz (SKM) Review of Noise Exposure Forecast dated July 2005[4] which indicates that:

- *'A recent discussion paper published by the Department of Transport indicates that often complaints will occur from residential sites far removed from the limiting ANEF 20 contour.'*
- *'Evans Head Airport during the GEFI* [Great Eastern Fly-in] *will experience noise levels at least* [as] *significant as the worst affected areas adjacent to the Bankstown Airport which is the major general aviation airport for Sydney and does experience complaints from nearby residents.'*
- *'Consideration should be given to the fact that many elderly people will likely wish to sleep during the daytime period especially those infirmed patients in the nursing* [home] *buildings.'*
- *'The current POM report is considered deficient as it fails to discuss the significance of the ANEF and N60 predictions due to the GEFI on residents in the proposed retirement village development. The impacts of the GEFI will therefore be significant and AS2021(4) classifies the site as "unacceptable" and that "construction of the proposed building should not normally be considered". On this basis, locating a proposed retirement village in the airport precinct is not considered appropriate.'*

[2] RVC letter to EHDRR Association dated 18 August 2004 provided at **Appendix B**
[3] NSW HC letter to EMAC dated 29 August 2005 provided at **Appendix C**
[4] SKM review of ANEF dated July 2005 provided at **Appendix D**

- *'Data reviewed by SKM which was* [sic] *not included in the POM suggests that the GEFI and the retirement village are not compatible. As such, if the GEFI is to be retained as a local event then consideration should be given to relocating the retirement village to a site less affected by aircraft activities.'*

b) SKM review of Plan of Management for State Heritage Register Committee dated 3 August 2005[5] identifies the proposal as an incompatible land use yet inappropriately relies upon a condition (in which to allow the Heritage Council to endorse the PoM) to ensure that continued aviation use of the site is legally enforceable. This particular condition is omitted by the NSW Heritage Council despite a range of other conditions being adopted thereby resulting in the recommendations of this report being inappropriately taken out of context. Furthermore, SKM reiterate within their report that:

- *'A fundamental aspect of the significance of the aerodrome is continued aviation use';*
- *'Conditional endorsement of the POM is recommended only on the basis that a legal enforceable mechanism is developed to ensure that residential development does not result in the cessation of key aviation events such as the annual Great Eastern Fly-in';*
- *'Aviation use of the Evans Head Memorial Aerodrome is a vital element in maintaining the heritage values and significance of the site for which it was listed on the State Heritage Register';*
- *'Great Eastern Fly-in[6] will be incompatible with residential and nursing home development during those event periods. Such a land use conflict will potentially restrict the occurrence of cultural and historic aviation events due to the level of noise exposure not permitted under current planning regulations';*

c) Independent advice provided by Jane Gardiner, Heritage Consultant dated 14 May 2005[7] which identifies that;

- *'The subdivision and subsequent rezoning of land for housing in the area of the southern taxi way will have a major impact on the airport';*
- *'The integrity of the aerodrome has already been compromised by residential development in the southern boundary area';*
- *'The draft POM would be more useful had it investigated in detail development options which enhance the operation of the site as an aerodrome. If development is needed in this southern area then it would be better for it to have an aviation focus';*

- RVC's Urban Land Release Strategy (ULRS) fails to achieve its stated objectives and provides insufficient regard to land use allocation within Evans Head. In particular:

a) With respect to the proposal, RVC's ULRS inappropriately relies upon the draft (GHD) PoM as the sole basis for including specific provision for the

[5] SKM Independent Review of PoM dated 3 August 2005 provided at **Appendix F**
[6] RVC Events Calender 2007 and details of the Great Eastern Fly-in at YEVD provided at **Appendix G**
[7] Independent advice provided by Jane Gardiner, Heritage Consultant dated 14 May 2005 provided at **Appendix H**

retirement village proposal at YEVD and disregards EHB's existing approved site (as a viable alternative) other than to map its existence;

b) RVC's ULRS results in a net loss of both industrial and residential land despite identifying the need to accommodate a growing incoming population over the next 20 years;

c) RVC's ULRS does not adopt all of the recommendations of the (GHD) PoM with respect to zoning at YEVD;

d) RVC's ULRS maintains inappropriate residential zonings (on YEVD land owned by RVC) to the north and south of the existing 4(a) Industrial zoned land despite the potential for land use conflicts and existing environmental constraints such as endangered flora/fauna species, habitats and Category 1 bushfire vegetation;

e) Proposed replacement zoning (in particular for large parcels of industrial land in Evans Head) is unclear and in some cases unspecified by RVC;

f) The potential for greater use of YEVD for an Air Park, open space/recreational and/or Light Industrial purposes as a 'transition' zone is not properly recognised, particularly having regard to the opportunity to prevent unnecessary land use conflicts and promote the significance and use of areas within YEVD (including the site of the proposal) as a potential location for active or passive open space, improved heritage significance and other compatible/transitional land uses listed above;

g) RVC's ULRS identifies land to the south of RWY 18/36 as 'Future Development Area'. The supporting text indicates that this area is intended for low density residential development which would be both incompatible and inappropriate, having regard to the resultant impact on existing aviation operations at YEVD and amenity impacts, particularly aircraft noise and disturbance for future occupants. In addition, this area also contains endangered flora/fauna species, habitat and Category 1 Bushfire vegetation;

- RVC has not provided reasonable incentives to encourage an economically viable aviation based use of YEVD. Possible incentives/actions would include:

  a) Recognition of all runways within AIP-ERSA[8] with appropriate fly neighbourly provisions (as required);

  b) Provision of a 24-hour fuel bowser for use by Pilots;

  c) Maintenance of all runways to a suitable standard including clear numbering and thresholds together with multiple windsocks for improved safety;

  d) Construction of additional Bellman-like Hangars within YEVD for lease to aviators/aircraft owners and/or flight training schools to promote the significance of this aerodrome;

  e) Promotion of the site as potentially one of the safest aerodromes in Australia due to its low elevation, multi-directional runways and suitability for Student Pilot Training and aviation based maintenance/aircraft construction facilities;

[8] AIP-ERSA YEVD Extract valued between 30 August 2007 and 22 November 2007 provided at **Appendix I**

f) Promotion of the State heritage significance of YEVD by way of an Aviation Museum and attractive/functional War Memorial (which would be visually prominent and accessible if located on the corner of Woodburn Road and Currajong Street) with possible integration of passive/active open space and BBQ facilities/tourist information;

g) Consideration of a larger feasible area for an economically viable Air Park proposal[9] with an emphasis on RVC retaining ownership of YEVD (where possible) as a community asset;

h) Installation of Pilot Activated Lighting (PAL) on RWY 18/36 to enable automatic lighting and extended use of the aerodrome for improved access and training facilities;

i) Recognition by RVC that restriction of the proposed Air Park zone buildings to former Bellman hangar footprints results in the need for greater land area as the allocated 4ha is largely occupied by either existing hangars, aprons or taxi ways and support infrastructure (i.e. windsocks etc). Consequently, the available useful area is reduced to approximately 5 sites of 1000m^2 each which reduces the viability of such a scheme. Without scope to utilise or expand within appropriate areas of the aerodrome, this proposal could have the potential to adversely affect the long term aviation potential that could be realised at YEVD;

j) Advertising of YEVD within aviation circulars to promote the area as a desirable destination and consideration of additional regular aviation based events (similar to the Great Eastern Fly-in) to promote the on-going use of YEVD;

k) Expedite important proposals such as the 'Make the Bellman Hangar Safe' restoration project;

l) Liaison with major aircraft carriers utilising Ballina airport in which to offer an alternative (yet nearby) destination in the event that aircraft crosswind capacities at Ballina are exceeded[10]. An additional benefit associated with this type of proposal would be improved tourism and employment opportunities in Evans Head together with improved reliability for aircraft carriers and more satisfied passengers;

m) Identification of an appropriate area for short stay/overnight camping within or near to YEVD; and

n) Waiving all landing/operational fees until such time as aviation businesses are able to establish at YEVD.

- There are currently minimal constraints that would apply to prevent interested parties from purchasing and/or consolidating existing allotments within the village of Evans Head for a proposed seniors living residential care facility and/or in-fill self care residential seniors living housing. One similar sized site in Currajong Street benefits from a valid development consent for a retirement village obtained by EHB. Furthermore, an inspection of Evans Head has revealed that additional sites exist which could offer alternatives for this type of seniors living housing proposal without the need for rezoning[11].

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9 Expressions of Interest with respect to Airpark proposals provided by Paradise Homes Pty Ltd and Pacific Lifestyle Developments Pty Ltd at **Appendix J** and **Appendix K** respectively.

10 Local Media Releases highlighting the need for X-RWY's and potential for further aviation based opportunities at YEVD provided at **Appendix L**

11 Alternative sites within Evans Head for Seniors Living Housing provided at **Appendix M**

Additional opportunities beyond Evans Head should also be further explored as (being a regional facility) there may be a case to support expansion of an existing seniors living housing facility elsewhere in the LGA in a more appropriate location with local needs to be met within the village of Evans Head. RVC's proposed intervention with market-related conditions (which currently favour holiday apartment/medium density residential development) is considered to be inappropriate. In the opinion of DFP, the cost of land within Evans Head is not a development constraint and does not warrant Council's (or DoP's) intervention with this proposal as it will be privately owned;

In addition, RVC's reasons for supporting a proposed spot rezoning (instead of a broad strategic review of RRLEP 1992) cannot be supported as being in the public interest as the proposal will be privately owned, and will offer no more community benefit than would/could otherwise be provided on existing 2(v) Village zoned land within Evans Head albeit without rezoning[12].

- RVC's in-house preparation of a (yet to be released) Local Environmental Study (LES), funding of a review of the PoM and in-house preparation of the ULRS may be a conflict of interest in RVC's consideration of this proposal. This is particularly relevant as RVC own YEVD and stand to benefit financially from any proposed rezoning and subsequent sale or development of YEVD. RVC has pre-empted approval of the spot rezoning and future retirement village through identification of the site within DCP No. 10 and reference to its future retirement village use. It is also noted that RVC has made provision within RRLEP 1992 in anticipation of a gazettal of draft LEP Amendment No. 31;
- The proposed rezoning is inconsistent with the Minister's S.117 Directions which are applicable to this site[13] including:
    a) Direction No. 1.1 Business and Industrial zones;
    b) Direction No. 2.2 Coastal Protection;
    c) Direction No. 3.1 Residential Zones; and
    d) Direction No. 4.4 Planning for Bushfire Protection.
- The proposed rezoning and retirement village is not considered to be within the public interest as it could potentially stymie airport growth and other more compatible land use development that may result in far greater social and economic benefits to the community.

On behalf of EMAC, DFP recommends that pursuant to S.66(3) of the EP&A Act, the Director-General of the NSW Department of Planning not issue a S.65 Certificate for the proposed rezoning of YEVD for the above reasons.

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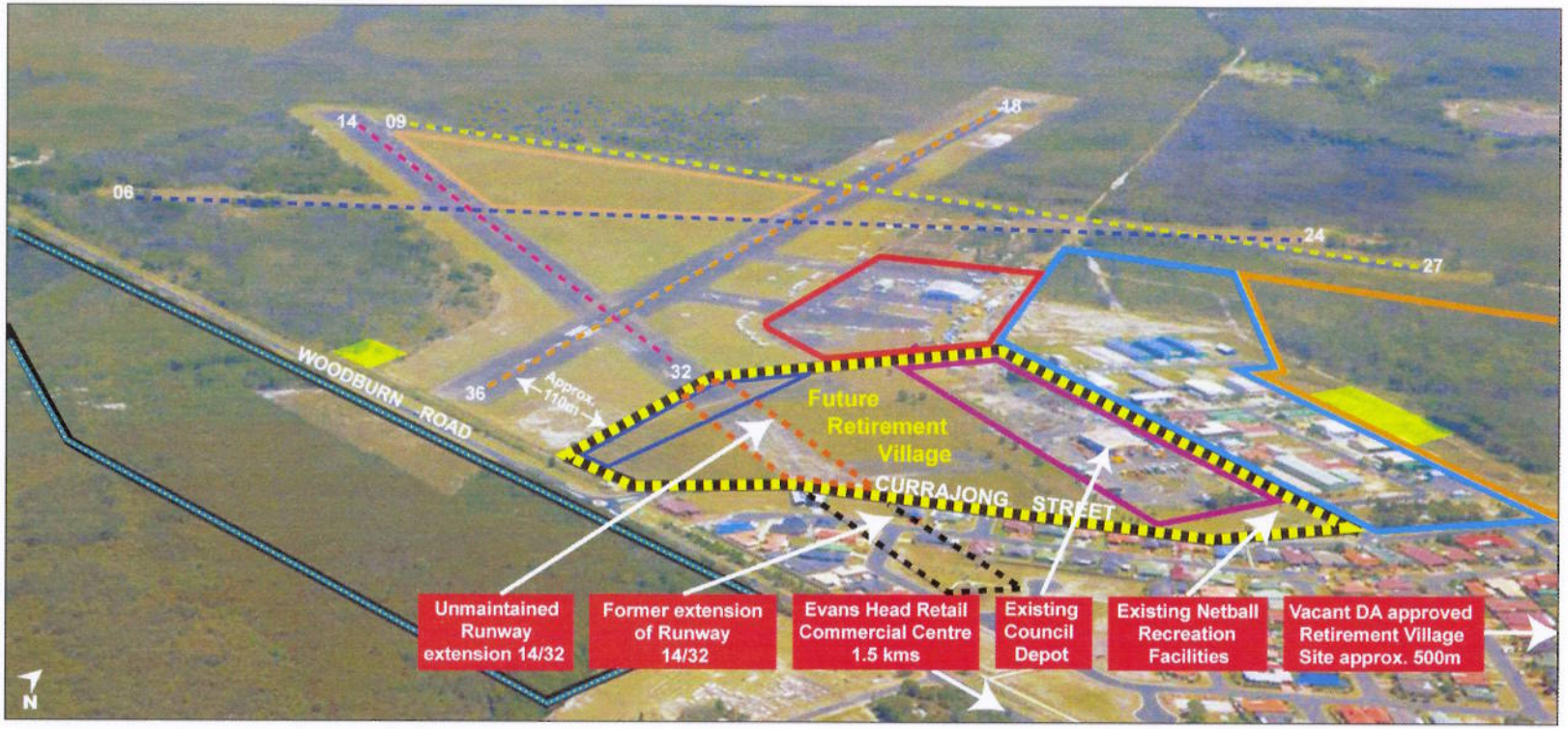
[12] Planning Circular PS 06-015 dated 15 June 2006 outlining the Department of Planning's guidelines for spot rezoning provided at **Appendix N**

[13] Planning Circular PS 07-008 dated 17 July 2007 containing new Ministerial Directions under S.117(2) of the EP & A Act 1979 provided at **Appendix O**



RUNWAYS

- 18/36 - 1,298m sealed (Main Runway)
- 14/32 - 800m sealed (Originally 1,200m)
- 09/27 - 1050m sealed
- 06/24 - 1,097m grass

- Future Retirement Village
- Proposed Future Development Area containing Category 1 Bushfire Vegetation & Endangered Species Habitat beneath flight path of runway 18/36
- Proposed Air Park Zone containing existing Bellman Hanger
- Proposed I1 Zone containing existing industrial development
- Existing Industrial Land Zoned 4(a) within Future Retirement Village Site
- Existing Rural Secondary Agricultural Land Zone within Future Retirement Village
- Proposed R6 Zone containing Category 1 Bushfire Vegetation & Endangered Species Habitat
- Proposed Stage 1 Area to be irrigated
- Former extension of Runway 14/32
- Unmaintained extension of Runway 14/32
- Location of Pygmy Perch wetland improvements

Illustration 1 – Proposed Rezoning and Retirement Village

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-110

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE ASSESSMENT TEAMS - NUMBER AND LOCATION

Written Question on Notice

Senator Adams asked:

How many Aged Care Assessment Teams are there in Australia and how many are located in each State and Territory?

Answer:

There are 116 Aged Care Assessment Teams in Australia.

State/Territory	Teams
Australian Capital Territory	1
New South Wales	45
Northern Territory	3
Queensland	15
South Australia	15
Tasmania	3
Victoria	18
Western Australia	16

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Sup Budget Estimates 2008-2009, 22 October 2008

Question: E08-150

OUTCOME 4: Aged Care and Population Ageing

Topic: ACFI

Written Question on Notice

Senator Adams asked:

Can the Department advise how much money the Government saved in income tested fee subsidy reductions and in extra service fee clawbacks in the last financial year where data is available?

Answer:

In 2007-08, the amount of income-tested fee subsidy reductions totalled $251.1 million and the amount of extra service fee reduction was $21.4 million.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-213

OUTCOME 4: Aged Care and Population Ageing

Topic: AMBASSADOR FOR AGEING

Written Question on Notice

Senator Boyce asked:

a) What functions has Ms Noeline Brown attended in the past 6 months in her capacity as the Ambassador for Ageing?
b) What other activities has she undertaken?
c) Has Ms Brown made representations to the Department on behalf of age pensioners?

Answer:

a) A list of activities undertaken is at Attachment A.

b) Ms Brown has also been involved in the development of a series of active ageing posters and brochures.

c) The Ambassador promotes healthy and positive ageing and promotes respect for, and the value of, older Australians. She has not made representations to the Department on behalf of aged pensioners.

Attachment A

Ambassador Activities 12 April – 30 September 2008

Relevant date/s	Request from / media contacted	Details
12 Apr 08	Sun Herald	Newspaper interview
12 Apr 08	2GB News	Radio interview
12 Apr 08	2SM News	Radio interview
12 Apr 08	SBS Radio News	Radio interview
12 Apr 08	Gold 104.3 News Melb	Radio interview
12 Apr 08	2UE News	Radio interview
12 Apr 08	4BC News Bris	Radio interview
14 Apr 08	ABC Radio Brisbane	Radio interview
14 Apr 08	2UE Radio	Radio interview
14 Apr 08	ABC Illawarra	Radio interview
14 Apr 08	ABC Canberra – Triple 6	Radio interview

14 Apr 08	Southern Highland News	Newspaper interview
15 Apr 08	ABC Radio Newcastle	Radio interview
15 Apr 08	ABC North Coast - NSW	Radio interview
15 Apr 08	Territory FM Darwin	Radio interview
15 Apr 08	The Senior Newspaper	Newspaper interview
16 Apr 08	ABC Radio Perth	Radio interview
16 Apr 08	Fifty Plus News (Victorian based monthly newspaper)	Newspaper interview
17 Apr 08	3AW Radio Melb	Radio interview
17 Apr 08	Australian Ageing Agenda (independent magazine for the aged care and retirement living sectors)	Magazine interview
18 Apr 08	Mike Swinson – freelance journalist (former ABC journo)	Magazine interview
18 Apr 08	2NBC Radio	Radio interview

19 Apr 08	2UE Radio Sydney	Radio interview
19 Apr 08	4BC Radio Brisbane	Radio Interview
23 Apr 08	Kerri-Anne Kennerley TV Program Nine Network Studios	Pre-record show for Anzac Day Program
28 Apr 08	ABC Radio Brisbane	Radio interview
28 Apr 08	Insite (aged care industry newspaper)	Newspaper interview
29 Apr 08	Highland FM (FM 107.1) radio interview	Frank Conroy Tuesday Magazine program – 'Residents in the Southern Highlands program'
8 May 08	The Inner Wheel Club of Grafton	Guest Speaker at the Cancer Council Biggest Morning Tea.
13 May 08	Australian Red Cross	Guest speaker to Aust Red Cross volunteers.
14 May 08	National Community Care Conference, Sydney	Guest speaker
15 May 08	Royal Life Saving Society Australia - Australian Water Safety Conference, Sydney	Opening address at conference
15 May 08	Illawarra Retirement Trust (IRT)	Guest speaker at IRT presentation night to celebrate volunteers
17 May 08	Killara Gardens Aged Care Nursing Facility	Attend Community Open Day

19 May 08	Churches of Christ Homes & Community Services Incorp - Rockingham WA	Launch of 'The Bethanie Group Inc' - Churches of Christ Homes
19 May 08	Rockingham Autumn Centre Facility for Senior Citizens	Centre visit and speech about the role of Ambassador
20 May 08	Morning Tea with Council of the Ageing Perth	Meet and talk with seniors
20 May 08	Visit Independent Living Centre of WA (Inc) Perth	Visit facility and meet with staff
29 May 08	COTA National Policy Forum Canberra	Lunch presentation reflecting on ageing issues, active ageing and role of Ambassador.
4 June 08	University of the Third Age Network – Victoria Inc	Guest speaker at the Network Council Meeting and the 20th Anniversary Celebrations of U3A.
5 June 08	88.7 Adelaide's CoastFM (community radio)	Radio interview
11 June 08	ABC Radio Canberra Louise Maher Program	Radio Interview
23 June 08	Minister's Office	Meeting with Minister Elliot, Commissioners Broderick and Parker
25 June 08	Open seminar series Healthy Ageing Research Unit Monash University	Guest speaker
1 July 08	National Seniors Australia Canberra	Guest speaker at National Seniors Policy Forum
2 July 08	Adult Learners Australia, Canberra	Guest speaker at national launch of Adult Learners Week

4 - 5 July 08	Troy Buswell WA	Guest speaker at 2 seminars on positive ageing in Busselton and Margaret River, WA
11 July 08	Independent Retiree magazine	Magazine interview
13 July 08	2UE – Clive Robertson program	Radio interview
22 July 08	ACT Government	Guest speaker at Social Inclusion Seminar, Canberra
23 July 08	Kangerong Respite Centre, Box Hill Melbourne	Guest speaker at Centre opening
27 Jul 08	2008 Jewish Communal Appeal	Guest of Honour and Keynote Speaker
30 July 08	U3A Castelmaine, Vic	Guest speaker at 20th birthday celebrations
21 Aug 08	ABC Radio Conversation Hour (NSW + Qld)	Radio interview
31 Aug 08	Senior Superstar Qld	Guest judge for the Brisbane Grand Final of Senior Superstar (encompassing Brisbane and Sunshine Coast residents)
1 Sept 08	ABC Radio, Brisbane	Radio interview
2 Sept 08	Adult Learning Australia/National Seniors Australia, University of the Sunshine Coast	Participate in forum on lifelong learning during Adult Learner's week.
8 Sept 08	Federation of Indian Associations Of Victoria, Melbourne	Launch of the Poster and pamphlet 'ageing with dignity'
16 Sept 08	Southern Gold Coast 60 and Better Program	Participate in and present medals at *Cheerful Challenge Day* event

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-214

OUTCOME 4: Aged Care and Population Ageing

Topic: AMBASSADOR FOR AGEING

Written Question on Notice

Senator Boyce asked:

What is the current expenditure of the Office of the National Elderly Commissioner from April to September 30?

Answer:

Expenditure under the Health and Hospitals Reform – Aged Care – National Elderly Commissioner – Ambassador for Ageing Program from April 2008 to 30 September 2008 is $146,298. Of this, $62,966 has been paid to the Ambassador.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-263

OUTCOME 4: Aged Care and Population Ageing

Topic: COMMUNITY CARE

Hansard Page: CA 116

Senator Ryan asked:

In the same list that was tabled by the minister on 15 October, under program 4.4, Community Care, there are a number of grant recipients shown as consolidated funds, which are listed as $311 million. There are states listed underneath that, so could we have a breakdown by state as well?

Answer:

The list tabled by Minister Roxon on 15 October under program 4.4 Community Care identifies consolidated funds of $311 million which is the base funding for New South Wales Home and Community Care (HACC) for the 2008-09 financial year.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-108

OUTCOME 4: Aged Care and Population Ageing

Topic: REVOCATION OF LICENSES ON GROUNDS OF SERIOUS RISK

Written Question on Notice

Senator Adams asked:

a) How does the Department define serious risk?
b) How many facilities have been sanctioned on the grounds of serious risk over the past two years?
c) How many facilities have had their licenses revoked on the grounds of serious risk over the past two years?
d) What outcomes constituted serious risk at Rosden Nursing Home that warranted its closing down and relocation of very frail and elderly residents?

Answer:

a) The term serious risk relates to findings by the Aged Care Standards and Accreditation Agency (the Agency) of evidence of risk to the health, safety and well-being of care recipient. Serious risk describes a situation that causes harm, or has the potential to cause harm to the health, safety or well-being of a care recipients. Serious risk means that it is reasonable to expect there will be/continue to be harm to a resident unless the circumstances giving rise to the risk are promptly addressed.

b) The Department has imposed sanctions on 37 services since 1 July 2006 following findings by the Agency of serious risk.

c) Two services have had their licences revoked following findings by the Agency of serious risk.

d) The finding by the Agency of serious risk at Rosden Nursing Home related to deficiencies across all four Accreditation Standards, with particular concern related to the unclean and unsafe physical environment and the privacy and dignity of residents. Non-compliance was also identified in 20 of the 44 Accreditation Outcomes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-118

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE ASSESSMENT TEAMS

Written Question on Notice

Senator Adams asked:

Under AFCI, a large number of residents are being assessed as low care wherein fact they are high care. As it takes a considerable amount of time for an ACAT reassessment to be undertaken, and if the resident is then found to be high care, why will the department not make the subsidy payable retrospective to when the request for reassessment took place to reflect the true level of care provided to the residents?

Answer:

If the resident has an Aged Care Assessment Teams (ACAT) approval that is limited to low care, and their initial Aged Care Funding Instruments (ACFI) classification fits within the definition of high care they are classified as 'interim low' (low care) and are funded at a default rate of $44.14 per day.

Under the ACFI an 'ageing in place' event defines when the full ACFI high care subsidy may be paid if the resident's ACAT approval is limited to low care. A resident may 'age in place' in one of the following three ways:

- an ACFI reappraisal is conducted that results in a high care classification;
- an ACAT approval for care is provided which is not limited to low care; or
- a Departmental Review Officer confirms the resident's ACFI classification during a classification review.

The Aged Care Act does not allow any of these decisions to be back dated.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-129

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE APPROVALS ROUND

Written Question on Notice

Senator Adams asked:

a) The Government committed to undertake a major review of the Aged Care Approval Round process. Can the Department advice when this review is scheduled to occur and the timeline for the review?
b) Can the Department confirm when the review of the Aged Care Approval Round allocation ratio will occur?

Answer:

a and b) The reviews of the Aged Care Approval Round process and aged care planning ratios are scheduled to commence after the Review of the Conditional Adjustment Payment has been completed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-268

OUTCOME 4: Aged Care and Population Ageing

Topic: WORKFORCE

Hansard: CA 113

Senator Adams asked:

What is the current shortfall in trained nursing staff and the shortfall on personal care workers and the Department has identified?

Answer:

The report on the 2007 National Aged Care Workforce Census and Survey will provide data on the aged care workforce which will include identifying the number and skills of nursing staff and personal care workers in both residential and community care. It will also provide information on recruitment and retention matters. The report is due for release at the end of 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Sup Budget Estimates 2008-2009, 22 October 2008

Question: E08-052

OUTCOME 4: Aged Care and Population Ageing

Topic: PRODUCTIVITY COMMISSION REPORT

Written Question on Notice

Senator Siewert asked:

When will the government respond to the Productivity Commission Report on Trends in Aged Care Services released in Sept 2008?

Answer:

The Productivity Commission Report on Trends in Aged Care Services was a self-generated study which had no recommendations but only findings, which are for information to the Government and do not require a response.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-126

OUTCOME 4: Aged Care and Population Ageing

Topic: TRANSITION CARE

Written Question on Notice

Senator Adams asked:

Department please provide a State and Territory wide breakdown of funding amounts for transitional care places allocated to aged care providers, health services and any other provider as at 22 October 2008 for the 2008/09 budget year?

Answer:

The Transition Care Program is a jointly funded program between the Australian Government and all states and territories. Australian Government funding for the Transition Care Program is provided in the form of flexible care subsidy under the *Aged Care Act 1997* per occupied place per day.

The estimated Australian Government payment to the states and territories in 2008-09 is provided in the table below:

• **State**	• **Estimated 2008-09 funding**
• New South Wales	• $24,710,600
• Victoria	• $19,206,725
• Queensland	• $11,841,860
• South Australia	• $6,406,170
• Western Australia	• $5,983,330
• Tasmania	• $2,043,030
• Northern Territory	• $673,545
• Australian Capital Territory	• $1,187,420
• **TOTAL**	• **$72,052,680**

Note: This funding is for all operational places, including those allocated in previous years. Transition Care subsidy is provided at a flat rate on a 'per occupied place per day' basis. The same rate is paid by the Australian Government for transition care delivered in either a residential or community setting.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-127

OUTCOME 4: Aged Care and Population Ageing

Topic: TRANSITION CARE

Written Question on Notice

Senator Bernardi asked:

Department please provide a breakdown of funds allocated for overnight residential care and community care transitional care places, as at 22 October 2008 for the 2008/09 budget year on a State and Territory wide basis!

Answer:

The Transition Care Program is a jointly funded program between the Australian Government and all states and territories. Australian Government funding for the Transition Care Program is provided in the form of flexible care subsidy under the *Aged Care Act 1997* per occupied place per day.

The estimated Australian Government payment to the states and territories in 2008-09 is provided in the table below:

• **State**	• **Estimated 2008-09 funding**
• NSW	• $24,710,600
• VIC	• $19,206,725
• QLD	• $11,841,860
• SA	• $6,406,170
• WA	• $5,983,330
• TAS	• $2,043,030
• NT	• $673,545
• ACT	• $1,187,420
• **TOTAL**	• **$72,052,680**

Note: This funding is for all operational places, including those allocated in previous years. Transition Care subsidy is provided at a flat rate on a 'per occupied place per day' basis. The same rate is paid by the Australian Government for transition care delivered in either a residential or community setting.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-131

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE DATA

Written Question on Notice

Senator Adams asked:

The Department makes ACAR planning decisions using demographic data at local government level. This data used to be in the public domain and available to any person or organization interested in developing aged care places. Why isn't this data still in the public domain and available to all so that providers or prospective providers are all using the same sourced data as the Department?

Answer:

The Department is purchasing Statistical Local Area population projections based on the 2006 Census. These are not expected to be finalised until the beginning of 2009.

However, the Australian Bureau of Statistics has in the meantime provided preliminary projections based on 2006 Census data. The Department has agreed that the ABS may make these preliminary projections available to third parties. In addition, the Department has made the projections available on its website from where they can be downloaded free of charge. The web address is: http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-stats-lapp.htm

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-135

OUTCOME 4: Aged Care and Population Ageing

Topic: RESIDENTIAL APPRAISALS

Written Question on Notice

Senator Adams asked:

In a letter to aged care providers dated September 2008 the Department of Health and Ageing states "the Department routinely reviews deceased resident's appraisals". Do you confirm that the Department will not be reviewing any deceased resident's appraisals and that this Government will not be seeking to recoup funds paid in respect of deceased residents?

Answer:

A letter dated 30 September 2008 was sent to the sector in response to a number of queries submitted by facilities to their peak bodies and the Department of Health and Ageing about the Classification Review Program. The letter states amongst other matters, that 'The Department does not (emphasis added) routinely review deceased residents' appraisals.

The Department does not routinely seek to recoup funds paid in respect of deceased residents and does not therefore review funding claims for deceased residents.

The Department will however, on behalf of the provider, progress a 'request for reconsideration' from a provider where a resident has departed care in the period between the review and the request for reconsideration (or appeal).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Sup Budget Estimates 2008-2009, 22 October 2008

Question: E08-140

OUTCOME 4: Aged Care and Population Ageing

Topic: GRANT THORNTON REPORT

Written Question on Notice

Senator Adams asked:

The largest independent financial benchmark undertaken by the industry was recently made public. That analysis undertaken by Grant Thornton clearly indicated that the industry's financial trends are downwards and that there is a continuing decline in the capital raising capability and the operation returns for the industry.

a) Has the Department reviewed this material?
b) Does the Department believe the level of returns demonstrated in the Grant Thornton analysis is sufficient to ensure ongoing industry viability?
c) If not on what basis?

Answer:

a) The 2008 Grant Thornton report was provided as input to the Review of the Conditional Adjustment Payment (CAP) and is being reviewed along with all other submissions received.

b and c)
The key findings of the Grant Thornton analysis need to be scrutinised closely as they are at odds with the findings of other surveys as explained in the evidence given to the Senate Community Affairs Committee on 22 October 2008. Further scrutiny of the findings of such surveys will be undertaken during the analysis for the CAP Review.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Sup Budget Estimates 2008-2009, 22 October 2008

Question: E08-142

OUTCOME 4: Aged Care and Population Ageing

Topic: RELEASE OF THE BENCHMARK RESULTS

Written Question on Notice

Senator Adams asked:

a) When is the Department proposing to release to aged care providers and to the industry the financial benchmark results for the 06-07 financial year?
b) Please advice who undertook the exercise for the 06-07 year for the financial benchmarking and on what basis and terms was that contract let and was it on open or closed tender?
c) Please advise whether a contract has been let for the 07-08 year for the financial benchmarking and on what basis and terms was that contract let and whether it was an open or closed tender and with whom and whether the details of the contract are available on the Department's website?

Answer:

a) The providers' financial reports are being analysed as input to the Review of the Conditional Adjustment Payment. A decision on the information that is to be released to the public will be made by the Government upon its consideration of the Review's findings or in the context of the 2009-10 Budget.

b) The financial data were extracted from the providers' financial returns by Refire Pty Ltd by an extension of their contract to collect the financial returns from the providers. KPMG were then selected from a Departmental panel to analyse the data from the financial returns as input to the Review of the Conditional Adjustment Payment. Contract details were placed in the Commonwealth gazette in accordance with normal procurement procedures.

c) There is not yet a contract for benchmarking of the 2007-08 financial returns.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-146

OUTCOME 4: Aged Care and Population Ageing

Topic: ACFI

Written Question on Notice

Senator Adams asked:

a) Does the Department concur with Access Economics analysis of the first 33,000 ACFI assessments that there has been an average industry increase in subsidy of 2.9%?
b) If so, can the Department advise how the calculation of 2.9% was achieved and against what base comparative data was the 2.9% calculated?
c) Was it the trial data or some form of comparison with existing RCS subsidy?
d) If the latter, why wouldn't the whole exercise be undertaken as a comparison with a sample of RCS subsidy income?

Answer:

a, b, c and d)

The Department concurs with the Access Economics' analysis that on average, when fully implemented, the new Aged Care Funding Instrument (ACFI) will increase funding to the residential aged care sector by about 2.9 per cent in real terms. This figure is based on residents being paid the rate of subsidy determined by the ACFI. The calculations exclude any current impact of the transition arrangements such as the 'grandparenting' provisions.

The calculation is based on the results of 28,290 ACFI reappraisals conducted after 20 March 2008, using figures presented in Table 4-2 of the Access Economics report *'Testing the distribution of first 33,000 ACFI appraisals'*, 2 September 2008. The ACFIs of new residents were excluded as the comparison is between the ACFI result and the prior Residential Classification Scale (RCS) result for each existing resident.

The comparison is against the residents' previous RCS classification adjusted for an increase in dependency over the time since that RCS appraisal was completed. The reports explains the comparison figure as follows:

> *"In order to investigate those two parts, we estimate what the average RCS subsidy rate would have been under an assumption about the increased dependency of the residents. We assume that 50% of residents at RCS levels 2 to 8 move up one RCS level over the year. The RCS distribution of the reappraisal would have 34.7% of residents at RCS 1, 20.0% at RCS 2 and so on. The average RCS subsidy level would be $92.90 – above that in the ACFI National Trial ($88.84) but still less that the average subsidy level under ACFI ($95.61)."* pp 27

The purpose of this analysis by Access Economics was to determine whether the actual proportions of residents in each ACFI category are consistent with, or cary from, the previous estimates. The report concludes that *"the distribution of ACFI appraisals is different from that implied by the ACFI National Trail and is more concentrated towards higher subsidy levels"*(p22). This is reflected in the 2.9 per cent real increase figure.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-151

OUTCOME 4: Aged Care and Population Ageing

Topic: ACFI

Written Question on Notice

Senator Adams asked:

Please advise why the extra service fee is discounted by 25% and the full income tested fee is offset against the government subsidy?

Answer:

These long standing policies are based on the principle that clients who can afford to, should contribute more to the cost of their care before a call is made on taxpayers for assistance.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-157

OUTCOME 4: Aged Care and Population Ageing

Topic: QUESTIONS RELATING TO ANSWERS GIVEN TO QONS FROM BUDGET ESTIMATES JUNE 2008

Written Question on Notice

Senator Adams asked:

Question E08-136
There will be no remaining RCS assessments other than grand parented rates from 19/03/09, so does this mean the industry will continue to validate RCS assessed rates indefinitely?

Answer:

There are currently residents funded under the lapsing Resident Classification Scale (RCS) and residents funded under the new Aged Care Funding Instrument (ACFI).

The ACFI contains 'grandparenting' provisions that ensure that aged care homes continue to receive at least the same amount of subsidy as was paid under the RCS.

The Department is currently reviewing funding claims for residents on 'grand parented' rates.

The Department reserves the right to review any classification that underpins the subsidy received by an aged care provider.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-160

OUTCOME 4: Aged Care and Population Ageing

Topic: QUESTIONS RELATING TO ANSWERS GIVEN TO QONS FROM BUDGET EST JUNE 2008

Written Question on Notice

Senator Adams asked:

Question: E08-144
Has the Department completed the annual stocktake of Commonwealth funded aged care places for period ending 30/6/08 and can a copy be made available?

Answer:

Yes. The 30 June 2008 Stocktake of Aged Care Places has been provided to the Committee by the Department in accordance with long-standing practice. The majority of the data has also been published in the Department's Annual Report.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-262

OUTCOME 4: Aged Care and Population Ageing

Topic: COMMUNITY CARE PLACES 30 JUNE 2008

Hansard Page: CA 112

Senator Adams asked:

Would you be able to give me a breakdown of the community care packages on a state and territory basis as of today? To the end of June will be fine.

Answer:

The number of operational community care places (CACP, EACH packages and EACH Dementia packages) as at 30 June 2008 by state and territory is summarised in the table below.

	Number of community aged care packages (CACP)	Number of extended aged care at home (EACH) packages	Number of EACH Dementia packages	Total places
NSW	13,477	1,415	675	15,567
VIC	10,120	1,106	497	11,723
QLD	6,942	667	346	7,955
SA	3,464	345	169	3,978
WA	3,436	406	174	4,016
TAS	1,012	112	60	1,184
NT	587	83	30	700
ACT	514	110	45	669
AUSTRALIA	39,552	4,244	1,996	45,792

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-049

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE

Written Question on Notice

Senator Siewert asked:

Have any assessments been undertaken about the likely impact of the global economic situation on the provision of aged care?

Answer:

The Department constantly monitors the financial health of the aged care industry.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-106

OUTCOME 4: Aged Care and Population Ageing

Topic: ROSDEN NURSING HOME

Written Question on Notice

Senator Adams asked:

a) Why did the Accreditation Agency assessors see fit to revise its recommendations on the number of non-compliant outcomes from 17 to 20 out of possible 44 outcomes in relation to the Rosden Nursing Home?
b) Could the Department explain why Rosden Nursing Home was closed down when a few months earlier it was found to comply with all 44 standards?
c) What is the status of Rosden Nursing Home's appeal?
d) What is the health status of the residents who were relocated from Rosden Nursing Home?
e) Is the Department aware that over the past seven years, no resident from Rosden Private Nursing Home suffered broken bones whilst in care?
f) Is the Department aware, that a resident, on relocation from Rosden Nursing Home to another facility suffered a broken hip and broken leg and has been admitted to Epworth Hospital?

Answer:

a) In their Review Audit Major Findings the Accreditation Agency assessors recommended that Rosden Private Nursing Home was not compliant with 20 of the 44 accreditation outcomes. However in their Serious Risk report of 23 September 2008, completed prior to the conclusion of the audit the Agency assessors indicated that there would be at least 17 non-compliant outcomes. In concluding the audit on 25 September the assessors found a further three outcomes to be non-compliant, a total of 20 overall.

b) In the Review Audit conducted between 19 and 25 September 2008 the Accreditation Agency identified serious concerns with the physical environment of the home and in particular as it related to residents' safety. It also found that staff practices compromised residents' privacy and dignity. In consideration of the Agency's finding the Department determined that the conditions at the home were such that there was an immediate and severe risk to health, safety and wellbeing of residents and prompt and appropriate action was necessary to remove residents from risk.

c) This matter was given full consideration by the Department, and it was decided to confirm the decision to revoke the allocated places.

d) Authorised officers of the Department maintain contact with residents and their families/carers for a period after relocation to ensure that residents are settled and any issues arising from the relocation can be resolved. There have not been any major issues reported other than an injury to a resident (see f) below). However, since the relocation another resident has been reassessed from high care to low care due to improved health and personal capacity achieved in the new home.

e) The Department does not record this level of information.

f) The Department is aware that a resident, relocated from Rosden Private Nursing Home, was diagnosed with fractures to her femur and ankle shortly after relocating. An investigation was undertaken by the Department in respect of the resident's fractures. The medical history and clinical indicators for the resident suggest she presents as markedly osteoporotic combined with marked vascular calcification and as a result is prone to spontaneous fractures due to brittle bones. This is combined with no weight bearing ability and the requirement that the resident needs assistance to walk and the use of lifting machines. There was no evidence to suggest the resident had sustained the fractures from a fall.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-107

OUTCOME 4: Aged Care and Population Ageing

Topic: REVOCATION OF LICENSES

Written Question on Notice

Senator Adams asked:

g) How many aged care facilities have had their licenses revoked?
h) On what grounds have their licenses being revoked?
i) Would the Department provide a list of aged care facilities that have had their licenses revoked in the last 2 years?

Answer:

a) Since 2000, five residential aged care services have had their approved provider status and/or allocated places revoked.

b) In four cases, revocation followed findings of serious and substantial non-compliance with care and accommodation standards resulting in an immediate and severe risk to the health, safety and wellbeing of residents. In one case, it was imposed due to approved places not being made operational within a reasonable timeframe.

c) The following residential aged care services have had their licences revoked within the last two years:
    1. Belvedere Park Nursing Home –, Victoria;
    2. Rosden Private Nursing Home –, Victoria; and
    3. Allawah Hostel – New South Wales (Note: this home was allocated ten places in 1989, but has remained inoperative since 2000. As a result, the places were revoked on 16 July 2008 under 18.5 of the *Aged Care Act 1997* for not providing care for a continuous period of 12 months)

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-109

OUTCOME 4: Aged Care and Population Ageing

Topic: NON COMPLIANT OUTCOMES

Written Question on Notice

Senator Adams asked:

Over the last 2 years, how many times has there been an upward revision of the number of non compliant outcomes for aged care facilities?

Answer:

The meaning of the question is unclear.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-117

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE ASSESSMENT TEAMS

Written Question on Notice

Senator Adams asked:

Has the Department or any State/Territory jurisdiction issued a directive to ACAT's to discharge all low care residents to community packages?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-130

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE APPROVALS ROUND

Written Question on Notice

Senator Adams asked:

a) Would the Department provide the figures for the number of aged care beds available per 1,000 people over 70 on the NSW Mid-North Coast and in the surrounding aged care planning areas?
b) Would the Department also provide figures for the number of places under development?
c) Do these figures take into account the fact that 5.5% of the NSW Mid-North Coast population is aged 65-69, compared to the NSW average of 3.9% and the national average of 3.8%?
d) This data points to the fact that the number of people over 70 on the MNC, and by extension, the number of people needing care, will jump significantly in the next five years.
e) Do the aged care high need area classifications take this anticipated future growth into account?

Answer:

a) The number of operational residential aged care places for every 1,000 people aged 70 years or over in the New South Wales Aged Care Planning Region of Mid North Coast and its surrounding planning regions of Far North Coast, New England and Hunter as at 30 June 2008, is summarised in the table below.

Operational Residential Ratios – 30 June 2008

Aged care planning region	Operational residential ratio
Mid North Coast	78.8
Far North Coast	79.9
New England	85.0
Hunter	84.6

b) The total number of provisionally allocated residential aged care places in the combined New South Wales Aged Care Planning Regions of Mid North Coast, Far North Coast, New England and Hunter is 2,332.

c), d) and e)

Yes. The Department bases its planning on population projections provided by the Australian Bureau of Statistics. In addition, as part of the annual Aged Care Approvals Round, the Aged Care Planning and Advisory Committees in each state and territory make recommendations to the Secretary of the Department of Health and Ageing about the regional distribution of aged care places between aged care planning regions. They may also identify special needs groups and/or key issues as having a particular focus if the Committee believes that the need is not being met through existing or planned services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-132

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE WAGES

Written Question on Notice

Senator Adams asked:

The Productivity Commission in its report 'Trends in Aged Care Services Some Implications' accepted an estimate that the cost to allow aged care providers to pay wages that are equivalent to acute care employees would be approximately $450M per annum as compared to the rates of pay being paid to equivalent positions in the acute hospital sector.

If aged care providers have to compete in the open market with a differential of that order, what strategies does the Department intend to employ to ensure aged care providers can compete for staff in the health industry if no additional funding is to be provided to assist them to pay equivalent wages?

Answer:

Under the *Aged Care Act 1997* aged care providers are responsible for using Government subsidies to ensure that there are adequate numbers of appropriately skilled staff to meet the individual care needs of residents. It is important to note that the Government is not responsible for determining wages and conditions for staff in the aged care sector. In general these are agreed between employers and employees under a variety of industrial instruments. This means that the pay rates of nurses and other staff can vary from employer to employer.

Over the next four years, funding for aged and community care will reach more than $41 billion - with $29.5 billion of that on residential aged care alone.

In the 2008-09 Budget, the Government increased the Conditional Adjustment Payment (CAP) from 7% to 8.75% of the basic residential care subsidy. This increase means that there will be more than $2 billion in total CAP payments to the residential aged care sector over the next four years.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-136

OUTCOME 4: Aged Care and Population Ageing

Topic: ACFI/AGED CARE FUNDING SCHEME

Written Question on Notice

Senator Adams asked:

Why is the Department vigorously pursuing aged care providers who have not had any previous history of validation downgrades and who have not had any change in their resident classification profile when changing over to the new funding system in March this year?

Answer:

In its May 2008 Budget, the Government announced an increase of 5,000 reviews undertaken this financial year. The Minister for Ageing, the Hon Justine Elliot MP subsequently announced that the additional reviews would be conducted under the RCS program.

The 'grand parenting' arrangements introduced from 20 March 2008 seek to ensure that no resident would attract less funding under the new Aged Care Funding Instrument, but they also extend the financial implications of an incorrect claim for an average of two years.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-137

OUTCOME 4: Aged Care and Population Ageing

Topic: ACFI/AGED CARE FUNDING SCHEME

Written Question on Notice

Senator Adams asked:

The industry was assured when they agreed to the new funding scheme that validation of the new tool would commence six months after the new scheme commenced. Why has this not happened?

Answer:

The delay in the commencement of validation has been necessary to allow enough Aged Care Funding Instrument appraisals to have been submitted to ensure that a targeted approach could be taken in the selection of residents to be reviewed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-139

OUTCOME 4: Aged Care and Population Ageing

Topic: ACFI/AGED CARE FUNDING SCHEME

Written Question on Notice

Senator Adams asked:

If the introduction of the ACFI proves to be detrimental to small rural providers what are the government's plans to ensure that there are no facility closures in rural communities?

Answer:

The Department of Health and Ageing is closely monitoring the impact of the Aged Care Funding Instrument (ACFI) on all aged care services.

The Australian Government is providing direct support over two years to help aged care homes manage the introduction of the ACFI. KPMG has been selected to provide this independent business advice, at no charge, to assist aged care homes manage the change to the new funding arrangements. This assistance will be prioritised to those homes most needing support.

Also, the Government has committed to reviewing the ACFI 18 months after its commencement. The ACFI Reference Group, which includes representatives from aged care associations, aged care providers and consumer groups, will continue to provide advice and information to the Department on the implementation of the ACFI until the review is finalised.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-141

OUTCOME 4: Aged Care and Population Ageing

Topic: SECURING THE FUTURE PACKAGE

Written Question on Notice

Senator Adams asked:

In the 'Securing the Future' package announced in February last year, there were claims made that the package would secure long term capital viability for the industry, however it is clear that the industry does not consider that the reforms which came into effect 20 March 2008 have delivered a package which has made the industry sustainable, particularly capital in high care facilities. As the package is now in place and will not change until late in 2010-

a) Has the Department undertaken any modelling or calculations regarding the likely impact of the 'Securing the Future' package on the capital viability of the industry?
b) If so please explain how this modelling has demonstrated industry viability.

Answer:

a) Detailed modelling analysis was undertaken in the development of the 'Securing the Future' package.

b) It was estimated that the changes to the aged care legislation which were implemented on 20 March 2008 delivered an extra $1.13 billion to the residential aged care sector over the next four years. The package has increased funding for residential aged care – and in particular high-level care.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-148

OUTCOME 4: Aged Care and Population Ageing

Topic: ACFI

Written Question on Notice

Senator Adams asked:

a) Did the Department reach agreement with the industry prior to implementation of the ACFI that the RCS validation process would cease six months into the implementation phase unless the Department was aware of fraud and the ACFI validation process would then commence?
b) That both the RCS validation and ACFI validation would not be required of the industry at the same time?
c) Does the Department stand by this agreement?

Answer:

a) Prior to the introduction of the new Aged Care Funding Instrument (ACFI), the Department had advised the aged care sector that reviews under the lapsing Resident Classification Scale (RCS) would cease six months after the introduction of ACFI unless there was a suspicion of fraud or systemic misclassification.

   In May 2008, the Government's Budget announcement included a measure to increase the number of funding claim reviews.

b) The Classification Review program is responsible for monitoring the accuracy with which residential care subsidies are being claimed, that is, that the subsidies are allocated under the guidelines of the relevant funding arrangements, RCS or ACFI. To date, the Department has not undertaken any reviews of ACFI appraisals and there will only be a short period during which the Department will review under both instruments.

c) As outlined above, changes to the validation process have been made as a result of the 2008-09 Budget.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-149

OUTCOME 4: Aged Care and Population Ageing

Topic: ACFI

Written Question on Notice

Senator Adams asked:

Given the objective of saving approximately $9 million in 2008/09 and 2009/10, why has the Department downgraded so many RCS preserved rates.

Answer:

The 2008-09 Budget provided for an increase in the number of reviews of funding claims made by aged care providers, to ensure aged care providers are being correctly funded to meet the needs of their residents.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-215

OUTCOME 4: Aged Care and Population Ageing

Topic: ROSDEN NURSING HOME

Written Question on Notice

Senator Adams asked:

a) Department please advise the status of Rosden's Nursing Home's licences?
b) Have the licences been transferred?
c) If so, please provide a list of providers along with the number of licenses transferred to each provider
d) If not transferred, what is the Department planning to do with the licences?

Answer:

a) All places for Rosden Private Nursing Home have been revoked. A request for reconsideration of this decision by the provider was given full consideration by the Department and it was decided to confirm the decision to revoke the allocated places.

b) No.

c) N/A.

d) Returned and revoked places are taken into consideration in determining the number of new places to be released in Aged Care Approval Rounds.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-258

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE PLACES

Hansard Page: CA 103

Senator Adams asked:

Since July 2006, how many providers have handed back operational licences to the department? Once again, could the department provide a breakdown of these returned licences on a state and territory basis and the date that they were returned to the department?

Answer:

Since July 2006 there were 33 operational aged care places relinquished by providers to the Department of Health and Ageing. A breakdown of these relinquished places since July 2006 is listed in the table below.

Operational Aged Care Places Relinquished since July 2006 (as at 22 October 2008)

State	Number of places	Type of places	Date relinquished
New South Wales	9	Community Care	September 2008
Tasmania	21	Residential	April 2008
Western Australia	3	Residential	January 2007

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-050

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FUNDING INSTRUMENT

Written Question on Notice

Senator Siewert asked:

What assumptions has the government made in the 2008/9 budget about the financial impact of the Aged Care Funding Instrument (ACFI) and what impact does the government expect this to have on the revenue of aged care providers?

Answer:

At the time of its introduction, the Department estimated that the implementation of the Aged Care Funding Instrument (ACFI) would add about 2.2 per cent (or more than $120 million) to the 2008-09 Budget Estimates for residential aged care basic subsidies.

The Department estimated that over the long-term, the ACFI would increase the level of aged care subsidies by about 0.9 per cent in real terms. Following its review of the first 33,000 ACFI appraisals, Access Economics has now estimated that the long-term impact of ACFI will increase basic aged care subsidy levels by about 2.9 per cent in real terms.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-051

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FUNDING INSTRUMENT

Written Question on Notice

Senator Siewert asked:

Given that ACFI relies on high level clinical assessment skills, what provision has the government made in the 2008/9 budget to improve the clinical skills of staff in the aged care sector?

Answer:

The design of the Aged Care Funding Instrument (ACFI) is not intended to require clinical skills additional to those required for assessing, planning and providing care. The ACFI assesses basic information that is related to fundamental care needs and is not a comprehensive assessment package.

There was however a need for training in how to use the ACFI itself and substantial training was provided to the aged care sector to assist in the introduction of the ACFI. Nationally, nearly 10,000 aged care managers and staff received a two day face-to-face training course on the use and administration of the new instrument. Each aged care service had the opportunity to have between three and five key staff trained at no charge. The training materials developed by the Commonwealth have subsequently been made available for organisations to use in ongoing training.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-053

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE

Written Question on Notice

Senator Siewert asked:

Has any provision been made in the 2008/09 budget to fund pilots that test the concept of consumer directed aged care?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-111

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE ASSESSMENT TEAMS

Written Question on Notice

Senator Adams asked:

a) What is the average time frame for an Aged Care Assessment Team assessment to take place?
b) Will the Department provide a breakdown of the average assessment time for each Aged Care Assessment Team around Australia?
c) What Team/States have the longest delays in assessments and how long are those delays?
d) Is the Department considering guaranteeing a minimum assessment time?

Answers:

a) The average national total waiting time (number of days) from assessment referral to first face to face contact for the period 1 July 2007 to 30 June 2008 is 22.2 days.

b and c)

The average waiting time from assessment referral to first face to face contact for each Aged Care Assessment Team (ACAT) for the period 1 July 2007 to 30 June 2008 is at Attachment A.

d) Having accepted referrals for assessment from any source, including self-referral, ACATs allocate a priority category relative to the needs of others.

In February 2006 the Council of Australian Governments (COAG) agreed, as part of the Aged Care Assessment Program National Reform Agenda, that there be more timely and consistent assessments for frail older people by Aged Care Assessment Teams, with funding from the Commonwealth of $18 million over four years from 2006-07.

To support the COAG measure, the Australian Government has continued to provide funding for National and State and Territory Government initiatives aimed at improving and strengthening the Program.

On 16 October 2008, the Australian Government introduced the Aged Care Amendment (2008 Measures No.2) Bill 2008 into Parliament. The bill contains changes to reduce the need for ACAT reassessments. The Minister intends to negotiate a National Partnership

Agreement for the Aged Care Assessment Program with state and territory governments that will have a strong expectation for improvements in the timeliness of assessments by ACATs.

Assessment Waiting Times from Referral to First face-to-face by ACAT, 2007-2008

	All Priority Settings	
NSW	**No. of assessments**	**Mean (days)**
Auburn	589	10.8
Albury	1,429	15.0
Bankstown	1,951	28.7
Far West	459	12.0
Bathurst	962	9.3
Blacktown	1,663	27.8
Bega Valley	409	13.7
Canterbury	1,005	29.8
Camden	1,225	24.3
Coffs Harbour	1,642	13.7
Cooma	410	12.6
Clarence Valley	666	14.6
Dubbo	1,051	43.7
Eurobodalla	498	23.2
Goulburn	695	11.4
Central Coast	4,335	28.1
Penrith	1,527	23.8
Macleay Hastings/Kempsey	1,380	5.0
Hornsby	2,614	43.8
Hunter Rural	1,224	58.3
Hunter Urban	5,631	33.5
Concord	1,931	11.9
Blue Mountains	951	26.1
Lady Davidson Hospital	360	0.7
Richmond Valley	1,773	42.5
Liverpool/Fairfield	2,973	14.5
Murrumbidgee	510	6.4
Mona Vale	1,128	45.5
Milton/Ulladulla	242	23.4
Manning/Great Lakes	1,595	18.1
Manly	1,257	52.6
Narrabri	344	17.8
Northern Illawarra	2,447	25.5
Orange	1,280	13.8
Glebe	1,425	23.0
Parkes	857	8.0
Lower North Shore	2,201	18.5
Randwick/Botany	1,347	20.6
Ryde	1,187	29.6
Kogarah	2,978	14.4

Shoalhaven	852	28.6
Southcare	3,483	19.0
Tweed Valley	1,184	35.7
Northern Tablelands	707	18.0
Tamworth	761	20.6
Wagga Wagga	1,000	15.1
Wingecarribee	647	19.1
Westmead	2,957	25.3
Waverley	1,913	42.8
Young	190	7.6
NSW Total	71,845	**25.0**
Victoria	**No. of assessments**	**Mean**
Ballarat	2,760	11.2
Bendigo	3,784	16.1
Geelong	3,184	25.9
Bundoora	2,814	20.7
Caulfield	4,031	12.8
Central East	5,078	14.6
Gippsland	2,339	32.3
Heidelberg	1,463	17.6
Kingston	3,549	21.8
Mildura	1,021	10.4
Mt Eliza	4,823	22.4
Shepparton	1,549	35.0
Wangaratta	1,519	19.3
North West	4,478	15.3
Outer East	3,666	14.3
St Georges	3,143	20.3
Warrnambool	1,428	12.1
Western	3,821	16.3
Victoria Total	54,450	**18.4**
Queensland	**No. of assessments**	**Mean**
Brighton	127	24.2
QEII	5,103	35.4
Bayside	1,486	56.5
Cairns	1,067	19.3
Central West	86	10.9
Gold Coast	4,646	14.6
Innisfail	350	12.2
West Moreton	1,264	29.8
Fraser Coast	2,607	47.3
Mt Isa	117	17.2
Mackay	899	9.6
Sunshine Coast	3,370	34.8
Prince Charles Hospital	1,378	35.4

Pine Rivers	58	42.8
Royal Brisbane Hospital	2,417	20.7
Redcliffe Caboolture	1,646	43.1
Rockhampton	1,376	17.9
Roma	201	18.8
Tablelands	484	12.0
Townsville	1,716	47.3
Toowoomba	2,095	35.1
Queensland Total	32,493	**31.1**
South Australia	**No. of assessments**	**Mean**
Adelaide Hills and Southern Fleurieu	1,340	12.3
Barossa	264	13.7
Flinders and Far North	268	27.3
Kangaroo Island	54	6.5
Lower Eyre Peninsula	345	22.2
Lower North	257	19.0
Lower South East	478	12.3
Murray Mallee	344	12.0
Mid North	267	15.2
Northern	4,988	23.1
Riverland	526	14.7
Southern	6,439	25.7
Upper South East	236	11.6
Whyalla	201	30.9
Yorke Peninsula	367	22.2
South Australia Total	16,374	22.0
Western Australia	**No. of assessments**	**Mean**
Albany	439	13.7
Armadale-Kelmscott	781	14.0
Bunbury	1,240	5.8
Bentley Geriatric	1,892	16.1
Sir Charles Gairdner Hospital	2,429	6.5
Fremantle	2,606	17.2
Geraldton	533	15.6
Kalgoorlie	368	5.2
Kimberley	286	10.8
Mandurah	1,460	12.6
Narrogin	129	11.6
Northam	491	15.8
Osborne Park	3,701	13.8
Pilbara	124	12.6
Royal Perth Hospital	2,103	7.5
Swan	1,289	22.6
Western Australia Total	19,871	12.8

Tasmania	No. of assessments	Mean
Northern Region	1,725	7.0
North West	1,167	11.5
Southern Region	2,830	9.4
Tasmania Total	5,722	9.1
Northern Territory	**No. of assessments**	**Mean**
Alice Springs Remote	55	11.0
Alice Springs Urban	272	10.1
Barkly Community	13	9.3
Darwin	607	18.5
East Arnhem	67	5.9
Katherine	153	5.0
Northern Territory Total	1,167	13.6
ACT	**No. of assessments**	**Mean**
ACT	2,170	21.5
Australian Total	204,093	**22.2**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-112

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE ASSESSMENT TEAMS

Written Question on Notice

Senator Adams asked:

On what authority can an ACAT request an approved service to hold a package place for a care recipient?

Answer:

The Aged Care Assessment Teams (ACAT) can inform the person of available residential, community and flexible care services in their area, but the final choice of service provider is very much a matter for agreement between the prospective client, their family, and the receiving aged care service providers. The ACAT may, however, ask a service provider to consider making a place or package available for a client in need of urgent care. The ACAT has no authority to compel a provider to do so.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-113

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE ASSESSMENT TEAMS

Written Question on Notice

Senator Adams asked:

Do ACATs keep lists of approved services that decline to accept certain clients and in such cases, is it appropriate for ACATs to maintain black lists of approved services?

Answer:

The Australian Government is not aware of ACATs maintaining 'black lists' of approved service providers. The choice of service provider is a matter for agreement between the prospective client, their family, and the receiving service providers.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-114

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE ASSESSMENT TEAMS

Written Question on Notice

Senator Adams asked:

Is it appropriate for ACATS to pressure services to take clients in order of priority on the ACATs waiting lists?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-115

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE ASSESSMENT TEAMS

Written Question on Notice

Senator Adams asked:

On what basis can an ACAT justify a care recipient being classed as High care when the approved service identifies them as scoring under the ACFI Nil for Activities for Daily Living, Nil for Behaviour and Nil for Complex Health Care?

Answer:

Aged Care Assessment Teams (ACATs) conduct multidisciplinary comprehensive assessments, taking account of the restorative, physical, medical, psychological, cultural and social dimensions of frail older people.

The ACAT can only assess on the basis of the person's situation on the day of the assessment. It is possible that their care needs may change between the time of the ACAT assessment and the person's entry into residential aged care and their appraisal using the Aged Care Funding Instrument.

The Department can not comment on an individual case without more information.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-116

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE ASSESSMENT TEAMS

Written Question on Notice

Senator Adams asked:

Has the Department given authority to ACAT's and Area Health Directors to maintain waiting lists for all providers in their regions and then decide who goes where?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-119

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE ASSESSMENT TEAMS

Written Question on Notice

Senator Adams asked:

Since the introduction of ACFI, providers are reporting that ACAT assessors seem to lack an understanding of how ACFI operates and it has been suggested that some education is urgently needed. A casing point is the growing incidence of ACAT assessment reports that indicate that the person requires "high care" when in fact the provider finds them to fail in attracting an adequate score to get them into a residential care facility. Such results in angst and frustration for the family carer, having expectations incorrectly raised by ACAT health professional.

Has the DOHA considered taking over the administration and employment of ACAT assessors to overcome the State Health systems using them as a vehicle to empty public hospital beds?

Answer:

There are currently no government plans to take over the administration of Aged Care Assessment Teams.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-120

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FUNDING SCHEME

Written Question on Notice

Senator Adams asked:

a) What is the Department doing to address the funding shortfall in running an aged care facility?
b) Is it not correct to say that the Department in its negotiations with the industry in 2005 for the completion of audited financial accounts undertook to provide the results of the independent analysis of those accounts both to individual providers on a benchmark comparison basis and on a de-identified national basis across the whole industry?
c) Has this data been provided to the industry for the 06-07 financial year?
d) Why not?
e) Is it proposed that this data be provided to the industry as committed by the Department for the 07-08 year?
f) If not, why not?
g) Is it intended that all of this data advise the considerations of the CAP review?
h) If so, why isn't the data being shared with the industry so it can be as informed as the Department in respect of its submission to the CAP review?

Answer:

a) The Government provides substantial funding to aged care providers and the amount of funding for each day a resident is in care during 2008-09 is expected to be more than 8 per cent higher than it was in 2007-08.

b) When asking aged care providers to forward a copy of their audited general purpose financial reports for both 2004-05 and 2005-06, the Department did undertake to submit them to independent financial analysis and provide individual providers with a benchmark comparison to other providers. This was done in respect to both the 2004-05 and 2005-06 financial reports.

c) No.

d) The experience of the first two years of the new arrangements (2004-2005 and 2005-2006) showed that the industry was not yet sufficiently experienced in completing the documents for them to form a reliable basis to develop benchmarks for the industry.

e) No undertaking to prepare benchmarking reporting was given when aged care providers were asked to submit a copy of their 2007-08 general purpose financial report.

f) The 2007-08 financial reports are still being collected and it has not yet been decided whether benchmark comparison reports can be usefully prepared based on them.

g) Yes.

h) The general purpose financial reports were in some cases provided to the Department on a Commercial-in-Confidence basis and so cannot be released.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Sup Budget Estimates 2008-2009, 22 October 2008

Question: E08-121

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FUNDING SCHEME

Written Question on Notice

Senator Adams asked:

In various Ministerial media releases there have been claims made as to the strength of the aged care industry and its financial viability.

a) What is the Department's understanding of the minimum level of financial returns aged care providers need to achieve to remain viable?
b) What modelling and or analysis has the Department done to ensure that providers can actually raise sufficient funds to build new facilities or replace existing stock given the escalating cost of building?

Answer:

a) To remain viable, it is important that aged care providers make adequate financial returns. However, the different sectors of the aged care industry have differing business goals and so it is not meaningful to define a minimum level of financial returns.

   It is the choice of the organisations how they run their businesses but the Government has provided sufficient and increasing funding for the providers to maintain quality services for their residents.

b) Detailed modelling and analysis was undertaken in the development of the 'Securing the Future' package. The analysis showed that this package is a major boost to funding for residential aged care – and in particular high-level care. It was estimated that the changes to the aged care legislation which were implemented on 20 March 2008 delivered an extra $1.13 billion to the residential aged care sector over the next four years.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Sup Budget Estimates 2008-2009, 22 October 2008

Question: E08-122

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FUNDING SCHEME

Written Question on Notice

Senator Adams asked:

The Minister, in her media release of 3/9/08 about the economic report card on the aged care sector said that the top quartile of aged care providers were doing at least twice as good as either high care or low care/blended facilities.

a) How many aged care providers were included in this sample from the Bentleys survey?
b) How many of these services were extra service facilities?
c) How many of these facilities related to facilities with multi bed wards?

Answer:

a) A total of 280 aged care services were included in the survey.

b) Of these, 27 services (ten per cent) had extra service facilities.

c) Of the total, 108 services (52 per cent) had multi-bed wards.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-123

OUTCOME 4: Aged Care and Population Ageing

Topic: CONDITIONAL ADJUSTMENT PAYMENT SUBSIDY

Written Question on Notice

Senator Adams asked:

a) Would the Department please advise where the CAP review process currently stands?
b) Will the results of that review be made public?

Answer:

a) The Review of the Conditional Adjustment Payment is in progress. Public submissions were invited on 9 September and closed on 24 October 2008. As at 15 December 2008, 70 submissions have been received.

b) A decision on the information that is to be released to the public will be made by the Government upon its consideration of the Review's findings or in the context of the 2009-10 Budget.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-124

OUTCOME 4: Aged Care and Population Ageing

Topic: ZERO REAL INTEREST LOANS

Written Question on Notice

Senator Adams asked:

a) In WA, of the six 2008 Zero Real Interest Loans and Associated Places Round offers, why was only one offer made outside the metropolitan area of Perth?
b) Would the Department provide a breakdown of the number of applications for round 1 of zero real interest loans on a State and Territory basis?
c) When will the department's internal review of round one of the zero interest free loans be completed?

Answer:

a) One offer of a Zero Real Interest Loan and associated places was made in Western Australia outside the metropolitan area of Perth because one application was received for regions outside the metropolitan area of Perth.

b) The state breakdown of the number of applications received and allocations made for the 2008 Zero Real Interest Loans Round is provided in the table below.

		Allocations		
State/territory	Applications	No of residential aged care places	No of community aged care places*	Loan amount recommended
New South Wales	46	248	45	$30,110,000
Victoria	26	246	-	$19,690,000
Queensland	18	249	10	$24,730,000
Western Australia	9	347	28	$46,600,000
South Australia	7	128	-	$12,800,000
Tasmania	10	130	24	$16,070,000
Recommendations	116	1,348	107	$150,000,000

c) The Review of Round 1 will be completed prior to the commencement of Round 2, scheduled in 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-125

OUTCOME 4: Aged Care and Population Ageing

Topic: TRANSITION CARE

Written Question on Notice

Senator Adams asked:

Department please provide a breakdown of the allocation of transitional care places to aged care providers, health services and any other provider on a State and Territory wide basis as at 22 October 2008 for the 2008/09 budget year?

Answer:

Transition care places are allocated to State and Territory Governments, represented by their Health Departments, as the approved providers of transition care under the *Aged Care Act 1997*. However, State and Territory Governments do subcontract some services provided under the program to other for-profit, not-for-profit and government providers. The table below details the number of services in each state/territory and the number and type of subcontracted providers providing services under the program.

Table: Allocation of transition care places to States and Territories by Auspice of Subcontracted Providers

State/Territory	**Number of Services**	**Number of Places allocated and (operational) as at 22 October 2008**	**Subcontracted Providers**	
			Non-government (including for profit and not for profit organisations)	Government (including local government)
NSW	36	772 (768)	42	16
Victoria	14	570 (570)	8	5
Queensland	13	389 (383)	29	4
South Australia	4	193 (193)	1	-
Western Australia	6	178 (178)	7	-
Tasmania	2	67 (57)	1	-
Northern Territory	3	22 (16)	1	-
ACT	1	37 (37)	1	-
Total	**79**	**2,228(2,202)**	**90**	**25**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-128

OUTCOME 4: Aged Care and Population Ageing

Topic: TRANSITION CARE

Written Question on Notice

Senator Adams asked:

Has NSW received its total allocation of transitional care funding for 2008/09?

Answer:

New South Wales has been allocated all its transition care places for 2008-09.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-134

OUTCOME 4: Aged Care and Population Ageing

Topic: INFORMATION FLOW TO AGED CARE PROVIDERS

Written Question on Notice

Senator Adams asked:

a) What quality systems or service agreement does the Department have in place to ensure timely information flow to aged care providers?
b) For example when the fees schedule changes each March and September, what timeframe does the Department set itself to ensure providers are aware of the new schedule?

Answer:

a) The Department provides information through several dissemination points to reach aged care providers.

   Information is published on departmental websites (www.health.gov.au and www.agedcareaustralia.gov.au) in both HTML and PDF format in line with the accessibility requirements for websites.

   The Department also has an information distribution service, with approximately 8,000 contacts on its database. This covers the range of aged care providers/sector organisations. Information to the sector is provided by this service in three forms:
   1. email;
   2. facsimile; and
   3. mailed hard copy.

   The Aged Care Information Line provides information (and an interpreter service is provided on request at no cost to the caller).

   Printed information can be requested through the Aged Care Information Line and also requested directly from National Mail and Marketing.

b) The Schedule of Resident Fees and Charges (the Schedule) is updated four times a year (January, March, July and September) as part of the Government's indexation process. The rates in the Schedule is dependant upon changes to rates determined under the Taxation Administration Act 1953 and the Social Security Act 1991.

Once the rates are available to the Department, the Schedule is finalised and sent to all providers through an agreement with an external information distribution service. The Department does this within two days of the rates being finalised.

The information is forwarded via email by the service within 24 hours of that information being provided by the Department. If the email is not delivered successfully a faxed Schedule is then sent. Should this also be unsuccessful a hard copy of the Schedule is sent to the provider.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-138

OUTCOME 4: Aged Care and Population Ageing

Topic: ACFI/AGED CARE FUNDING SCHEME

Written Question on Notice

Senator Adams asked:

What early information can be furnished following the introduction of the Aged Care Funding Instrument (ACFI) on March 20 around the impact that it may be having on small rural providers?

Answer:

The Department of Health and Ageing is closely monitoring the results of the Aged Care Funding Instrument (ACFI). The Australian Government released the independent Access Economics analysis of the first 33,000 ACFI appraisals on 16 September 2008. This analysis indicates that the ACFI is delivering higher funding levels to residents in aged care homes. When fully implemented, the ACFI is expected to increase funding to the residential aged care sector by about 2.9 per cent in real terms.

The results of this analysis will contribute to the ongoing monitoring, management and evaluation of the ACFI. The Australian Government has committed to a review of the ACFI after 18 months.

Detailed analysis of the outcomes for smaller rural facilities is not yet separately available due to the small volume of the data available at this time.

The Australian Government is providing direct support over two years to help aged care homes manage the introduction of the ACFI in recognition that some homes will need extra assistance to adapt their business practices to the new funding system. KPMG was selected to provide business services to assist homes to manage the transition.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-143

OUTCOME 4: Aged Care and Population Ageing

Topic: FINANCIAL ACCOUNTS

Written Question on Notice

Senator Adams asked:

a) Did the Department in its negotiations with the industry in 2005 for the completion of audited financial accounts undertake to provide the results of the independent analysis of those accounts both to individual providers on a benchmark comparison basis and on a de-identified national basis across the whole industry?
b) Has this data been provided to the industry for the 06-07 financial year?
c) If not why not?
d) Is it proposed that this data be provided to the industry as committed by the Department for the 2007-08 year?

Answer:

h) When asking aged care providers to forward a copy of their audited general purpose financial reports for both 2004-05 and 2005-06, the Department did undertake to submit them to independent financial analysis and provide individual providers with a benchmark comparison to other providers. This was done in respect to both the 2004-05 and 2005-06 financial reports.

i) No.

j) The experience of the first two years of the new arrangements (2004-2005 and 2005-2006) showed that the industry was not yet sufficiently experienced in completing the documents for them to form a reliable basis to develop benchmarks for the industry.

k) No undertaking to prepare benchmarking reporting was given when aged care providers were asked to submit a copy of their 2007-08 general purpose financial report. The 2007-08 financial reports are still being collected and it has not yet been decided whether benchmark comparison reports can be usefully prepared based on them.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Sup Budget Estimates 2008-2009, 22 October 2008

Question: E08-144

OUTCOME 4: Aged Care and Population Ageing

Topic: CAP REVIEW

Written Question on Notice

Senator Adams asked:

a) Is it intended that all of this data advise the considerations of the CAP review?
b) If so, why isn't the data being shared with the industry so it can be as informed as the Department in respect of its submission to the CAP review?

Answer:

a) Yes.

b) Submissions to the Conditional Adjustment Payment Review closed on 24 November 2008 and a decision on the information that is to be released to the public will be made by the Government upon its consideration of the Review's findings or in the context of the 2009-10 Budget.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-145

OUTCOME 4: Aged Care and Population Ageing

Topic: ACFI

Written Question on Notice

Senator Adams asked:

a) Will the Department provide a history of bond payments at entry across the program?
b) Has there been a decline in the number of residents paying bonds since the implementation of Aged Care Funding Instrument (ACFI)?
c) If so, what is the likely impact going to be upon the long term capital viability of the industry?

Answer:

a) As per the Report on the operation of the *Aged Care Act 1997*.

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Total Bonds paid by new entrants in financial year	$1,333m	$1,743m	$2,002m	$2,463m	$2,939m	$3,679m
Average value of bond paid by new entrants	$98,775	$112,613	$125,977	$132,263	$162,774	$181,240

b and c)

The Aged Care Funding Instrument (ACFI) was implemented on 20 March 2008. As the first full year of the ACFI is 2008-09 it is not possible to comment now.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-147

OUTCOME 4: Aged Care and Population Ageing

Topic: ACFI

Written Question on Notice

Senator Adams asked:

a) Is it correct that there is a significant saving to Government by applying a $15 cap on all ACFI assessments and a $40 cap on high care assessments during the implementation period over the next four years?.

b) Can you advise what that saving is estimated to total each year and in total over the four years?

Answer:

a and b)

There are no savings to Government with the introduction of the Aged Care Funding Instrument (ACFI) on 20 March 2008. The changeover to the ACFI will result in an estimated increase in government outlays on care of more than $380 million over four years.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-155

OUTCOME 4: Ageing and Aged Care

Topic: POLICE CHECKS

Written Question on Notice

Senator Adams asked:

a) What evidence is there that the introduction of police certificates for aged care staff has improved the protection of residents?
b) What evidence is there that expanding the requirements for police certificates will result in further protection?
c) What is the cost of the program of police certificates paid for by providers and by staff, and the cost of monitoring compliance by Department officers and the Aged Care Standards & Accreditation Agency?
d) Who will have to pay for the recently announced compulsory police checks being conducted. Government, provider, staff?
e) How much does a police check cost?

Answer:

a) The introduction of police certificates for aged care staff was one component in a package of measures aimed at improving the protection of care recipients that includes the Complaints Investigation Scheme and compulsory reporting of assaults. The measure was first introduced by the former government, and the effectiveness of this as a preventative measure has received bi-partisan support.

b) Currently only those with unsupervised access to residents must have a police check. However, providers have advised that it can be difficult to ensure that staff who should always be supervised do not gain unsupervised access to residents. Many providers already ensure all staff have police checks.

c) The Department does not monitor providers' costs. Monitoring of police check requirements by the Department and the Aged Care Standards and Accreditation Agency is undertaken as part of the overall monitoring of performance against the Aged Care Accreditation Standards and other provider accountabilities. The cost of this particular aspect of overall monitoring is not separately recorded.

d) Please refer to answer c) above. The arrangements established by the former Government would continue.

e) A single police check costs about $50, and may vary marginally from state to state. The cost of police checks may be borne by either the approved provider or the employee and is a matter for negotiation between the provider and the individual, as part of the employment arrangements, and is tax deductible.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Questions: E08-156

OUTCOME 4: Aged Care and Population Ageing

Topic: QUESTIONS RELATING TO ANSWERS GIVEN TO QONS FROM BUDGET EST JUNE 2008

Written Question on Notice

Senator Adams asked:

Question E08 - 137

a) Can the Department verify this figure as the Minister in a recent statement claimed an increase of 2.9% - which is correct?
b) Isn't the increase in subsidy from ACFI meant to provide aged care providers with a subsidy reflective of care acuity not provide an indexation solution to escalating general costs?

Answer:

a) Both numbers are correct. The Department of Health and Ageing estimates that in 2008-09 the overall subsidy paid per resident will be eight percent higher than in 2007-08.

   Access Economics has estimated that when the AFCI is fully implemented average residential care subsidies will be 2.9 percent greater than they would have been if the existing Funding Instrument had continued.

b) As stated in the Media Release of 16 September 2008, the ACFI was designed in consultation with the aged care industry to achieve three objectives, the first of which was to match funding more appropriately to the care needs of residents. The increase of 2.9 per cent in overall funding that the Minister referred to is over and above the Government's indexation arrangements, and means that providers have more funding in real terms than before to meet higher care costs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-158

OUTCOME 4: Aged Care and Population Ageing

Topic: QUESTIONS RELATING TO ANSWERS GIVEN TO QONS FROM BUDGET EST JUNE 2008

Written Question on Notice

Senator Adams asked:

Question: E08-070

a) What will happen to these returned places?
b) Will they be re-allocated?
c) Given that WA & TAS were undersubscribed in 2007 do you see an increase in more returned places?
d) If so which states are likely to be under subscribed when the 2008 allocation round occurs?
e) Will the 2008 Round mean a continuing decline in residential care occupancy levels?
f) Please provide the occupancy rates for the aged care program as at 30/6/08?

Answer:

a and b)

Returned places are taken into consideration in determining the number of new places to be released in future Aged Care Approval Rounds.

c) It is not possible to forecast the number of provisionally allocated places that will be surrendered by approved providers or which they will allow to lapse.

d) It is not known which States or Territories, if any, will be undersubscribed in the 2008-09 Aged Care Approvals Round.

e) No.

f) The average occupancy figures for 2007-08 are listed in the table below.

Mainstream Residential Places, Community Aged Care Packages (CACPs) and EACH Packages Occupancy Rates (%) 2007-08

	Mainstream residential places	CACPs	EACH packages	EACH Dementia packages
Australia	93.9%	92.6%	88.8%	75.6%

Note: Mainstream residential places, CACPs, Extended Aged Care at Home (EACH) packages and EACH Dementia packages comprise 97.5% of all operational aged care places.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-159

OUTCOME 4: Aged Care and Population Ageing

Topic: QUESTIONS RELATING TO ANSWERS GIVEN TO QONS FROM BUDGET EST JUNE 2008

Written Question on Notice

Senator Adams asked:

Question: E08-069
Relating to answer a)

a) Does this mean the total number of mainstream provisional allocations for the 2006-2007 period or a percentage of all outstanding provisional allocations at 30/6/07?

Relating to answer b)

b) Does this mean that for the 2006/07 period 448 provisional places were either surrendered or lapsed?

c) Does this surrender/lapsed rate concern the Department particularly in the light of the under subscription of the 2007 Allocation Round in TAS & WA and the relatively poor number of applications in NSW & Vic?

d) What does the Government plan to do about these alarming indicators of poor financial performance among aged care providers?

Answer:

a) This means the total number of all mainstream residential provisional allocations lapsed or surrendered in the 2006-2007 period as a percentage of all mainstream residential provisional allocations at 30 June 2007.

b) Yes, during 2006-2007, 449 mainstream residential provisional allocations either lapsed or were surrendered by the Approved Provider.

c) No.

d) Analysis by the Department does not support the conclusion that the number of surrendered or lapsed places is an indicator of poor financial performance among aged care providers. There are many factors which influence an aged care approved provider's decision to surrender an allocation of places or to allow an allocation of places to lapse. Such factors may include difficulty in gaining planning approval or being subject to drawn out appeal processes, change in priorities of the approved provider, finding appropriate land, site problems and problems with contractors.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-161

OUTCOME 4: Aged Care and Population Ageing

Topic: QUESTIONS RELATING TO ANSWERS GIVEN TO QONs FROM BUDGET ESTIMATES JUNE 2008

Written Question on Notice

Senator Adams asked:

Question E08-145

a) Will this paper canvas options for better determining the appropriate number of places required to meet future demand?

b) Does the Department consider factors outside the Commonwealth aged care program e.g. the impact of alternative care options impact on future demand for care places?

Answer:

a) The Government will regularly review the ratio of aged care places available for the population of older Australians to ensure the supply of aged care places meets current and future needs.

b) Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Questions: E08-162

OUTCOME 4: Aged Care and Population Ageing

Topic: QUESTIONS RELATING TO ANSWERS GIVEN TO QONS FROM BUDGET EST JUNE 2008

Written Question on Notice

Senator Adams asked:

Question E08 – 137

Relating to answer a)

c) Please verify this figure as the Minister in a recent statement claimed as increase of 2.9% - which is correct?

d) Isn't the increase in subsidy from ACFI meant to provide aged care providers with a subsidy reflective of care acuity not provide an indexation solution to escalating general costs?

Answer:

c) Both numbers are correct. The Department of Health and Ageing estimates that in 2008-09 the overall subsidy paid per resident will be 8 percent higher than in 2007-08. This is due to a number of factors of which Aged Care Funding Instrument (ACFI) increases are only one part.

Access Economics has estimated that when the AFCI is fully implemented average residential care subsidies will be 2.9 percent greater than they would have been if the existing Funding Instrument had continued.

d) As stated in the Media Release of 16 September 2008, the ACFI was designed in consultation with the aged care industry to achieve three objectives, the first of which was to match funding more appropriately to the care needs of residents. The increase of 2.9 per cent in overall funding that the Minister referred to is over and above the Government's indexation arrangements, and means that providers have more funding in real terms than before to meet higher care costs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-163

OUTCOME 4: Aged Care and Population Ageing

Topic: QUESTIONS RELATING TO ANSWERS GIVEN TO QONS FROM BUDGET EST JUNE 2008

Written Question on Notice

Senator Adams asked:

Question: E08-066

a) Peak associations say they have not been able to determine any outcomes from this initiative and consider it is likely there have been no measurable improvements. Why?
b) How many persons have been assisted by this initiative by 30/6/08?
c) Has a single team been activated?

Answer:

a) The Department of Health and Ageing provided information in response to enquiries from a number of peak associations and service providers about this initiative when it was first announced in March 2008.

b) At the end of June 2008, the NSW Government has reported that an additional 422 assessments had been completed by the 14 Aged Care Assessment Teams (ACAT) to which additional funding was paid.

c) The NSW Government advises that Mobile Assessment Support Team (MAST) clinical reviews have been completed at the Tweed Valley and Richmond Valley ACATS.

The NSW Government advises that there have been improvements at both ACATS and that under the MAST initiative, six additional assessors have been employed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-180

OUTCOME 4: Aged Care and Population Ageing

Topic: INDIGENOUS AGED CARE

Written Question on Notice

Senator Adams asked:

a) Department please provide a list of the facilities that fall under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program?

b) Department please provide a breakdown of the type of services that are delivered under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program; ie community care packages, high and low care etc.

Answer:

a and b)
See Attachment A.

NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER FLEXIBLE AGED CARE PROGRAM

STATE	Service name	Low Care	High Care	Community Care	TOTAL PLACES ALLOCATED
NSW	Wilcannia Health Service	3	5	0	8
NSW	Canowindra Tweed-Byron Aged & Disabled	5	0	9	14
NSW	Jack Towney Hostel	7	1	5	13
NT	Malandari Flexible Aged Care Service	6	6	7	19
NT	Munkadinamanja Flexible Service	6	5	1	12
NT	Anmatjere Flexible Aged Care Service	6	5	1	12
NT	Tjilpi Pampaku Ngara Flexible Aged Care Service	8	8	10	26
NT	Malala Flexible Aged Care Service	6	5	1	12
NT	Kalkarindji Flexible Aged Care Service	0	0	10	10
NT	Yuendumu Old Peoples Program	6	5	1	12
NT	Timber Creek Flexible Aged Care Service	0	0	10	10
NT	Wadeye Flexible Aged Care Service	16	8	20	44
NT	Malakanya Flexible Aged Care Service	14	8	11	33
NT	Kalano Flexible Aged Care Service	18	0	0	18
QLD	Sandy Boyd Hostel	10	5	0	15
QLD	Shalom Elders Village	8	20	0	28
QLD	Injilinji Aged Care Service	6	6	8	20
QLD	Georgina Margaret Davidson-Thompson Hostel	6	18	0	24
SA	Wami Kata Old Folks' Home	8	24	5	37
SA	Aboriginal Elders Village	8	25	0	33
SA	Seaview Village Aged Care	4	5	7	16
SA	Umoona Aged Care	8	12	2	22
SA	Tjilpiku Pampaku Ngura Aged Care Service	10	15	15	40
SA	Tullawon Aged Care	0	0	16	16
TAS	Flinders Island Aged Care Service	0	0	9	9
TAS	Cape Barren Aged Care Service	0	0	4	4
TAS	Tasmanian Aged Care Service	0	0	36	36
VIC	Iris Lovett Gardiner Centre (ACES)	10	15	69	94
WA	Kungara Kalpa Aged Care Service	0	14	2	16
	Total	**179**	**215**	**259**	**653**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-242

OUTCOME 4: Aged Care and Population Ageing

Topic: AGEING PROGRAMS

Hansard Page: CA 54

Senator Adams asked:

Are there any specific issues relating to the development for programs for the ageing in a community where there are very few aged people in communities?

Answer:

The Australian Government recognises the particular difficulties and resource implications facing aged care services in these areas and has initiated a number of programs specifically targeted to assist rural and remote communities.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-259

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE RESIDENTS

Hansard Page: CA104

Senator Adams asked:

Does the Department agree that 70 per cent of aged care residents are classified as high care?

Answer:

The average proportion of all permanent residents classified as high care in 2007-08 was 70.14%. This is, in part, an outcome of people 'ageing in place'.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-260

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE PLACES

Hansard Page: CA 105

Senator Adams asked:

Will the department provide data as at 30 June 2008 in respect of the number of operational aged care places, allocated aged care places and the average occupancy by state and territory and national figures in each category?

Answer:

A breakdown of the details on the number of Australian Government subsidised aged care places as at 30 June 2008 and their average occupancy rate (2007-08) is summarised in the tables below.

Number of Total Allocated and Total Operational Residential and Community Aged Care Places – 30 June 2008

	Number allocated places *	Number operational places *	Average occupancy# %
NSW	85,036	76,135	93.8%
VIC	63,372	57,422	93.0%
QLD	44,188	39,476	91.5%
SA	22,230	21,177	96.6%
WA	21,690	19,232	92.6%
TAS	6,202	5,801	95.3%
NT	1,473	1,367	91.3%
ACT	3,180	2,497	92.7%
Australia	247,371	223,107	93.4%

***** Australian Government subsidised aged care places include: residential places, community care places (including Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) packages and EACH Dementia packages), National Aboriginal and Torres Straight Islander Flexible Aged Care Program places, Multipurpose Service places, Transition Care places and Innovative Care places.

Occupancy figures are for residential care, CACP, EACH packages and EACH Dementia packages.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-261

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE PLACES

Hansard Page: CA 105

Senator Adams asked:

Will the department provide data as of 30 June 2007 in respect of the number of operational aged care places, allocated aged care places and the average occupancy by state and territory, and national figures in each of the categories?

Answer:

A breakdown of the details on the number of Australian Government subsidised aged care places as at 30 June 2007 and their average occupancy rate (2006-07) is summarised in the tables below.

Number of Total Allocated and Total Operational
Aged Care Places – 30 June 2007

	Number allocated places *	Number operational places *	Average occupancy# %
NSW	81,536	72,863	94.1%
VIC	60,971	54,939	93.2%
QLD	41,833	37,910	93.1%
SA	21,181	20,247	97.2%
WA	20,712	18,347	93.9%
TAS	6,140	5,629	96.0%
NT	1,339	1,292	93.8%
ACT	3,036	2,277	96.0%
AUSTRALIA	236,748	213,504	94.0%

***** Australian Government subsidised aged care places include: residential places, community care places (including Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) packages and EACH Dementia packages), National Aboriginal and Torres Straight Islander Flexible Aged Care Program places, Multipurpose Service places, Transition Care places and Innovative Care places.

Occupancy figures are for residential care, CACP, EACH packages and EACH Dementia packages.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-264

OUTCOME 4: Aged Care and Population Ageing

Topic: EVANS HEAD

Hansard: CA 116

Senator Boyce asked:

The Ballina Ex-Servicemen's Club has had approval for a 55-bed facility since 2001. At the last estimates I was told that a building application approval was expected on 30 September.

a) Did that occur?
b) If not, why not?

Answer:

a and b)
Milestones for the development of the service were delayed pending agreement by the Richmond Valley Council to proceed with the Remediation Action Plan presented by the Department of Defence. This agreement was given on 21 October 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-270

OUTCOME 4: Aged Care and Population Ageing

Topic: CONSULTATION

Hansard Page: CA 114

Senator Siewert asked:

I want to know the level of detail we are now talking about in terms of splitting aged care and disability to make the states totally responsible for one and the Commonwealth for the other. What level of specific consultation has occurred with the different sectors involved here, beyond the level of review et cetera that has happened before?

Answer:

The Council of Australian Governments (COAG), which includes a representative of Australian Local Government Association (ALGA), have agreed to progress the reform of roles and responsibilities between the Commonwealth and states and territories for:

- community and residential care for aged people;
- community and residential care for people with disabilities; and
- community care and support services for people with mental illness.

COAG directed Senior Officials to establish a Roles and Responsibilities Working Group (R&RWG) to develop a reform package for consideration by COAG. This development work involved consultation with local government.

In addition, the Department has informed the Ageing Consultative Committee of progress with COAG's deliberations and discussed relevant policy issues at two meetings, on 21 August and 10 October 2008.

On 29 November 2008 COAG agreed to consider a program of reform to roles and responsibilities and has requested officials to bring back specific proposals in the first half of 2009.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-133

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE FUNDING SCHEME

Written Question on Notice

Senator Adams asked:

a) Is it correct that in March 2008 the Department of Health and Ageing required all aged care providers to submit their audited accounts for the 06/07 financial year or lose their CAP funding?
b) Has an independent accounting firm been engaged to analyse this work? If not why not? If yes, when can aged care providers and the industry expect to receive the financial analysis of the industry?
c) If the Government is not going to undertake this analysis will they cease requiring aged care providers to undertake audited accounts and submitting them for analysis?

Answer:

a) No. The Department requested approved providers to submit their audited accounts for the 2006-07 financial year. The request also reminded approved providers that failure to provide a copy of their 2006-07 financial report the Department in response to the request would mean that the provider would not be able to complete their 2006-07 Conditional Adjustment Payment (CAP) Financial Declaration in October 2007 and so, would not be eligible for the CAP from November 2007 under Section 21.26F (2)(iv) of the Residential Care Subsidy Principles.

b) Yes, as part of the Review of the CAP. A decision on the information that is to be released to the public will be made by the Government upon its consideration of the Review's findings or in the context of the 2009-10 Budget.

c) The *Aged Care Act 1997* does not require approved providers to prepare audited financial accounts in order to receive Commonwealth subsidies. However, if a provider wishes to receive the CAP then they must meet the eligibility criteria for that payment as set out in the Residential Care Subsidy Principles. These criteria include that they must prepare audited financial statements and must provide them to anyone authorised by the Secretary.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-179

OUTCOME 4: Aged Care and Population Ageing

Topic: INDIGENOUS AGED CARE

Written Question on Notice

Senator Adams asked:

a) How is the $46.2m to improve the long-term quality of indigenous health care going to be allocated under the Indigenous Aged Care plan?

b) Is there an internal working document that estimates how those funds will be allocated and will the Department make that document available?

Answer:

a) Funds will be allocated to:
   - Develop the first independent quality framework to set standards for the National Aboriginal and Torres Strait Flexible Aged Care Program. The framework will include standards for health and personal care, safety and physical environment, culturally appropriate lifestyle and effective management and governance.

   - A program of grants for capital works to improve the infrastructure of the flexible Indigenous aged care services.

   - A Peer and Professional Support program for Indigenous aged care to give aged care providers and managers access to a range of professional advice on governance, financial management and care management; to provide support to staff and locum relief while they undertake training or take leave; and provide funding for emergency clinical staff when required.

   - An emergency assistance program to provide short-term help in a crisis.

- Conversion of 319 Community Development Employment Project (CDEP) positions to paid employment in Home and Community Care (HACC) and Aboriginal and Torres Strait Islander Flexible Aged Care services in the Northern Territory, which will be supported by three initiatives:

  - a Training Resource Development Project that will articulate core skill sets for workers in Indigenous aged care services and develop culturally appropriate training resources and workforce supports;
  - a Training Project that will deliver training to the Indigenous aged care workforce in communities across the Northern Territory; and
  - a Training Project Evaluation that will evaluate the impacts of these initiatives, including CDEP conversions, on aged care service providers and workforce in the Northern Territory.

b) No.

T9

Improving Maternity Services in Australia: a discussion paper from the Australian Government

http://www.health.gov.au/internet/main/publishing.nsf/Content/25923C2181709220CA2574BB00001D9F/$File/Improving_Maternity_Services_In_Australia.pdf

Australian Government

Department of Health and Ageing

Mr Elton Humphery
Secretary
Senate Community Affairs Committee
Parliament House
CANBERRA ACT 2066

Dear Mr Humphery

Request for Amendment to Evidence Provided at the Standing Committee on Community Affairs Estimates Hearing, Wednesday, 22 October 2008: Outcome 5

I am writing to correct a statement that I made at the Supplementary Budget Estimates Hearing of the Senate Community Affairs Committee on Wednesday 22 October 2008.

Senator Boyce asked the following question:

"There are seven application processes. What does that mean? What are you talking about."

My response was as follows:

"It means that public consultations have happened and there is a call for applicants. There are also six further sites where grant recipients have been identified. In some of them we have had public consultation, but we have not done Noarlunga or Modbury yet"

It has been brought to my notice that the response should now be amended as follows (changes are underlined):

"It means the public consultations have happened and there is a call for applicants. There are also six further sites where grant recipients have been identified. In some of them we have had public consultation, but we have not yet called for applications for example in Noarlunga or Modbury."

Yours sincerely

Megan Morris
First Assistant Secretary
Primary and Ambulatory Care Division

31 October ~~November~~ 2008

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-186

OUTCOME 5: Primary Care

Topic: MATERNAL SERVICES

Written Question on Notice

Senator Adams asked:

In relation to the $90.3 million invested in maternal services, what is the breakdown regarding allocation of funding to ensure indigenous women receive high levels of pre and post natal care?

Answer:

The breakdown of funding allocated is as follows:

New Directions: Mothers and Babies Services	2007/08	2008/09	2009/10	2010/11	2011/12	Total
	$m	***$m***	***$m***	***$m***	***$m***	***$m***
Departmental	0.108	0.743	0.688	0.645	0.480	2.664
Administered	0.653	9.127	19.652	26.407	31.776	87.615
Total	**0.761**	**9.870**	**20.340**	**27.052**	**32.256**	**90.279**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-002

OUTCOME 5: Primary Care

Topic: COMMUNITY CONSULTATIONS- GP SUPER CLINICS

Written Question on Notice

Senator Cormann asked:

What are the common themes raised by attendees at the community consultations so far?

Answer:

Common themes raised by attendees include health care service delivery models, mix of health care services to be provided, community needs and priorities, the need for GP Super Clinics to work in cooperation, not in competition, to existing services, workforce issues and education and training opportunities. There have also been questions regarding requirements for bulkbilling, provision of after hours services and the funding process.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-004

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Written Question on Notice

Senator Cormann asked:

How does the Department plan to deal with the issue that GP Super Clinics create unfair competition as a result of subsidised set-up costs for super clinic projects?

Answer:

GP Super Clinics have been designated for areas where unmet health needs have been identified. Within the identified locality, except where a direct recipient has been identified, potential applicants have equal access to apply for the grant to establish a GP Super Clinic.

Further, applicants are required to describe how the service mix to be offered in the proposed GP Super Clinic responds to local health needs and priorities and complements or enhances, not competes with, services already offered within the community.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-007

OUTCOME 5: Primary Care

Topic: SUPER CLINIC APPLICATIONS

Written Question on Notice

Senator Cormann asked:

a) How many super clinic project applications has the Department now received in total?
b) Which areas are the applications from?
c) Which areas have community consultations taken place, but no project applications have subsequently been submitted?

Answer:

a) The Department has received 29 applications as at 7 November 2008, including applications from directly funded recipients.

b) As at 7 November 2008, applications were received for the following GP Super Clinics locations:
   - NSW: Blue Mountains; Shellharbour; Port Stephens and Southern Lake Macquarie
   - VIC: Ballan and Bendigo;
   - TAS: Hobart Eastern Shores-Clarence and Hobart Eastern Shores-Sorell; and
   - QLD: Redcliffe.

c) Applications have been received in all of the Invitation to Apply processes that have closed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-008

OUTCOME 5: Primary Care

Topic: SUPER CLINICS

Written Question on Notice

Senator Cormann asked:

How many super clinic projects does the Department expect to fund from the 2008-09 Budget's $76.6 million allocation?

Answer:

The Department anticipates that, subject to receiving quality applications, between 14 and 18 funding agreements will be executed in the 2008-09 financial year. Funding to the successful applicant will then be paid progressively against agreed milestones outlined in the funding agreement.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-009

OUTCOME 5: Primary Care

Topic: 'HUB AND SPOKE' MODEL

Written Question on Notice

Senator Cormann asked:

a) How many applications have been received for the 'hub and spoke' model super clinic projects?
b) When was the 'hub and spoke' model conceived and by whom?
c) Was the 'hub and spoke' model conceived by the Department to get around problematic elements of the original super clinics proposal as put forward by Labor as a pre-election commitment?

Answer

a) A number of applications have been submitted that offer this model either as a whole or as part of a broader approach. Further detail cannot be provided at this stage as applicants have not been advised of the outcome of the selection process and to publicise this information may reveal commercial-in-confidence information.

b) The possibility of a GP Super Clinic established as several clinics within one locality was put forward during the election in a media release about the Blue Mountains GP Super Clinic and has subsequently been supported by stakeholders.

c) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-154

OUTCOME 5: Primary Care

Topic: AGED CARE GP PANELS INITIATIVE

Written Question on Notice

Senator Adams asked:

g) This program has been closed although just showing signs that it actually worked after two years. Would department please give reason and explain rationale on why this program was closed down?

h) Why was the program not given more time to be reviewed?

Answer:

a) The Aged Care GP Panels Initiative (Panels Initiative) commenced in July 2004.

A review of the Panel's appropriateness, effectiveness and efficiency was conducted in 2007.

The review concluded that the Panels Initiative had success in terms of ensuring their GPs and Divisions were working together effectively, and had improved communication between facilities, GPs and Divisions. However, the review also found that the Panels Initiative had only had limited success in terms of increasing GP participation in facilities quality improvement activities, did not demonstrate significant success at improving the access of Residential Aged Care Facility (RACF) to GPs and represented only marginal value for money.

b) The Panels Initiative enjoyed limited success in achieving its main objective of increasing clinical services to residents of aged care facilities and spent a large proportion of its budget on program administration.

A restructure of the Panels Initiative was announced in the 2008-09 Federal Budget to redirect funding into provision of primary care services for residents of aged care facilities via a new program, the Aged Care Access Initiative, as follows:

1. an incentive payment through the Practice Incentives Program (PIP) to encourage GPs to provide increased and continuing services in RACFs; and
2. a payment for clinical care provided by Allied Health Professionals in RACFs, where these services are not currently covered by Medicare or other government funding arrangements.

The aim of the Aged Care Access Initiative is to pay for direct service provision and reduce the amount spent on program administration. The program was implemented on 1 July 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-211

OUTCOME 5: Primary Care

Topic: PARKINSON'S DISEASE

Written Question on Notice

Senator Brown asked:

Parkinson's Australia, the nation's peak organisation advocates the use of specialist neurological nurses, as a means of better facilitating the co-ordination of the diagnosis, management and treatment of the condition. Has this concept been considered?

Answer:

The Government supports the nursing workforce through measures that are predominantly education-focused. These include the funding of undergraduate nursing places and scholarships to support nurse education and training which could include neurology.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-248

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Hansard Page: CA 126

Senator Boyce asked:

Can you give a list of those (community consultations that have taken place)? I do not mean now, but are you able to give me that on notice?
Answer:

At 7 November 2008, community consultations had been held in the following GP Super Clinics locations:

1. Geelong (VIC, 20 May 2008) 2. Ballan (VIC, 21 May 2008) 3. Redcliffe (QLD, 11 June 2008) 4. Shellharbour (NSW, 2 July 2008) 5. Bendigo (VIC, 7 July 2008) 6. Sorell (TAS, 9 July 2008) 7. Clarence (TAS, 10 July 2008) 8. Blue Mountains (NSW, 21 July 2008) 9. Palmerston (NT, 24 July 2008) 10. Noarlunga (SA, 30 July 2008) 11. Modbury (SA, 31 July 2008)	12. Southern Lake Macquarie (NSW, 5 August 2008) 13. Port Stephens (NSW, 6 August 2008) 14. Wanneroo (WA, 19 August 2008) 15. Midland (WA, 20 August 2008) 16. Queanbeyan (NSW, 9 September 2008) 17. North Central Coast (NSW, 11 September 2008) 18. Burnie (TAS, 1 October 2008) 19. Devonport (TAS, 2 October 2008) 20. Strathpine (QLD, 6 October 2008) 21. Townsville (QLD, 5 November 2008) 22. Cairns (QLD, 7 November 2008)

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-249

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Hansard Page: CA 127

Senator Boyce asked:

Could you give me the highest and the lowest number, in terms of the Commonwealth-led invitation to apply process applications?

Answer:

At 7 November 2008, following the closing of six competitive Commonwealth-led Invitation to Apply processes, the Department has received a minimum of two applications and a maximum of seven applications.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-272

OUTCOME 5: Primary Care

Topic: GP WORKFORCE

Hansard Page: CA 25

Senator Cormann asked:

Are there any positive trends that you are aware of, on the basis of your data collection and surveys, when it comes to general practice?

Answer:

Several positive trends for the General Practitioner (GP) workforce have been reported in recent AIHW publications and online data releases. These trends include growth in the proportion of female GPs and some capacity enhancements in general practice.

Data drawn from the AIHW's medical labour force surveys show an ongoing trend toward more equal representation of females in the GP workforce. The proportion of vocationally registered GPs who were female had increased steadily from 31.0% in 1997 to 35.3% in 2006.

There appears to have been an increase in the number of full time equivalent employed primary care practitioners (which are mostly general practitioners) between 2002 and 2006 in non-metropolitan areas, from 80 to 86 per 100,000 people in outer regional areas and from 89 to 108 per 100,000 people in remote and very remote areas. However there are concerns about the reliability of this finding given the small number of survey responses from these areas and opposite pattern appearing in Medicare data.

The University of Sydney's General Practice Statistics and Classifications Unit, an AIHW Collaborating Unit, surveys a sample of GPs each year as part of the Bettering the Evaluation and Care in Health (BEACH) study. This study has identified several changes in their sample that are indicative of enhancements in the capacity and infrastructure within GP practices.

Firstly the proportion of GPs in solo practice had halved between 1998–99 and 2006–07, and the proportion in smaller practices (i.e. 2–4 GPs) had also decreased considerably. There was an associated increase in the proportion of GPs working in practices with five or more practitioners, from 38.9% in 1998–99 to 56.1% in 2006–07. Arguably larger GP practices are more viable as they allow the cost of equipment and support staff to be shared and provide greater opportunities for professional interaction among practitioners.

Secondly greater use had been made of practice nurses, with 71% of GPs in the 2007–08 BEACH study working in a practice that employed a practice nurse. Encounters involving a practice nurse as a proportion of all general practice encounters had increased from 3.9% in 2005–06 to 6.0% in 2007–08. The most frequent treatments provided by practice nurses were immunisation and wound treatment. This indicates that some routine medical tasks have been allocated to practice nurses, in turn allowing GPs more time to focus on complex medical activities.

Thirdly GPs have increased their frequency of chronic problem management, particularly high blood pressure, depression, cholesterol problems, osteoarthritis and diabetes. Between 1998–99 and 2007–08, the number of chronic problems managed increased from 46.1 chronic problems per 100 encounters to 52.3 per 100 encounters. This represents an estimated additional 8.7 million chronic problems managed in general practice nationally in 2007–08 compared with 1998–99. This additional capacity is a positive one for those with chronic conditions and represents an increasingly important trend as the population ages.

Lastly more GP practices have become computerised. There has been an increase in the proportion of GPs with a computer available at their major practice address, for either administrative or clinical use, or both, from 87.4% in 2000–01 to 96.7% in 2007–08. This trend provides a foundation upon which patient health information can be more efficiently recorded, managed and shared.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-001

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS –COMMUNITY CONSULTATION

Written Question on Notice

Senator Cormann asked:

As 11 locations are yet to have community consultations, when is it anticipated all consultations will be complete?

Answer:

It is anticipated that the community consultations for the GP Super Clinics will be completed by mid 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-003

OUTCOME 5: Primary Care

Topic: GP SHORTAGES

Written Question on Notice

Senator Cormann asked:

It appears that workforce issues have been raised at most, if not all, of these consultation sessions. How does the department believes current workforce shortage issues, particularly GP shortages in rural and remote areas will affect the success or otherwise of the Super Clinics Program?

Answer:

While noting that workforce shortage is a real issue that has been raised at local consultations, it is anticipated that GP Super Clinics will be attractive to health professionals, including GPs, registrars and health care trainees who:

- are interested in working in a multi-disciplinary team-based environment;
- would like to work under flexible working arrangements;
- have a preference for centralised clinic management and administration; and/or
- would like to be involved in education and training.

In addressing the GP workforce shortage, on 5 November 2008, the Government announced an increase to the number of GP training places from the existing cap of 600 places per annum. Funding has been provided for an additional 75 new general practice training places in 2009 and 100 new places in 2010 bringing the total number of training places to 675 in 2009, and 700 in 2010.

A further increase of 212 ongoing training places from 2011 was announced on 29 November 2008 as part of the Commonwealth's contribution to the Health Workforce Partnership through the Council of Australian Government agreement. This will boost the total number of GP training places to over 800 per year from 2011 onwards.
This increase in places will assist in meeting the demand for vocational training associated with the increased number of medical students coming through the system.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-005

OUTCOME 5: Primary Care

Topic: CHALLENGES WITH ROLL-OUT OF SUPER CLINICS

Written Question on Notice

Senator Cormann asked:

What are the other major and/or common challenges identified with the roll-out of this program to date?

Answer:

The major challenges identified with the roll-out of this program are common to many large capital works programs:

- potential delays to capital works due to local building approval processes and/or other building industry issues;
- the need for community engagement to ensure that the GP Super Clinic provides primary health care services that meet the needs and priorities of their local community; and
- the need to undertake careful planning to ensure that GP Super Clinics deliver on the outcomes expected by the Government.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-006

OUTCOME 5: Primary Care

Topic: FUNDING FOR GP SUPER CLINICS

Written Question on Notice

Senator Cormann asked:

According to the Budget papers, the Government allocated $33.1 million for this program in 2007/08 and a further $76.6 million for 2008/09. Last Estimates we were told by Ms Morris that the Department expected to "start funding 6 clinics within the next few months."

a) Has that occurred?
b) How many clinic projects are being funded?
c) Was the $33.1 million from 2007/08 expended?

Answer:

a) No.

b) Two funding agreements have been executed.

c) Not in full. An amount of $6.25 million (GST exclusive) was expended in 2007/08.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-010

OUTCOME 5: Primary Care

Topic: RUNNING SUPER CLINICS

Written Question on Notice

Senator Cormann asked:

How many super clinics do we have up and running today, that is with doors open and patients being attended to?

Answer:

None. Pending successful completion of construction milestones it is anticipated that the Ballan GP Super Clinic (Victoria) will be operational by late 2009. The key service providers for the Bendigo GP Super Clinic (Victoria) are actively pursuing arrangements with a view to provide health care services in the second quarter of 2009.

In addition, as part of the commitment to the GP Super Clinics initiative, the Northern Territory Government will be providing an after-hours GP service in Palmerston from 15 December 2008. This service represents the first step in establishing the Palmerston GP Super Clinic.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-096

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Senator Boyce asked:

a) Why aren't GP Super Clinics required to have 24 hours or after hours operations?
b) The limit for funding of GP Super Clinics was to be $5m - how is that some places will be getting $7-12.5m?
c) One of the listed areas is Brisbane Southside, do you have an idea as to where the GP Super Clinic is likely to be located in this area?
d) Is there any requirement for Super Clinics to be Medicare bulk billers?

Answer:

a) There is no one model prescribed for GP Super Clinics. The potential range of services, including 24 hours or after hours services, will be determined by the GP Super Clinic operator(s) in line with local community need and priorities and to complement and enhance the range of existing health services.

b) Funding for each clinic was identified as part of the election commitments.

c) No. The location of the GP super Clinic is to be decided by the clinic's operator(s). A public meeting for Brisbane Southside, after which an Invitation to Apply process will open, is expected to be held early in 2009.

d) No. GPs and other health professionals providing services under Medicare will be strongly encouraged – but not compelled – to bulk bill MBS funded services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-250

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Hansard Page: CA 128

Senator Boyce asked:

Would you be able to, on notice, quantify the needs of the Indigenous community in the Strathpine area?

Answer:

The estimated resident Aboriginal and Torres Strait Islander population (2006 figures) is 1,027 in Strathpine and surrounds, and greater than 5,500 if including the adjacent North Lakes and Caboolture areas.

The Strathpine-Brendale Statistical Local Area has a higher proportion of Aboriginal and Torres Strait Islander people (1.9%) than that on average in Brisbane (1.7%).

Strathpine (as part of the Pine Rivers Shire) is one of the fastest growing regions in Australia, with an annual average growth rate of 4%, compared with the Queensland average of 2.2%.

The Aboriginal and Torres Strait Islander Community Health Service (AICHS) Brisbane advises that there has been a rapid increase in the Aboriginal and Torres Strait Islander population in the Strathpine area.

The Indigenous population is moving from south Brisbane to north of the Brisbane River (mostly to the Pine Rivers/Redcliffe/Caboolture area) and it is anticipated that numbers could grow to approximately 12,000 in this area.

The AICHS Brisbane does not operate a clinic on the north side of Brisbane at this point in time. However the organisation is in the process of establishing a north side clinic at Nundah which is expected to be operating in May 2009. Nundah is approximately 16km south of Strathpine.

Also, a part-time, State funded Indigenous Specific Service is operating in the northern Brisbane suburb of Chermside (about 20km from Strathpine).

Geographical location plays a part in relation to the local Aboriginal and Torres Strait Islander population having access to existing non-local AMS services and the mainstream health services within the Strathpine area.

Limited access to transport may lead to remoteness and isolation within the area and may lead to limited access to Medicare (bulk-billing) facilities.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2

Question: E08-171

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Written Question on Notice

Senator Adams asked:

What is the Government's view on the area of Corporate Medicine, considering the Government's apparent support of Super Clinics?

Answer:

The GP Super Clinics National Program Guide 2008 (page 12) includes corporate medical practices in the list of parties encouraged to apply for GP Super Clinics funding.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-189

OUTCOME 6: Rural Health

Topic: SHORTAGE OF DOCTORS IN RURAL AREAS

Written Question on Notice

Senator Adams asked:

What are the numbers of Australian-trained doctors and the number of overseas-trained doctors working in rural-remote areas of Australia each year for the last 5 years?

Answer:

Table 1: General Practitioner headcount by place of basic qualification and rural and remote Australia **(latest available figures)***

Over 5 Year Period	**Australian Trained**	**Overseas Trained**
2002-03	4,412	2,327
2003-04	4,445	2,396
2004-05	4,570	2,377
2005-06	4,482	2,615
2006-07*	4,514	2,788

Definition of Rural & Remote

The Rural, Remote and Metropolitan Areas (RRMA) classification divides Australia's states and territories into metropolitan, regional, rural and remote zones according to a combination of straight-line distance from urban centres of various sizes and population density.

RRMA3	Large rural centre where most of the population resides in urban centres with a population of 25,000 or more.	Rural
RRMA4	Small rural centre where rural zones contain urban centres with populations between 10,000 and 24,999.	
RRMA5	Other rural areas with populations less than 10,000.	
RRMA6	Remote centres are classified as containing populations of 5,000 or more.	Remote
RRMA7	Other remote areas are classified as containing populations of less than 5,000.	

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-164

OUTCOME 6: Rural Health

Topic: PATIENT ASSISTED TRAVEL SCHEMES

Written Question on Notice

Senator Adams asked:

a) What is the status of the recommendations of the Senate Community Affairs Committee Inquiry into the Operation and Effectiveness of Patient Assisted Travel Schemes?
b) Has the government received any guarantees from the States or Territories that they will improve the promotion and funding of the patients' assisted travel schemes?
c) Will information from the maternity services review be used to inform the enquiry into PATS?

Answer:

a) The Australian Government is currently considering its response to the Senate Inquiry report into Patient Assisted Travel Schemes (PATS). At the 6 March 2008 meeting of the Australian Health Ministers' Advisory Council (AHMAC), members directed the Health Policy Priorities Principal Committee (HPPPC) to establish a taskforce to examine the recommendations of the Report and to report back to AHMAC in six months. At its meeting on 15 April 2008, the HPPPC established the PATS Taskforce. The Taskforce will report to AHMAC by the end of 2008.

b) No. As stated in the response to question a) above, the states and territories are currently examining the recommendations of the Senate Community Affairs Committee of Inquiry into Patient Assisted Travel Schemes (PATS).

c) The use of information from the Maternity Services Review by the PATS Taskforce will depend on the progress of the review and the timing of review outcomes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-166

OUTCOME 6: Rural Health

Topic: PATIENT ASSISTED TRAVEL SCHEMES

Written Question on Notice

Senator Adams asked:

Is the Hospital Commission expected to make recommendations on PATS – if so will they be implemented or will we wait for the taskforce which will doubtless make different recommendations.

Answer:

There is no specific term of reference for the National Health and Hospitals Reform Commission requiring it to make recommendations on Patient Assisted Travel Schemes (PATS). The Commission's terms of reference, in part, require it to "report on a long term health reform plan to provide sustainable improvements in the performance of the health system addressing the need to: ... f) improve the provision of health services in rural areas". There is nothing to preclude the Commission commenting in its report on PATS.

The Health Policy Priorities Principal Committee's Patient Assisted Travel Scheme Taskforce has been directed to examine the recommendations of the Senate Committee's report and to report back to the Australian Health Ministers' Advisory Council.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-167

OUTCOME 6: Rural Health

Topic: PATIENT ASSISTED TRAVEL SCHEMES

Written Question on Notice

Senator Adams asked:

Could the Department please provide a full list of members of the review board?

Answer:

The membership of the Patient Assisted Travel Scheme (PATS) Taskforce is yet to be finalised. In the interim, the following jurisdictional representatives have met on several occasions.

- Dr David Ashbridge (Chair, representing the Australian Health Ministers' Council)
- Dr Richard Matthews (New South Wales)
- Maree Guyatt (Victoria)
- George Beltchev (South Australia)
- Dr Jeannette Young (Queensland)
- Noel Carlin (Western Australia)
- Dr Catherine Katz (Tasmania)
- Peter Campos (Northern Territory)
- Jenelle Reading (ACT)
- Philip Davies (Australian Government)

The Taskforce Secretariat is managed by the Department of Health and Families, Northern Territory.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-168

OUTCOME 6: Rural Health

Topic: NATIONAL RURAL HEALTH PLAN

Written Question on Notice

Senator Adams asked:

What is the case for a national rural health plan which would include performative indicators and quantitative targets for jurisdictions to meet in rural and remote health?

Answer:

The decision regarding a national rural health plan or strategy, with or without performance indicators and quantitative targets, is one that will be made by Australian Health Ministers, based on advice from the Australian Health Ministers' Advisory Council (AHMAC).

This issue is being considered in the context of the broader national health reform agenda.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-174

OUTCOME 6: Rural Health

Topic: NATIONAL RURAL AND REMOTE HEALTH INFRASTRUCTURE PROGRAM

Written Question on Notice

Senator Adams asked:

a) How does the decision process of the distribution of grants remain unbiased, and is each application process decided by a panel?

b) If a panel or board oversees the decision process, how is this panel chosen to ensure there is a chance of prejudice towards different applications?

Answer:

a) Applications for funding under the National Rural and Remote Health Infrastructure Program (NRRHIP) will undergo a formal assessment process. In the first instance, applications will be assessed by relevant departmental program areas and State/Northern Territory offices of the Department. An assessment report and recommendations will be provided to a National Assessment Panel for consideration. The National Assessment Panel will provide the Minister for Health and Ageing with a list of recommendations for consideration for funding approval. As delegate for the NRRHIP the Minister will make the final decision.

b) A National Assessment Panel has been established with representation drawn from key stakeholder organisations, including the Australian General Practice Network, the Australian Local Government Association and the Rural Health Workforce Australia, as well as relevant areas within the Department with responsibility for programs which provide medical and health infrastructure to rural and remote communities.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-175

OUTCOME 6: Rural Health

Topic: HEALTHY HORIZONS

Written Question on Notice

Senator Adams asked:

What progress has been made with the evaluation of the 'Healthy Horizons' program and is there a sympathetic view towards the National Rural Health Alliance's proposal that 'Healthy Horizons' be succeeded by a National Rural Health Plan?

Answer:

The evaluation of Healthy Horizons was completed in May 2008. The evaluation was managed by the Australian Health Ministers' Advisory Council (AHMAC) Rural Health Standing Committee (RHSC) and the National Rural Health Alliance (NRHA).

As Healthy Horizons was jointly developed by the RHSC and the NRHA, through AHMAC, for the Australian Health Ministers' Conference (AHMC), the decision regarding a successor to Healthy Horizons will be a matter for AHMC. The Australian Government will work through the AHMAC and AHMC forums to ensure that work on a future national rural health strategy or plan takes account of the Commonwealth's review of rural health programs and broader national health reform activity.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 22 October 2008

Question: E08-191

OUTCOME 6: Rural Health

Topic: SHORTAGE OF DOCTORS IN RURAL AREAS

Written Question on Notice

Senator Adams asked:

How serious is the shortage of doctors, nurses, allied health professionals, dentists, pharmacists, paramedics and health service managers in the bush?

Answer:

On 30 April 2008, the Minister for Health and Ageing, the Hon Nicola Roxon MP, released the Report on the Audit of Health Workforce in Rural and Regional Australia.

The Audit was undertaken by the Department of Health and Ageing and covered the current supply in rural and regional Australia of doctors, nurses and other health professionals such as dentists, allied health professionals and Aboriginal health workers. A major aim of the Audit was also to identify where health workforce shortages exist.

The Report of the Audit found that:

- The distribution of doctors remains uneven, with remote areas having less than half the ratio of GPs than major cities;
- The nursing workforce appears to be relatively evenly distributed across regions of Australia although anecdotal evidence suggests a shortage of particular sub-specialities;
- Dental practitioners are primarily based in major metropolitan centres, and access to dental services outside these areas is very poor;
- Regional and remote Australia has less access to allied health professionals than people living in major cities; and
- Aboriginal health workers are an important component of the health workforce providing necessary health services to many rural and remote communities.

Information on the shortage of paramedics and health service managers is not available.

A copy of the Report can be accessed at www.health.gov.au

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-165

OUTCOME 6: Rural Health

Topic: PATS

Written Question on Notice

Senator Adams asked:

a) Will the results from the review of rural classification systems (RRMA etc) undertaken three or four years ago be included in the current review commissioned by the Minister?
b) Can the results of that earlier review now be made public?

Answer:

a and b)
A review of the Rural, Remote and Metropolitan Areas classification commenced in 2004. A discussion paper was issued in March 2005. No decisions were taken in relation to this review and a report was not finished.

The Minister for Health and Ageing on 30 April 2008 announced a review of remoteness classifications. When suitably advanced, details will be made public. Consultation with key groups will occur as part of the broader review of rural programs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-169

OUTCOME 6: Rural Health

Topic: NATIONAL RURAL HEALTH PLAN

Written Question on Notice

Senator Adams asked:

How will the work of the several strategic reform agendas (eg National Health and Hospitals Reform Commission, the Preventative Health Task Force, the National Primary Health Care Strategy, the review of MBS items, and the Review of the Rural Programs) be brought together?

Answer:

The second stage of the Review of Commonwealth-funded rural health programs will involve a strategic examination of rural health programs in the context of the recommendations that will emerge from broader national health reform activity.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-173

OUTCOME 6: Rural Health

Topic: NATIONAL RURAL AND REMOTE HEALTH INFRASTRUCTURE PROGRAM

Written Question on Notice

Senator Adams asked:

a) Have fund allocations been finalised in the first round of the National Rural and Remote Health Infrastructure Program?
b) How many applications were received?
c) Has the money been allocated, and do you have information as to the different organisations that have received the grants? If so, do you have a state breakdown regarding the allocation of funds?

Answer:

a) Funding allocations have not yet been finalised for the first round of the National Rural and Remote Health Infrastructure Program.

b) The Department received a total of 202 applications for funding.

c) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2007-2008, 22 October 2008

Question: E08-177

OUTCOME 6: Rural Health

Topic: SHORTAGE OF DOCTORS IN RURAL AREAS

Written Question on Notice

Senator Adams asked:

Many regional areas have a shortfall of health professionals. How would Federal Intervention in Rural Health ensure that there was an increase in the number of rural health professionals?

Answer:

The Australian Government has a major role in supporting health care provision in rural areas. Its responsibilities include provision of funding to the states and territories to support their hospital systems, funding for university medical school places (including rural clinical schools and university departments of rural health), general practitioner (GP) training, the Medicare Benefits Scheme for private practitioners and the Pharmaceutical Benefits Scheme and community pharmacy. These areas of responsibility afford the Government with significant opportunities to develop mechanisms to influence health professional numbers in rural areas. The Government already has many existing rural focussed health workforce programs and initiatives to increase the number of health professionals in regional and rural areas of Australia, and has also embarked on a series of major reforms and strategies to increase the number of health professionals, as follows.

Office of Rural Health

On 1 July 2008, an Office of Rural Health was established to drive rural health reform in response to the findings of the Audit of Health Workforce in Rural and Regional Australia. The Audit found that the current supply of health professionals is not sufficient to meet current needs and the supply of health professionals in many rural and regional areas is low to very poor.

The Office will draw together rural workforce and rural service delivery programs and provides a focus for the reform of Federal rural health policy and programs. As a first priority, the Office is reviewing the Australian Government's rural health programs, as well as the geographic classification systems that determine eligibility for rural program funding. Reviews of these programs are necessary to ensure that workforce programs and incentives respond to current population figures and genuine need. The Office of Rural Health will also draw on the expertise of health professionals and those involved in educating, promoting and recruiting the rural health workforce.

National Health and Hospitals Reform Commission

The National Health and Hospitals Reform Commission was established in February 2008 to advise on a long-term health reform plan to provide sustainable improvements in the performance of the health system. The Commission will report in June 2009 and provide a blueprint for addressing future challenges for Australia's health care, including the increasing burden of chronic disease, the ageing of the population, rising health costs, providing a well qualified and sustainable health workforce and inefficiencies exacerbated by cost shifting and the 'blame game'.

Council of Australian Governments (COAG)

On 29 November 2008, the Australian and State and Territory Governments met and committed to a reform package of $1.6 billion, comprising $1.1 billion of Commonwealth funding and $540 million in State funding.

This will provide $500 million in additional Commonwealth funding for undergraduate clinical training, including increasing the clinical training subsidy to 30 per cent for all undergraduate health places. The package also provides for an increase of 605 postgraduate training places, including 212 GP places, and the establishment of a national health workforce agency and health workforce statistical register to drive a more strategic long-term plan for the health workforce.

The 212 additional ongoing GP training places will boost the total number of GP training places to over 800 from 2011 onwards, and 73 additional specialist training places in the private sector. Funding will also be provided to train approximately 18,000 nurse supervisors, 5,000 allied health and other supervisors and 7,000 medical supervisors.

Investment of $175.6 million over four years in capital infrastructure will also be provided to expand teaching and training, especially at major regional hospitals to improve clinical training in rural Australia. This is in recognition that students who train in rural areas are more likely to practice in rural Australia.

Additional medical students

There are now significantly more medical students in the system, which will provide additional doctors for the Australian community. The number of Commonwealth supported commencing places in Medical courses in universities across Australia rose from 1,403 in 2003 to an estimated 2,544 in 2008. This is expected to rise to around 2,600 by 2012. A significant proportion of these places are 'bonded' whereby medical students who graduate, after gaining postgraduate qualifications, undertake their return of service obligations in outer metropolitan, rural and remote areas.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-103

OUTCOME 6: Rural Health

Topic: RURAL AND REGIONAL AREA DOCTORS

Written Question on Notice

Senator Adams asked:

If the Minister is determined to end what she calls six minute medicine, where will the extra doctors required in rural and regional areas come from?

Answer:

On 5 November 2008, the Australian Government announced an increase in the number of GP training places from the existing cap of 600 places per annum. Funding has been provided for an additional 75 new general practice training places in 2009 and 100 new places in 2010 bringing the total number of training places to 675 in 2009, and 700 in 2010.

A further increase of 212 ongoing training places from 2011 was announced on 29 November 2008 as part of the Commonwealth's contribution to the Health Workforce Partnership through the Council of Australian Government agreement. This will boost the total number of GP training places to over 800 per year from 2011 onwards.

This increase in places will assist in meeting the demand for vocational training associated with the increased number of medical students coming through the system.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-194

OUTCOME 6: Rural Health

Topic: SHORTAGE OF DOCTORS IN RURAL AREAS

Written Question on Notice

Senator Adams asked:

a) Given the fact that international medical graduates have to spend five or eight years in rural areas before they are permitted to move to the cities, is it the case that there are two markets for general practitioners in remote areas: one for Australian trained graduates and one for IMGs?
b) What is Government doing to address the issue?

Answer:

a) Section 19AB of the *Health Insurance Act 1973* places restrictions on overseas trained doctors for a period of ten years. The ten year moratorium commences at the time the doctor has both valid registration and permanent residency of Australia. At that time, the doctor is required to work in a rural or remote district of workforce shortage until they attain postgraduate Fellowship qualifications. Once they hold postgraduate qualifications, they may also work in outer metropolitan districts of workforce shortage.

   Overseas trained doctors who do not have permanent residency are restricted indefinitely and must work in a district of workforce shortage.

   As there is a chronic undersupply of doctors globally, Australia competes internationally for medical practitioners. Vacancies are usually advertised and are open to Australian trained and overseas trained doctors. Where a community or practice has been unable to attract an Australian trained doctor, they frequently seek to recruit an overseas trained doctor. It is not true, however, to claim that there are two markets for general practitioners.

b) On 5 November 2008, the Government announced an increase to the number of GP training places from the existing cap of 600 places per annum. Funding has been provided for an additional 75 new general practice training places in 2009 and 100 new places in 2010 bringing the total number of training places to 675 in 2009, and 700 in 2010.

A further increase of 212 ongoing training places from 2011 was announced on 29 November 2008 as part of the Commonwealth's contribution to the Health Workforce Partnership through the Council of Australian Government agreement. This will boost the total number of GP training places to over 800 per year from 2011 onwards.

This increase in places will assist in meeting the demand for vocational training associated with the increased number of medical students coming through the system.

An Office of Rural Health has been established within the Department of Health and Ageing to drive rural health reform in response to the findings of the Audit of Health Workforce in Rural and Regional Australia. The Audit found that the current supply of health professionals is not sufficient to meet current needs and the supply of health professionals in many rural and regional areas is low to very poor.

As a first priority, the Office is reviewing the Australian Government's rural health programs, as well as the classification systems that determine eligibility for rural program funding. Reviews of these programs are necessary to ensure that workforce programs and incentives respond to current population figures and genuine need.

The Office of Rural Health will draw on the expertise of health professionals and those involved in educating, promoting and recruiting our rural health workforce. The Rural Doctors' Association of Australia, the National Rural Health Alliance, the Council of Remote Area Nurses Australia, Services for Australian Rural and Remote Allied Health, Rural Health Workforce Australia and the Australian Rural Health Education Network will be invited to work with the Department to develop a work plan and provide continuing advice as this work is progressed over the coming months. There will be broader stakeholder consultation at appropriate stages throughout the process.

The Government also supports the recruitment of overseas trained doctors through the International Recruitment Strategy, which as at 17 November 2008 has placed 747 doctors in rural and remote locations since 2004.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-104

OUTCOME 6: Rural Health

Topic: MATERNITY SERVICES REVIEW

Written Question on Notice

Senator Adams asked:

a) Will the outcomes of the maternity services review currently in train be designed simply to maintain a status quo or to reopen some of the 130 birthing units in country hospitals lost in the last 10 years?
b) Will information from the maternity services review be used to inform the enquiry into PATS?

Answer:

a) The Maternity Services Review is the first step in developing a comprehensive national plan for maternity services into the future. Development of a national plan will involve collaboration with states and territories. Public hospital birthing units will be raised in the context of that collaboration.

b) The use of information from the Maternity Services Review by the Patient Assisted Travel Schemes (PATS) Taskforce will depend on the progress of the review and the timing of review outcomes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-199

OUTCOME 6: Rural Health

Topic: PAYMENT OF DOCTORS IN INDIGENOUS COMMUNITIES

Written Question on Notice

Senator Adams asked:

a) What will the department do to ensure that the Indigenous health workers receive salaries that are on par with what metropolitan and rural employees receive?
b) What processes will be in place to ensure that under this $19 million plan, Indigenous health workers are encouraged to remain in the Indigenous communities rather than moving to metropolitan areas?

Answer

a) Health services obtain funding from a variety of sources including the Department. The Department does not prescribe the level of salaries as it is the responsibility of health services to pay salaries that are consistent with the relevant awards.

b) The $19 million National Indigenous Health Workforce Training Plan (Training Plan) targets across the health disciplines through doctors, nurses and Aboriginal Health Workers in urban, rural and remote locations. The Training Plan is underpinned by the *National Aboriginal and Torres Strait Islander Health Council – Pathways into the health workforce for Aboriginal and Torres Strait Islander people: A blueprint for action* which identifies the importance of encouraging, mentoring and supporting Aboriginal Health Workers to work in rural and remote Indigenous communities.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-170

OUTCOME 6: Rural Health

Topic: NATIONAL RURAL HEALTH PLAN

Written Question on Notice

Senator Adams asked:

The fundamental determinants of health status in the bush are related to education, housing, employment, transport etc.

a) What are the Australian government's plans to provide certainty for rural and remote communities in the context of increasing water shortages, climate change and an extensive drought – and in a situation in which there is a wide range of situations from mining towns growing very quickly to pastoral inland communities that have been declining for several decades?
b) The corollary of this question is that one cannot improve health outcomes without a whole-of-government approach to the social and economic determinates of health. How will the health system accommodate this reality?

Answer:

a) The Department of Health and Ageing is aware of the impact that education, housing, employment and transport have in influencing health status and well being.

   A recent report released by the World Health Organization's Commission on Social Determinants of Health titled *Closing the gap in a generation – Health equity through action on the social determinants of health* says of universal health care: 'Inequities in health care are related to a host of socioeconomic and cultural factors, including income, ethnicity, gender, and rural/urban residency.'

   The Australian Government is working towards a holistic approach to tackle these challenges through the Council of Australian Governments (COAG) and specifically through its social inclusion agenda.

   On 30 April 2008, the Minister for Health and Ageing announced a review of rural health programs in addition to a review of the geographical classification systems used to determine eligibility for rural health programs. The reviews will be conducted in tandem as the remoteness classification system underpinning a program has a significant impact on the outcomes of that program.

b) The Department is strongly aware of the relationship between determinants and health outcomes.

A number of processes are underway to examine how health outcomes can be improved, including initiatives involving investment on infrastructure and workforce supply. Work by the National Health and Hospitals Reform Commission will provide further ideas to ensure the sustainability of the health care system. This includes consideration of the impact whole-of-government reforms will have on the system. This is just one example of current COAG plans to strengthen the health system.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2007-2008, 22 October 2008

Question: E08-190

OUTCOME 6: Rural Health

Topic: SHORTAGE OF DOCTORS IN RURAL AREAS

Written Question on Notice

Senator Adams asked:

a) Has the Department done any analysis of the effectiveness of existing Federal government initiatives, programs and arrangements to address medical practitioner shortages in rural areas?
b) If yes, what does the analysis reveal about the adequacy of existing incentives, programs and arrangements?

Answer:

a) Yes.

b) **Review of the Other Medical Practitioners (OMPs) Programs**

On 8 July 2008, the Department engaged The Allen Consulting Group to undertake a review of five health workforce programs for non-vocationally recognised medical practitioners, which include programs targeting rural and remote areas. The review is considering program effectiveness and efficacy.

Evaluation of University Departments of Rural Health Program and the Rural Clinical Schools Program

Urbis Pty Ltd has conducted an evaluation of the University Departments of Rural Health (UDRH) program and Rural Clinical Schools (RCS) program. The evaluation is designed to inform the Commonwealth on the effectiveness of the UDRH and RCS programs in meeting key performance targets and assisting to improve the sustainability of the health workforce in rural and remote Australia.

Review of the Training for Rural and Remote Procedural General Practitioners Program

The Allen Consulting Group was engaged to review the Training for Rural and Remote Procedural General Practitioners Program in April 2008. The Review was completed in July 2008. The report is available on the Department's website.

Review of the Training for Rural and Remote Procedural General Practitioners Program

The Allen Consulting Group found that the program was:

- effective and assisted with the provision of quality procedural and emergency medicine skills in rural and remote areas;
- largely efficient, but that there was scope to make improvements for greater efficiency; and
- largely appropriate, but made suggestions for further improvement.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-192

OUTCOME 6: Rural Health

Topic: SHORTAGE OF DOCTORS IN RURAL AREAS

Written Question on Notice

Senator Adams asked:

What has to be done to persuade Australian trained doctors to work in rural and remote areas?

Answer:

The Australian Government has a major role in supporting health care provision. Its responsibilities include provision of funding to the States and Territories to support their hospital systems, funding for university medical school places (including rural clinical schools and university departments of rural health), general practitioner (GP) training, the Medicare Benefits Scheme for private practitioners and the Pharmaceutical Benefits Scheme and community pharmacy. These areas of responsibility afford the Government with significant opportunities to develop mechanisms to influence health professional numbers in rural areas. The Government already has many existing rural focussed health workforce programs and initiatives designed to increase the number of health professionals in regional and rural areas of Australia, and has also embarked on a series of major reforms and strategies to increase the number of health professionals, as follows.

Office of Rural Health

On 1 July 2008, an Office of Rural Health was established to drive rural health reform in response to the findings of the Audit of Health Workforce in Rural and Regional Australia. The Audit found that the current supply of health professionals is not sufficient to meet current needs and the supply of health professionals in many rural and regional areas is low to very poor.

The Office draws together rural workforce and rural service delivery programs and will provide a focus for the reform of Federal rural health policy and programs. As a first priority, the Office is reviewing the Australian Government's rural health programs, as well as the geographic classification systems that determine eligibility for rural program funding. Reviews of these programs are necessary to ensure that workforce programs and incentives respond to current population figures and genuine need. The Office of Rural Health will also draw on the expertise of health professionals and those involved in educating, promoting and recruiting the rural health workforce.

National Health and Hospitals Reform Commission

The National Health and Hospitals Reform Commission was established in February 2008 to advise on a long-term health reform plan to provide sustainable improvements in the performance of the health system. The Commission will report in June 2009 and provide a blueprint for addressing future challenges for Australia's health care, including the increasing burden of chronic disease, the ageing of the population, rising health costs, providing a well qualified and sustainable health workforce and inefficiencies exacerbated by cost shifting and the 'blame game'.

Council of Australian Governments (COAG)

On 29 November 2008 the Council of Australian Governments announced a Hospital and Health Workplace Partnership trial that includes $1.1 billion from the Commonwealth to train more doctors, nurses and other health professionals and $539 million from the States and Territories towards clinical training.

Additional medical students

There are now significantly more medical students in the system, which will provide additional doctors for the Australian community. The number of Commonwealth supported commencing places in Medical courses in universities across Australia rose from 1,403 in 2003 to an estimated 2,544 in 2008. This is expected to rise to around 2,600 by 2012. A significant proportion of these places are 'bonded' whereby medical students who graduate, after gaining postgraduate qualifications, undertake their return of service obligations in outer metropolitan, rural and remote areas.

Remote Vocational Training Scheme

The Government is also investing an extra $18.4 million in the Remote Vocational Training Scheme (RVTS) for medical practitioners in remote and isolated communities throughout Australia. This program helps remote communities retain access to their GP because training is structured to allow them to continue to provide general medical services to their communities while accessing distance education and supervision. The new funding will increase the number of places from 15 to 22 from 2011.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-055

OUTCOME 7: Hearing Services

Topic: COST OF HEARING SERVICES

Written Question on Notice

Senator Siewert asked:

Is it possible to estimate the cost of assistance if hearing service extended to cover all congenitally deaf people, not just people under 21?

Answer:

Given that there is no accurate estimate of the number of people with congenital hearing loss versus acquired hearing loss, it is not possible to provide an estimate of the cost of extending assistance.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-056

OUTCOME 7: Hearing Services

Topic: HEARING SERVICES

Written Question on Notice

Senator Siewert asked:

How much would it cost if Hearing Services Australia continued to offer assistance to their former child clients once they turn 21 and throughout their adult hood?

Answer:

The estimated administered cost of delivering hearing services to all former child clients of Australian Hearing is approximately $39 million for the initial year.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-057

OUTCOME 7: Hearing Services

Topic: HEARING AND VISION LOSS

Written Question on Notice

Senator Siewert asked:

a) How many Australians are identified as deaf/blind - with the dual disability of both vision and hearing loss?
b) What percentage of these are currently receiving disability services?
c) How many of these are under the age of 60?
d) How many are over the age of 60?

Answer:

a) 73,500 Australians are identified as having partial or total loss of hearing and partial or total loss of sight, and are limited or restricted in some way by their hearing loss. The source of this data is from the 2003 Survey of Disability, Ageing and Carers.

b) 72.38% of Australians identified as deaf/blind use a disability service (ie if a person has received formal assistance when living in a private household, or they resided in a health establishment, they will have received some form of disability service).

c) 4,100 deaf/blind Australians under 60 years old, use a disability service.

d) 49,100 are in the 60 years and over deaf/blind age group, that use a disability service.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-058

OUTCOME 7: Hearing Services

Topic: HEARING SERVICES

Written Question on Notice

Senator Siewert asked:

What consideration has been given by the department to providing specific support services to deaf/blind people outside of the 2020 vision approach for blindness?

Answer:

The Department of Health and Ageing (the Department) does not provide support services to deaf/blind people. These services are provided by the Department of Families, Housing, Community Services and Indigenous Affairs. The Department does, however, provide hearing services and devices to eligible hearing impaired Australians.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-178

OUTCOME 7: Hearing Services

Topic: HEARING SERVICES

Written Question on Notice

Senator Adams asked:

Indigenous children are reported as having ear or hearing problems at twice the rate of non-Indigenous children, primarily due to the high rates of middle ear infection (chronic otitis media) which has a direct and compounded effect on learning. The most obvious effect is that children simply cannot hear what is being said in the classroom.

a) Given the hearing problems that indigenous children are suffering, has consideration been given to the installation of sound-field systems (which allows control of the acoustic environment in a classroom) in classrooms?
b) Has consideration been given for sign language interpreters to be available to support students in a range of different indigenous languages?

Answer:

a) The use of sound-field amplification systems and improvements to classroom acoustics is the responsibility of individual schools and State/Territory Departments of Education.

b) The provision of sign language interpreters is undertaken by State/Territory Departments of Education.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-267

OUTCOME 7: Hearing Services

Topic: HEARING SERVICES LOCATION

Hansard Page: CA 136

Senator Boyce asked:

What are the particular health issues around hearing and the services required by people with hearing problems that mean that hearing services are located within the Department of Health and Ageing rather than located with FaHCSIA, where you would find most other conditions that are a disability rather than a sickness?

Answer:

The Australian Government began providing hearing services in 1947, through the Australian Government hearing services provider, Australian Hearing, in response to the high rate of hearing loss in veterans of the Second World War and children affected by the rubella epidemic of the 1940s. The Program is a rehabilitation program that provides clinical services and, if necessary, hearing devices to eligible Australians who are hearing impaired.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 24 October 2008

Question: E08-269

OUTCOME 8: Indigenous Health

Topic: INDIGENOUS MORTALITY RATES

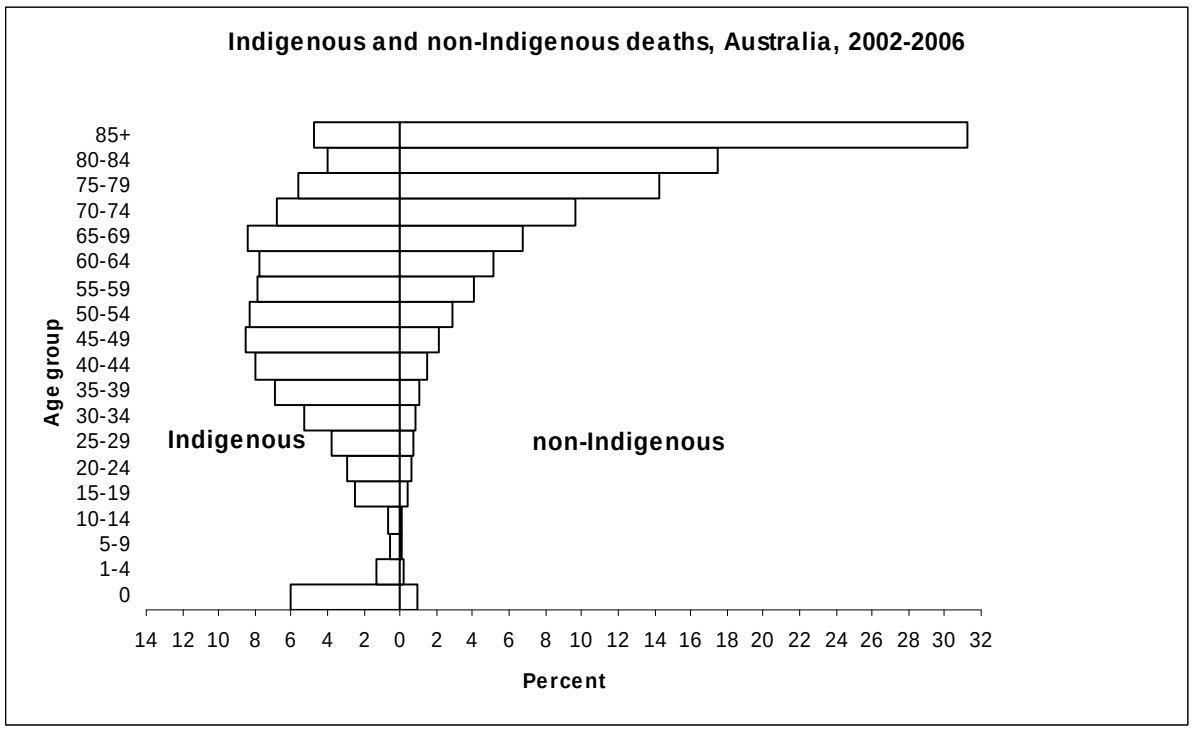
Hansard Page: CA 45

Senator Adams asked:

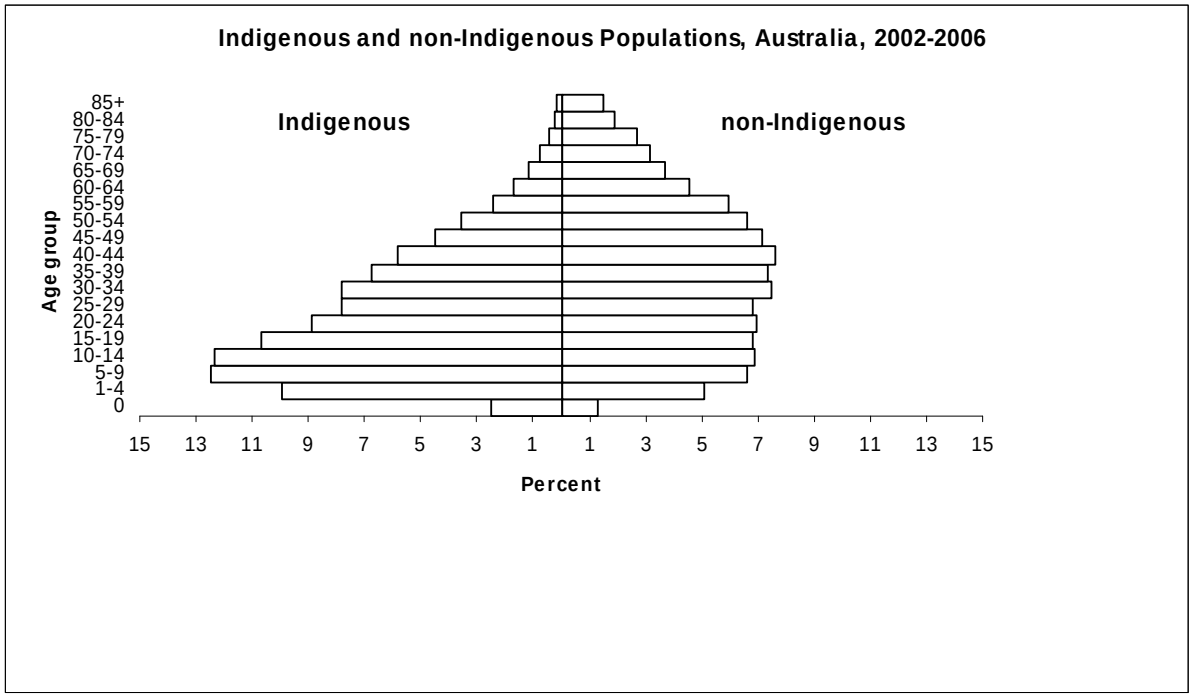
Would we be able to have tabled the graph showing the growth that was mentioned?

Answer:

The attached graphs depict the distribution of deaths and population by five year age group for the Aboriginal and Torres Strait Islander and non-indigenous populations of Australia for the period 2002-2006.



Source: AIHW National Mortality Database.



Source: AIHW National Mortality Database.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 24 October 2008

Question: E08-240

OUTCOME 8: Indigenous Health

Topic: SECURITY FUNDING

Hansard Page: CA 51

Senator Boyce asked:

Funding provided to Torres Strait around particular health needs and healthcare services.
Safety, Security and Nursing in the Torres Strait.
How much would have been contributed to security by the federal Department of Health and Ageing?

Answer:

Through Outcome 8, the Office for Aboriginal and Torres Strait Islander Health (OATSIH) provides funding for new and improved infrastructure that supports the ongoing enhancement and expansion of primary health care, substance use, and social and emotional well-being services for Aboriginal and Torres Strait Islander people. OATSIH Capital Works Funding Agreements require that funded health infrastructure meets occupational health and safety and security standards. These activities are funded on a whole-of-project basis and the security costs are not separately identified.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-198

OUTCOME 8: Indigenous Health

Topic: PAYMENT OF DOCTORS IN INDIGENOUS COMMUNITIES

Written Question on Notice

Senator Adams asked:

In relation to the salary of for Doctors working in Indigenous communities, what comparisons to average medical salaries were done in order to determine that $650 a day was 'reasonable'.

a) Do you currently have the figures as to how many locally trained doctors compared to overseas trained doctors are working in Indigenous communities?
b) Do you have the current turnover rates of doctors working in the Indigenous communities?

Answer

In the context of the Northern Territory Emergency Response, the Australian Government recruited and deployed paid volunteers as part of child health checks teams. The rate of $650 per day for doctors, in general terms, sought to recognise basic practice costs for deployees.

a) No, these figures are not available.

b) No, this data is not available. Analysis by the Australian Institute of Health and Welfare in 2007 found that in remote areas, between 46% (remote areas) and 54% (very remote areas) of doctors had been in their current practice for two years or less. While a significant proportion of these doctors' practices could be expected to be involved with Indigenous patients, these statistics do not provide a breakdown between Indigenous and non-Indigenous patients.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-181

OUTCOME 8: Indigenous Health

Topic: INDIGENOUS HEALTH ISSUES

Written Question on Notice

Senator Adams asked:

What is the evidence that the government is succeeding in meeting the challenges in Indigenous health, oral and dental health (where Australia has the second worst adult oral health status in the OECD), mental health and maternity services?

Answer:

Long standing problems with the quality and availability of Indigenous health data make it difficult to fully assess progress in meeting the challenges in Indigenous health. For example, data on trends in Indigenous oral health are only available for the Northern Territory.

The evidence that is available shows mixed results. For example, the Aboriginal and Torres Strait Islander Health Performance Framework (HPF) finds that there have been improvements in some aspects of health for Indigenous Australians, while some areas are unchanged and some are worsening.

Areas of improvement include overall mortality (which declined by 13% between 1991 and 2006) and infant mortality (declined by 47%), deaths caused by circulatory disease, expansion of Aboriginal and Torres Strait Islander primary health care, immunisation and antenatal care (96% of Indigenous mothers access antenatal services at least once during their pregnancy).

Areas of ongoing concern include deaths caused by chronic diseases, injury, end stage kidney disease, mental health and oral health.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-184

OUTCOME 8: Indigenous Health

Topic: INDIGENOUS HEALTH ISSUES

Written Question on Notice

Senator Adams asked:

From June 18-19, the Audit and Best Practice for Chronic Disease was held and funded by the Cooperative Research Centre for Aboriginal Health. It looks as input into Indigenous health and in particular the high rates of diabetes, kidney disease and cardiovascular disease.

a) I assume your department has seen this report, and therefore has the department used any of the analysis in relation to the current levels of disease in Indigenous communities? It has been suggested by Assoc Professor and Nyungar man Ted Wilkes that indigenous communities are not listening to the different health notices available to all members of the community.

b) What is the department going to do in relation to current communications processes in communities and rural areas for Indigenous health?

Answer:

a) Yes. The Department has included information from the Audit and Best Practice for Chronic Disease Project in the upcoming Aboriginal and Torres Strait Islander Health Performance Framework 2008 Report, due to be released on-line in early December, pending endorsement by the Australian Health Ministers' Council.

b) The Department is funding initiatives that provide communication to communities about chronic disease including diabetes, kidney disease and cardiovascular disease. These include:

The Indigenous Tobacco Control Initiative (ITCI) commenced in July 2008 and will undertake work to address Indigenous Tobacco consumption by trialling community interventions such as smoking prevention and cessation programs, and targeted communication approaches. It will also build an evidence-base by carrying out 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. This initiative will also offer smoking prevention and cessation training and support to the Indigenous health workforce to enhance the effectiveness of other community interventions.

The Healthy for Life Program provides funding to Aboriginal and Torres Strait Islander primary health care services to improve the provision of care with a focus on child and maternal health and prevention and management of chronic diseases. The Healthy for Life Program provides additional capacity to over 83 primary health care services for developing and implementing prevention, early detection and management activities at the local community level that can address modifiable risk factors for preventable chronic disease such as smoking, alcohol, nutrition, physical activity, over weight and obesity, diabetes and emotional wellbeing.

The Healthy for Life Program is designed to allow health services to step back and review their current service delivery in child and maternal health and chronic disease, to identify priority action areas for improvement, and to develop further the child and maternal health and chronic disease care provided in their community. In addition, the Healthy for Life Program is planning a conference in 2009 as an opportunity for all services to come together to share information and learnings about current best practice in population health approaches for child maternal health care, men's health and early detection and management of chronic disease.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-185

OUTCOME 1: Population Health

Topic: INDIGENOUS HEALTH ISSUES

Written Question on Notice

Senator Adams asked:

The Australian Institute of Health and Welfare released statistics on levels of cardiovascular disease amongst indigenous people, and found that in relation to tobacco smoking, indigenous Australians were twice as likely to be smokers as Non-indigenous Australians.

a) Has there been any analysis of the current advertising and education for indigenous people regarding the risks associated with smoking?
b) What education tools are used to inform indigenous people to be more aware of ways to reduce the risks of cardiovascular disease and kidney disease?

Answer:

a) Where appropriate, the Department engages an Indigenous communications specialist to extend the mainstream health campaigns to Indigenous audiences. Strategies employed include advertising through a range of Indigenous communication channels and the staging of promotional activities (for example, media partnerships, event sponsorships, and information kiosks). However, there is limited evidence available on this issue, and the Indigenous tobacco cessation projects currently being developed and negotiated, under the Indigenous Tobacco Control Initiative, includes the development of Indigenous targeted health promotion activities. An evaluation of these activities will form part of the evidence-base to understand the reasons for the high rates of Indigenous smoking, the barriers to quitting, as well as identifying what strategies might work and successful key messages.

b) Tools for community education include targeted health promotion products, and health worker led patient and community interventions in conjunction with maternal health care, child and adult health checks and school education information. For example, under the Healthy for Life program, multi-disciplinary teams are being established to enhance chronic disease education, prevention, detection and care. A culturally relevant communication strategy has been developed to promote the Healthy for Life program. This is available to participating primary health care services and includes the Healthy for Life logo, tagline and branding, a range of promotional materials such as brochures, stickers, banners and a website with a 1800 number.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Issues, 22 October 2008

Question: E08-197

OUTCOME 8: Indigenous Health

Topic: PAYMENT OF DOCTORS IN INDIGENOUS COMMUNITIES

Written Question on Notice

Senator Adams asked:

In a statement by the Aboriginal Health Council of Western Australia (AHCWA) on 2 October 2008, they state that "Some doctors working in Indigenous communities are being paid up to $100,000 less than other medical practitioners in rural area". Dr Tim Leahy, a medical policy officer with AHCWA, also said "the imbalance in wages had a major impact on the ability to attract doctors to work in Indigenous heath."

What information does the Department have, and /or what analysis has the Department done, about the relative remuneration of doctors working in Aboriginal Medical Services compared with other doctors in rural/remote areas of Australia.

Answer:

The Department of Health and Ageing has received a submission from the Aboriginal Health Council of Western Australia regarding salaries for doctors employed in Aboriginal Medical Services in Western Australia.

The Department is currently undertaking a project on the cost structures of Indigenous health organisations, including health professional salaries.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Issues, 24 October 2008

Question: E08-237

OUTCOME 8: Indigenous Health

Topic: DIALYSIS TREATMENT

Hansard Page: CA 47

Senator Adams asked:

In WA we have quite a problem with people from the Kimberley not being able to relocate back home after going to Perth for their dialysis treatment. Do you know how many people from remote areas are in the same situation in Darwin?

Answer:

State and territory Health Departments coordinate the provision of renal replacement therapies in their respective regions and as such monitor renal patient numbers, treatment types and locations.

In the Northern Territory, this information is collected through a data base managed by the Northern Territory Department of Health and Families. The data collected includes renal patients' place of origin and where they are currently accessing treatment. The data varies from month to month based on patient movements and their health status. For example, a patient may be required to return to Darwin for a short period after experiencing complications on Home Haemodialysis.

At the request of the Australian Government Department of Health and Ageing, the Northern Territory Department of Health and Families has supplied figures on patients from remote communities accessing renal replacement therapies in the Top End (Darwin) and Central Australia. These figures are based on data collected in September 2008.

Top End

- 252 patients are receiving some type of renal replacement therapy, of which 61% (154) originate from a remote community (note: this is not the total Indigenous renal population as many Indigenous patients come from the urban areas).

- Of the 154, 38% (59) are receiving treatment in their home or home community e.g. (Peritoneal Dialysis, Home Haemodialysis or Treatment in a remote facility). Of the 59 patients, 17 are dialysing at either Tiwi Dialysis Centre or Katherine which are considered home communities for these patients.

- 61% of patients (95) from remote communities are not yet accessing services closer to home. This includes 14 patients dialysing in Katherine who originate from remote communities that are a significant distance from Katherine (e.g. Boroloolla, Numbulwar) and, are therefore, not considered to be dialysing in their home communities.

Central Australia

- 213 patients are on renal replacement therapy, of which 165 (77%) come from a remote community.

- Of the 165, 48 (29%) are able to access treatment at home (Peritoneal Dialysis, Home Haemodialysis or Transplant). Of these 48, 29 are dialysing in the remote Tennant Creek renal unit.

- 71% of patients (117) from remote communities are not yet accessing services closer to home.

There are numerous factors that influence renal patient's options and decisions to access dialysis treatment closer to their home, including:

- Health status - for example, patients may be too debilitated or medically unstable to undertake self-care dialysis or dialyse in smaller remote units closer to home.

- Access to self-care training and services - for example, patients may be on the waiting list for self-care dialysis training and may eventually return to their home community.

- Communication and understanding of treatment options and implications – for example, patients may not fully understand that being competent in self-care dialysis may enable them to return to their home community and continue treatment.

- Psychosocial factors - for example, patients may lack the support to return to their home community or choose not to return to their home community as they are established in town.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Issues, 24 October 2008

Question: E08-238

OUTCOME 8: Indigenous Health

Topic: RHEUMATIC FEVER STRATEGY

Hansard Page: CA 49

Senator Adams asked:

The Rheumatic Heart Disease Working Group was established to provide advice to government on a nationally coordinated approach to rheumatic fever.

a) Why has the report of this group not been finalised and released for consultation with key health and medical stakeholders?
b) Is there a planned release date for the report that you know of?

Answer:

a) The Rheumatic Heart Disease Working Group has developed a paper which has been submitted to the Australian Health Ministers' Advisory Council - Child Health and Wellbeing Subcommittee. This subcommittee is currently considering the paper.

b) No date for the paper's release has been announced.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 24 October 2008

Question: E08-239

OUTCOME 8: Indigenous Health

Topic: INDIGENOUS HEALTH

Hansard Page: CA 50

Senator Boyce asked:

Could I have an overview of health in the Torres Strait Islands and some comparisons with Indigenous Health issues?
Answer:

Information on the health and welfare of Torres Strait Islander peoples, including comparisons with the Aboriginal population, can be found in a chapter of the AIHW and ABS publication *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2008*. A selection of key health data from this report is provided below.

Deaths
The median age at death for Torres Strait Islanders was higher (58 years) than total Indigenous (51 years). The most common cause of death was diseases of the circulatory system (30% for Torres Strait Islanders and 27% for all Indigenous deaths).

Low birth weight
Torres Strait mothers were less likely (9%) to have babies recorded as low birth weight compared to Indigenous mothers overall (13%). The perinatal death rate (17 per 1,000 live births) is similar to Indigenous mothers overall (18 per 1,000 live births).

Self-assessed health and long-term health conditions[1]
In the 2004-05 NATSIHS, 44% of Torres Strait Islander people aged 15 years or over reported that their health was excellent or very good while 23% said they had fair or poor health. These were similar to the rates reported by all Indigenous people (43% and 22% respectively).

Almost three-quarters (73%) of Torres Strait Islander people aged 15 years or over had a long-term health condition in 2004-05, similar to the proportion of all Indigenous people of the same age (77%). Reporting of long-term conditions by Torres Strait Islander people living in the Torres Strait Indigenous Region was comparable to those living in other areas (70% and 73% respectively).

The most commonly reported long-term conditions among Torres Strait Islander people aged 15 years or over were eye/sight problems (38%) and back pain/problems (18%). While the

[1] ABS and AIHW, The Health and Welfare of Aboriginal and Torres Strait Islander Peoples, 2008, 4704.0.

prevalence of most long-term conditions were similar in the Torres Strait Islander and total Indigenous populations, Torres Strait Islander people were less likely to report heart disease and/or circulatory problems (13% compared with 18%).

Risk factors[1]

In 2004-05, around half (49%) of Torres Strait Islander people aged 18 years or over were current daily smokers. This is similar to the rate reported by the overall Indigenous population (50%). Torres Strait Islander people living in the Torres Strait Indigenous Region reported lower rates of regular smoking than did those in other parts of Australia (38% compared with 51%).

In 2004-05, 13% of Torres Strait Islander people aged 18 years or over reported long-term risky or high risk alcohol consumption and 16% reported risky or high risk short-term alcohol consumption. These rates of alcohol consumption were not significantly different from those reported by Indigenous people overall.

A sedentary lifestyle, defined by very low levels of exercise or no exercise at all, was reported by 36% of the 22,700 Torres Strait Islander people aged 15 years or over in non-remote parts of Australia. Indigenous people overall were more likely to be sedentary, with 47% of those aged 15 years or over in non-remote areas reporting that they do very little or no exercise. Despite their greater engagement in physical exercise, Torres Strait Islander people aged 15 years or over in non-remote areas were just as likely as Indigenous people overall to be overweight or obese (57% and 56% respectively).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-187

OUTCOME 8: Indigenous Health

Topic: DEATH RATES

Written Question on Notice

Senator Adams asked:

The National Indigenous Health Equality Council stated that the cause of death for 40% of Aborigines is not accurately recorded and that the Council might have to set lower initial health targets for indigenous Australians.

a) What is the department doing to confirm the correct life expectancy gap between Indigenous Australians and the remaining Australian population?

b) What is being done to educate health professionals to ensure that death records include the indigenous status of the deceased?

Answer:

a) The reliability of life expectancy estimates are based on the quality of population and deaths data. The quality of death registrations' data, including Indigenous status, is the responsibility of state and territory Registrars. The quality of population data is the responsibility of the Australian Bureau of Statistics (ABS). However, given the importance of Indigenous life expectancy data the Department has also funded work investigating the efficacy of various methods of calculating Indigenous life expectancy. This work has resulted in a report titled '*A comparative analysis of indirect methodologies for estimating Indigenous life expectancy'* that was released on 12 November 2008. This work is informing the development of the ABS estimates of Indigenous life expectancy due to be released in early 2009.

   The Department is also funding a project with the Australian Institute of Health and Welfare to investigate estimates of mortality coverage using data linkage. This work will also be used to inform improved life expectancy estimates over time.

b) The Department of Health and Ageing together with the National Health and Medical Research Council are funding the Australian Institute of Health and Welfare to develop guidelines for *Improving Identification of Aboriginal and Torres Strait Islander People in Health Data.* The project aims to improve Indigenous status information in key health data sets, including the National Mortality Database, Birth Registrations data, the Perinatal Data Collection, the National Hospital Morbidity Database and General practice data through educating health professionals and other data collectors to accurately record Indigenous status in these data collections.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-241

OUTCOME 8: Indigenous Health

Topic: MATERNITY SERVICES

Hansard Page: CA 54

Senator Adams asked:

The worry is the lack of rural obstetric units and the ability of the smaller hospitals to do the deliveries.

a) I am wondering how our Indigenous people who are living in the communities are coping with all these closures and how they are being accommodated?
b) When will the Maternity Review be completed?

Answer:

a) The Department's information on the number of hospitals in remote and very remote regions does not support the premise that there has been a large number of closures of remote public hospitals with obstetric/maternity services. The Department's data is for the period up to 2006-07 (see attached). Data for 2007-08 is not yet available, and it is possible that the number of services could have reduced or increased in that period.

   Please also refer to the response to E08-256 which also includes data on rural and remote hospitals with obstetric/maternity services and which suggests a fairly stable level of service provision.

b) The Department of Health and Ageing is drawing on the information from participants and information, research and expertise assembled from other sources to form a report about the Maternity Services Review to the Minister for Health and Ageing by the end of 2008.

Number of regional and remote public acute hospitals with obstetric/maternity services, Australia 2003/04 to 2006/07

		2004-05			2005-06			2006-07		
Remoteness Area[6]	**No. of hospitals reported in 0304**	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**
Inner Regional	92	3	3	92	1	7	86	2	1	87
Outer Regional	75	5	6	74	4	2	76	1	3	74
Remote	15	1	1	15	1	1	15	2	2	15
Very Remote	9	1	0	10	1	1	10	0	0	10
Total	**191**	**10**	**10**	**191**	**7**	**11**	**187**	**5**	**6**	**186**

Source: Public Hospital Establishments (PHE) Data (2003/04 - 2006/07)

Notes:

1. Excludes psychiatric hospitals, alcohol and drug treatment centres, day centres and freestanding day surgery centres
2. Australian Standard Geographical Classification (ASGC) Remoteness Area
3. The Remoteness Area of each public hospital was determined using geo-coded data (with latitude and longitude) for each hospital in 2001 or on the basis of its SLA, postcode or other location information as detailed in Australian Hospital Statistics 2002-03
4. Excludes hospitals without valid ASGC Remoteness Area matching
5. Includes remoteness areas: inner regional, outer regional, remote and very remote
6. PHE collection was established in 2003/04 and therefore the information on number of hospitals started/stopped reporting prior to 2003/04 was not available

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-178

OUTCOME 7: Hearing Services

Topic: HEARING SERVICES

Written Question on Notice

Senator Adams asked:

Indigenous children are reported as having ear or hearing problems at twice the rate of non-Indigenous children, primarily due to the high rates of middle ear infection (chronic otitis media) which has a direct and compounded effect on learning. The most obvious effect is that children simply cannot hear what is being said in the classroom.

c) Given the hearing problems that indigenous children are suffering, has consideration been given to the installation of sound-field systems (which allows control of the acoustic environment in a classroom) in classrooms?

d) Has consideration been given for sign language interpreters to be available to support students in a range of different indigenous languages?

Answer:

c) The use of sound-field amplification systems and improvements to classroom acoustics is the responsibility of individual schools and State/Territory Departments of Education.

d) The provision of sign language interpreters is undertaken by State/Territory Departments of Education.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-267

OUTCOME 7: Hearing Services

Topic: HEARING SERVICES LOCATION

Hansard Page: CA 136

Senator Boyce asked:

What are the particular health issues around hearing and the services required by people with hearing problems that mean that hearing services are located within the Department of Health and Ageing rather than located with FaHCSIA, where you would find most other conditions that are a disability rather than a sickness?

Answer:

The Australian Government began providing hearing services in 1947, through the Australian Government hearing services provider, Australian Hearing, in response to the high rate of hearing loss in veterans of the Second World War and children affected by the rubella epidemic of the 1940s. The Program is a rehabilitation program that provides clinical services and, if necessary, hearing devices to eligible Australians who are hearing impaired.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 24 October 2008

Question: E08-200

OUTCOME 8: Indigenous Health

Topic: PAYMENT OF DOCTORS IN INDIGENOUS COMMUNITIES

Written Question on Notice

Senator Adams asked:

a) Health Minister Roxon states that funding will be used to increase indigenous health workers. However, are you aware that in some cases members of Indigenous communities are waiting up to three months to see a doctor?
b) What analysis has been done as to how this problem will be solved in the short-term to ensure Indigenous communities have access to medical services?

Answer:

a) No. There is no data available about waiting times in Indigenous communities.

b) The limited availability of health professionals in many rural and remote Indigenous communities in most jurisdictions has been recognised in a number of recent Australian Government Budget decisions. In particular, in 2005-06 $35.2 million was provided over four years to improve Indigenous access to GPs and other primary health care services in rural and remote communities. In 2006-07 a further $23.4 million in funding over four years was allocated to increase the rural and remote workforce, including extra GPs. In 2007-08 an additional $28.5 million in funding over four years was provided to enhance the capacity of existing services in rural and remote areas to provide a family centred primary health care.

   An important element of the Australian Government's current $99.7 million initiative to expand primary health care in the Northern Territory is the Remote Area Health Corps (RAHC). The RAHC will supplement the recruitment efforts of existing Northern Territory health service providers by recruiting additional health professionals to remote NT Indigenous communities. Also, the Australian Government is currently providing $21.5 million over five years to improve the capacity of Northern Territory health services to meet the complex health needs of Indigenous communities, including access to renal dialysis services for people in remote communities.

Recent decisions taken at the Council of Australian Governments' (COAG) meeting on 29 November 2008 will increase Indigenous communities' access to medical services. As part of the Commonwealth's $806 million contribution from 2009-13 to COAG's $1.6 billion Indigenous Health National Partnership, funding is available to increase the capacity of the primary care workforce to deliver effective health care to Indigenous Australians. This will fund more than 75 additional health professionals and practice managers in Indigenous health services; more than 160 new Indigenous Outreach Worker positions in general practices and Indigenous health services to help Indigenous people access the health care services they need; and a range of workforce training and professional development activities. This activity aims to increase the take up of health services by Indigenous Australians and expand the number of health professionals in general practices and Indigenous health services who possess the specific skills and knowledge to deliver more effective care for Aboriginal and Torres Strait Islander people.

Additional support will also be provided for Indigenous patients with chronic diseases to access specialist and allied health care services; and for the expansion of the Medical Specialists Outreach Assistance Program to increase access to specialist and allied health services in rural and remote areas.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-279

OUTCOME 9: Private Health

Topic: PRIVATE HEALTH INSURANCE MEMBERSHIP

Hansard Page: CA 26

Senator Cormann asked:

'Perhaps you can take on notice for us the period between 1989 and 1998, a time when health insurance membership was going down by about two per cent a year. ….. Can you perhaps give us the breakdown of the age profile of those Australians that dropped private health insurance in that period?'

Answer:

PHIAC did not begin collecting data on privately insured persons by five year age groups until September 1997. Data was collected from 1990 on persons in the age groups 64 and below and 65 and over for Reinsurance purposes.

Persons aged 64 and below and 65 and over – June 1990 to June 1998

	Persons		Annual Percent change		Percent distribution of persons	
Year	Age 64 and below ('000)	Age 65 and over ('000)	Age 64 and below	Age 65 and over	Age 64 and below	Age 65 and over
30/06/1990	6,814	773			90%	10%
30/06/1991	6,725	824	-1%	7%	89%	11%
30/06/1992	6,332	832	-6%	1%	88%	12%
30/06/1993	6,124	844	-3%	1%	88%	12%
30/06/1994	5,788	844	-5%	0%	87%	13%
30/06/1995	5,460	844	-6%	0%	87%	13%
30/06/1996	5,307	843	-3%	0%	86%	14%
30/06/1997	5,069	847	-4%	0%	86%	14%
30/06/1998	4,882	846	-4%	0%	85%	15%

The number of persons by age group from September 1997 to December 1998 is shown in the following table, with data on a quarterly basis.

Persons by age group – September 1997 to December 1998

QUARTER	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+	Total
Sep-97	319,387	356,600	392,539	367,278	234,329	264,573	342,836	417,008	446,350	478,317	449,738	348,460	279,452	258,833	217,707	147,761	98,966	52,345	17,768	4,624	5,494,871
Dec-97	336,069	373,485	424,833	399,366	254,690	279,589	361,636	442,999	476,287	512,686	490,709	377,270	302,833	276,746	232,840	158,636	104,364	55,689	18,983	4,914	5,884,624
Mar-98	329,650	367,058	418,911	393,136	245,798	272,001	353,251	436,533	469,711	506,663	490,781	376,328	302,001	273,368	234,944	160,087	103,818	56,068	19,225	4,961	5,814,293
Jun-98	325,620	361,475	412,679	382,504	230,686	264,435	346,175	429,904	463,505	499,820	490,001	374,690	299,592	268,573	234,476	159,770	103,389	56,353	19,364	4,960	5,727,971
Sep-98	321,866	356,640	408,156	386,511	237,469	257,654	340,621	424,118	458,849	494,810	490,457	376,521	300,488	265,978	234,684	160,343	102,652	56,514	19,477	4,932	5,698,740
Dec-98	317,494	358,133	398,242	388,010	239,630	252,696	336,149	418,747	455,013	490,419	491,416	380,144	303,628	265,339	235,913	160,711	102,399	56,885	19,691	4,962	5,675,621
Change in persons																					
Dec-97	16,682	16,885	32,294	32,088	20,361	15,016	18,800	25,991	29,937	34,369	40,971	28,810	23,381	17,913	15,133	10,875	5,398	3,344	1,215	290	389,753
Mar-98	(6,419)	(6,427)	(5,922)	(6,230)	(8,892)	(7,588)	(8,385)	(6,466)	(6,576)	(6,023)	72	(942)	(832)	(3,378)	2,104	1,451	(546)	379	242	47	(70,331)
Jun-98	(4,030)	(5,583)	(6,232)	(10,632)	(15,112)	(7,566)	(7,076)	(6,629)	(6,206)	(6,843)	(780)	(1,638)	(2,409)	(4,795)	(468)	(317)	(429)	285	139	(1)	(86,322)
Sep-98	(3,754)	(4,835)	(4,523)	4,007	6,783	(6,781)	(5,554)	(5,786)	(4,656)	(5,010)	456	1,831	896	(2,595)	208	573	(737)	161	113	(28)	(29,231)
Dec-98	(4,372)	1,493	(9,914)	1,499	2,161	(4,958)	(4,472)	(5,371)	(3,836)	(4,391)	959	3,623	3,140	(639)	1,229	368	(253)	371	214	30	(23,119)
Dec 97 to Dec 98	(18,575)	(15,352)	(26,591)	(11,356)	(15,060)	(26,893)	(25,487)	(24,252)	(21,274)	(22,267)	707	2,874	795	(11,407)	3,073	2,075	(1,965)	1,196	708	48	(209,003)
Percent change in persons																					
Dec-97	5%	5%	8%	9%	9%	6%	5%	6%	7%	7%	9%	8%	8%	7%	7%	7%	5%	6%	7%	6%	7%
Mar-98	-2%	-2%	-1%	-2%	-3%	-3%	-2%	-1%	-1%	-1%	0%	0%	0%	-1%	1%	1%	-1%	1%	1%	1%	-1%
Jun-98	-1%	-2%	-1%	-3%	-6%	-3%	-2%	-2%	-1%	-1%	0%	0%	-1%	-2%	0%	0%	0%	1%	1%	0%	-1%
Sep-98	-1%	-1%	-1%	1%	3%	-3%	-2%	-1%	-1%	-1%	0%	0%	0%	-1%	0%	0%	-1%	0%	1%	-1%	-1%
Dec-98	-1%	0%	-2%	0%	1%	-2%	-1%	-1%	-1%	-1%	0%	1%	1%	0%	1%	0%	0%	1%	1%	1%	0%
Dec 97 to Dec 98	-6%	-4%	-6%	-3%	-6%	-10%	-7%	-5%	-4%	-4%	0%	1%	0%	-4%	1%	1%	-2%	2%	4%	1%	-4%

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-252

OUTCOME 9: Private Health

Topic: PREMIUM INCREASES

Hansard Page: CA 37

Senator Cormann asked:

What were the average increases over the last three years (2006, 2007 and 2008)?

Answer:

Over the last tree years the industry average increases for private health insurance premiums were:

2006	5.68%
2007	4.52%
2008	4.94%

On 6 March 2008, a media release from the then Minister for Health and Ageing stated that 'private health insurance premiums will increase by an average of 4.99 per cent from 1 April 2008'. However, as outlined in the media release, at that stage the application of one private health insurer was yet to be approved. Following the approval of the remaining insurer's application, the industry average was 4.94 per cent.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-209

OUTCOME 10: Health System Capacity and Quality

Topic: PARKINSON'S DISEASE

Written Question on Notice

Senator Brown asked:

How will the Government's increased funding in the areas of health and ageing, better support Parkinson's sufferers and their families?

Answer:

More strategic Government funding of Australia's health system, as informed by the outcomes from the Government's Reviews, will enable improved targeting of services for all people with chronic disease including those with Parkinson's disease and their families.

In addition, the Government will continue to subsidise anti-Parkinson's disease medications. In the ten months to October 2008 this amounted to more than $30.4 million.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-247

OUTCOME 10: Health System Capacity and Quality

Topic: BREAST CARE NURSES

Hansard Page: CA 139

Senator Moore asked:

Is there a pre-existing process of evaluating the existing McGrath nurses… that you could work with?

Answer:

Yes. As part of the funding arrangement between the Government and the McGrath Foundation, the Foundation is required to commission an independent evaluation of the Commonwealth breast care nurse initiative to investigate whether the Foundation has met the objectives of its funding arrangement with the Commonwealth. It is anticipated that information will be collected using a variety of techniques, including in-depth interviews and focus group discussions, with a range of stakeholders including: women supported by Commonwealth funded breast care nurses, local health services, Commonwealth funded breast care nurses, and partner organisations. In addition, information will be collected from a random sample of geographic areas in which this initiative has been implemented.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-026

OUTCOME 10: Health System Capacity and Quality

Topic: NHMRC BUDGET

Written Question on Notice

Senator Humphries asked:

Has any modeling been conducted to examine the flow-on effects of the $234 million in extra funding for the National Health and Medical Research Council for the 2009/2010 year, provided for in the 2006/2007 Budget, and if so, what was the outcome?

Answer:

The National Health and Medical Research Council (NHMRC) models projections of expenditure through its (more than 20) funding schemes on a regular basis. Financial projections are based on anticipated appropriation funding over the Budget and Forward Estimates period, including $234 million additional funding for Health and Medical Research in 2009-10.

The additional $234 million funding enables health and medical research expenditure in 2009-10 to increase to over $700 million.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-028

OUTCOME 10: Health System Capacity and Quality

Topic: GRANTS FOR THE 2009-2010 BUDGET

Written Question on Notice

Senator Humphries asked:

Has the Government held any discussions or made any decisions about which research areas will be focused upon for grants for the 2009/2010 budget year, and if so, what was the outcome?

Answer:

The *National Health and Research Council Act 1992* (NHMRC Act) prescribes the manner in which funds from the Medical Research Endowment Account (MREA) can be made. The NHMRC Act precludes the Minister from directing funding to individuals or institutions.

While the NHMRC Act allows the Minister to set broad research priorities, the Australian Government has not directed National Health and Medical Research Council funding into specified research areas.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-029

OUTCOME 10: Health System Capacity and Quality

Topic: FUNDING

Written Question on Notice

Senator Humphries asked:

Has there been any discussion or decision about which research areas would be affected by a reduction or elimination of the $234 million in extra funding, and if so, what was the outcome?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-251

OUTCOME 10: Health System Capacity and Quality

Topic: eHEALTH

Hansard Page: CA 139

Senator Boyce asked:

I have a couple of quick questions around e-health, for want of a better word. I was surprised, at the time that we did a related inquiry into the Patient Assisted Travel Scheme, at the apparent lack of interest in using e-health initiatives amongst the medical profession. You have a way of measuring your electronic communications by service providers - is that correct?

Answer:

The Department can not systematically measure electronic communications by health service providers. However, the Practice Incentive Program (PIP) has data on the use of eHealth initiatives in general practice.

In 2007-08 around 4,900 practices participated in the PIP.

The PIP Information Management / Information Technology (IM/IT) Incentive commenced in 1999, to support practices in providing better care through the use of modern IM/IT.

In 2005-06:

- 94% of PIP practices used electronic prescribing software to generate the majority of scripts; and
- 93% of PIP practices used a computer connected to a modem to send and/or receive clinical information.

In addition, an IT Readiness of the Aged Care Sector 2006 survey conducted by the Department indicated the following:

- 94% of aged care businesses are capable or approaching capability of using IT to manage their business;
- 32% of aged care services either demonstrate or are approaching capability to use IT to support clinical care delivery; and
- 27% of aged care businesses are using IT to network outside of their organisation.

External information sources indicate the following levels of electronic communications use in the health sector:

1. Results from a random sample of 3,000 GPs in primary care settings between 10 October and 31 December 2005 published in the Medical Journal of Australia[1] indicated that:
    - Of the 90% of GPs that use a clinical software package:
        - 98% use it for prescribing;
        - 88% for checking drug interactions;
        - 85% to order laboratory tests;
        - 83% to generate health summaries;
        - 64% to record progress notes; and
        - 43% to generate lists of patients that need vaccines.
2. A Study conducted by AC Neilsen in 2004 indicated that:
    - In 2004, only 61% of specialists were using a software package. Of these:
        - 49% were using software for practice management;
        - 21% were using software for recall/reminders;
        - 19% were using software for disease management; and
        - 9% were using software for script writing.

[1] McInnes Keith D, Saltman Deborah C, Kidd Michael R, General practitioners' use of computers for prescribing and electronic health records: results from a national survey. The Medical Journal of Australia *eMJA.* http://www.mja.com.au/public/issues/185_02_170706/mci10476_fm.html#0_pgfId-1092747 [, *eMJA* 185 (2): 88-91, 2006]

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-027

OUTCOME 10: Health System Capacity and Quality

Topic: FUNDING

Written Question on Notice

Senator Humphries asked:

Has any modeling been conducted to examine the flow-on effects of eliminating the $234 million in extra funding, and if so, what was the outcome?

Answer:

The National Health and Medical Research Council's (NHMRC) Medical Research Endowment Account (MREA) is a 'Special Account'. All funds must be used strictly in accordance with the account's purpose as specified in the *National Health and Medical Research Council Act 1992* and in accordance with the *Financial Management and Accountability Act 1997*.

The MREA enables the NHMRC to carry forward appropriations not used within a financial year, however under no circumstances can the balance of a Special Account become negative.

The NHMRC undertakes "what-if" financial modelling routinely, to ensure that its financial commitments are sustainable. The NHMRC's modelling has included a range of different funding scenarios.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08- 030

OUTCOME 10: Health System Capacity and Quality

Topic: CARDIOVASCULAR DISEASE

Written Question on Notice

Senator Humphries asked:

Given cardiovascular disease is a national health priority area, what data does the Department of Health and Ageing collect and compile on how effectively Australian hospitals treat heart attack?

Answer:

The Department of Health and Ageing provides funding for the National Centre for Monitoring Cardiovascular Disease within the Australian Institute of Health and Welfare (AIHW). The Centre monitors patterns and trends in cardiovascular disease, including cardiovascular disease incidence, prevalence, prevention, treatment, management, mortality, risk factors and differences between population groups.

AIHW publications specific to cardiovascular disease include:

- *Australia's Health (2008);*
- *Cardiovascular disease and its associated risk factors in Aboriginal and Torres Strait Islander peoples 2004-05(2008);*
- *Comorbidity of cardiovascular disease, diabetes and chronic kidney disease in Australia (2007); and*
- *Medicines for cardiovascular health: are they used appropriately?(2007).*

The publications are available free of charge on the AIHW website: www.aihw.gov.au

Australia's Health, which is published biannually by the AIHW, includes data on health systems' performance including incidence of heart attacks, mortality from coronary heart disease and cardiovascular disease, survival following acute coronary heart disease, and waiting times in emergency departments.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-031

OUTCOME 10: Health System Capacity and Quality

Topic: CARDIOVASCULAR DISEASE

Written Question on Notice

Senator Humphries asked:

a) Is the department aware that substantial gaps have been reported in the use of guidelines-based treatment paths and medications for heart attack patients across a range of Australian hospitals, as reported in the Medical Journal of Australia in February this year (MJA2008: 188;218-23)?
b) What is the department doing to monitor this problem and assess the implications of poorer outcomes for patients?

Answer:

a) Yes.

b) Clinical practice guidelines for the management of acute coronary syndromes were published jointly by the National Heart Foundation of Australia and the Cardiac Society of Australia and New Zealand in 2006, and provide both a basis for best practice care and performance audit across the spectrum of hospital care including triaging and diagnosis, patient management and medication and discharge.

   The Government is committed to improving good hospital practice, while noting that the day to day running of hospitals is a state responsibility. It is doing this by improving transparency, accountability and performance reporting for both public and private hospitals. For example, the next health care agreements have a detailed reporting regime on a variety of performance measures, including safety and quality indicators.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-032

OUTCOME 10: Health System Capacity and Quality

Topic: CARDIOVASCULAR DISEASE

Written Question on Notice

Senator Humphries asked:

Given the fact that cardiovascular disease is the most expensive disease group in terms of direct health care expenditure, and that prompt treatment of heart attack will reduce the likelihood of future cardiac events, what national programs exist to improve outcomes for heart attack patients?

Answer:

The Government funds a number of programs and projects targeting cardiovascular disease. Major initiatives include programs to combat obesity, improve nutrition and encourage physical activity, along with specific initiatives such as funding the Chronic Disease Medicare items, cardiovascular disease drugs through the Pharmaceutical Benefits Scheme and cardiovascular research.

The Chronic Disease Medicare items on the Medicare Benefits Schedule enable general practitioners to manage the health care of patients with chronic medical conditions such as cardiovascular disease, including patients who need multidisciplinary care.

Pharmaceutical Benefits Scheme expenditure through community pharmacy on cardiovascular disease specific drugs in 2007-08 was $2.0 billion.

The National Health and Medical Research Council provided a total of $97.1 million across 747 grants for cardiovascular disease related research in 2007-08.

The Government has allocated $30 million to the Australian Better Health Initiative MeasureUp campaign – to highlight to the community the importance of maintaining healthy weight.

The MeasureUp campaign is targeted towards 25-50 year olds with children, on the basis that parents' behaviour will also impact on their children. The secondary target audience is 45-65 year olds as many people in this group are at increased risk of chronic disease.

The campaign also includes components which target Indigenous Australians and people from non English speaking backgrounds.

The Government is committing $22.5 million over four years to the Australian Primary Care Collaboratives Program which aims to support general practices to improve clinical outcomes, reduce lifestyle risk factors, help maintain good health for those with chronic and complex conditions and improve access to general practice by promoting a culture of quality improvement in primary health care. The particular topics of focus for the Program include coronary heart disease, diabetes and patient access to general practice services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-033

OUTCOME 10: Health System Capacity and Quality

Topic: CARDIOVASCULAR DISEASE

Written Question on Notice

Senator Humphries asked:

a) What proportion of heart attack patients access cardiac rehabilitation programs?
b) Does the Department have a breakdown by state and territory?

Answer:

a) National data on the proportion of heart attack patients who receive cardiac rehabilitation are not available, as noted by the Australian Institute of Health and Welfare 2004 *Heart, stroke and vascular diseases—Australian facts 2004* (AIHW Cat. No. CVD 27. Canberra: AIHW and National Heart Foundation of Australia. Cardiovascular Disease Series no. 22, p.126).

b) The Department does not have a breakdown of the data by state and territory, as national level data are not available.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-034

OUTCOME 10: Health System Capacity and Quality

Topic: CARDIOVASCULAR DISEASE

Written Question on Notice

Senator Humphries asked:

What proportion of Indigenous heart attack patients access cardiac rehabilitation programs?

Answer:

See answer for Question E08-033, part a).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-093

OUTCOME 10: Health System Capacity and Quality

Topic: NATIONAL DIABETES STRATEGY

Written Question on Notice

Senator Boyce asked:

(a) What is the progress with the National Diabetes Strategy?
(b) Have there been programs implemented and what format do these programs take?

Answer:

a) The goals of the National Diabetes Strategy have been subsumed, to a significant extent, in the National Chronic Disease Strategy and the supporting National Service Improvement Framework for Diabetes agreed by the Australian Health Ministers' Conference in 2005.

Since then, the funding provided for the National Diabetes Strategy has increasingly been applied to chronic disease monitoring and surveillance, including for the National Centre for Monitoring Diabetes and the National Diabetes Register, both established within the Australian Institute of Health and Welfare.

b) Programs commissioned in response to the Strategy include:

- The separately funded National Integrated Diabetes Program which provides incentives for general practitioners to focus on diagnosis in people at risk, to institute recall and registration systems and to provide an annual cycle of care for patients who have been diagnosed with diabetes.

- Development and updating of evidence based guidelines for diabetes for endorsement by the National Health and Medical Research Council (NHMRC). This includes updating the guidelines for management of type 1 diabetes in children and adolescents and the management of diabetic retinopathy and, for type 2 diabetes, the diagnosis and management of hypertension, macrovascular disease and lipid control.

- Guidelines under development include blood glucose control and for type 2 diabetes guidelines on renal control and patient education.
- Diabetes prevention pilots which applied the NHMRC guidelines on primary

prevention of diabetes in a range of settings were also funded. The evaluation of these projects was finalised in May 2007. This concluded that there was good evidence that health benefits accrued for the program participants and that the projects were effective in terms of reducing the risk factors for diabetes.

Outcomes of these pilots have provided a foundation for prevention program implementation within the Council of Australian Governments' *Reducing the cost of type 2 diabetes* measure announced in April 2007. State and Territory Governments are working with the Commonwealth to fund this initiative.

- As its contribution to this measure, the Commonwealth Government has allocated up to $102 million to implement a targeted type 2 diabetes prevention program which comprises:
    - a new Medicare item introduced with effect from 1 July 2008 for general practitioners to undertake a diabetes risk evaluation and provide risk modification advice for people in the 40-49 year age group who are at high risk of developing type 2 diabetes; and
    - subsidised lifestyle modification programs to help people in this target group make and sustain the lifestyle changes that reduce their risk of developing type 2 diabetes.
- The Government is committing $22.5 million over four years to the Australian Primary Care Collaboratives Program which aims to support general practices to improve clinical outcomes, reduce lifestyle risk factors, help maintain good health for those with chronic and complex conditions and improve access to general practice by promoting a culture of quality improvement in primary health care. The particular topics of focus for the Program include coronary heart disease, diabetes and patient access to general practice services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-207

OUTCOME 10: Health System Capacity and Quality

Topic: PARKINSON'S DISEASE

Written Question on Notice

Senator Brown asked:

a) Can you provide some up to date figures as to how many Australians suffer from Parkinson's?
b) Has this figure increased since last year?
c) Is it expected to rise in the future?

Answer:

a) The most recent prevalence data about Parkinson's Disease in Australia, as reported by the Australian Institute of Health and Welfare (AIHW) in its 2007 report, *The Burden Of Injury and Disease in Australia, 2003,* estimates that the prevalence of Parkinson's Disease was 46,573 or 0.2 % of the population.

b) See above answer.

c) The Australian Institute of Health and Welfare report *The Burden Of Injury and Disease in Australia, 2003* states that neurological conditions (including Parkinson's Disease) grew 2.5% in the decade to 2003, and are likely to grow a further 6.6% in the 20 years to 2023. *The Burden of Injury and Disease in Australia, 2003* is available at: http://www.aihw.gov.au/publications/index.cfm/title/10317

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-208

OUTCOME 10: Health System Capacity and Quality

Topic: PARKINSON'S DISEASE

Written Question on Notice

Senator Brown asked:

I understand that Parkinson's is the second most common neurological condition in Australia, behind dementia, what current treatments are available for the disease?

Answer:

There are a variety of treatments available for Parkinson's Disease, although there is as yet no cure. These treatments, which include a range of drugs listed on the Pharmaceutical Benefits Scheme, focus primarily on symptom control and support for sufferers, their carers and families. Clinicians use their expert clinical judgement and skills to select and provide the most appropriate treatment in line with accepted best practice. Further information on current treatments is available at: www.parkinsons.org.au

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-210

OUTCOME 10: Health System Capacity and Quality

Topic: PARKINSON'S DISEASE

Written Question on Notice

Senator Brown asked:

The number of people suffering from Parkinson's in Australia is expected to continue to rise. What measures or initiatives if any are being considered to ensure the systems capacity to adequately address the needs of the projected increase in the number of suffers in the future?

Answer:

A range of measures already exist, and more are planned, that aim to meet the needs of people with Parkinson's disease. For example, there is a number of existing Medicare items that may be used to provide the type of multi-disciplinary team base care that people with Parkinson's Disease require. In addition a range of anti-Parkinson's Disease medications are listed on the Pharmaceutical Benefits Scheme.

The Government is providing infrastructure funding to establish GP Super Clinics across Australia. These Clinics will enable better access to coordinated care by nurses and allied health professionals for people with chronic disease such as Parkinson's Disease as they will bring health professionals together in one place, providing a one-stop shop for many health services and much greater convenience for patients.

As part of the Government's health reform agenda, the National Primary Health Care Strategy is being developed with the assistance of an External Reference Group. This Strategy will provide a road map for the future directions of primary care in Australia with priorities that include promoting evidence-based management of chronic disease and supporting patients with chronic disease to manage their condition.

The Government is also providing funding of $90,000 to Parkinson's Australia for the development and implementation of the online education and support program for health professionals to improve understanding and management of Parkinson's Disease.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-212

OUTCOME 10: Health System Capacity and Quality

Topic: PARKINSON'S DISEASE

Written Question on Notice

Senator Brown asked:

How much funding is allocated directly to assisting Parkinson's sufferers in Australia?

Answer:

It is not possible to quantify the funds directly allocated to assisting Parkinson's sufferers in Australia as most Commonwealth funds for the treatment and management of Parkinson's Disease are provided through Medicare (using non-specific Medicare Benefit Schedule items) and through the subsidised medications listed on the Pharmaceutical Benefits Scheme (PBS). PBS (including Doctors' Bag) expenditure on ATC group N04 - "Anti-Parkinson drugs" for ten months to October 2008 was more than $30.4 million.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-095

OUTCOME 10: Health System Capacity and Quality

Topic: PALLIATIVE CARE AND COMMUNITY ASSISTANCE

Written Question on Notice

Senator Boyce asked:

a) How many hits has the Department had on the CareSearch website?
b) What sort of feedback have you had on your survey on the website?
c) In regards to the Palliative Care and Community Assistance, how many grants have been awarded, what sort of projects are being applied for and what types of organisations are applying?
d) What is the budget for this particular package?

Answer:

a) The website in its current form has been operating since May 2008. Flinders University reports that during the month of August 2008 there were 23,397 distinct visits to the site.

b) The Centre for Health Service Development at the University of Wollongong is undertaking an evaluation of the Knowledge Network. Two baseline surveys were undertaken in September/October 2007. These were an on-line survey and a mail-out survey to specialist providers of palliative care.

Data was received from 134 respondents to the on-line survey and 371 surveys were returned from the specialist survey.

Information from the surveys indicates that:

- there is overwhelming evidence that practitioners see the potential benefits from on-line resources;
- there is a need to increase the awareness of the site among palliative care professionals;
- current users of the website appear satisfied with it, with high ratings for success in finding what people are looking for and ease of use; and
- the information on the site is credible.

c) The Department administers the Local Palliative Care Grants Program. In 2008-09 there are 77 projects. Funding under the Local Palliative Care Grants Program is available to local groups, church and charitable hospices and aged care providers. Grants have been provided for:
   - Assistance with fitting out and equipping premises for palliative patients;
   - Pastoral care, counselling and support for people requiring palliative care and their families;
   - Step-down care and transition-to-home support; and
   - Care plans for patients who are living at home, including support for health professionals to enable patients to stay at home.

d) $34 million is being provided for the Local Palliative Care Grants Program over the period 2005-11.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-188

OUTCOME 11: Mental Health

Topic: MENTAL HEALTH

Written Question on Notice

Senator Adams asked:

a) In relation to mental health care for Indigenous people, how does the department approach the analysis and care of patients?
b) Does the department educate mental health employees and providers in relation to the cultural differences of Indigenous patients that could affect their mental health?
c) If they do educate employees/providers, what types of Education and support programs are available?

Answer:

a) Primary health care services are the primary delivery platform supporting Commonwealth-funded mental health care and analysis of treatment options for Aboriginal and Torres Strait Islander people. Within this context, the Department of Health and Ageing funds a range of programs to improve the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people:
    - The Department provides funding through the Aboriginal and Torres Strait Islander Health Program for Indigenous primary health care services to support mental health and social emotional wellbeing. This funding supports the delivery of counselling, education and other assistance for individuals and families, employment of mental health workers and other professionals, and other innovative projects;
    - The Bringing Them Home and Link Up programs provide family history tracing, family reunions, and counselling and support services for members of the Stolen Generations, their families and communities; and
    - The 2006-07 Budget measure 'Improving the Capacity of Workers in Indigenous Communities' provides funding to support health practitioners, and other staff in Aboriginal Medical Services, recognise the early signs of mental illness and make referrals for treatment where appropriate.

    In addition, the Department funds Aboriginal Medical Services, Divisions of General Practice and the Royal Flying Doctors Service to deliver services by social workers, psychologists, occupational therapists, mental health nurses, Aboriginal health workers and Aboriginal mental health workers to people in rural and remote Australia, under the Mental Health Services in Rural and Remote Areas COAG measure.

b) Yes.

c) Outcome 8 provides funding for a number of mental health education and support programs for employees and providers working with Aboriginal and Torres Strait Islander people.

Social and Emotional Wellbeing Regional Centres
Social and Emotional Wellbeing Regional Centres were established in 1998 to address key recommendations of the *Bringing Them Home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* Report. Social and Emotional Wellbeing Regional Centres deliver training, support and planning assistance for organisations and individuals working in the area of Indigenous mental health and social and emotional wellbeing, including Aboriginal Health Workers; Bringing Them Home counsellors; and caseworkers and counsellors in Link Up services.

COAG Improving the Capacity of Workers in Indigenous Communities measure
Australian Government funding of $20.8 million over five years from 2006 is being provided for the COAG *Improving the Capacity of Workers in Indigenous Communities* initiative to support health practitioners including Aboriginal Health Workers, nurses, counsellors and other clinic staff to identify and address mental illness and associated substance use issues in Aboriginal and Torres Strait Islander communities, recognise the early signs of mental illness and make referrals for treatment where appropriate. Support staff in Aboriginal Medical Services, such as transport and administration staff, will be trained in mental health first aid.

The measure also provides for the development of resources and information to support health practitioners to assist Aboriginal and Torres Strait Islander people at risk of, or experiencing mental illness.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-245

OUTCOME 11: Mental Health

Topic: PROGRAM OF ASSISTANCE TO SURVIVORS OF TORTURE AND TRAUMA (PASTT)

Hansard Page: CA 142

Senator Boyce asked:

a) How many clients are actually seen?
b) Is that sufficient?
c) Does that mean that there are people not seen?
d) Who are the clients? Can you characterise the clients using these services, obviously in broad groups?

Answer:

a) In the 12 months from 1 July 2007 to 30 June 2008 a total of 3,040 clients were seen nationally. This total includes both new and continuing clients.

b) There have been no reports from PASTT agencies of insufficient capacity to meet demand.

c) No. All referred patients are seen. Where there are waiting lists to access services, all PASTT agencies maintain contact with and review patients so that they receive support.

d) The clients are entrants to Australia under the Humanitarian Program who have pre-migration experiences of conflict and human rights abuses, which make them vulnerable to developing mental health problems.

- Significant numbers of clients across all states come from Sudan, Burundi and the Congo in Africa, as well as Iraq, Iran, Afghanistan and Bosnia Herzegovina.
- Many clients present with trauma symptoms including anxiety and depressive symptoms and grief and loss issues.
- Both adult and child clients access the services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-246

OUTCOME 11: Mental Health

Topic: PSYCHOLOGICAL SURVEY

Hansard Page: CA 144

Senator Humphries asked:

Can you get hold of that psychological survey that you referred to?

Answer:

The lead article "*A Changing Landscape? Implications of the Introduction of the Better Access Initiative for the Public Mental Health Psychology Workforce*" which appeared in the June 2008 edition of the InPsych Bulletin of the Australian Psychological Society (APS) Ltd reports on the February 2008 survey conducted of the Melbourne public sector psychology workforce. The InPsych Bulletin can be accessed electronically on the APS website at http://www.psychology.org.au/publications/inpsych/highlights2008/#s3

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-273

OUTCOME 11: Mental Health

Topic: EATING DISORDERS

Hansard Page: CA 53

Senator Boyce asked:

Are you able to tell me when the closing date is and when you would expect to appoint someone?

Answer:

The closing date for submitting an expression of interest to lead the National Eating Disorders Collaboration was 10 November 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-217

OUTCOME 11: Mental Health

Topic: SAFE HOUSES

Written Question on Notice

Senator Siewert asked:

What direct care services are currently provided for people at risk of self-harm?

Answer:

The Department of Health and Ageing is providing a total of $2.1m in additional funding to 20 Divisions of General Practice over 2008-09 under the Access to Allied Psychological Services (ATAPS) Program to pilot a model of intensive support for patients who present to emergency departments or general practice following a suicide attempt or an episode of self harm. This pilot project will engage allied health professionals who will receive additional specialised training in providing clinical care to people who have attempted suicide or deliberate self harm. Intensive support will be available to clients in the four weeks following the suicide attempt or self harm. The model of care is being evaluated and will be assessed for suitability for wider availability at the end of the pilot.

The broader ATAPS Program can provide ongoing support to people who have self harmed who have a mental health disorder. ATAPS provides funding to secure services from allied health professionals to support delivery of mental health care. Divisions of General Practice are allocated an annual budget to broker allied mental health services for patients of general practitioners who would not otherwise access these services. Divisions are able to adopt a model that best suits their local arrangements and as a result a number of service delivery models are being used across the country. Funding of approximately $28 million per annum has been allocated to the *Better Outcomes in Mental Health Care Program*, of which ATAPS is the major component. The Australian Government recently announced that this Program will be ongoing.

A person with a mental disorder who is self harming and may benefit from clinical mental health care can also access Medicare based primary care through the *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medical Benefits Schedule* initiative. This initiative provides access to mental health care by general practitioners, psychiatrists, clinical psychologists and other appropriately trained allied mental health professionals. The Better Access initiative increases community access to mental health care through general practitioners providing assessment, early intervention and

management of patients with mental disorders at the practice level as part of a General Practitioner Mental Health Care Plan, while also working collaboratively with psychiatrists, clinical psychologists and allied mental health professionals in a team-based approach.
For young people who self harm, *headspace* provides coordinated mental health, alcohol and other drug and other support services in a youth focused environment. *headspace* supports a local, integrated approach through the Communities of Youth Service grant program, to enhance and facilitate the coordination of services for young people with or at risk of developing mental health problems, including those who self harm. $34.2 million has been allocated over four years to June 2009 to establish a minimum of 30 Communities of Youth Service platforms nationally. All these Communities of Youth Service are now established and operating, with approximately 5,000 young people being seen in the period up to June 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-060

OUTCOME 12: Health Workforce Capacity

Topic: NATIONAL REGISTRATION AND ACCREDITATION SCHEME

Written Question on Notice

Senator Siewert asked:

Can the Department provide an update on progress towards establishing the National Registration and Accreditation Scheme for the Health Profession – specifically with reference to the progress and timing for selecting the location and make-up of the National Agency?

Answer:

The Health Practitioner Regulation (Administrative Arrangements) National Law Bill 2008 was passed by the Queensland Parliament on 13 November 2008. This Act establishes the structural elements of the National Registration and Accreditation Scheme (NRAS) and enables the National Agency and National Boards to be operational on 1 February 2009 and 1 July 2009 respectively.

The NRAS for health professionals will consist of a Ministerial Council, an independent Australian Health Workforce Advisory Council, a national agency with an Agency Management Committee, national profession-specific boards, committees of the boards, a national office to support the operations of the scheme, and at least one local presence in each state and territory.

The national agency will administer the scheme and be governed by an Agency Management Committee. The role of the Agency Management Committee includes appointing its Chief Executive Officer. Members of the Agency Management Committee will be appointed by the Ministerial Council, currently the Australian Health Ministers' Conference.
The Agency Management Committee will comprise a minimum of five members, including:

- one independent chair, who must be an eminent person and is not currently practising as a health professional and has not practised within the last five years
- at least two people with relevant health and/or education and training expertise, and
- at least two people who are not current or former practising health professionals and who have business or administrative expertise.

Expressions of interest and nominations have been sought for appointments to the Agency Management Committee in each of the above three categories. Expressions closed on Wednesday, 1 October 2008. Initial appointments of up to three years will commence in February 2009.

The location of the national office of the agency is yet to be finalised.
Further information on the scheme and its implementation is at www.nhwt.gov.au/natreg.asp

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-089

OUTCOME 12: Health Workforce Capacity

Topic: NURSES BACK INTO THE WORKFORCE

Written Question on Notice

Senator Boyce asked:

a) Can the Department give an indication of how many people have taken up the offer of $6000 to go back to nursing?
b) What is the projected amount being spent on this initiative?
c) Is the $6000 a tax free payment?
d) Do you have a breakdown of the regions and or the hospitals where these nurses have been employed?

Answer:

a) The Department of Health and Ageing will undertake a post-implementation review process shortly. This will start to identify some of the numbers. The Department will compile an end of year report on the take-up of nurses for 2008.

b) $39.4m has been committed under this initiative over the next five years.

c) No.

d) No. The Department of Health and Ageing has signed funding agreements with the following jurisdictions who will manage allocation to public hospitals:
Western Australia, Northern Territory, South Australia, New South Wales, Australian Capital Territory, Queensland, Tasmania, Victoria.

The following private sector organisations have also signed funding agreements to administer the private sector components of the program:
Ramsay, HealtheCare, St Andrews Hospital (Qld), Catholic Health Australia, Healthscope, Epworth Hospital, Sydney Adventist Hospital and the Royal College of Nursing Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-097

OUTCOME 12: Health Workforce Capacity

Topic: NURSES DROPPING OUT OF NURSING COURSES

Written Question on Notice

Senator Boyce asked:

a) What are the problems with the delivery of nursing courses given the extremely high drop out rate of up to 66%?
b) Has the Department obtained feedback from those students that drop out from nursing courses and examined the reasons?
c) If so, what have been the main reasons given?

Answer:

a) The exact source and sector of nursing to which the Senator refers is unclear. It is, however, possible that this refers to a report released by the Australian Health Workforce Institute in October 2008 prepared by Kronos, entitled *Review of the Nursing Workforce in Australia* on enrolled nursing as outlined below. The report canvassed issues as follows:

Enrolled nurses

- Within the Vocational Education and Training (VET) sector, where enrolled nursing courses are undertaken, the students are not provided with a unique identifier number to facilitate the tracking of completion rates.
- This publication stated that in 2004 there was a 33.5% completion rate for EN enrolments and that in 2005 there was a 35.7% completion rate.
- From this an attrition rate of 66.5% can be extrapolated for 2004.
- This attrition rate was calculated by comparing the total number of students who were enrolled in the courses with the number of students who completed the courses. The number of enrolments includes those who are in their first year of studies as well as those who are in subsequent years of the course. It involves a larger number of students than just the commencement number.
- An attrition rate based on these statistics is, therefore, inaccurate because it assumes that all students who commenced their EN training in these given years would complete their courses in the same given year. It does not cater for the fact that some EN courses take more than 12 months to complete even at a full time rate, or make allowances for the fact that many students elect to undertake part-time or leave from their studies.

- Additionally, some students enrol in VET courses with the specific aim of only commencing one subject that is relevant to their workplace requirements. They do not intend to complete the entire course. This practice has the result of inflating any attrition rate that might be calculated.
- Whilst students who complete courses are asked to complete a Student Outcome Survey, there is no current national survey to identify the reason for students not completing their courses.

Registered nurses

- No attrition rates for those undertaking registered nursing studies have been provided in any recent reports known to the department.
- Nurses completing courses that entitle them to register as registered nurses have a unique identifying number, which facilitates tracking of their educational progress.
- Department of Education Employment and Workforce Relations (DEEWR) data provided to the department in January 2008 shows that the attrition rate for all higher education nursing courses was 14.26% in 2005.
- There has been a gradual decrease in attrition over the years from 2001 (17.09%) to 2002 (16.73%), 2003 (16.19%) and 2004 (15.36%).
- This data is not considered definitive as there are similar problems in terms of all students not completing their studies full-time or taking leave from studies.

b) and c)

The Department of Health and Ageing does not conduct surveys on commencement and attrition. The DEEWR collects and reports on a range of data including:

- The National and Vocational Education and Training Provider Collection
- Higher Education Statistics Collection and
- Graduate Destination Survey

Other bodies that report data on students include Universities Australia (formerly known as Australian Vice Chancellors Committee) and the National Centre for Vocational Education Research.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-196

OUTCOME 12: Health Workforce Capacity

Topic: INDIGENOUS WORKFORCE TRAINING

Written Question on Notice

Senator Adams asked:

What is the department doing to communicate the type of support available to each group?

Answer:

As part of the $19 million National Indigenous Health Workforce Training Plan, the department is working with states and territories through the Aboriginal and Torres Strait Islander Health Workforce Working Group, a working group of the Health Workforce Principal Committee, the Aboriginal community controlled health sector and other Indigenous organisations including, Australian Indigenous Doctors' Association and Congress of Aboriginal and Torres Strait Islander Nurses, to communicate to Indigenous communities, schools and medical services about the type of support available to Indigenous students and those already in the workforce.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-195

OUTCOME 12: Health Workforce Capacity

Topic: INDIGENOUS WORKFORCE TRAINING

Written Question on Notice

Senator Adams asked:

a) Does the $19 million allocated for Indigenous Health workforce training include a move to increase the skill level of Aboriginal Health workers across the country, and therefore make them eligible for national registration, once the national registration scheme for health professionals comes in at July 2010?
b) If not, then are we not perpetrating the lack of consistency across boarders that makes workforce mobility an issue in all health professions now, in the one area where there should be no barriers to the highest quality health professionals?
c) In relation to the $19 million being used for this initiative, does the department have a breakdown of the budget for the 2008/09 financial year? In a joint media release from the Prime Minister and Minister for Health regarding the Training Plan initiative, it states that there will be support for the different Indigenous Health Groups including the Australian Indigenous Doctors Association, Congress of Aboriginal and Torres Strait Islander Indigenous Nurses and other Indigenous Health community groups.

Answer:

a) and b):

The $19 million allocated includes provision of assessment and training to increase the skill level for Aboriginal Health Workers (AHWs) up to a minimum Certificate Level 4.

Under the National Indigenous Health Workforce Training Plan (Training Plan), senior AHWs in the community controlled sector are being trained as assessors. AHWs will be assessed and any skills gaps will be addressed through accredited training. The Training Plan also provides funding for the establishment of a National Aboriginal Health Worker Association. This will all assist in the process of enabling a national registration process. The issue of national registration for AHWs (as well as other partially regulated professions) is being progressed through the Practitioner Regulation Subcommittee, Health Workforce Principal Committee process.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-099

OUTCOME 12: Health Workforce Capacity

Topic: PROJECTIONS FOR DOCTOR NUMBERS

Written Question on Notice

Senator Fielding asked:

Please provide a table which shows for each of the past five years and projections for each of the years up to and including 2012 for Australia:

- the number of new doctors who graduate from university;
- the number of clinical training places in hospitals to train new doctors;
- the number of doctors needed to meet demand;
- the number of overseas-trained doctors imported;
- the number of overseas-trained doctors practicing.

Answer:

Number of new doctors who graduate from university

The latest available data has been provided by the Medical Deans, Australia and New Zealand in the National Clinical Training Review report, 26 March 2008.

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Number of new domestic students who graduate from university [(a)]	1,266	1,287	1,320	1,335	*1,582*	*1,820*	*1,983*	*2,224*	*2,654*	*2,920*

(a) The 2007-12 domestic undergraduate data is projected.

Number of clinical training places in hospitals to train new doctors

Data can be provided on the number of graduates in post graduate year 1 (PGY1) and post graduate year 2 (PGY2). Hospital training occurs at many stages of a doctor's career, such as at the undergraduate, post graduate or prevocational level. There is no data available on the actual net number of places across these stages.

	2004	2005	2006	2007
Number of post graduate year 1 training positions	1,531	1,622	1,771	1,776
Number of post graduate year 2 training positions	1,216	1,536	1,302	1,586

Number of doctors to meet unmet demand

There is currently no nationally acceptable process to determine the level of demand for medical practitioners. Work is being undertaken, led by the National Health Workforce Taskforce, to develop a health workforce model that will provide projections for supply and demand. Efforts to date have been focussed on obtaining good baseline supply data.

The COAG health workforce package announced on 29 November 2008 will address many of the structural issues affecting the health workforce. The proposed National Health Workforce Agency will work with the states and territories in undertaking comprehensive analysis of the health workforce to identify shortages across professions and geographic areas to support workforce planning. An implementation plan is currently being developed for consideration by Health Ministers.

Number of overseas-trained doctors imported

The Department of Immigration and Citizenship collects data on the number of medical practitioners who enter Australia under the visa subclass of 422, 442 and 457 each year. There is currently no national data set available to identify the number of medical practitioners who remain in Australia under these visa categories.

	2005-06	2006-07	Jul 07 - Dec 07
Number of medical practitioners Immigrating to Australia (for visa categories 422, 442 and 457)	4,444	4,916	2,197

Number of overseas-trained doctors practicing in Australia

For overseas trained doctors (OTDs) working in private practice, either wholly or in part, the *Health Insurance Act 1973* (the Act) places restrictions on the areas in which they may practice through Section 19AB. This section of the Act requires the medical practitioner to work in an area of workforce shortage (AOWS) for a period of up to ten years and applies to both GPs and specialists.

Whilst it is possible to identify the number of medical practitioners who are currently claiming 19AB status, there are many other overseas doctors who are practicing in Australia in the public sector. There is no current data set that captures the total number of overseas trained doctors who are practicing in Australia.

	2003	2004	2005	2006	2007
Number of Overseas Trained Doctors (OTD) with a current s19AB exemption	1,776	2,351	2,953	3,633	4,476

Data is also available from Medicare on the number of practicing GPs who are overseas trained.

	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07
Number of overseas trained GPs	6,042	6,079	6,282	6,444	6,591	6,791	6,944	7,060	7,690	8,031
Proportion of GPs who were overseas trained	24.9%	25.1%	25.9%	26.6%	27.1%	28.0%	28.5%	28.6%	30.6%	31.4%

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-193

OUTCOME 12: Health Workforce Capacity

Topic: MEDICAL TRAINING

Written Question on Notice

Senator Adams asked:

Given the greater numbers of medical students coming to the system, are we in a position to give them vocational training for general practice?

Answer:

On 5 November 2008, the Government announced an increase to the number of GP training places from the existing cap of 600 places per annum. Funding has been provided for an additional 75 new general practice training places in 2009 and 100 new places in 2010 bringing the total number of training places to 675 in 2009, and 700 in 2010.

A further increase of 212 ongoing training places from 2011 was announced on 29 November 2008 as part of the Commonwealth's contribution to the Health Workforce Partnership through the Council of Australian Government agreement. This will boost the total number of GP training places to over 800 per year from 2011 onwards.

This increase in places will assist in meeting the demand for vocational training associated with the increased number of medical students coming through the system.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-059

OUTCOME 12: Health Workforce Capacity

Topic: SPECIAL NEEDS DENTISTS

Written Question on Notice

Senator Siewert asked:

a) How much has been spent on the training of special needs dentists in each state?
b) How much of the budget from the proposed Commonwealth Dental Health Program will be spent on the training of special needs dentists?

Answer:

a) Special needs dentistry as defined by the Australian Dental Association is a recognised specialty of dentistry that deals with patients where intellectual disability, medical, physical or psychiatric conditions require special methods or techniques to prevent or treat oral health problems, or where such conditions necessitate special dental treatment plans.

   There are no departmental programs that are specifically targeted at the training of special needs dentists. However, practising dentists or dentistry students may be eligible to apply for funding under Australian Government scholarship schemes including the following:

   - The Australian Rural and Remote Health Professional Scholarship Scheme, which provides scholarships to practising rural and remote allied health professionals (including dentists) to access continuing professional development opportunities such as formal tertiary postgraduate study (which could include study in special needs dentistry), clinical placements, short courses and professional conferences.

   - The new Allied Health Clinical Placement Scholarship Scheme, which will provide scholarships from early 2009 to enhance the number of metropolitan, rural and remote students undertaking a clinical placement in a rural or remote community during their allied health degree (including dentistry and oral health). While this is a scheme for students rather than professionals seeking to specialise, students are able to undertake placements in a wide range of settings including a hospital, Aboriginal Medical Service, public or private practice, or other facility providing allied or oral health services.

b) Some states have indicated that they would develop their public dental workforce, including the training of special needs dentists, in their implementation plans for the Commonwealth Dental Health Program as proposed. However, they have not specified the amount allocated for the training of special needs dentists.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-100

OUTCOME 12: Health Workforce Capacity

Topic: SELF-SUFFICIENCY IN PRODUCING DOCTORS

Written Question on Notice

Senator Fielding asked:

a) Will the current policy settings lead to Australia becoming self- sufficient in producing doctors?

b) If so, how many years will it take on current policy settings for Australia to become self-sufficient?

c) If not, for each year, how many more university places, how many more clinical training places, what will the cost be of the university places, and what will be the cost of the clinical training places, if Australia wanted to be self-sufficient in doctors by 2019?

Answer:

a) In April 2004, the Australian Health Ministers agreed to the *National Health Workforce Strategic Framework.* The Framework provides a number of guiding principles to achieve. The first of these principles was:
Australia should focus on achieving, at a minimum, national self sufficiency in health workforce supply, whilst acknowledging it is part of a global market.

b) Australia, however, continues to be reliant on overseas trained health professionals and will continue to do so in the medium term.

c) Work is being undertaken, led by the National Health Workforce Taskforce, to develop a health workforce model that will provide projections for supply and demand. Efforts to date have been focussed on obtaining good baseline supply data.

In addition, on 29 November 2008, the Council of Australian Governments agreed to a $1.6 billion workforce reform package. The Australian Government will invest $1.1 billion in training more doctors, nurses and other health professionals, which includes increased funding for undergraduate clinical training places and additional post graduate places. As a result, GP training places will increase by 33 per cent on the cap of 600 places imposed since 2004. Funding will also be provided to train more medical, nursing and allied health supervisors. The Australian Government will invest $175.6 million in capital infrastructure to expand teaching and training, especially at major regional hospitals to improve clinical training in rural Australia.

Australian Government

Department of Health and Ageing

Mr Elton Humphery
Secretary
Senate Community Affairs Committee
Parliament House
CANBERRA ACT 2066

Dear Mr Humphery

Request for Amendment to Evidence Provided at the Standing Committee on Community Affairs Estimates Hearing, Wednesday, 22 October 2008: Outcome 5

I am writing to correct a statement that I made at the Supplementary Budget Estimates Hearing of the Senate Community Affairs Committee on Wednesday 22 October 2008.

Senator Boyce asked the following question:

"There are seven application processes. What does that mean? What are you talking about."

My response was as follows:

"It means that public consultations have happened and there is a call for applicants. There are also six further sites where grant recipients have been identified. In some of them we have had public consultation, but we have not done Noarlunga or Modbury yet"

It has been brought to my notice that the response should now be amended as follows (changes are underlined):

"It means the public consultations have happened and there is a call for applicants. There are also six further sites where grant recipients have been identified. In some of them we have had public consultation, but we have not yet called for applications for example in Noarlunga or Modbury."

Yours sincerely

Megan Morris
First Assistant Secretary
Primary and Ambulatory Care Division

31 October ~~November~~ 2008

T8

Medicare Teen Dental Plan

Annual Preventative Dental Check

Voucher

Voucher No _____

This voucher is valid up to and including 31 December 2008

This voucher entitles **[insert full name]** to claim a dental benefit from Medicare Australia for **one** preventative dental check this calendar year, as long as all eligibility requirements of the service are met. The service is as described below.

Dental Benefits Schedule (DBS) item no:	Description of eligible service	Maximum Benefit Payable by Medicare Australia
88000	Preventative dental check	$150

Voucher

This voucher is only redeemable for one preventative dental check per annum.

The preventative dental check can be provided by a dentist who is registered with Medicare Australia. A dental hygienist or dental therapist may also provide services under the supervision or oversight of a dentist.

You can use your voucher at a private dental practice. You need to present this voucher when you have your dental check. The voucher also needs to accompany your claim to Medicare Australia.

If your dentist bulk bills you, they will keep the voucher. They will also need your Medicare number.

If the dentist charges less than $150, Medicare Australia will pay the amount you have been charged. If the dentist charges more than $150, Medicare Australia will pay $150 towards the total cost of the service and you will need to pay the additional amount.

You may also be able to use the voucher at a public dental clinic (including a school-based clinic). You should contact your local public dental clinic or state or territory health department for further information and to find out when it may be possible to schedule an appointment.

For queries about the Medicare Teen Dental Plan, please call Medicare Australia on **132 011***.

*Call charges apply. 24 hour service.

2225.13.06.2008

Australian Government
Medicare Australia

<DATE>	Phone: **132 011***
	(Call charges apply – 24 hour service)

<Title><Name> Voucher No:
<Address 1>
<Address 2>
<Suburb><State><Postcode>

MEDICARE TEEN DENTAL PLAN - VOUCHER FOR A PREVENTATIVE DENTAL CHECK

The *Medicare Teen Dental Plan* is part of the Australian Government's plan for improving access to dental services in Australia. It delivers on the Government's election commitment to provide financial assistance to families to help keep their teenagers' teeth in good health and encourage young adults to continue to look after their teeth once they become independent.

Around 1.1 million teenagers aged 12-17 in families receiving Family Tax Benefit Part A (FTB(A)), and teenagers in the same age group receiving Youth Allowance or Abstudy, will be eligible for the *Medicare Teen Dental Plan* each year.

Centrelink has advised Medicare Australia that you are eligible for a preventative dental check this calendar year.

Between now and 31 December 2008, you may use the enclosed *Medicare Teen Dental Plan* voucher, valued at up to $150, for a preventative dental check.

What does the voucher cover?
The voucher covers one annual preventative dental check consisting of an oral examination and, if required, x-rays, a scale and clean, fluoride treatment, oral hygiene instruction, dietary advice and/or fissure sealing. Not all of these services may be required each year.

Who can provide the preventative dental check?
The preventative dental check can be provided by a dentist. A dental hygienist or dental therapist may also provide services under the supervision or oversight of a dentist.

Where can a voucher be used?
You can use the voucher at any private dental surgery if the dentist is registered with Medicare Australia (most dentists are). You should contact your dentist to ensure they are participating in the *Medicare Teen Dental Plan*.

You may also be able to use the voucher at a public dental clinic (including a school-based clinic). You should contact your local public dental clinic or state or territory health department for further information and to find out when it may be possible to schedule an appointment.

You will need to present the voucher when you have your dental check.

Vouchers cannot be used if you are an admitted patient in hospital (this includes day-surgery).

Will I have to pay anything?

Private dentists
Dentists are free to set their own fees for services. However, the Government encourages private dentists to bulk bill teenagers under this program.

If the dentist bulk bills the service (i.e. accepts the voucher as full payment), you will not have to pay anything. You will just need to sign a form allowing the dentist to claim directly from Medicare Australia. Your Medicare number will be required and the dentist will keep your voucher.

If the dentist does not bulk bill the service and asks you to pay up front, you will need to take (or send) your receipt and the voucher to Medicare Australia to claim your dental benefit.

In some cases, the dentist may give you an unpaid account to take (or send) to Medicare Australia along with the voucher.

Public dental clinics
Preventative dental checks provided in public dental clinics will be bulk billed. Your Medicare number will be required and the clinic will keep your voucher.

What if the dentist doesn't charge $150?
Dentists can charge different prices for a particular service. If the dentist charges less than $150 for the preventative check, Medicare Australia will pay the amount you have been charged. If the dentist charges more than $150, Medicare Australia will pay $150 towards the total cost of the service and you will need to pay the additional amount.

What if I turn 18 or the Centrelink payments are stopped?
Once you have been issued with a voucher, you can use it for a preventative dental check in the respective calendar year – even if you turn 18 during the calendar year or if you stop receiving Youth Allowance or Abstudy payments.

What if I lose the voucher?
If you lose the voucher, you can call Medicare Australia on **132 011***. As long as you haven't already claimed for a preventative dental check during the calendar year, you will be sent a replacement voucher.

How often will I get a voucher?
As long as you remain eligible, you will receive a voucher each calendar year. Most people will receive their vouchers in July or August this year, and then in January or February in each subsequent year.

Where can I get more information?
If you need more information about the *Medicare Teen Dental Plan*, call **132 011*** or visit **www.medicareaustralia.gov.au** or any Medicare office.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-035

OUTCOME 13: Acute Care

Topic: MERSEY HOSPITAL BOARD

Written Question on Notice

Senator Abetz asked:

a) What payments have been made to the former board members of the Mersey Hospital Board to terminate their appointments?

b) Please provide full details of payments to all board members and other officials.

Answer:

a) Neil Batt (Chair) $6,875 (GST inclusive) – payment made under the Termination for Convenience clause of the contract.

Ian Braid (Deputy Chair) $3,208.33 (GST inclusive) – payment made under the Termination for Convenience clause of the contract.

b)

Name	Sitting Fee	Superannuation	Travel Allowance	Total
G Atkins	$ 3,664.80	$ 256.54	$ 283.04	$4,204.38
R Atkinson	$ 3,664.80	$ 256.54	$ -	$3,921.34
C Church	$ 3,359.40	$ 229.05	$ -	$3,588.45
E Djakic	$ 2,646.80	$ 210.73	$ -	$2,857.53
I Hoyle	$ 2,545.00	$ 183.24	$ -	$2,728.24
B Smith	$ 3,664.80	$ 256.54	$ -	$3,921.34
Staff Representatives				
John Menzies	$ -	$ -	$ -	$ -
Anne Cabalzar	$ -	$ -	$ -	$ -
Yvonne Muir	$ -	$ -	$ -	$ -
Evelyn Funk	$ -	$ -	$ -	$ -

Name	Contract GST incl	Allowances GST incl	Total GST incl
N Batt (Chair)	$ 53,004.03	$ 8,660.33	$61,664.36
I Braid (Deputy)	$ 24,864.51	$ 987.00	$25,851.51

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-036

OUTCOME 13: Acute Care

Topic: AHCAs FUNDING OF PROCEDURES

Written Question on Notice

Senator Cormann asked:

Does the Commonwealth support, as part of good hospital practice, whether or not funded by the AHCAs:

a) Mandatory risk assessment for VTE of both medical and surgical admitted patients?
b) Administering of clinically-recommended VTE prophylaxis for patients assessed as being at high VTE risk?
c) Inclusion of effective VTE risk assessment and adverse event indicators in the final performance indicator set being considered by Health ministers?

Answer:

a - c)
The Government is committed to improving good hospital practice, while noting that the day to day running of hospitals is a state responsibility. It is doing this by improving transparency, accountability and performance reporting for both public and private hospitals.

As well, the Commonwealth is working with the states and territories through the National Health and Medical Research Council. The National Institute of Clinical Studies VTE (venous thromboembolism) Prevention Program, is currently developing a usable, evidence-based VTE prevention guideline suitable for use in the Australian health care context. This new guideline will standardise clinical recommendations on VTE prevention based on the best available evidence. The guideline is being developed in consultation with a 16-member multi-disciplinary committee and is using internationally recognised rigorous guideline development methods.

More information is on the NHMRC website at: http://www.nhmrc.gov.au/nics/asp/index.asp

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-201

OUTCOME 13: Acute Care

Topic: AUSTRALIAN HEALTH CARE AGREEMENTS

Written Question on Notice

Senator Adams asked:

What statistics and information does the Commonwealth hold on the closure of rural and regional public hospitals in Australia over the period of the current Australian Health Care Agreements?

Answer:

Refer to E08-256.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-202

OUTCOME 13: Acute Care

Topic: AUSTRALIAN HEALTH CARE AGREEMENTS

Written Question on Notice

Senator Adams asked:

What statistics and information does the Commonwealth hold on the closure of emergency departments in rural and regional public hospitals in Australia over the period of the current Australian Health Care Agreements?

Answer:

Refer to E08-256.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-203

OUTCOME 13: Acute Care

Topic: AUSTRALIAN HEALTH CARE AGREEMENTS

Written Question on Notice

Senator Adams asked:

What statistics and information does the Commonwealth hold on the closure of maternity units rural and regional public hospitals in Australia over the period of the current Australian Health Care Agreements?

Answer:

Refer to E08-256.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-256

OUTCOME 13: Acute Care

Topic: RURAL AND REGIONAL HOSPITALS

Hansard Page: CA 102

Senator Adams asked:

What statistics and information does the Commonwealth hold over the period of the current healthcare agreements:

a) on the closure of rural and regional public hospitals in Australia;

b) on the closure of emergency departments in rural and regional public hospitals in Australia; and

c) on the closure of maternity units in rural and regional public hospitals in Australia?

Answer:

Information for the first four years of the AHCAs is provided (2003/04 - 2006/07), however, 2007/08 data is not yet available.

a) Refer to 'Table 1: Number of regional and remote public acute hospitals, Australia 2003/04 to 2006/07'.

b) Refer to 'Table 2: Number of regional and remote public acute hospitals with ED services, Australia 2003/04 to 2006/07'

c) Refer to 'Table 3: Number of regional and remote public acute hospitals with obstetric/maternity services, Australia 2003/04 to 2006/07'.

Note:
It is possible to infer hospital closures from the fact that reporting on the services that are provided at a particular location ceases. However, in a small number of cases, such an inference will not be correct. For example, it is possible that an amalgamation of a small hospital with a larger hospital in the same region will result in the attribution of the smaller hospital's service provision data to the larger hospital even though services continue to be provided at the smaller outlet.

Table 1: Number of regional and remote public acute hospitals, Australia 2003/04 to 2006/07

	2003-04			2004-05			2005-06			2006-07		
Remoteness Area[2]	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**
Inner Regional	4	4	185	2	0	187	0	1	186	2	0	188
Outer Regional	1	2	215	1	1	215	2	2	215	2	1	216
Remote	0	1	79	2	0	81	0	1	80	0	0	80
Very Remote	1	0	66	0	0	66	0	0	66	0	1	65
Total	**6**	**7**	**545**	**5**	**1**	**549**	**2**	**4**	**547**	**4**	**2**	**549**

Source: National Admitted Patient Care Dataset (NAPC) 2003/04 - 2006/07

Notes:
1. Excludes psychiatric hospitals
2. Australian Standard Geographical Classification (ASGC) Remoteness Area
3. The Remoteness Area of each public hospital was determined using geo-coded data (with latitude and longitude) for each hospital in 2001 or on the basis of its SLA, postcode or other location information as detailed in Australian Hospital Statistics 2002-03
4. Excludes hospitals without valid ASGC Remoteness Area matching

Table 2: Number of regional and remote public acute hospitals with ED services, Australia 2003/04 to 2006/07

		2004-05			2005-06			2006-07		
Remoteness Area[2]	**No. of hospitals reported in 0304**	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**
Inner Regional	161	3	2	162	2	3	161	4	2	163
Outer Regional	196	3	0	199	0	2	197	0	0	197
Remote	82	2	1	83	0	0	83	0	1	82
Very Remote	70	0	0	70	0	2	68	0	1	67
Total	**509**	**8**	**3**	**514**	**2**	**7**	**509**	**4**	**4**	**509**

Source: Public Hospital Establishments (PHE) Data (2003/04 - 2006/07)

Notes:
1. Excludes psychiatric hospitals, alcohol and drug treatment centres, day centres and freestanding day surgery centres
2. Australian Standard Geographical Classification (ASGC) Remoteness Area
3. The Remoteness Area of each public hospital was determined using geo-coded data (with latitude and longitude) for each hospital in 2001 or on the basis of its SLA, postcode or other location information as detailed in Australian Hospital Statistics 2002-03
4. Excludes hospitals without valid ASGC Remoteness Area matching
5. Includes remoteness areas: inner regional, outer regional, remote and very remote
6. PHE collection was established in 2003/04 and therefore the information on number of hospitals started/stopped reporting prior to 2003/04 was not available

Table 3: Number of regional and remote public acute hospitals with obstetric/maternity services, Australia 2003/04 to 2006/07

		2004-05			2005-06			2006-07		
Remoteness Area[6]	**No. of hospitals reported in 0304**	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**	**No. of hospitals started reporting**	**No. of hospitals stopped reporting**	**No. of hospitals reported**
Inner Regional	92	3	3	92	1	7	86	2	1	87
Outer Regional	75	5	6	74	4	2	76	1	3	74
Remote	15	1	1	15	1	1	15	2	2	15
Very Remote	9	1	0	10	1	1	10	0	0	10
Total	**191**	**10**	**10**	**191**	**7**	**11**	**187**	**5**	**6**	**186**

Source: Public Hospital Establishments (PHE) Data (2003/04 - 2006/07)

Notes:

1. Excludes psychiatric hospitals, alcohol and drug treatment centres, day centres and freestanding day surgery centres
2. Australian Standard Geographical Classification (ASGC) Remoteness Area
3. The Remoteness Area of each public hospital was determined using geo-coded data (with latitude and longitude) for each hospital in 2001 or on the basis of its SLA, postcode or other location information as detailed in Australian Hospital Statistics 2002-03
4. Excludes hospitals without valid ASGC Remoteness Area matching
5. Includes remoteness areas: inner regional, outer regional, remote and very remote
6. PHE collection was established in 2003/04 and therefore the information on number of hospitals started/stopped reporting prior to 2003/04 was not available

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-204, E08-205 & E08-257

OUTCOME 13: Acute Care

Topic: NATIONAL HEALTH CARE AGREEMENTS

Written Question on Notice

Senator Adams asked:

E08-204
Has the Department had any discussion with state governments about how to measure and allocate funding for rural public hospitals under the next Australian Health Care Agreements? If yes please provide details!

E08-205
Has the Department had any discussion with state governments about how to measure and monitor services provided by rural public hospitals under the next Australian Health Care Agreements? If yes please provide details!

E08-257
Has the department had any discussion with state governments about how to measure and allocate funding for rural public hospitals under the next Australian healthcare agreements?

Answer:

At its meeting in March 2008, the Council of Australian Governments (COAG) agreed for jurisdictions, as appropriate, to move to a more nationally-consistent approach to activity-based funding for services provided in public hospitals – but one which reflects the Community Service Obligations required for the maintenance of small and regional hospital services.

Activity-based funding is a management tool that has the potential to enhance public accountability and drive technical efficiency in the delivery of hospital services.

At its meeting on 29 November 2008, COAG agreed to continue to work towards provision of a basis for more efficient use of taxpayer funding of hospitals, and for increased transparency in the use of those funds through the introduction of activity-based funding. It will also allow comparisons of efficiency across public hospitals.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-253

OUTCOME 13: Acute Care

Topic: CHRONIC DISEASE DENTAL SCHEME

Hansard Page: CA 98

Senator Siewert asked:

Do you have any data that indicates the capacity of people to pay for the services?

Answer:

The department does not have any data, such as income or assets data that indicates the capacity of people to pay for services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-255

OUTCOME 13: Acute Care

Topic: MEDICARE TEEN DENTAL PLAN

Hansard Page: CA 99

Senator Siewert asked:

Is it possible to provide any data on the users of the service by postcode?

Answer:

The department does not provide data by postcode as doing so could lead to issues of privacy and confidentiality.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-090

OUTCOME 13: Acute Care

Topic: DENTAL TREATMENT FOR PEOPLE WITH CHRONIC DISEASE

Written Question on Notice

Senator Boyce asked:

a) What is being done to promote the federal Government's "Dental treatment for people with a Chronic Disease", in each state?
b) Please provide state by state detail.
c) How much does this awareness campaign cost?
d) What is the take up rate of this program in all states?

Answer:

a) The Government provides information on the chronic disease dental scheme on the Department of Health and Ageing's website, and on Medicare Australia's website. The Government has not engaged in any state-based promotion of the schemes as it has stated its intention to close this scheme and redirect savings to the Teen Dental Scheme and the Commonwealth Dental Health Program.

b) See a).

c) See a).

d) The number of patients who have accessed the chronic disease dental scheme from 1 July 2004 to 31 October 2008 is outlined in the table below:

State	Number of patients (Nov 2007 – Oct 2008)
NSW	66,028
VIC	19,041
QLD	4,056
SA	2,327
WA	586
TAS	307
NT	59
ACT	202
Total	92,606

* Some patients had dental services in more than one state, but have been counted only in the state where they had the majority of their dental services.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-153

OUTCOME 13: Acute Care

Topic: AGED CARE DENTAL INITIATIVES

Written Question on Notice

Senator Adams asked:

a) Does (the) Government support state schemes like the Nursing Home Care Program in South Australia?
b) Do other states have similar schemes, is (the) government supporting these?

Answer:

a) The Commonwealth Government does not provide funding for this particular program.

b) The department is not aware of similar programs in other states.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-254

OUTCOME 13: Acute Care

Topic: CHRONIC DISEASE DENTAL SCHEME

Hansard Page: CA 98

Senator Siewert asked:

In relation to the Chronic Disease Dental Scheme:

a) Can you tell me then how many veterans annually use the Medicare dental scheme available to them?

b) Do you have any data on the number of veterans who actually use dentists in the public dental scheme versus private dentists?

Answer:

The Department of Veterans' Affairs has advised:

a) The number of Department of Veterans' Affairs (DVA) entitled persons treated under DVA's dental scheme for 2007-08 is 106,835 (Note: the DVA dental scheme is separate from the Medicare Chronic Disease Dental Scheme).

b) It does not have any data available that would clearly indicate the utilisation of dental services by DVA entitled persons in public facilities.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-176

OUTCOME 13: Acute Care

Topic: FEDERAL INTERVENTION - PUBLIC HOSPITALS

Written Question on Notice

Senator Adams asked:

a) The Prime Minister recently reiterated his proposal to hold a referendum on a Commonwealth takeover of public hospitals. In light of the very small proportion of referendums that have been successful in the past, is this anything more than public posturing?
b) Does this proposal by the Prime Minister mark the end of the government's attempts to achieve health reform through collaborative agreements with the States/Territories?
c) Would a single government takeover result in better health? If Yes: Commonwealth or State/Territory?

Answer:

a) The stated policy of the Government is that: "If by the middle of 2009 the States and Territories have not begun implementing a national reform plan …[the] Government will seek a mandate from the Australian people at the following election for the Commonwealth to assume full funding responsibility for the nation's public hospitals".

   Through Council of Australian Government (COAG) processes, a national program of reform has been developed in close cooperation with states and territories. This culminated in an announcement at the 29 November COAG meeting that the Commonwealth will invest $64.4 billion over the five years to 2012-13 in a new National Healthcare Agreement and National Partnership reform initiatives.

   The Prime Minister in response to a question in the House of Representatives on 2 December 2008 stated that: "….we will make a judgement during the course of 2009 in terms of whether the overall allocation of roles and responsibilities and the general reform program is being effectively implemented".

b) At its meeting on 29 November 2008, the COAG reaffirmed its commitment to cooperative working arrangements through a new Intergovernmental Agreement that provides an overarching framework for the Commonwealth's financial relations with states and territories. The new National Healthcare Agreement covering prevention, primary care, hospitals and related care and aged care as well as cross cutting areas of patient experience, Indigenous health and social inclusion and sustainability, forms a schedule to the Intergovernmental Agreement.
   As part of this new National Healthcare Agreement, COAG agreed to a package of reform to the health and hospital system. The Commonwealth will provide $64.4 billion

in funding over five years, an increase of $22.4 billion over the previous Australian Health Care Agreements. This includes:

- an increase to the Specific Purpose Payment base and annual rate of indexation, which together add an estimated $4.8 billion to the base of the Healthcare Agreement over the forward estimates;
- a new hospital and health workforce reform National Partnership of $1.75 billion investing in clinical training, sub-acute care and activity based funding with a further $175.6 million set aside for workforce innovation and infrastructure (states co-investing a further $540 million for clinical training);
- a Commonwealth investment of $750 million in 2008-09 to relieve pressure on public hospital emergency departments while the primary care reforms the Commonwealth is undertaking are being implemented; and
- National Partnership initiatives focussed on prevention ($872 million over six years) and Indigenous Health ($805.5 million in Commonwealth funding over four years with the states co-investing a further $771.5 million).

c) It would not be appropriate for the Department to comment on this issue. Australia's health system is in need of reform to meet a range of long-term challenges, including access to services, the growing burden of chronic disease, population ageing, costs and inefficiencies generated by blame and cost shifting, and the escalating costs of new health technologies.

The Commonwealth Government has established the National Health and Hospitals Reform Commission (NHHRC) to provide advice on performance benchmarks and practical reforms to the Australian health system which could be implemented in both the short and long term, to address these challenges. The NHHRC's final report on a long term health reform plan is due in June 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-152

OUTCOME 13: Acute Care

Topic: AGED CARE DENTAL INITIATIVES

Written Question on Notice

Senator Adams asked:

a) Studies have shown that many residents being admitted to residential care facilities have compromised oral health and high levels of oral disease. Government/department please provide further information/statistics (including development over time) on this!

b) Is (the) Government providing funding for older Australians, e.g. under the umbrella of the Improved Access to the Commonwealth Dental Health Program?

Answer:

a) The Commonwealth has been made aware of individual studies that have identified oral health problems in older people being admitted to residential care facilities. However, the Department is not aware of any longitudinal studies.

b) There is no specific funding for older people under the proposed Commonwealth Dental Health Program. Each state and territory has developed an implementation plan for its Commonwealth Dental Health Program funding which is tailored to its specific needs. However, the reduction in public dental waiting lists that would result from the delivery of additional dental visits under the proposed Commonwealth Dental Health Program would benefit all those on the waiting lists, including older Australians, who are pensioner concession card or health care card holders.

The Commonwealth also enables increased access to dental services through private health insurance rebates (which are 35% for those aged between 65 and 69, and 40% for those aged over 70 years). An estimated 53.7% of those aged 65-69, and an estimated 42.3% of those aged over 70, have general treatment private health cover as at 30 June 2008.

Furthermore, under the *Aged Care Act 1997* (the Act) approved providers are required to ensure residents' oral and dental health is maintained. They are also required to ensure that residents are referred to appropriate health specialists in accordance with the residents' needs and preferences, including dental services. $1.3 million has been allocated to a Better Oral Health in Residential Care project under the Encouraging Best Practice in Residential Aged Care (EBPRAC) program. This project is developing strategies and resources to support the implementation of good practices in oral and dental health care for residents.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-221

OUTCOME 14: Biosecurity and Emergency Response

Topic: AVIAN INFLUENZA, H5N1 HUMAN CASES

Hansard Page: CA 52

Senator Colbeck asked:

What is the current situation particularly in the Asian region and internationally, on the H5N1 virus, including an update of the number of cases?

Answer:

From late 2003 to 10 September 2008, the World Health Organization (WHO) has confirmed 387 human H5N1 cases worldwide. Of these total cases, 245 have been fatal. See Table 1 for a list of countries that have confirmed cases of H5N1 inflection.

Table 1: Cumulative Number of Confirmed Human Cases of Avian Influenza A/(H5N1) Reported to WHO

10 September 2008

Country	2003		2004		2005		2006		2007		2008		Total	
	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
Azerbaijan	0	0	0	0	0	0	8	5	0	0	0	0	8	5
Bangladesh	0	0	0	0	0	0	0	0	0	0	1	0	1	0
Cambodia	0	0	0	0	4	4	2	2	1	1	0	0	7	7
China	1	1	0	0	8	5	13	8	5	3	3	3	30	20
Djibouti	0	0	0	0	0	0	1	0	0	0	0	0	1	0
Egypt	0	0	0	0	0	0	18	10	25	9	7	3	50	22
Indonesia	0	0	0	0	20	13	55	45	42	37	20	17	137	112
Iraq	0	0	0	0	0	0	3	2	0	0	0	0	3	2
Lao People's Democratic Republic	0	0	0	0	0	0	0	0	2	2	0	0	2	2
Myanmar	0	0	0	0	0	0	0	0	1	0	0	0	1	0
Nigeria	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Pakistan	0	0	0	0	0	0	0	0	3	1	0	0	3	1
Thailand	0	0	17	12	5	2	3	3	0	0	0	0	25	17
Turkey	0	0	0	0	0	0	12	4	0	0	0	0	12	4
Viet Nam	3	3	29	20	61	19	0	0	8	5	5	5	106	52
Total	4	4	46	32	98	43	115	79	88	59	36	28	387	245

Total number of cases includes number of deaths.
WHO reports only laboratory-confirmed cases.
All dates refer to onset of illness.

Sourced from WHO, available at: http://www.who.int/csr/disease/avian_influenza/country/cases_table_2008_09_10/en/print.html

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-222

OUTCOME 14: Biosecurity and Emergency Response

Topic: AVIAN INFLUENZA, H5N1 HUMAN CASES

Hansard Page: CA 52

Senator Colbeck asked:

Are there any hemispherical differences in the disease rates and incidence?

Answer:

Yes. Of the 387 human H5N1 cases confirmed by the World Health Organisation, 64 per cent (249 cases) occurred in the Northern Hemisphere. Indonesia, an equatorial country, has reported the remaining 36 per cent (138 cases) of human H5N1 cases.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-223

OUTCOME 14: Biosecurity and Emergency Response

Topic: AVIAN INFLUENZA, H5N1 HUMAN CASES

Hansard Page: CA 52

Senator Colbeck asked:

What is the incidence of human contraction [of H5N1]?

Answer:

The incidence of World Health Organisation confirmed human H5N1 infections in 2008 was 36 cases (28 fatal) up to 31 October, 88 cases (59 fatal) in 2007, 115 cases (79 fatal) in 2006 and 98 cases (43 fatal) in 2005.

All reported human H5N1 cases have occurred in regions where H5N1 outbreaks in birds have occurred.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-224

OUTCOME 14: Biosecurity and Emergency Response

Topic: AVIAN INFLUENZA, H5N1 HUMAN CASES

Hansard Page: CA 53

Senator Colbeck asked:

Has the risk status [of H5N1 in humans] remained unchanged?

Answer:

The global risk of H5N1 in humans remains unchanged. There is no further evidence of sustained human-to-human transmission. Since February 2004, the Global Pandemic Alert level has remained at Phase 3 – Human infection but no human-to-human spread or at most rare instances of spread to a close contact.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-225

OUTCOME 14: Biosecurity and Emergency Response

Topic: AVIAN INFLUENZA, H5N1 HUMAN CASES

Hansard Page: CA 53

Senator Colbeck asked:

Is H5N1 restricted to the Asian area?

Answer:

No. Human cases of H5N1 infection have also been reported in the Middle East, Central Asia and Africa.

T6
2008-09 Budget Measure: *Sport and Recreation Facilities – contribution to funding*

Project	**$**
Adelaide North East Hockey Club	1,000,000
Aspley Hornets Sports Club	60,000
Bateman's Bay Rugby Club	10,000
Bathurst Rugby Union Cricket Club	15,000
Bathurst Rugby Union Club	15,000
Bathurst Soccer Club	170,000
Beauty Point Recreation Ground	100,000
Biloela, Rainbow Street Sporting Fields	50,000
Binnalong Park, Toongabbie	150,000
Blackstone Park Development	170,000
Blackwood Football Club	130,000
Bridport Walkway	150,000
Bunbury - Hands Oval	100,000
Bundaberg Cricket Association	79,500
Bungendore Swimming Pool Upgrade	120,000
Burpengary Jets Junior Football Club	120,000
Caboolture Snakes Rugby League Club	110,000
Caboolture Sport Softball Grounds	200,000
Campese Oval and Taylors Park – Queanbeyan	1,000,000
Cataract Gorge Walkways	500,000
Champion Lakes Recreation Site	100,000
Clontarf South West Football Academy	50,000
Cook Park Soccer grounds	100,000
Corio Bay Rowing Club	250,000
Croydon Little Athletics Club	150,000
Cygnet Gymnasium	35,000
Dennis Park, Tannum Sands	212,000
Dolphins Football Club	112,000
Eurobodalla Netball Association	8,000
Forrestfield United Soccer Club	125,000
Gawler Soccer and Sports Club	200,000
Geelong – Feasibility Study into Regional Soccer Club	20,000
George Town Feasibility Study	25,000
Gladstone Hockey Field	200,000
Glen Park Sporting Facilities	500,000
Golden Grove Central Districts Baseball Club	50,000
Gosnells Bowling Club	200,000
Helensburgh Netball Club	50,000
Helensburgh Tennis Club	15,000
Hidden Valley Motorway	3,000,000

Ingle Farm Amateur Soccer Club	50,000
Jamison Park Netball Courts	84,000
Jindabyne Sports Field Upgrade	650,000
Kingborough Lions United Soccer Club	10,000
Lapstone Netball Complex	100,000
Les Hughes Sporting Complex – Pine Central Holy Spirit Rugby League Football Club	35,000
Les Hughes Sporting Complex – Police Citizens Youth Club	40,000
Lithgow Hockey	100,000
Low Head to George Town Recreational Trail	750,000
Macedonia Park	1,000,000
Mallabula equipment for Rugby League Club	15,000
Mallacoota Pathways project	550,000
Marion Sporting Club	1,000,000
Moore Park Community Hall	66,000
Morisset Police Citizens Youth Club Outreach Centre	118,000
Mt Gravatt Youth and Recreation Club	150,000
Nabiac Pool	135,000
Oberon Recreation Facilities	100,000
Onkaparinga Rugby Club	100,000
Palm Island, Community Sports Field	200,000
Para Hills West Junior Soccer Club	200,000
Parramatta Cycle-Ways project	1,500,000
Penrith Valley Regional Sports Centre	250,000
Penrith Waratah Rugby League Club	50,000
Perth Football Club	90,000
Pine Rivers Lightning Baseball Club	35,000
Pine Rivers United Netball	30,000
Port Huon Sports Centre	10,000
Quay Lights Project	50,000
Redcliffe Police Citizens Youth Club	200,000
Redlands United Soccer Club	50,000
Rokeby Cricket Club	10,000
Scottsdale Bowling Club	170,000
Smithton Little Athletics Club	30,000
Somerset Soccer Facilities	125,000
South Barwon Football and Netball Club	70,000
Sportsground at Smiths Lake	200,000
Sturt Baseball Club	20,000
Surf Lifesaving Education Program, NSW Central Coast	210,000
Tamar Rowing Club	150,000
Tea Gardens Skate Park	30,000
Tea Tree Gully Football Club	500,000
Toohey Road Bikeway and Forest Guide	200,000

Townsville and District Junior League Club	50,000
Townsville City Netball Association	100,000
Tuncurry Foster Football Club	20,000
Walker Park Gymnastics	200,000
West Traralgon Sports Complex	160,000
WIN Stadium and Entertainment Centre	230,000
Windsor Park Football Club	370,000
Women's Sport Facilities - Stirling	546,000
Total	20,760,500

T7

11. **Paralympic** – in October 2007 the former Australian Government announced an additional $22.8 million for the Australian Paralympic Committee for a 5 year period from 2007/08 to 2011/12. This is in addition to the baseline funding the Australian Paralympic committee receives via the Australian Sports Commission.
12. The Policy Submission presented to the former Australian Government to secure the addition $22.8 million included the following:

• Retention of Funding from 2004	$2 million
• Paralympic Preparation program	$850,000
• Mainstreaming within sports	$750,000
• AIS Programs	$750,000
• Paralympic Sports Task Force	$200,000
• Talent Search Program	$200,000
• Targeted Sport Development	$200,000
• Classification	$200,000
• Paralympic Education Program	$200,000
• Competition/Events (domestic)	$200,000
• 2008 Paralympic Games Broadcast	up to $1 million

13. The Australian Sports Commission is currently working with the Australian Paralympic Committee regarding the increased funding.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-061

OUTCOME 15: Sport

Topic: COMMUNITY STREET SOCCER

Written Question on Notice

Senator Bernardi asked:

a) Following the Minister's announcement that the Government will supply $3 million in funding to The Big Issue for the development of its Community Street Soccer program; can the Minister tell us which 30 communities are benefiting from this funding?
b) How will this funding be distributed?
c) How many of these communities will be rural?
d) How many will be metropolitan?

Answer:

a)

1. Melbourne, Victoria
2. Melbourne, Victoria - Women's program
3. Ballarat, Victoria
4. Geelong, Victoria
5. Shepparton, Victoria
6. Broadmeadows, Victoria
7. Dandenong, Victoria
8. Bendigo, Victoria
9. Mildura, Victoria
10. Adelaide, South Australia
11. Port Adelaide, South Australia
12. Port Augusta, South Australia
13. Ceduna, South Australia
14. Sydney, New South Wales
15. Wollongong/Illawarra Region, New South Wales
16. Newcastle, New South Wales
17. Parramatta, New South Wales
18. Launceston, Tasmania
19. Hobart, Tasmania
20. Perth, Western Australia
21. Port Hedland, Western Australia
22. Kimberley Region, Western Australia
23. Bunbury, Western Australia

24. Darwin, Northern Territory
25. Alice Springs, Northern Territory
26. Canberra, Australian Capital Territory
27. Brisbane, Queensland
28. Townsville, Queensland
29. Gold Coast, Queensland
30. Cooktown , Queensland

b) The Australian Government has a funding agreement for the Community Street Soccer program with the Big Issue in Australia. Under the terms of the funding agreement the Big Issue in Australia will distribute the funding to the 30 communities identified. The 30 communities receiving funding were identified through research into regions of highest need and social disadvantage.

c) 18[3].

d) 12[4].

[3] For the purposes of this document rural areas have been defined as towns or regions located outside of Australian State and Territory capital cities.
[4] For the purposes of this document metropolitan areas have been defined as areas located within Australian State and Territory capital cities.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-064

OUTCOME 15: Sport

Topic: PENRITH VALLEY SPORTS HUB

Written Question on Notice

Senator Bernardi asked:

a) $5 million was announced as a contribution to upgrading the Penrith Valley Sports Hub, yet in Minister Evans statement the hub is listed as receiving only $250,000. How can this be?
b) Can the Minister advise how much the hub will be receiving in total and where the appropriations will be coming from?

Answer:

a) There are two separate commitments as follows:
    - The Penrith Valley Sports Centre will receive $250,000; and
    - The Penrith Valley Sports Hub will receive $5 million.

b) The Penrith Valley Sports Hub project will receive $5 million under the 2008-09 Budget Appropriation Bill 1, Outcome 15, *Penrith Valley Sports Hub - contribution*.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-230

OUTCOME 15: Sport

Topic: COMMUNITY STREET SOCCER PROGRAM FUNDING

Hansard Page: CA 69

Senator Bernardi asked:

Are you able to tell me what 30 communities that will be?

Answer:

1. Melbourne, Victoria
2. Melbourne, Victoria - Women's program
3. Ballarat, Victoria
4. Geelong, Victoria
5. Shepparton, Victoria
6. Broadmeadows, Victoria
7. Dandenong, Victoria
8. Bendigo, Victoria
9. Mildura, Victoria
10. Adelaide, South Australia
11. Port Adelaide, South Australia
12. Port Augusta, South Australia
13. Ceduna, South Australia
14. Sydney, New South Wales
15. Wollongong/Illawarra Region, New South Wales
16. Newcastle, New South Wales
17. Parramatta, New South Wales
18. Launceston, Tasmania
19. Hobart, Tasmania
20. Perth, Western Australia
21. Port Hedland, Western Australia
22. Kimberley Region, Western Australia
23. Bunbury, Western Australia
24. Darwin, Northern Territory
25. Alice Springs, Northern Territory
26. Canberra, Australian Capital Territory
27. Brisbane, Queensland
28. Townsville, Queensland
29. Gold Coast, Queensland
30. Cooktown , Queensland

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-275

OUTCOME 15: Sport

Topic: BLACKWOOD FOOTBALL CLUB

Hansard Page: CA 75

Senator Bernardi asked:

What date did the Minister write to (Blackwood Football Club)?

Answer:

The Minister for Sport wrote to Blackwood Football Club on 10 July 2008.

Australian Government

Australian Sports Anti-Doping Authority

Mr Elton Humphery
Secretary
Senate Community Affairs Committee
Parliament House
CANBERRA ACT 2066

Dear Mr Humphery

Request for Amendment to Evidence Provided at the Supplementary Budget Estimates Hearing, 22 October 2008: Outcome 15 - Sport

I am writing to correct a statement that I made at the Supplementary Budget Estimates Hearing of the Senate Community Affairs Committee on 22 October 2008.

Senator Bernardi asked the following question:

"In regard to the Beijing Olympic team, how many of the athletes in that team were tested prior to the Olympics? I should be more specific—say, from February until the Games themselves?"

My response was as follows:

"During the period of the pre Olympic Games testing, ASADA collected 1,541 samples from 846 athletes in contention for selection for the Australian Olympic team bound for Beijing. Every one of the 433 athletes finally selected for the team was tested at least once, 30 per cent were tested twice and 22 per cent were tested between two and five times."

It has since been brought to my notice that ASADA collected 1541 urine samples plus 640 blood samples. In light of this subsequent information the response should now be amended as follows (changes are underlined):

"During the period of the pre Olympic Games testing, ASADA collected 1541 urine samples and 640 blood samples from 846 athletes in contention for selection for the Australian Olympic team bound for Beijing. Every one of the 433 athletes finally selected for the team was tested at least once, 30 per cent were tested twice and 22 per cent were tested between two and five times."

Yours sincerely

Richard Ings
Chair

5 December 2008

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-074

OUTCOME 15: Sport

Topic: PROGRAM UNDERSPENDS - AUSTRALIAN SPORTS COMMISSION

Senator Bernardi asked:

a) How many programs were underspent in 07-08 financial year?
b) What requests have been made to roll-over underspends to 2008-09?
c) Were these requests successful?

Answer:

a) None.

b) None.

c) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-063

OUTCOME 15: Sport

Topic: ACTIVE AFTER-SCHOOL COMMUNITIES (AASC) PROGRAM

Written Question on Notice

Senator Bernardi asked:

a) Following Minister Ellis' comments on February 9 regarding a review of the Active After-School Communities program and the fact that there were no detailed provisions for the program in the 2008/09 Budget, can the Minister confirm that the funding allocated during the 2007/08 Budget continue?
b) Recently the program reached 150,000 participants; surely the Budget should not only continue but increase to further support this important grass roots program. Are there measures to review the programs level of funding, considering its success?
c) Further, this 'review' that Minister Ellis mentioned, can you provide any details regarding this?
d) When is this review due?
e) If already completed, what are the recommendations?

Answer:

a) The funding for the AASC program was extended through until 31 December 2010. This was announced in the May 2007 Budget.

b) The Australian Sports Commission is continuing to work with the Government on the future of the AASC program.

c) This review mentioned on 9 February is the review of sport currently being undertaken by an Independent Panel led by David Crawford.

d) This review is due in 2009.

e) The review has not been completed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-067

OUTCOME 15: Sport

Topic: EXPERT INDEPENDENT PANEL

Written Question on Notice

Senator Bernardi asked:

a) What was the selection process for this panel?
b) Are the panel members receiving any remuneration?
c) If so, how much?
d) How many submissions, to date, has the panel received?

Answer:

a) The Independent Sport Panel (the Panel) members were appointed by the Minister for Sport and Youth, the Hon. Kate Ellis MP.

b) All Panel members receive remuneration for their services.

c) The Chair of the Panel is remunerated at a rate of $1050 per day and other Panel members are remunerated $600 per day. All Panel members are also remunerated for travel and accommodation (where required).

d) The Panel had received 124 submissions as at 7 November 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-073

OUTCOME 15: Sport

Topic: RAZOR GANG MKII - AUSTRALIAN SPORTS COMMISSION

Written Question on notice

Senator Bernardi asked:

a) What discussions has the Agency had with the Razor Gang Mk II?
b) Has the Razor Gang indicated any cuts/savings to be made by the Agency?
c) What special accounts does the Agency currently hold? How much is in these accounts?
d) Does the agency use the interest from these funds to fund ongoing operations?
e) Has the Razor Gang Mark II given any indication about the future of these special accounts?

Answer:

d) None.

e) None.

f) No special accounts. Not applicable.

g) Not applicable.

h) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-075

OUTCOME 15: Sport

Topic: GOVERNMENT ADVERTISING - AUSTRALIAN SPORTS COMMISSION

Written Question on Notice

Senator Bernardi asked:

a) What communications programs have the Agency undertaken, or are planning to undertake?

b) For each program, what is the total spend?

Answer:

a and b)
Information pertaining to programs of the Australian Sports Commission (ASC) for the period 1 January 2008 to 31 October 2008 is below. These costs are reflective of paid advertising initiatives in hard and soft copy formats. They also include the cost of consultants where used and include the development, design and printing of publications and communication materials used by programs in the course of their delivery or promotion (e.g. posters for schools).

Australian Sports Commission

Communication and advertising related costs for all ASC program areas	**2008 total**
Active After-School Communities	$138,383
Corporate Communications	$28,181
Coaching and Officiating	$32,431
Commercial and Facilities (including events, swim & fit, tours)	$124,910
Indigenous Sport	$4,113
National Talent Identification and Development	$185,741
AIS Sport Program and Performance Admin	$4,903
Women and Sports Leadership	$4,350
Total	**$523,012**

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-076

OUTCOME 15: Sport

Topic: FREEDOM OF INFORMATION – AUSTRALIAN SPORTS COMMISSION (ASC)

Written Question on Notice

Senator Bernardi asked:

a) Has the agency received any advice on how to respond to FOI requests?
b) How many FOI requests has the Agency received?
c) How many have been granted or denied?
d) How many conclusive certificates have been issued in relation to FOI requests?

Answer:

a) Yes. Most recently, the ASC officers presently responsible for responding to FOI requests attended FOI training in September 2008 conducted by the Australian Government Solicitor.

b) In 2007-08, the ASC received seven FOI requests (and had one request on hand at the start of that year). From 1 July 2008 to 30 September 2008, the ASC received one FOI request.

c) In 2007-08, of the eight FOI requests received by the ASC that year or on hand at the start of the year, three requests were subsequently withdrawn, one request was granted in part, no requests were refused and the remaining four requests were on hand at 30 June 2008.

Of the four requests on hand at 30 June 2008, two requests were subsequently granted in part and two requests were refused (one request being refused due to no relevant documents being found).

The one FOI request received by the ASC from 1 July 2008 to 30 September 2008 was granted in full.

d) In 2007-08, the ASC did not issue any conclusive certificates. From 1 July 2008 to 30 September 2008, the ASC did not issue any conclusive certificates.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-231

OUTCOME 15: Sport

Topic: SPORTS LEADERSHIP GRANTS FOR WOMEN

Hansard Page: CA 69-70

Senator Bernardi asked:

Would you be able to provide me with a breakdown of how many of those projects it into each of those neat little categories that you just outlined?

Answer:

Refer to the answer to Question E08-062.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-078

OUTCOME 15: Sport

Topic: STAFFING – AUSTRALIAN SPORTS ANTI-DOPING AUTHORITY

Written Question on Notice

Senator Bernardi asked:

a) How many permanent staff recruited since the budget estimates?
b) What level are these staff?
c) How many temporary positions exist or have been created since budget estimates?
d) Since budget estimates, how many employees have been employed on contract and what is the average length of their employment period?

Answers:

a) Three.

b) APS Level 3, APS Level 6 and Executive Level 2.

c) Six temporary positions exist and none have been created.

d) Four contracts with an average length of five months.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-079

OUTCOME 15: Sport

Topic: STAFFING – EFFICIENCY DIVIDEND/BUDGET CUTS – AUSTRALIAN SPORTS ANTI-DOPING AUTHORITY

Written Question on Notice

Senator Bernardi asked:

a) Have staffing numbers been reduced as a result of the efficiency dividend and/or other budget cuts?
b) If so, where and at what level?

Answers:

a) No.

b) N/A.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-080

OUTCOME 15: Sport

Topic: RAZOR GANG MKII – AUSTRALIAN SPORTS ANTI-DOPING AUTHORITY

Written Question on Notice

Senator Bernardi asked:

a) What discussions has the Agency had with the Razor Gang Mk II?
b) Has the Razor Gang indicated any cuts/savings to be made by the Agency?
c) What special accounts does the Agency currently hold? How much is in these accounts?
d) Does the agency use the interest from these funds to fund ongoing operations?
e) Has the Razor Gang Mark II given any indication about the future of these special accounts?

Answers:

a) None.

b) N/A.

c) None.

d) N/A.

e) N/A.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-081

OUTCOME 15: Sport

Topic: PROGRAM UNDERSPENDS – AUSTRALIAN SPORTS ANTI-DOPING AUTHORITY

Written Question on Notice

Senator Bernardi asked:

a) How many programs were underspent in 07-08 financial year?
b) What requests have been made to roll-over underspends to 2008-09?
c) Were these requests successful?

Answers:

a) ASADA had no program underspends in the 2007-08 financial year.

b) None.

c) N/A.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-082

OUTCOME 15: Sport

Topic: GOVERNMENT ADVERTISING – AUSTRALIAN SPORTS ANTI-DOPING AUTHORITY

Written Question on Notice

Senator Bernardi asked:

d) What communications programs have the Agency undertaken, or are planning to undertake?
e) For each program, what is the total spend?

Answer:

a) Nil.

b) N/A.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-083

OUTCOME 15: Sport

Topic: FREEDOM OF INFORMATION

Written Question on Notice

Senator Bernardi asked:

f) Has the Agency received any advice on how to respond to FOI requests?
g) How many FOI requests has the Agency received?
h) How many have been granted or denied?
i) How many conclusive certificates have been issued in relation to FOI requests?

Answers:

a) ASADA received advice on how to respond to one Freedom of Information (FOI) request during the 2007-2008 reporting period (1 July 2007 – 30 June 2008). The advice was provided by the Australian Government Solicitor. ASADA has not received advice on any FOI requests for the current reporting period (2008-2009).

b) ASADA received three FOI requests during the 2007-2008 reporting period. ASADA has received one FOI request for the 2008-2009 reporting period.

c) 2007-2008 reporting period – three requests
   - One request was granted in full
   - One request was granted in part
   - One request was granted in part (on internal review)
   - Zero requests refused

   2008-2009 reporting period – one request
   - One request was granted in full
   - Zero requests refused

d) No conclusive certificates have been issued in either reporting period.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-232

OUTCOME 15: Sport

Topic: OLYMPIC AND PARALYMPIC TESTING

Hansard Page: CA 59

Senator Bernardi asked:

a) Was there any testing of athletes prior to the selection of the team?
b) You suggested there were 846 athletes in the pre-Olympic testing and not all of them made the team, so how many of those were there in the Paralympics?

Answers:

a) Yes.

b) As advised in the letter of 3 December 2008 to the Secretary of the Senate Community Affairs Committee, ASADA would like to clarify the evidence provided to the Committee regarding the testing of athletes in contention for selection for the Australian Olympic Team.

The Shadow Team Lists provided by the Australian Olympic Committee at various times during the Pure Performance Program for the prospective Australian Olympic Team contained a total of 1,057 individual Australian athletes.

ASADA collected 1,541 Urine samples and 640 Blood samples from 846 of these athletes. The discrepancy between 1,057 and 846 is due to athletes being removed from contention prior to ASADA collecting a sample from those 211 athletes.

Each of the 435 Australian Olympic team athletes (ie those that went to Beijing) were tested at least once in the 12 months preceding the Beijing Olympic Games. Of these, 247 were tested between 2 and 5 times in that period.

The Shadow Team Lists provided by the Australian Paralympic Committee at various times during the pre-Paralympic Program contained a total of 223 individual Australian Athletes.

ASADA collected 214 urine samples from 191 of these athletes. The discrepancy between 223 and 191 is due to athletes being removed from contention prior to ASADA collecting a sample from those 32 athletes.

Each of the 170 Australian Paralympic team athletes (ie those that went to Beijing) were tested at least once in the 12 months preceding the Beijing Olympic Games. Of these 59 were tested between 2 and 5 times in that period.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-233

OUTCOME 15: Sport

Topic: OLYMPIC TESTING

Hansard Page: CA 59

Senator Bernardi asked:

How many of those 220 samples were actually from individual athletes, rather than multiple samples from the same athlete?

Answer:

The 220 samples stored in the Tank were collected from 183 Australian Olympic Team athletes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-234

OUTCOME 15: Sport

Topic: OLYMPIC TESTING

Hansard Page: CA 60

Senator Bernardi asked:

Of the 1,541 samples that were taken, how many were blood and how many were urine samples?

Answer:

As advised in the letter of 3 December 2008 to the Secretary of the Senate Community Affairs Committee, ASADA would like to clarify the evidence provided to the Committee in regard to the number of samples collected during the pre-Olympic Pure Performance Program.

ASADA previously advised that it had collected a total of 1,541 samples and that this figure comprised both Urine and Blood samples.

ASADA actually collected 1,541 Urine samples and 640 Blood samples from the 846 Australian athletes in contention for Olympic selection (ie contained on the Australian Olympic Committee Shadow Team lists).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-235

OUTCOME 15: Sport

Topic: STAMP OUT DOPING HOTLINE

Hansard Page: CA 62

Senator Bernardi asked:

With regard to your Stamp Out Doping hotline, you had 42 calls last time we met. How many have you had now?

Answer:

Since the Budget Estimates ASADA has received another 14 calls to the Stamp Out Doping Hotline phone facility.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-274

OUTCOME 15: Sport

Topic: Name of adviser who attended the Beijing Olympic and Paralympic Games with Minister Ellis

Hansard Page: CA 73

Senator Bernadi asked:

Name of Adviser who attended (Beijing Olympic and Paralympic Games) with Minister Ellis.

Answer:

Mr Brent Hooley (Sport Adviser) attended the Olympic Games.
Ms Mia Handshin (Youth Adviser) attended the Paralympic Games.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-280

OUTCOME 15: Sport

Topic: SENATE ORDER LIST

Hansard Page: CA 73

Senator Ryan asked:

On 1 July the Minister for Sport and the member for Corio announced the government's funding to upgrade Skilled Stadium in Geelong. On the same day it announced just under $400,000 of funding for three other clubs or facilities in the Geelong area. I was wondering why some were on that list that was sent to the President of the Senate, in particular Geelong Skilled Stadium, but the other three facilities—the Corio Bay Rowing Club, Key Reserve, Torquay, and the South Barwon Football Club—were not on the list tabled to the Senate.

Answer:

Grants to the Corio Bay Rowing Club, the Quay Reserve, Torquay, and the South Barwon Football and Netball Club were not included on the Senate Order list as they had not been approved by the delegate in the specified period. Once these commitments are approved they will appear in future Senate Order lists.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-077

OUTCOME 15: Sport

Topic: REVIEWS – AUSTRALIAN SPORTS COMMISSION

Written Question on Notice

Senator Bernardi asked:

a) How many reviews are currently being undertaken in the agency or affecting agency?
b) When will each of these reviews be concluded?
c) Which reviews have been completed since Budget Estimates?
d) When will the government be responding to the respective reviews that have been completed?

Answer:

a) On 28 August 2008, the Minister for Sport, the Hon Kate Ellis, announced the appointment of an independent panel that will investigate ways of ensuring that Australia's sporting system remains prepared for the challenges of the future.

b) It is expected that the review will report its findings to the Government in 2009.

c) Nil.

d) N/A.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-084

OUTCOME 15: Sport

Topic: REVIEWS – AUSTRALIAN SPORTS ANTI-DOPING AUTHORITY

Written Question on Notice

Senator Bernardi asked:

j) How many Reviews are currently being undertaken in the agency or affecting the agency?
k) When will each of these reviews be concluded?
l) Which Reviews have been completed since Budget Estimates?
m) When will the Government be responding to the respective reviews that have been completed?

Answers:

a) Two.

b) Each Review is expected to be completed by 31 December 2008.

c) No Reviews have been completed since Budget Estimates.

d) Upon completion and receipt of advice from the Department of Health and Ageing.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-062

OUTCOME 15: Sport

Topic: SPORTS LEADERSHIP GRANTS FOR WOMEN

Written Question on Notice

Senator Bernardi asked:

a) Following the Minister Kate Ellis' announcement that the Government will be providing 'around' $400,000 in grants towards the 2008/09 Sports Leadership Grants for Women, can the Minister advise how many grants have currently been awarded? And to what value?
b) How many of these grants were to those in metropolitan areas?
c) Similarly how many in regional areas?
d) How many grants have been awarded to organisations?
e) How many grants have been awarded to individuals?

Answer:

a) 144 grants have been awarded to the value of $400,000.

b) 92.

c) 52.

d) 68.

e) 76.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-065

OUTCOME 15: Sport

Topic: PARALYMPICS

Written Question on Notice

Senator Bernardi asked:

a) How much was spent by the Government on the Beijing Paralympics?
b) The additional contribution (p 232 of Budget Paper No 2) states that there will be $22.8m allocated for the Beijing and London Summer Paralympics, and the Vancouver Winter Paralympics. What is the breakdown of this funding? (eg how much does London team get, Beijing team get etc)
c) If this is labelled as an 'additional contribution', what does the Government already spend on the Paralympic Committee?
d) Can we be provided with a breakdown of all funding towards the Paralympics Committee for this financial year?

Answer:

a) The Australian Government, through the Australian Sports Commission, provided over $30 million during the 2005-2009 Paralympic cycle to the Australian Paralympic Committee to assist Australia's Paralympic athletes in their sporting endeavours.

b) In April 2008 the Australian Government confirmed that it would provide the Australian Paralympic Committee with $22.8million over the five years 2007-08 to 2011-12 in additional support for Australia's Paralympic athletes.

   As opposed to being allocated against different Paralympic campaigns the funding is allocated across a range of Australian Paralympic Committee programs and initiatives that aim to best prepare Australia's athletes for all Paralympic Games.

   The additional funding also assisted the Australian Paralympic Committee to secure broadcast coverage for the Beijing 2008 Summer Paralympics and Vancouver 2010 Winter Paralympics.

c) In the years 2005-2008, prior to the additional contribution of $22.8 million over five years the Australian Government through the Australian Sports Commission had committed the following funding to the Australian Paralympic Committee.

Australian Government Funding to the Australian Paralympic Committee*	2005-06 ($)	2006-07 ($)	2007-08** ($)
	5,470,000	5,779,300	3,898,500

* These figures include Australian Government Sport Training Grant allocations paid directly to athletes

** Taking into account the $22.8 million over five years, funding to the Australian Paralympic Committee in 2007/08 totalled $9,774,375.

d) In the 2008-09 financial year, the Australian Government will provide the Australian Paralympic Committee with the following funding, which will include the 2008-09 component of the abovementioned additional funding of $22.8million.

Australian Government Funding to the Australian Paralympic Committee	2008-09 ($)
Sport Grant - 2004-2008 package	3,320,000
Sport grant - 2008-2012 Paralympic programs and initiatives	5,450,000
Australian Government Sport Training Grant	*
Totals	8,770,000

* Following submission from National Sporting Organisations and the Australian Paralympic Committee, the Australian Sports Commission Board is finalising 2008-09 funding allocations.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-066

OUTCOME 15: Sport

Topic: OLYMPICS

Written Question on Notice

Senator Bernardi asked:

a) What was the Government's total spending on the recent Beijing Olympics?
b) What was the total medal count for the Beijing Olympics?
c) How did this compare with our previous Olympics medal count at Athens?
d) How many participants did we enter?
e) How many Athletics medals did we win?
f) What level of funding does Athletics receive towards the Olympics compared to lets say swimming?
g) How much funding has been directed towards Athletics since the 1992 games?
h) What measures are being undertaken to review our 2008 Olympic performance?

Answer:

a) In 2007-08 the Australian Government, through the Australian Sports Commission (ASC), provided $65,136,250 to support summer Olympic sports. Across the current four year Olympic cycle over $245 million dollars has been provided to Olympic sports.

b) At the 2008 Beijing Olympic Games the total medal count for Australia was 46 medals.

c) At the 2004 Athens Olympic Games the total medal count for Australia was 49 medals.

d) The participation of the Australian team at the Olympic Games is the responsibility of the Australian Olympic Committee not the Australian Government. The Australian Olympic Committee has advised that 435 athletes participated at the Beijing 2008 Olympics.

e) Athletics won four medals – one gold, two silver and one bronze.

f) In the four years from 2004-05 to 2007-08 leading up to the Beijing Olympics the ASC provided funding support for high performance outcomes for athletics of $18,914,500. Over the same period $21,194,500 was allocated to swimming. These figures include allocations to the Australian Institute of Sport programs for Athletics and Swimming.

g) Since the 1992 games, $56,864,863 has been provided for high performance outcomes by athletics.

h) The Commission requires every funded Olympic sport to undertake a review of its performances at the 2008 Beijing Olympics and has also conducted a full analysis of results at the Beijing Olympics.

In addition the Commission has commenced the recognition and funding assessment process for 2009-2013. The funding assessment process and criteria proposed for 2009-2013 are similar to those utilised for the 2005-2009 funding cycle.

The assessment process has been undertaken in three stages. The first stage involves an assessment of all recognised sports against the Commission's recognition criteria.

The second stage is an assessment of national sporting organisations against funding assessment criteria to determine priority national sporting organisations and the third stage is the determination of the allocation of funds to the sports.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-071

OUTCOME 15: Sport

Topic: STAFFING - AUSTRALIAN SPORTS COMMISSION

Senator Bernardi asked:

a) How many permanent staff recruited since the Budget Estimates?
b) What level are these staff?
c) How many temporary positions exist or have been created since Budget Estimates?
d) Since Budget Estimates, how many employees have been employed on contract and what is the average length of their employment period?

Answer:

a) Since the 2008-09 Budget Estimates 18.8 full time equivalent (FTE) permanent staff have been recruited.

b) The ASC utilises a six tiered structure for job levels (excluding post-graduate or coaching scholarship positions and casuals). The levels are:
   - Executive
   - General Manager and Equivalent
   - Senior Management and Equivalent
   - Middle Management / Supervisory and Equivalent
   - Operational Level
   - Coach

   Of the total of 18.8 permanent employees who commenced since Budget Estimates; 5.0 FTE were at Middle Management / Supervisory and Equivalent level, and 13.8 FTE were at the Operational level.

c) A total of 367.9 FTE fixed term positions existed at the time of Budget Estimates (25 May 2008). Since this time, 11.6 FTE fixed term positions have been created.

d) A total of 27 FTE employees have been employed on contract[1] since Budget Estimates. The length of employment varied from 44 days to 1,408 days (approximately 3.9 years), and the average length of employment was 719 days (approximately 2 years).

   Note[1] 'Contract' is assumed to refer to the engagement of fixed term employees, rather than a contract that may exist between an external company that provides labour to the ASC.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2008-2009, 22 October 2008

Question: E08-072

OUTCOME 15: Sport

Topic: STAFFING - EFFICIENCY DIVIDEND/BUDGET CUTS - AUSTRALIAN SPORTS COMMISSION (ASC)

Written Question on Notice

Senator Bernardi asked:

a) Have staffing numbers been reduced as a result of the efficiency dividend and/or other budget cuts?
b) If so, where and at what level?

Answer:

a) Since 15 May 2008, a total of eight vacant positions have been reviewed and not filled.

b) Canberra. The majority have been at middle management or equivalent level.