Senate Community Affairs Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Inquiry into Hearing Health
19 March 2010

Question no: 1

OUTCOME 7: Hearing Services

Topic: HEARING DEVICE USAGE

Hansard Page: CA 43

Senator Siewert asked:

What evidence were you using about the number of people who were getting aids who did not need them?

Answer:

The Office analysed data derived from SHIVA, the Office of Hearing Services business IT system. The analysis included information accumulated over a number of years preceding the implementation of the Minimum Hearing Loss Threshold. This was carried out in an effort to determine the take up of aids fitted under the Program.

Senate Community Affairs Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Inquiry into Hearing Health
19 March 2010

Question no: 2

OUTCOME 7: Hearing Services

Topic: HEARING DEVICE USAGE

Hansard Page: CA 44

Senator Fierravanti-Wells

Question:

You have made an assertion that people get hearing devices and put them in the drawer. I would appreciate you producing for the committee the statistical information to back up that assertion.

Answer:

In recent years, a number of Australian and international studies have shown consistent findings that a significant proportion of people do not use their hearing devices.

In Australia, reported hearing aid usage rates indicate that 20-40% of those people fitted with aids either do not use them or are using them at levels that provide little or no benefit.

For example, a 1999 South Australian[1] study reported hearing aid usage rates of only 38% of people who would gain a clinical benefit from using a hearing aid. A 2005 survey of 400 people conducted by the National Acoustics Laboratory (NAL) [2] found that 21% of people fitted with hearing aids were not using them and a further 10% were using them infrequently (defined as less than one hour per day).

The Office's Client Satisfaction Survey results have also been broadly consistent with these findings reporting the proportion of clients using their aids less than one hour per day as 14.3%, indicating use at levels that provide little or no benefit for the level of the taxpayer investment for those clients.

1 Wilson et al (1999). Epidemiology of hearing impairment in an Australian adult population *International Journal of Epidemiology 28(2):247-252.*

2 Dillon, H. (2005) *Benefit From Hearing Aids,* National Acoustics Laboratory, Unpublished.

Senate Community Affairs Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Inquiry into Hearing Health
19 March 2010

Question no: 3

OUTCOME 7: Hearing Services

Topic: MINIMUM HEARING LOSS THRESHOLD

Hansard Page: CA 47

Senator Siewert asked:

Could you provide the evidence on which clinicians were involved and how you came to the decision in the threshold? Also, what evidence have you got that the people who are now excluded as a result of the introduction of the threshold were getting a benefit from having the assistance of a hearing aid?

Basically we want to know what evidence there is for where you drew the line and how many people will miss out.

Answer:

Audiologists employed in the Office of Hearing Services determined the threshold based on evidence provided in audiological professional literature. It is widely accepted in the audiological profession in Australia and internationally that a 25 dB (decibels) hearing loss indicates a mild hearing loss. Internationally, most government funded hearing programs have implemented minimum hearing loss thresholds, and comparatively, Australia's threshold is less stringent. For example, Quebec's Hearing Devices Program in Canada has a minimum threshold of 35 dB in the better ear, the Netherlands also has a minimum hearing loss threshold of 35dB in the better ear and the UK has a 25 dB threshold.

The threshold for the Program has been set at a conservative 23dB and below, that is people with 24dB hearing loss and over are eligible to get a device. Exemption criteria have been developed to ensure that a client who is assessed as having a hearing loss below 24 dB, but who nonetheless demonstrates a clinical need for a hearing device, will be fitted under the Program.

Clients who fall below the threshold and do not demonstrate a clinical need for a hearing device continue to have access to other rehabilitative services offered under the Program. This includes access to services to assist clients to develop strategies to better manage their hearing loss and communication in difficult environments.

The National Acoustics Laboratory has provided advice to assist the development of the fitting exemptions for clients under the threshold. The Office consulted with the hearing industry on these exemption criteria in November 2009 - February 2010 and agreement has been reached for their implementation on 1 July 2010.

Senate Community Affairs Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Inquiry into Hearing Health
19 March 2010

Question no: 4

OUTCOME 7: Hearing Services

Topic: DECIBEL LEVELS

Hansard Page: CA 48

Senator Fierravanti-Wells asked:

I would like to see the statistics that surround those decisions – apart from the obvious one of saving money. With the 23 decibel level, what was the position before that? Could you give a range from when this last was the universal entitlement and when that was introduced? How many people were assisted? I would be interested to know the sorts of decibel levels, when decibel levels impacted our previous decision making and when that was used as a criteria. What underpinned this going to a 23 decibel level all of a sudden?

I would like projections of the number of people who now fall outside the 23 decibel threshold and how many Australians we are talking about who are going to be affected by this cost-cutting measure?

Answer:

Audiologists employed in the Office of Hearing Services determined the threshold based on evidence provided in audiological professional literature. It is widely accepted in the audiological profession in Australia and internationally that a 25 dB (decibels) hearing loss indicates a mild hearing loss. Internationally, most government funded hearing programs have implemented minimum hearing loss thresholds, and comparatively, Australia's threshold is less stringent. For example, Quebec's Hearing Devices Program in Canada has a minimum threshold of 35 dB in the better ear, the Netherlands also has a minimum hearing loss threshold of 35dB in the better ear and the UK has a 25 dB threshold.

Since its inception in 1997, the Australian Government Hearing Services Program (the Program) has been an uncapped program with no restriction to the fitting of devices, except for the financial eligibility criteria for the Program. It is generally accepted within Australia and internationally that a 25 dB (decibels) hearing loss indicates a mild hearing loss.

The Minimum Hearing Loss Threshold (MHLT) will be implemented on 1 July 2010. The threshold for the Program has been set at a conservative 23dB and below. That is, people with 24dB hearing loss and over are eligible to receive a device. The MHLT also includes exemption criteria to ensure that a client who is assessed as having a hearing loss below 24 dB, but who nonetheless demonstrates a clinical need for a hearing device, will be fitted under the Program.

Clients who fall below the threshold and do not demonstrate a clinical need for a hearing device continue to have access to other rehabilitative services offered under the Program. This includes access to services to assist clients to develop strategies to better manage their hearing loss and communication in difficult environments.

The National Acoustics Laboratory has provided advice to assist the development of the fitting exemptions for clients under the threshold. The Office consulted with the hearing industry on these exemption criteria in November 2009 - February 2010 and agreement has been reached for their implementation on 1 July 2010.

In 2008-09, approximately 12,500 or 11% of clients were fitted under the Program who would not be fitted under the MHLT. This represents 7.7% of all fittings, including replacements, under the Program in 2008-09.

Senate Community Affairs Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Inquiry into Hearing Health
19 March 2010

Question no: 5

OUTCOME 7: Hearing Services

Topic: MINIMUM HEARING LOSS THRESHOLD

Hansard Page: CA 53

Senator Moore asked:

In terms of the suddenness of the decision, it was certainly my understanding that these things are constantly under review and that this idea did not just arrive. It was perceived there as an overnight decision – someone woke up one morning and said, 'We are going to do this'. Can we get an idea about how the process you have put forward is reviewed? I think we have already asked for the clinical nature of the advice that you received. That would be useful.

Answer:

The Minimum Hearing Loss Threshold was announced as part of the 2009-10 Budget. The development of this measure was subject to the review processes in the Budget process, including scrutiny by the Department of Finance and Deregulation, Cabinet and the Economic Review Committee.

Consultation was undertaken with the National Acoustics Laboratory and the hearing industry on the development of the exemption criteria and the implementation of the MHLT between November 2009 and February 2010. The MHLT will be implemented on 1 July 2010.

The measure will be reviewed by the Department of Health and Ageing 12 months after implementation.

Senate Community Affairs Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Inquiry into Hearing Health
19 March 2010

Question no: 6

OUTCOME 7: Hearing Services

Topic: AUDITS OF SERVICES

Hansard Page: CA 53

Senator Moore asked:

Can we get something about that schedule in terms of how the audits are stimulated and how the process goes?

Answer:

Currently, audits are stimulated by cyclical planning and receipt of external information such as formal complaints. Audits are undertaken of contracted service providers and/or hearing practitioners registered under the Program.

Audits may comprise on site or desk top reviews of client files.

These activities monitor compliance with the Service Provider Contract, Hearing Rehabilitation Outcomes and Rules of Conduct. On site audit activities may include:

- clinical observation of appointments with clients,
- administrative and clinical file reviews, and
- review of business systems.

Where significant non-compliance is identified, the Office will initiate compliance action including:

- reduction of the scope of services to be provided under the Service Provider Contract;
- imposition of additional conditions of accreditation;
- revoking, varying or cancelling of accreditation;
- revoking, varying, suspending or imposition of conditions on, approval or registration of practitioners working under the Program; and
- termination of the Service Provider Contract.

Senate Community Affairs Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Inquiry into Hearing Health
19 March 2010

Question no: 7 & 8

OUTCOME 7: Hearing Services

Topic: QUALITY FRAMEWORK

Hansard Page: CA 54

Senator Moore asked:

Can we get that, that there is a set process to review what is a service to be covered by Medicare?

Answer:

There are two processes for applying to have a service covered under the Medicare Benefits Schedule (MBS): the Medical Services Advisory Committee (MSAC) or the Quality Framework. Application forms for the Quality Framework can be found at www.health.gov.au/mbrtg or alternatively the MSAC application form can be found at www.msac.gov.au.

All new MBS items that do not undergo assessment through MSAC will be assessed through the Quality Framework new listings process. Under this process items deemed eligible for MBS listing will be listed for a time-limited period of usually three years and will require a formal evaluation at the end of the period.

Applicants are encouraged to meet the Department prior to submitting an application to better understand the appropriate process and the kinds of information most relevant for a particular service.

In addition to the new MBS listing process, the Quality Framework will establish new fee setting and review mechanisms to ensure that prospective and already listing items are safe, effective and represent value for money. Work on these frameworks will continue to be developed and refined throughout 2010 with expert and stakeholder involvement.

Senate Community Affairs Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Inquiry into Hearing Health
19 March 2010

Question no: 9

OUTCOME 7: Hearing Services

Topic: AUDIOLOGICAL ASSESSMENT

Hansard Page: CA 55

Senator Boyce asked:

We have taken evidence in a number of places from people suggesting that there really is not an agreed standard for audiological assessments in Australia. Would that be the department's opinion?

Except that there is the suggestion that the application of this is not as rigid as one might exist – not that people are not meeting the standard but that there is not a standard for the assessment. There is a standard for how to do an assessment but not for the assessment. Do you agree with that view, what is the current standard, what deficiencies if any do you see in the current standard and who would go about driving change to the standard or new standards if that was needed?

Answer:

Audiologists provide services in the public health system, private practice and for the Australian Government Hearing Services Program (the Program).

The competencies for audiologists are determined by the relevant educational institutions and the professional bodies of the hearing industry. The Program registers hearing practitioners who have the required academic qualifications and have been certified as meeting professional competencies through membership of an Approved Professional Body.

Under the Program, the Hearing Rehabilitation Outcomes (established in regulations) set a standard battery of tests for assessment for contracted service providers who may also determine any additional tests required. For client safety and quality purposes there are also set indicators for referral to medical practitioners for further evaluation. The Program does not set a clinical standard for assessment as these are determined by the professional bodies.

Senate Community Affairs Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Inquiry into Hearing Health
19 March 2010

Question no: 10

OUTCOME 7: Hearing Services

Topic: HEARING SERVICES FOR PEOPLE OVER 21

Hansard Page: CA 55-56

Senator Siewert asked:

You will know very well that we have had lots of evidence around the over 21 year olds.

It does not take a rocket scientist to work out that it is an area we are going to be seriously looking at as a committee, so any information you could give us on any costing you have done that is publicly available and that can be provided to us would be appreciated.

Answer:

The Department has undertaken some preliminary modelling of the costs associated with the provision of hearing services to people over 21 and this has been provided to Government as part of the Department's routine policy advice work to Government.

The modelling was based on parameters such as the current child Community Services Obligation (CSO) population by age group, Australian Bureau of Statistics population estimates and projections, Centrelink card holder population counts, inflation index, average prevalence hearing loss levels, average cost of the hearing services provided in the CSO program and the cost of new hearing technologies.

Community Affairs Reference Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Inquiry into Hearing Health
19 March 2010

Question no: 11

OUTCOME 8: Indigenous Health

Topic: HEARING HEALTH IN AUSTRALIA

Hansard Page: CA 57

Senator Moore asked:

a) What were the Terms of Reference for the Access Economics needs analysis study?
b) How was the list of services to be part of the study devised?
c) Why were the Remote Service Delivery Communities targeted?

Answer:

a) In December 2009, following an open tender process, the Office for Aboriginal and Torres Strait Islander Health (OATSIH) commissioned Access Economics to undertake a planning and needs analysis project addressing the need for equipment for assessment of ear and hearing health problems, and the strategic location of this equipment in specified Aboriginal Medical Services (AMS) funded by OATSIH and other Primary Health Care Services.

   The Statement of Requirement which outlines the activities undertaken for the planning and needs analysis project is at Attachment A**.**

b) The list of services to be surveyed was determined by OATSIH. Services that were included were those primary care services that OATSIH funds and other services that work in partnership or consortia with these services. Primary care services in the 29 Remote Service Delivery communities were also included.

c) The 29 Remote Service Delivery communities were included as they have been identified as priority communities by the Council of Australian Governments under the *National Partnership Agreement on Remote Service Delivery*.

Attachment A

Part B – Statement of Requirement

1. INTRODUCTION

Rates of ear disease and hearing problems for Aboriginal and Torres Strait Islander children are higher than those of the non Indigenous population. Otitis media (middle ear infection) can cause fluctuating hearing loss, preventing active participation in education and subsequently limiting employment opportunities.

On 26 February 2009, the Prime Minister announced the *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure. Commencing in 2009-10 and totalling $58.3 million over four years, the measure will provide additional services in the management of eye and ear problems that will support closing the gap in education and employment outcomes for Indigenous Australians.
Ear health components of the measure include:

- training of health workers for hearing assessment;
- maintenance and purchase of medical equipment for hearing assessment;
- additional ear surgery, particularly for remote Indigenous clients; and
- hearing health promotion

The first phase of the initiative has involved the organisation of a Clinical Roundtable in Hearing Health, to determine best practice approaches for the delivery of hearing services to Indigenous Australians. One of the issues raised at the Roundtable was the significant amount of work currently occurring at a State and Territory level in hearing health, and the need for Commonwealth initiatives to align with this work.

As a first step the Department is seeking to establish an Indigenous Ear Health Working Group comprising Commonwealth, State and Territory Health Department representatives in order to discuss the roll out of Australian government hearing initiatives and how they will align with current State and Territory activity.

The Department will shortly engage a consultant or group of consultants to undertake a scoping study of current State and Territory funded Indigenous health activity in relation to the management of otitis media and associated hearing issues.

Additionally, the Department will separately engage consultants or group of consultants to supply specified hearing equipment; and to provide accredited training in ear and hearing health assessment to Aboriginal Health Workers.

Through this RFT process, the Department of Health and Ageing aims to engage a consultant or group of consultants to undertake a planning and needs analysis for the strategic location of hearing equipment in Aboriginal Medical Services (AMS) funded by The Office for Aboriginal and Torres Strait Islander Health (OATSIH) and other Primary Health Care Services as specified.

The target group for the hearing component of the *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure is Aboriginal and Torres Strait Islander children and young people under 21 years of age.

2. CONDITIONS OF PARTICIPATION (*Part A section 5.4)*

In compliance with the Commonwealth Procurement Guidelines (CPGs), the Commonwealth will exclude a Tender from further consideration if the Commonwealth considers that the tenderer does not comply with the following condition(s):

(a) Capacity to comply with the draft contract conditions from a commercial, financial or technical perspective (Part A Section 4.6).

(b) Included a signed declaration with their submission that they have not engaged in collusive tendering or received improper assistance in compiling their Tender.

(c) Tenderers must have the following levels of insurance and indemnity coverage in place for this project assignment (refer attached contract clauses referring to insurance and indemnity) at time of submitting a Tender:

- Workers' Compensation to an amount required by law,
- $10,000,000 Public Liability, and
- $2,000,000 Professional Indemnity

(d) *Key Stakeholders:*

The successful tenderer or tenderers engaged through this process **must** work collaboratively with these key groups throughout the duration of the contract:

- The Office for Aboriginal and Torres Strait Islander Health (OATSIH)
- Aboriginal Medical Services (AMS) funded by OATSIH and other Primary Health Care Services as specified
- The National Aboriginal Community Controlled Health Organisation (NACCHO) and NACCHO affiliated organisations in states and territories.

(e) *Governance:*

The Commonwealth will enter into one contract for this RFT. Tenderers must nominate the lead organisation / individual with whom the Commonwealth will contract, and clearly describe the legal mechanisms governing the operation of consortia / partnerships.

3. MINIMUM CONTENT AND FORMAT REQUIREMENTS (*Part A section 5.3)*

In compliance with the Commonwealth Procurement Guidelines (CPGs), the Commonwealth will exclude a Tender from further consideration where the minimum content and format requirements have not been met. Subject to Part A section 3.4, tenderers are required to satisfy the format and content requirement including

provision of the information listed in Part A section 5.3.

Submissions must include three (3) copies of the previous three (3) Annual Reports, OR 3 (3) copies of the audited financial statements for the previous three (3) years for all organisations / individuals who are to be involved in this project.

4. BACKGROUND

The *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure commenced on 1 July 2009 and totals $58.3 million over four years.
The hearing components of the measure are being administered through the Department of Health and Ageing and will assist in:

- reducing the number of Indigenous people suffering avoidable hearing loss
- improving the coordination of hearing health care
- giving Indigenous children a better start to education which in turn will assist with delivering improvements in literacy and numeracy and have flow on effects to improved employment outcomes
- boosting the qualifications of health professionals

The hearing components of this measure will target Aboriginal and Torres Strait Islander children and young people under 21 years of age.

5. CONTEXT

There are currently a number of State/Territory and Commonwealth funded programs that address Indigenous hearing health.

As noted previously, the Department of Health and Ageing will shortly engage a consultant or group of consultants to undertake a scoping study of current State and Territory funded Indigenous health activity in relation to the management of otitis media and associated hearing issues.

The Department will separately engage consultants or group of consultants to supply specified hearing equipment to Indigenous Primary Health Care Services; and to provide accredited training in ear and hearing health assessment to Aboriginal Health Workers

This project focuses on Primary Health Care Services funded by the Australian Government through the Office for Aboriginal and Torres Strait Islander Health (OATSIH) and communities identified as priority locations under the Closing the Gap: National Partnership Agreement on Remote Service Delivery.

Australian Government initiatives in hearing health that are relevant to the conduct of this project include:

Hearing Provision in Aboriginal Medical Services
OATSIH provides funding for Aboriginal and Torres Strait Islander primary health care services. Funds previously provided to individual services under the ear and hearing program have been progressively absorbed into the general budgets of primary health care services. In 2007-08, 71% of OATSIH funded Aboriginal and

Torres Strait Islander primary health care services surveyed provided and/or facilitated hearing screening programs[1].

OATSIH has historically provided funding to Australian Hearing Services to provide hearing training for Aboriginal and Torres Strait Islander Health Workers in each state and territory except the Northern Territory (see details on the Australian Government Intervention in the Northern Territory). Australian Hearing Services has also provided upgrade and maintenance of hearing equipment within OATSIH funded Aboriginal Medical Services.

Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes measure

On 26 February 2009 the Prime Minister announced the *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure. The measure is being administered through the Department of Health and Ageing and the hearing health components of the new measure include:

- Increased training of health workers for hearing assessment, to make sure they can pick up any hearing problems of Indigenous people as early as possible.
- Maintenance and purchase of medical equipment for hearing assessment
- Hearing health promotion to increase awareness of ear disease and the importance of providing and following treatment to reduce hearing loss in Aboriginal and Torres Strait Islander communities.
- Additional ear surgery in areas of need, particularly remote communities.

Australian Government Hearing Services Program

Through the Hearing Services Program (the Program), the Australian Government provides eligible Australians with access to affordable hearing services to reduce the consequence of hearing loss in the community. The Program's services include hearing assessment, hearing rehabilitation and the fitting of hearing devices, if appropriate. The provision of screening services is not part of the Program.

Funding for hearing services is provided through a national network of over 200 private hearing service providers and the Government-owned hearing service provider Australian Hearing. These services are provided under the voucher program and Community Service Obligations (CSO) program.

Eligibility for voucher services is mainly for Australian citizens or permanent residents who are pensioners, Veterans or people on sickness allowance.

Australian Hearing is the sole provider of CSO services. The CSO program includes services and hearing devices for children under 21, eligible clients with complex hearing needs, and Indigenous specific measures. The Indigenous specific measures provide hearing services for Indigenous people over 50, those on Community Development Employment Projects (CDEP) Program until 1 July 2012, and funding for outreach service delivery through the Australian Hearing Specialist Program for Indigenous Australians (AHSPIA). AHSPIA consists of over 200

[1] *2007-08 Service Activity Reporting (SAR) data*

Outreach Sites, established across Australia to provide culturally appropriate hearing services to eligible Indigenous Australians.

The Office of Hearing Services in the Department of Health and Ageing administers the Hearing Service Program.

Australian Government Intervention in the Northern Territory

The Australian Government funded the Northern Territory Government to provide hearing and Ear Nose and Throat (ENT) services in 2008-09 to children under the age of 16 years as follow-up to the Northern Territory Emergency Response Child Health Checks. ENT services will continue to be provided in 2009-10.

Background
Hearing and ENT services are currently being provided by the NT Department of Health and Families (primary ear health care, audiology and ENT services) as follow-up care to the Northern Territory Emergency Response (NTER) Child Health Checks. Additional primary health care follow-up services provided by Hearing Health Workers were supported through the Commonwealth funded Expanding Health Service Delivery Initiative (EHSDI). Aboriginal Community Controlled Health Organisations also provide primary ear health care.

Funding available
Under the *Closing the Gap Northern Territory – Indigenous health and related services* measure the Australian Government has committed funding of $4.5 million for one year (2009-10) to complete ENT specialist services (including surgery) arising from valid ENT referrals from child health checks. Under the Expanding Health Service Delivery Initiative resources will continue to be available for audiology services in 2009/10.

Medicare Items for health assessment: Child Health Checks
Health assessment items for Aboriginal and Torres Strait Islander people of all ages currently exist in the Medicare Benefits Schedule (MBS). The intention of these items is to provide a systematic approach to health checks in Aboriginal and Torres Strait Islander people, with the overall aims including the prevention, early detection of disease and intervention to improve health outcomes. The Indigenous child health check (MBS item 708) is available annually for Aboriginal and Torres Strait Islander children from birth to 14 years of age.

The essential components of an Aboriginal and Torres Strait Islander Child Health Check are taking a comprehensive medical history, examination of the patient, organising required investigations, making an overall assessment of the patient and arranging any necessary interventions and referrals. With respect to ear health this specifically includes an assessment of hearing through the history, the achievement of developmental milestones, and otoscopic examination of the ears.

6. OBJECTIVES

The *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure seeks to address, among other things, the early onset of Otitis Media (middle ear infection) which results in

fluctuating hearing loss, preventing active participation in education and limiting employment opportunities.

The Office for Aboriginal and Torres Strait Islander Health is seeking through this RFT process to undertake a planning and needs analysis project addressing the need for hearing equipment for assessment of ear and hearing health problems, and the strategic location of this hearing equipment in Aboriginal Medical Services (AMS) funded by OATSIH and other Primary Health Care Services as specified.

This planning and needs analysis project will need to consider a number of issues including any existing equipment available and its remaining working life, the equipment that is able to be made available through the *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure, the workforce capability in individual services and the likely demand for individual pieces of equipment. The needs analysis will also need to consider the:

- *Recommendations for Clinical Care Guidelines on the Management of Otitis Media in Aboriginal and Torres Strait Islander Populations March 2001;*
- *General Guidelines for Audiological Practice with Indigenous Australians (Audiological Society of Australia);* and
- equipment requirements necessary to deliver services consistent with these guidelines.

This analysis will assist OATSIH in determining the location for the differing types of equipment to individual services. The types of equipment that are within the scope of the *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes* measure include otoscopes, screening audiometers, pneumatic otoscopes, tympanometers and video-otoscopes. It is anticipated that most services may require a basic level of new equipment (otoscope, screening audiometer and tympanometer), depending on their current stock.

It is further anticipated that the planning and needs analysis may indicate that some services may require more complex hearing equipment (ie pneumatic otoscope and/or video-otoscope). Should this be the case OATSIH will take a phased approach to the purchase of ear and hearing equipment:

- Phase 1 – purchase and distribution of basic hearing equipment:
    - Otoscope
    - Screening audiometer
    - Tympanometer

- Phase 2 – purchase and distribution of more complex hearing equipment:
    - Pneumatic otoscope
    - Video-otoscope

7. REQUIREMENT

Tenderers **must** provide a fully costed submission and detailed project plan to undertake the core activities listed below.

Submissions **must** include a detailed project plan which articulates the methodology and the process your organisation intends to employ to achieve these activities, including specifying the staff who will be assigned to each step, activity or component of the project.

The Commonwealth expects that separate submissions will:

- be fully costed
- display cultural awareness and sensitivity in dealing with medical and health services and personnel, in particular Aboriginal Medical Services and Aboriginal Health Workers
- display a knowledge of the hearing health industry, particularly in relation to Indigenous health and Primary Health Care Services
- be cost effective and address value for money considerations
- contain efficient and realistic timeframes
- involve collaboration across disciplines where appropriate
- have methodological merit
- comply with broader Government and Departmental objectives

The core activities which **must** be undertaken by the successful Tenderer are:

Activities:

Address the strategic location of specified hearing equipment in Aboriginal Medical Services (AMS) funded by OATSIH and other specified Primary Health Care Services by:

1) Conduct and provide a stock take of existing hearing equipment, including audiology sound booths and soundproofed rooms, located in Aboriginal Medical Services (AMS) funded by OATSIH and other Primary Health Care Services as specified.
   This should include:

   - assessment of services specified by OATSIH (list to be provided to successful tenderer); and
   - assessment of Primary Care Services located in communities identified as priority locations under the Closing the Gap: National Partnership Agreement on Remote Service Delivery.

   Factors which should be addressed include:

   - number and type of existing hearing equipment
   - number and type of audiology sound booths and soundproofed rooms
   - age of existing equipment
   - condition of existing equipment

- estimated remaining working life of existing equipment
- location of existing equipment
- the most recent date the existing equipment was known to have been maintained and calibrated

2) Develop and provide a plan for the strategic location of hearing assessment equipment in Aboriginal Medical Services (AMS) funded by OATSIH and other Primary Health Care Services as specified. The hearing equipment will be otoscopes, pneumatic otoscopes, screening audiometers, tympanometers and video-otoscopes

It is anticipated that the planning and needs analysis may indicate that some services may require more complex hearing assessment equipment. Should this be the case OATSIH will take a phased approach to the purchase of hearing equipment:

- Phase 1 – purchase and distribution of basic hearing equipment
  - Otoscope
  - Screening audiometer
  - Tympanometer

- Phase 2 – purchase and distribution of more complex hearing equipment
  - Pneumatic otoscope
  - Video-otoscope

Factors which should be addressed include:

- Analysis of the most appropriate type and quantity of hearing equipment needed by OATSIH funded Aboriginal Medical Services (AMS) and other Primary Health Care Services as specified, to enable early identification of the onset of middle ear infection and associated hearing issues among Aboriginal and Torres Strait Islander children and young people under 21 years of age consistent with clinical care guidelines
- Current workforce in each OATSIH funded Aboriginal Medical Service and other Primary Health Care Services as specified
- A recommended approach for the distribution of hearing equipment to the nominated Services

3) Provision of regular reports to OATSIH on progress made at key milestones during the course of the project.

Factors which should be addressed include:

- Schedule of reports – the number of reports to be supplied
- Format of reports – what form the reports will take
- Content of reports – reporting should include:
  - all topics itemised in 1) and 2) above
  - a summary of progress to date
  - advice on issues impacting negatively on the program

    - options and recommendations to facilitate and enhance program delivery
- Mode of reporting – reports should be supplied both electronically and in hard copy
- Timing of reports – OATSIH requires monthly reporting as well as a final report
- Incidental reports – additional reports on incidents arising should be supplied via email to the contract manager as they occur

For the purposes of this RFT, an indicative distribution of Aboriginal Medical Services and other Primary Health Care Services as specified (approximately 200 services in total) by remoteness is as follows:

Remoteness	Percentage of AMSs and other Primary Health Care Services (%)
Major cities	15
Inner regional	23
Outer regional	24
Remote	15
Very remote	23

The exact location of areas receiving medical hearing equipment will be decided by OATSIH based on data from this project.

OATSIH undertakes to supply to the successful tenderer:

- A detailed list of OATSIH funded Aboriginal Medical Services and other Primary Health Care Services
- A list of locations that have been identified as priority by the Council of Australian Governments under the *National Partnership Agreement on Remote Service Delivery*. The successful tenderer will need to identify Primary Health Care Services within the priority locations that would be within scope to receive hearing equipment.

OATSIH expects that collection of data for this project will not involve site visits to Aboriginal Medical Services and other Primary Health Care Services, or to any Department of Health and Ageing State and Territory offices.
The project will need to be completed by 28 February 2010.

Tenderers may submit questions to the contact officer prior to closure of the RFT.

Responses to these and other questions will be provided on the Department's internet site.

As set out in clause 2.1.1 Tenderers are to meet all costs of responding to this RFT.

8. ESSENTIAL REQUIREMENTS (*Part A section 5.5)*

In compliance with the Commonwealth Procurement Guidelines, the Commonwealth

will exclude a Tender from further consideration if the Commonwealth considers that the Tender does not comply with an essential requirement identified in the Statement of Requirement indicated by the use of the word "**must**".

9. OPTIONS

The work described in this Request for Tender is expected to be concluded at the time of the acceptance of the final report. However, if a need is identified in progress reports or the final report for additional work to occur that is deemed necessary for the completion of this planning and needs analysis, the Department may consider offering a contract variation for such work.

10. SPECIFIC ISSUES

Nil

11. TIMEFRAMES

Project Milestones	Indicative timeframe
RFT advertised	9 October 2009
RFT closes	5 November 2009
Evaluation of Tenders	6 – 19 November 2009
Contract offered	November 2009
Tenderers advised of outcome	November 2009
Meeting with Department	November 2009

12. REPORTING REQUIREMENTS

The successful tenderer **must** liaise regularly with the OATSIH Project Manager who will provide guidance and support to the successful organisation.

Progress reports

The successful Tenderer **must** provide a progress and final report detailing progress against each of the activities and outputs outlined in Part 7 – Requirement.

The Progress Report **must** include the following:

a) information about what progress or achievements have been made in the performance of the Project against the agreed methodology;
b) what difficulties (if any) in performing the Project have been encountered by the Participant during the period covered by the Progress Report and the action proposed or undertaken to overcome those difficulties;
c) the proposed plan of action to be taken in respect of performance of the Project; and
d) a complete version of the Project Material produced to the date of the Progress Report.

The Final Report **must** include the following:

a) where applicable, an explanation as to why some or all of the Aim of the Project was not achieved
b) a complete version of the Project Material; and

c) confirmation from the Participant's Chief Executive officer that the funds were expended in accordance with the purpose of the Project and in accordance with the Contract.

13. COMMUNICATION ISSUES

Throughout the contract period the consultant must bring to the attention of the Department any issues that may impact on the success of the project or ability to meet key milestones by projected dates, in an appropriate manner.

14. CULTURAL, COMMUNITY OR ORGANISATIONAL ISSUES

Interested organisations must have knowledge of Aboriginal and Torres Strait Islander societies and an understanding of the issues affecting Aboriginal and Torres Strait Islander peoples in contemporary Australian society and the diversity of circumstances of Aboriginal and Torres Strait Islander communities.

15. CONFIDENTIALITY ISSUES (*Part A section 4.4)*

Tenderers **must** indicate any element of their Tender which may become part of any subsequent contract, which they regard as confidential and provide reasons for requiring confidentiality. Further information regarding confidentiality in this context can be sought from the Department of Finance and Deregulation's publication "Guidance on Confidentiality in Procurement" available from:

http://www.finance.gov.au/publications/fmg-series/03-guidance-on-confidentiality-in-procurement.html

The successful Tenderer must keep the contents of their submission and subsequent contract and work under the contract confidential as this information may be used in a subsequent RFT.

16. RECORDS AND RECORD KEEPING

Tenderers should be familiar with the requirements of record keeping in an outsourced environment, particularly the National Archives publication "Records Issues for Outsourcing". Copies can be downloaded from

http://www.naa.gov.au/Images/GDA25_tcm2-1129.pdf

17. ELECTRONIC COMMERCE INITIATIVE

As part of this Department's adoption of electronic commerce principles, the Department has a preference to make all payments by electronic funds transfer ("EFT"). Tenderers are required to advise their acceptance of the use

Community Affairs Reference Committee

ANSWERS TO QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Inquiry into Hearing Health
19 March 2010

Question no: 12

OUTCOME 8: Indigenous Health

Topic: HEARING HEALTH IN AUSTRALIA

Hansard Page: CA58

Senator Moore asked:

We have heard a lot of evidence about use of language and interpreters. A lot of the services are provided at the state and territory level, but is there a Commonwealth standard about the effective use of health programs and access to language services?

Answer:

Aboriginal Community Controlled Health Organisations may choose to use grant funding provided by the Commonwealth to have interpreters where appropriate in the delivery of health services to Aboriginal and Torres Strait Islander people.