Chapter 2

Health and Ageing portfolio

Department of Health and Ageing

2.1 This chapter contains the key issues discussed during the 2010-2011 additional estimates hearings for the Health and Ageing portfolio.

2.2 The committee heard evidence from the department on Wednesday 23 February 2011. Areas of the portfolio were called in the following order:

- Whole of Portfolio/Corporate Matters
- Australian Institute of Health and Welfare
- Mental Health
- Aged Care and Population Ageing
- Cancer Australia Agency/National Breast and Ovarian Cancer Centre
- National Health and Medical Research Council
- Health System Capacity and Quality
- Access to Medical Services
- Health Workforce Capacity
- Primary Care
- Food Standards Australia New Zealand (FSANZ)
- Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)
- Office of the Gene Technology Regulator
- Population Health
- Rural Health
- Biosecurity and Emergency Response
- Acute Care

2.3 The committee agreed to provide any questions on notice to the following outcomes and agencies:

- Private Health
- Private Health Insurance Administration Council (PHIAC)
- Private Health Insurance Ombudsman
- Access to Pharmaceutical Services
- Hearing Services

Whole of Portfolio/Corporate Matters

2.4 The committee began proceedings by asking the department about the impacts from the recent fire and flood disasters, requesting they provide a more detailed response on notice.[1] Ms Jane Halton, Secretary of the Department of Health and Ageing, responded by listing the areas affected and the different challenges faced by each of them.[2] Ms Halton made special mention of the staff who were evacuated from their Brisbane offices, who continued working from home to support aged care providers.[3]

Questions on notice

2.5 The committee referred to correspondence sent to the department seeking further clarification as to the delay in returning answers to questions taken on notice. The committee noted that while all answers had been received by the day of the estimates hearing, there were some critical answers that were not received by the committee until 15 and 18 February.

2.6 Ms Halton gave details on the total number of questions on notice (431) and the level of detail within each question, noting that 23 per cent of the questions were provided over two months after the estimates hearing and 13 per cent were provided a further month after that.[4] Ms Halton also observed that many questions related to health reform and the Health and Hospitals Fund, and explained the large amount of work involved, stating that:

> There are hundreds and hundreds and hundreds of hours. It is regrettable, but regrettably the pressure of work meant that those questions were finished when they could be finished, because the officers have just been swamped.[5]

2.7 The committee expressed its appreciation of the work involved in answering the questions on notice and acknowledged Ms Halton's explanation.[6]

Changes to Health Reform

2.8 The committee asked a series of questions relating to health reform, paying particular attention to changes that had taken place under Prime Minister Julia Gillard and as a result of the change in government in Victoria. The committee requested the department account for specific changes between the health reform proposed by the

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1 *Proof Estimates Hansard,* 23 February 2011, p. 6.

2 Such as power outages, offices flooded, loss of homes, etc.

3 *Proof Estimates Hansard,* 23 February 2011, pp 6–7.

4 *Proof Estimates Hansard,* 23 February 2011, p. 7.

5 *Proof Estimates Hansard,* 23 February 2011, p. 7.

6 *Proof Estimates Hansard,* 23 February 2011, p. 8.

Rudd Government and the health reform proposed by the Gillard Government. The department agreed to provide this information on notice.[7] The committee sought clarification as to whether or not particular agreements would be affected, such as the public hospital service agreements, the health expenditure working group and the national funding authority.[8]

2.9 When questioned on the human resources expended on the first health reform proposal, Ms Halton was keen to emphasise that the changes to health reform did not signify that any work done previously had been superfluous. Ms Halton stated:

> No, we are not embarking on a new process...The fact is that we now have a single national agreement which continues with things such as activity-based funding, which has local hospital networks, which has an enhanced focus on Medicare Locals...The truth of the matter is that that work has all contributed to the position we are now in, which is a national agreement.[9]

Mental Health

2.10 The department was questioned about the evaluation it had undertaken of the Better Access program. The evaluation will provide details on users of the Better Access program, such as socioeconomic characteristics, and will consider the extent to which the program ensures that new consumers receive services. Officers took on notice more specific details, such as the sample size of consumers surveyed and the process involved in selecting the participants for the survey.[10]

2.11 The committee commended officers on the suicide prevention program and its work with Farm Link, which the department funds through the University of Newcastle.[11] The committee expressed concern over the five year funding period, which concludes in June 2011. Officers reported that the government response to *The Hidden Toll: Suicide in Australia* indicated that the government intended to continue the project while an evaluation of takes place. However, no date has been set for the completion of the evaluation.[12]

2.12 The committee questioned the department on mental health services in Queensland and what steps had been taken to support those areas affected by the recent floods and Cyclone Yasi. Officers reported that the department has been working closely with the Queensland Department of Health and non-government organisations (NGOs) and that the Minister announced additional funding of up to $1.3 million this financial year. This has been targeted to help support divisions of

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7 *Proof Estimates Hansard,* 23 February 2011, p. 17.

8 *Proof Estimates Hansard,* 23 February 2011, pp 17–18.

9 *Proof Estimates Hansard,* 23 February 2011, p. 24.

10 *Proof Estimates Hansard,* 23 February 2011, pp 30–32.

11 *Proof Estimates Hansard,* 23 February 2011, p. 33.

12 *Proof Estimates Hansard,* 23 February 2011, p. 34.

general practice in all areas affected by the floods under the Access to Allied Psychological Services program.[13] Officers confirmed that all NGOs funded by the department were contacted, irrespective of whether or not their premises were damaged, to ensure that:

> (1) they were okay; (2) that they were operational; (3) to see if there was any damage to their operations and their resources.[14]

2.13 As a result of these phone calls, the department was informed that the Day to Day Living in the Community Program and the Kids Helpline were affected. The department has not been asked for any funding for damage to premises, as insurance will fully cover any damage that was done.[15]

2.14 The committee asked the department to respond to a claim made in an article that 40c in the dollar is lost in the administration of mental health and social services.[16] Ms Halton stated that, in regard to the department, the estimation was incorrect by 'a factor of multiples in the 10s'.[17]

Aged Care and Population Ageing

2.15 The committee queried the likelihood of the aged-care one-stop shop initiative being operational by 1 July 2011. Officers responded:

> There is no plan to delay them. What we will be trying to do is to advance along the framework of thinking and consultation, and we would certainly be aiming for a change in the architecture on the ground in some places in Australia by July, but that may not be the final change; there will be some building blocks along the way.[18]

2.16 The committee questioned officers on the new funding arrangements for the Home and Community Care program, which was also due to come into effect from 1 July 2011. Officers responded that there are discussions with states and territories taking place and that they are confident that there are no issues around that deadline.[19]

> The heads of agreement signed at COAG is very clear, with all jurisdictions agreeing that the Commonwealth will have full policy management funding and delivery responsibility for aged care.[20]

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13 *Proof Estimates Hansard,* 23 February 2011, p. 35.

14 *Proof Estimates Hansard,* 23 February 2011, p. 36.

15 *Proof Estimates Hansard,* 23 February 2011, p. 36.

16 *Proof Estimates Hansard,* 23 February 2011, p. 37.

17 *Proof Estimates Hansard,* 23 February 2011, p. 37.

18 *Proof Estimates Hansard,* 23 February 2011, p. 42.

19 *Proof Estimates Hansard,* 23 February 2011, p. 44.

20 *Proof Estimates Hansard,* 23 February 2011, p. 45.

2.17 The department noted that an agreement signed by state, territory and Commonwealth governments at COAG is clear that the Commonwealth will have full policy management, funding and delivery responsibility for aged care. Officers also noted that all states and territories (with the exception of Victoria and ACT) have agreed to, and are in the process of delivering the implementation plan for the Aged Care Assessment Program. The ACT is in the final stages of signing that agreement and bilateral discussions with Victoria are due to take place the week after the estimates hearings.[21]

2.18 Officers detailed to the committee some difficulties encountered in developing nation-wide implementation programs, such as technical difficulties with data delivery, noting that the issues are across states and that work between jurisdictions at an officer level has taken place to solve those issues.[22]

Continence Aids Payment Scheme (CAPS)

2.19 The committee sought information on the transition from the old continence aids payment scheme to the new one. Officers stated the transition has been very good overall, with approximately 80,000 people now registered and receiving payments under the new scheme. Information sessions were run throughout the transition process for people receiving services under the previous scheme and officers reported that they have not had many concerns raised, noting that any concerns that were raised received swift attention and support was provided throughout the transition process.[23]

2.20 The committee expressed concern for people who are both Department of Veterans' Affairs (DVA) pensioners and DVA blue card holders and the confusion that exists over whether or not these individuals are eligible for CAPS. The department clarified that towards the end of 2010 they became aware that some veterans were not receiving support for their continence programs. Following this, the department consulted Medicare, the current legislation and examined arrangements under the previous scheme. As a result, legislation has been amended to close the gap and Medicare has helped to ensure that veterans received their payments and that payments would be backdated to the date of application. Officers also noted that anyone that had previously had their application declined has since been contacted by the department and advised of these new arrangements.[24]

Cancer Australia Agency/National Breast and Ovarian Cancer Centre

2.21 Officers began by explaining the amalgamation of Cancer Australia and National Breast and Ovarian Cancer Centre. There is a 12 month transition period and officers anticipate the establishment of the new agency in early 2011-12. The

21 *Proof Estimates Hansard,* 23 February 2011, p. 45.

22 *Proof Estimates Hansard,* 23 February 2011, p. 46.

23 *Proof Estimates Hansard,* 23 February 2011, p. 48.

24 *Proof Estimates Hansard,* 23 February 2011, pp 48–49.

amalgamation is intended to bring together the cancer control agencies across Australia in to one agency. This will provide a single point of reference for government, consumers, health professionals and researchers.[25]

2.22 The committee received an update on the Jeannie Ferris National Centre for Gynaecological Cancers Churchill Fellowship. The committee noted their support of the Fellowship and passed on their good wishes to the inaugural recipient, Ms Merran Williams.[26]

Consumer Involvement

2.23 Dr Helen Zorbas, Chief Executive Officer, emphasised the effort taken in ensuring representation from particular communities and groups in consumer programs. They currently have four Indigenous women across consumer programs and approximately 22 per cent of consumers are from regional areas.

2.24 Dr Zorbas detailed the development of a national framework to enable effective engagement of consumers in cancer control, in policy, health services and all parts of health control.[27]

National Health and Medical Research Council

2.25 The committee sought further information in regard to funding for the Palliative Care Research Program. Professor Warwick Anderson, Chief Executive Officer, clarified that the department often asks the NHMRC to run the research review program, which means the NHMRC receives applications for funding and undertakes extensive peer review to then see what results occur. Professor Anderson noted that there is a 20 to 25 per cent success rate in those programs that can be funded across the whole grant.[28]

Health System Capacity and Quality

e-Health Implementation

2.26 The committee questioned the department on the contracts in place for e-Health implementation and the reporting arrangements for the National E-Health Transition Authority (NEHTA). Officers explained that as departmental funding for NEHTA is tied to particular deliverables, it is the deliverables that are reported on in the annual report and not the funding specifically.[29]

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25 *Proof Estimates Hansard,* 23 February 2011, p. 55.

26 *Proof Estimates Hansard,* 23 February 2011, p. 55.

27 *Proof Estimates Hansard,* 23 February 2011, pp 55–56.

28 *Proof Estimates Hansard,* 23 February 2011, p. 57.

29 *Proof Estimates Hansard,* 23 February 2011, pp 58–59.

2.27 The committee asked officers to describe any benefits identified since the introduction of personally controlled electronic health records (PCEHR). Officers quoted a study that found that two to three per cent of hospital admissions each year relate to medical errors, which have an estimated cost of $660 million annually, all of which could be prevented using PCEHR.[30] Officers also noted that in some specific cases, lives had been saved as a result of PCEHR because information about allergies was available at the time patients were admitted.[31]

2.28 Officers gave details on the national e-health conference, explaining that there were 450 participants, representing all the major stakeholder groups, including clinicians and consumers. Officers indicated some of the feedback from consumers related to privacy and ensuring appropriate controls were in place for the consumer, with some discussion on what information is available. The department informed the committee of the positive feedback that was received and noted that the conference reached a larger number of people than the 450 participants as it was streamed on the web.[32]

2.29 The committee sought information on international experience of systems similar to the PCEHR. The department indicated that it had held discussions with representatives from the government of Portugal, who are doing very similar work. Scandinavian countries are also advanced in this area, as is France.

Health and Hospital Fund

2.30 The committee sought further information on whether or not the Tamworth, Port Macquarie and Royal Hobart hospitals were receiving any 'special treatment' as a result of the agreement signed with Mr Andrew Wilkie MP. The department clarified that the funding is governed by legislation, which clearly states that projects can only be funded if the board decides they meet the criteria.[33]

Health Workforce Capacity

Registration Issues

2.31 With respect to the numbers of practitioners, the committee asked the department how many have had their registration interrupted by the move to the national registration scheme through AHPRA, the national registration body. The department stated that as AHPRA is not a Commonwealth agency, they are not best suited to answer the question. However, the Minister was able to provide the committee with the following information:

30 *Proof Estimates Hansard,* 23 February 2011, pp 61–62.

31 *Proof Estimates Hansard,* 23 February 2011, p. 61.

32 *Proof Estimates Hansard,* 23 February 2011, p. 62.

33 *Proof Estimates Hansard,* 23 February 2011, pp 66–67.

> AHPRA has registered 520,000 healthcare practitioners in the period before 31 December 2010. Of the 7,700 registrations that had lapsed, only 500 wish to renew their registrations...The Commonwealth will consider the ability to provide ex gratia payments for a period of time for Medicare services related to health practitioners whose registration may have lapsed but who wish to continue their practice.[34]

Rural Incentive Programs

2.32 The committee asked the department to list the incentives in place to encourage GPs to move from major cities to regional and rural areas. The department listed each program in place and the progress made thus far. The General Practice Rural Incentives Program commenced on 1 July 2010, which combined two pre-existing programs. Scaling payments were introduced to the program so that the more remote the location, the higher the incentive. Officers reported that for the September quarter, payments were made to 617 practitioners, and for the December quarter, this number had increased to 2,100 practitioners.[35]

Primary Care

Medicare Locals

2.33 The committee asked officers to describe the progress of Medicare Locals. Officers detailed the processes in chronological order, outlining the discussion paper, the release of draft boundaries and then the release of the boundaries themselves. Officers reiterated the Prime Minister's intention to accelerate the implementation of the Medicare Locals and stated that they are on track, with the program guidelines released the day before the estimates hearings.[36] Officers also explained that these guidelines may be updated over the life of the program.[37]

2.34 The committee asked the department to explain specifically what role the Medicare Locals will play, and whether it would be replacing or complementing the roles currently in place. When asked whether or not Medicare Locals would see patients, officers explained:

> No, and I do not think that privately practicing GPs in an area would actually want an organisation funded by the Commonwealth that would take over that patient coordination role from them...I think the simplest way to differentiate is that clinicians will still have, as they should, the responsibility for determining what clinical services a patient needs and, by

34 *Proof Estimates Hansard,* 23 February 2011, p. 72.

35 *Proof Estimates Hansard,* 23 February 2011, pp 75–76.

36 *Proof Estimates Hansard,* 23 February 2011, p. 80.

37 *Proof Estimates Hansard,* 23 February 2011, pp 87 and 91.

> and large, they organise and coordinate that care themselves. What Medicare Locals will be doing is at a whole-of-population level.[38]

2.35 The committee questioned whether the not-for-profit status of Medicare Locals will remain or if there is potential for Medicare Locals to become profit-based. Officers emphasised there is a competitive application process in place and that any applications intending to not fully comply with the selection criteria would not make it through.[39] Ms Halton asserted:

> One thing that I can be absolutely clear about–and I am categorical about–is that we are blind to the nature of profit or not-for-profit, but no proposal even vaguely hints of cherry picking...That is not consistent with these guidelines and an organisation that does not meet these guidelines is not going to get funded.[40]

2.36 The committee asked the department about areas of possible conflicts of interest and general governance issues that may arise from combining public and private entities. The department emphasised that there were measures in place to combat this, including the applicant's contract with the Commonwealth. Officers suggested many of these issues will be addressed in this contract and that the department has a 'fair body' of experience in handling such matters. The National Performance Authority will also have a role, as they will be providing support at the national level for Medicare Locals, including meeting their objectives.[41] When speaking of measures in place, Ms Halton further clarified:

> Firstly, choose the right organisation and, secondly, ensure that the contract is sufficiently well written...To move to a single head of agreement with the relevant schedules attached, which makes it, firstly, more transparent about what we are requiring of an organisation...but then also streamlines our capacity to monitor and manage those contracts in a way I think all the officers in the area would find helpful.[42]

2.37 Officers emphasised that the program guidelines for Medicare Locals allow accountability not just to the Commonwealth, but also to the local community.[43] Ms Megan Morris, First Assistant Secretary, Primary and Ambulatory Care Division, explained:

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38 *Proof Estimates Hansard,* 23 February 2011, p. 82.

39 *Proof Estimates Hansard,* 23 February 2011, p. 85.

40 *Proof Estimates Hansard,* 23 February 2011, p. 93.

41 *Proof Estimates Hansard,* 23 February 2011, pp 85–86.

42 *Proof Estimates Hansard,* 23 February 2011, p. 89.

43 *Proof Estimates Hansard,* 23 February 2011, p. 90.

> You cannot mandate one model and assume that that is going to be replicated uniformly. We are looking to them to make the case and prove that they are serious about it and intend to deliver on it.[44]

2.38 Another mechanism in place to ensure the perspectives of the community are reflected is the health needs assessment process. This involves determining the health needs across the whole community, which the department regards as a 'key lever' in Medicare Locals.[45] Officers also noted that the guidelines require the applications to ensure community engagement and local community involvement on the board.[46]

GP Superclinics

2.39 The committee sought information on contractual requirements for GP Superclinics. Officers stated that it was necessary that GP Superclinics:

> ...use the building as constructed to deliver the services for which they tendered originally. They are not carrying on services on behalf of the Commonwealth.[47]

2.40 The committee asked the department to provide a list of services delivered in the Southern Lake Macquarie GP Superclinic, particularly in the Morriset community. Officers listed general practice, nursing and medical specialist services, hydrotherapy and rehabilitation centre, physiotherapy, pathology, psychology, dietetics, speech therapy, podiatry and visiting medical specialist including: neurology, gynaecology, ophthalmology, cardiology and pain management.[48]

2.41 Officers also made mention of the mini emergency treatment room, which offers:

> A range of chronic disease management and preventative care programs, such as diabetic clinics, women's health clinics, skin clinics, smoking cessation, diabetic groups, immunisation, wound clinics and a postnatal depression support group.[49]

Food Standards Australia New Zealand (FSANZ)

2.42 The committee questioned officers on chemical testing of food imported to Australia. Officers explained the different areas and responsibilities that FSANZ has, compared to those held by AQIS and Biosecurity.

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44 *Proof Estimates Hansard,* 23 February 2011, p. 91.

45 *Proof Estimates Hansard,* 23 February 2011, p. 92.

46 *Proof Estimates Hansard,* 23 February 2011, p. 93.

47 *Proof Estimates Hansard,* 23 February 2011, p. 96.

48 *Proof Estimates Hansard,* 23 February 2011, p. 97.

49 *Proof Estimates Hansard,* 23 February 2011, p. 97.

2.43 The committee sought further information on the issue of streptomycin used on apples imported from New Zealand. Officers explained:

> We can, in theory, have streptomycin residues on New Zealand apples. That is the only antibiotic that I am aware of that is registered. That is the TTMRA arrangement. Again, the risk assessment process that we are doing will inform the position in terms of the level of that risk.[50]

2.44 Officers explained that they are currently undertaking a risk assessment, stating it focuses on antimicrobial usage, which includes the particular antibiotic that is approved for use in New Zealand. Once this is complete, FSANZ will provide that advice to AQIS and AQIS can then decide whether or not to test.[51]

2.45 The committee asked officers to explain how the Today Tonight television program was able to test food from a supermarket and find levels of banned chemicals, or alternatively, foods with excessive level of chemical concentration. Officers explained they have requested those particular test results and they will be retested, as there were some questions based on the methodology of the testing involved. Officers also stated:

> We have been in contact with the enforcement agencies at the state and territory level. We have obviously also been in dialogue with AQIS about this matter. Lastly, we have also been in discussion with the retailers where these products were sourced.[52]

Therapeutic Goods Administration (TGA)

2.46 The department updated the committee on an issue arising from the previous round of estimates concerning breast imaging equipment listed on the Australian Register of Therapeutic Goods. Officers stated that, of the seven non-mammography based devices that were promoted for breast screening, six have since been cancelled, with the remaining one still under investigation. The TGA has cancelled the devices on the register and has written to people who purchased them, advising that claims relating to breast screening could not be made.[53] Officers noted that the responsibility for preventing the future use of these devices lies with the regulatory bodies.[54]

2.47 Officers gave details of the transparency review currently taking place within the TGA. The review aims to determine how effectively the:

- TGA communicates regulatory decisions;

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50 *Proof Estimates Hansard,* 23 February 2011, p. 100.

51 *Proof Estimates Hansard,* 23 February 2011, p. 100.

52 *Proof Estimates Hansard,* 23 February 2011, p. 101.

53 *Proof Estimates Hansard,* 23 February 2011, p. 103.

54 *Proof Estimates Hansard,* 23 February 2011, p. 104.

- TGA ensures the public understand the significance of those decisions; and
- Regulatory processes operate.

2.48 The panel conducting the review is due to complete its work by the end of April and will provide advice and recommendations to the department and the Parliamentary Secretary.[55]

2.49 The committee asked the TGA to respond to an article that quoted a TGA spokesperson stating the 'official register of gifts and benefits ... has not been updated for some time ... this register is being reactivated immediately'.[56] Officers explained that as the TGA is a division of the department, they are subject to the requirements for gifts that apply across the department. Dr Rohan Hammet, National Manager, explained:

> Since 1998 the TGA has had a policy that is applied to staff members working in the TGA to require them not to accept gifts except where they have been given by international delegations which have a custom of giving those gifts and those gifts are in fact displayed in the foyer of the TGA with labels and dates at the time they were given.[57]

Dr Hammet further clarified:

> For instance, if I am asked to address a dinner from, you know, an industry association board meal, I will request that the industry association actually invoice us for the costs of that meal; there are no free meals at TGA.[58]

Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)

2.50 With respect to the national radioactive waste management legislation bill that had just passed in the House of Representatives, the committee asked officers to provide insight into the planned approach to assessing any federal application for a national waste repository. Dr Carl-Magnus Larsson, Chief Executive Officer, explained an assessment is made of the whole application, from citing, to construction, and to the final closure of the facility.[59]

Office of the Gene Technology Regulator

2.51 Officers provided a detailed background and subsequent update on the current status of the approval process for commercial release Roundup Ready canola. Officers emphasised that responsibility for risks to health and safety, as well as the

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55 *Proof Estimates Hansard,* 23 February 2011, p. 103.

56 *Proof Estimates Hansard,* 23 February 2011, pp 104–105.

57 *Proof Estimates Hansard,* 23 February 2011, p. 104.

58 *Proof Estimates Hansard,* 23 February 2011, p. 106.

59 *Proof Estimates Hansard,* 23 February 2011, p. 109.

environment, fall within the Gene Technology Act. It was approved for commercial cultivation on the basis that the Gene Technology Regulator concluded it was as safe for human health and the environment as conventional canola.

Population Health

2.52 The committee asked officers to provide further information on a number of tenders. Officers detailed the funding measures for:

- National Sexually Transmittable Infections Prevention Program;
- Market testing for plain packaging of tobacco;
- Recruitment advertising;
- Literary review addressing poor dietary intake; and
- Tackling Smoking and Health Lifestyles Workforce.

2.53 The committee expressed concern over the scheduled end date of funding for the bowel cancer screening program. Noting an independent analysis that estimated:

> The program could be fully funded for around a net $80 million per annum based on a $150 million initial investment and substantial cost offsets accruing over subsequent years, and the savings would certainly be in reduced hospital services.[60]

2.54 Officers explained that the funding is a matter for government, however if it were to be continued, the program could proceed providing the contractual arrangements for the provider of the bowel cancer test kits were in place.[61]

National Tobacco Campaign

2.55 The committee sought information on the progress of the national tobacco campaign and plain packaging tobacco products. Officers explained the campaign was still in its early stages and therefore that they could not provide any results. However the department has a comprehensive campaign tracking and evaluation approach, and should be able to provide more information at a later date. Officers also explained that the recommendation for plain packaging came from the National Preventative Health Taskforce, but that the decision to implement the recommendation was ultimately a decision for government.[62]

Rural Health

2.56 The committee raised the issue of local governments and councils having to recruit GPs for their areas, which the committee described as a very expensive

60 *Proof Estimates Hansard,* 23 February 2011, p. 116.

61 *Proof Estimates Hansard,* 23 February 2011, p. 116.

62 *Proof Estimates Hansard,* 23 February 2011, pp 117–118.

process. The department told the committee they are aware of the local governments and councils engaging in this activity but made clear that this was outside the department's funding responsibilities. The department noted it may be useful to provide a list of incentive programs.[63]

Biosecurity and Emergency Response

2.57 The committee sought an update on the prevalence of dengue fever in North Queensland following the floods. Professor Jim Bishop, Chief Medical Officer responded by noting that dengue fever is a 'nationally notifiable disease' so that there is data available, which enables monitoring by a specific committee. Professor Bishop indicated that 38 cases had been reported in Townsville, and 41 cases in Innisfail, within a time frame of seven months. However, Professor Bishop was keen to note that the number has been decreasing since 2007, including those particular recent cases.[64]

Acute Care

2.58 The committee sought clarification on privately insured patients who are admitted to public hospitals, and whether or not this will cause states and territories to lose funding. Officers replied that the Deputy Heads of Treasury working group has been asked to consider that issue, but that a response will not be necessary before 1 July 2011. Officers further clarified:

> I do not think there is a concern about losing out. It is just that it was not considered fully before the COAG agreement last year, so the clause was put in requiring further work to be done and that work is still under way.[65]

Retirement

2.59 The committee took the opportunity to acknowledge Ms Mary Murnane, Deputy Secretary, for her last appearance at Senate Estimates and subsequent retirement. The committee and Minister thanked Ms Murnane, noting 25 years of contribution to the public service and the department.[66]

63 *Proof Estimates Hansard,* 23 February 2011, pp 121–122.

64 *Proof Estimates Hansard,* 23 February 2011, p. 124.

65 *Proof Estimates Hansard,* 23 February 2011, p. 125.

66 *Proof Estimates Hansard,* 23 February 2011, pp 130–133.