Community Affairs Committee

Examination of Additional Estimates 2006-2007

Additional Information Received CONSOLIDATED VOLUME 2 HEALTH AND AGEING PORTFOLIO

Outcomes 4 to 15

MAY 2007

ADDITIONAL INFORMATION RELATING TO THE EXAMINATION OF ADDITIONAL EXPENDITURE FOR 2006-2007

Included in this volume are answers to written and oral questions taken on notice and tabled papers relating to the additional budget estimates hearing on 13 February 2007

* Please note that the tabling date of 10 May 2007 is the proposed tabling date for answers where this date is indicated

HEALTH AND AGEING PORTFOLIO

Senator	Quest. No.	Outcome 4: Aged Care and Population Ageing	Vol. 2 Page No.	Date tabled in the Senate*
McLucas		Aged care places December 2006 stocktake	1-13	10.05.07
McLucas	T1 tabled at hearing	ODA expenditure by DoHA 2000-01 to 2005-06	14	10.05.07
McLucas	86-89	Aged care approvals round 2006/07	15-18	10.05.07
McLucas	93	Spot checks	19	
McLucas	81	Commonwealth Carelink Centres	20-21	10.05.07
McLucas	82, 83	People assessed as requiring aged care	22-23	10.05.07
McLucas	74	Prior knowledge of bed application applications	24	10.05.07
McLucas	75	Quality assurance	25	10.05.07
McLucas	84	Canterbury Multicultural Aged and Disability Support Service	26	10.05.07
McLucas	85	Aged care approvals round 2006/07	27	10.05.07
McLucas	90, 91	Complaints direct to Aged Care Standards and Accreditation Agency Ltd	28-29	10.05.07
McLucas	92, 94	Spot checks	30-31	10.05.07
McLucas	95	Out of hours visits	32	10.05.07
McLucas	96	Star of the Sea Hostel	33-35	10.05.07
McLucas	97	Curie Nursing Home	36	10.05.07
McLucas	98-99	Community Aged Care Packages	37-40	10.05.07
McLucas	142	2006 aged care approvals round	41-47	10.05.07
McLucas	146	Star of the Sea	48	10.05.07
McLucas	147	Curie Nursing Home	49	10.05.07
McLucas	171	Aged Care Services Australia Group	50	10.05.07
McLucas	172	Viewhills Manor	51	10.05.07
McLucas	80	Commonwealth Carelink Centres	52	10.05.07
McLucas	100	HACC	53	10.05.07
McLucas	144	CMADSS	54-76	10.05.07
McLucas	139	Securing the future of aged care for Australians	77-78	10.05.07
McLucas	141	Complaints (Bates)	79	10.05.07
McLucas	140	Academic research appearing in the Adelaide Advertiser	80	10.05.07

Senator	Quest. No.	Outcome 5: Primary Care	Vol. 2 Page No.	Date tabled in the Senate*
Brown	160	Round the Clock Medicare: Investing in After Hours GP Services (IAHGPS) Program	81-83	10.05.07
Stott Despoja	34	Medicare items for non-directive pregnancy support counselling	84	10.05.07
Evans	122	Round the Clock Medicare	85-86	10.05.07
		Outcome 7: Hearing Services		
Crossin	5	Hearing services	87	10.05.07
		Outcome 8: Indigenous Health		
Evans	68 amended	Health for life – Indigenous Health [relating to supplementary budget estimates 1 Nov 06]	88	10.05.07
Crossin	186	Advertising campaign	89	10.05.07
Crossin	63	Trachoma antibiotic resistance surveillance	90	10.05.07
Crossin	76	Budget for roll-out Opal fuel in Alice Springs	91	10.05.07
Siewert	77	Monitoring of media in Alice Springs in regard to the roll-out of Opal fuel	92	10.05.07
Crossin	184	Opal fuel roll out communication campaign and the use of radio advertisements	93	10.05.07
		Outcome 9: Private Health		
		Letter from CEO, Private Health Insurance Administration Council dated 14 Feb 07	94	10.05.07
McLucas	173	Membership	95	10.05.07
McLucas	177	Private health insurance advertising campaign	96	10.05.07
Webber	11	Possible overservicing of privately insured patients	97	10.05.07
McLucas	174	Private health insurance covered by electorate	98	10.05.07
McLucas	175	Higher rebates for older Australians	99-100	10.05.07
McLucas	176	PHI participation by older Australians	101	10.05.07
Evans	126	Private health insurance advertising campaign	102	10.05.07
		Outcome 10: Health System Capacity and Quality		
		[Q128 relating to Outcome 10 is listed below after Outcome 15]		
		Outcome 11: Mental Health		
McLucas	161	COAG programs	103-109	10.05.07
		Outcome 12: Health Workforce Capacity		
Evans	130	Districts of workforce shortage	110	10.05.07
McLucas	162	Areas of workforce shortage	111-112	10.05.07
McLucas	164	Overseas trained doctors	113	10.05.07
McLucas	165	Workforce shortage determination	114	10.05.07
McLucas	166	GP population ratios	115	10.05.07
McLucas	167	Medicare billing	116	10.05.07
McLucas	168	Dental workforce	117	10.05.07
Evans	132	GP and other workforce data by electorate	118	10.05.07
McLucas	169	More doctors for outer-metro areas program	119-121	10.05.07
McLucas	163	Overseas trained doctors	122	10.05.07
McLucas	170	Workforce programs	123-126	10.05.07
				

Senator	Quest. No.	Outcome 13: Acute Care	Vol. 2 Page No.	Date tabled in the Senate*
Webber	8	Dental	127	10.05.07
Webber	9, 10, 12, 17	Acute care	128-131	10.05.07
Evans	103-108	Dental	132-138	10.05.07
Stott Despoja	69-70	Cord blood	139-140	10.05.07
Brown	179	Organ donation rates	141	10.05.07
Webber McLucas	18, 13, 14, 15, 16, 178	Acute care	142-147	10.05.07
		Outcome 14: Health and Medical Research		
Stott Despoja	22, 23, 145, 24	Research involving human embryos	148-152	10.05.07
		Outcome 15: Biosecurity and Emergency Response		
Evans	134	Exercise Cumpston 06	153	10.05.07
Evans	135	Flu vaccine	154	10.05.07
Evans	109, 110	Climate change	155-157	10.05.07
		Outcome 10: Health System Capacity and Quality		
Evans	128	Strengthening cancer care package	158-162	10.05.07

Total Allocated Places by State/Territory as at 31 December 2006 State/ **Total Community Transition TOTAL PLACES Territory High Care Low Care** Residential Care Care **NSW** 32,821 33,905 66,726 14,203 703 81,632 **VIC** 23,041 26,570 49,611 10,843 502 60,956 **QLD** 15,799 18,271 34,070 7,398 351 41,819 SA 8,471 8,768 17,239 3,753 121 21,113 $\mathbf{W}\mathbf{A}$ 7,715 9,040 16,755 3,800 160 20,715 **TAS** 2,540 2,447 4,987 1,148 52 6,187 NT 336 579 1,304 243 725 **ACT** 1,003 1,392 2,395 606 35 3,036

192,362

42,476

1,924

236,762

	ŗ			y State/Terri	tory			
as at 31 December 2006 State/ Total Community Transition TOTAL								
Territory	High Care	Low Care	Residential	Care	Care	PLACES		
NSW	48.7	50.3	99.0	21.1	1.0	121.2		
VIC	46.4	53.5	99.8	21.8	1.0	122.7		
QLD	45.9	53.1	98.9	21.5	1.0	121.4		
SA	48.6	50.3	99.0	21.5	0.7	121.2		
WA	45.6	53.4	99.1	22.5	0.9	122.5		
TAS	50.1	48.3	98.4	22.7	1.0	122.1		
NT	65.3	47.2	112.6	140.9	-	253.5		
ACT	45.0	62.4	107.4	27.2	1.6	136.2		
Australia	47.4	52.0	99.3	21.9	1.0	122.3		

Notes:

Australia

91,726

100,636

Tables include flexible care places: Transition Care (TC), Extended Aged Care at Home (EACH) and EACH Dementia, Multi-Purpose Services (MPS), permanently allocated Innovative Care (IC) places and places under the National Aboriginal and Torres Strait Islander Aged Care Strategy (ATSI).

MPS, IC and ATSI flexible care places are notionally allocated as high care, low care and community aged care packages.

Community care includes Community Aged Care Packages (CACP), EACH and EACH Dementia places

As at December 2006 Total Allocated Places Total Allo			Т	otal Al	located Pla	aces				Total A	Allocated F	Ratio	
State / Territory	Aged Care Planning Region	HIGH	LOW	RESI	Community Care	Transition Care	TOTAL PLACES	HIGH	LOW	RESI	Community Care	Transition Care	TOTAL
NSW	Central Coast	1,690	2,027	3,717	957		4,674	40.3	48.3	88.6	22.8		111.4
	Central West	789	957	1,746	374		2,120	43.6	52.9	96.5	20.7		117.2
	Far North Coast	1,546	1,977	3,523	762		4,285	42.1	53.9	96.0	20.8		116.8
	Hunter	2,819	3,253	6,072	1,297		7,369	44.8	51.7	96.4	20.6		117.0
	Illawarra	1,796	2,499	4,295	1,031		5,326	41.5	57.7	99.2	23.8		123.1
	Inner West	3,289	1,694	4,983	824		5,807	79.1	40.8	119.9	19.8		139.7
	Mid North Coast	1,736	2,368	4,104	929		5,033	42.0	57.3	99.3	22.5		121.8
	Nepean	1,272	904	2,176	455		2,631	60.8	43.2	104.1	21.8		125.8
	New England	855	1,002	1,857	418		2,275	45.5	53.4	98.9	22.3		121.2
	Northern Sydney	4,638	4,306	8,944	1,614		10,558	55.5	51.6	107.1	19.3		126.4
	Orana Far West	596	912	1,508	401		1,909	38.5	59.0	97.5	25.9		123.4
	Riverina/Murray	1,266	1,540	2,806	579		3,385	44.7	54.4	99.1	20.4		119.5
	South East Sydney	3,884	3,705	7,589	1,746		9,335	46.5	44.3	90.8	20.9		111.7
	South West Sydney	2,890	3,137	6,027	1,325		7,352	46.9	50.9	97.8	21.5		119.3
	Southern Highlands	891	1,331	2,222	456		2,678	39.4	58.8	98.2	20.1		118.3
	Western Sydney	2,864	2,293	5,157	1,035		6,192	54.0	43.2	97.1	19.5		116.6
NSW TO	OTAL	32,821	33,905	66,726	14,203	703	81,632	48.7	50.3	99.0	21.1	1.0	121.2
VIC	Barwon-South Western	1,824	2,233	4,057	909		4,966	44.2	54.1	98.3	22.0		120.4
, 10	Eastern Metro	4,411	5,460	9,871	2,131		12,002	44.3	54.9	99.2	21.4		120.4
	Gippsland	1,202	1,554	2,756	648		3,404	41.9	54.2	96.1	22.6		118.7
	Grampians	1,027	1,263	2,290	537		2,827	43.8	53.9	97.7	22.9		120.6
	Hume	1,027	1,537	2,796	620	_	3,416	46.0	56.1	102.1	22.6		124.7
	Loddon-Mallee	1,414	1,851	3,265	742		4,007	41.8	54.7	96.5	21.9		118.5
	Northern Metro	3,475	3,610	7,085	1,628		8,713	49.1	51.0	100.1	23.0		123.1
	Southern Metro	5,941	6,146	12,087	2,508		14,595	49.4	51.0	100.1	20.9		123.1
	Western Metro	2,488	2,916	5,404	1,120		6,524	47.9	56.2	100.0	21.6		121.3
VIC TO		23,041	26,570	49,611	10,843	502	60,956	46.4	53.5	99.8	21.8	1.0	122.7

	As at December 2006		Т	otal Allo	ocated Pla	ces				Total Al	located Ra	atio	
QLD	Brisbane North	2,191	2,049	4,240	770		5,010	53.2	49.7	102.9	18.7		121.6
	Brisbane South	2,789	2,848	5,637	1,178		6,815	49.8	50.9	100.7	21.0	_	121.8
	Cabool	1,225	1,458	2,683	571		3,254	46.4	55.2	101.6	21.6		123.2
	Central West	68	54	122	64		186	69.2	55.0	124.2	65.2		189.4
	Darling Downs	1,091	1,217	2,308	437		2,745	48.2	53.7	101.9	19.3		121.2
	Far North	666	850	1,516	432		1,948	39.6	50.5	90.1	25.7		115.8
	Fitzroy	668	796	1,464	339		1,803	44.5	53.1	97.6	22.6		120.2
	Logan River Valley	652	959	1,611	317		1,928	42.4	62.4	104.9	20.6		125.5
	Mackay	364	437	801	201		1,002	40.2	48.2	88.4	22.2		110.5
	North West	49	78	127	99		226	31.4	50.0	81.4	63.5		144.9
	Northern	799	787	1,586	338		1,924	50.6	49.9	100.5	21.4		121.9
	South Coast	1,936	2,381	4,317	909		5,226	42.8	52.6	95.4	20.1		115.5
	South West	74	155	229	97		326	36.1	75.7	111.8	47.4		159.2
	Sunshine Coast	1,553	2,124	3,677	811		4,488	41.1	56.2	97.2	21.4		118.7
	West Moreton	523	738	1,261	263		1,524	40.2	56.7	96.9	20.2		117.1
	Wide Bay	1,151	1,340	2,491	572		3,063	45.3	52.7	98.0	22.5		120.4
QLD T	OTAL	15,799	18,271	34,070	7,398	351	41,819	45.9	53.1	98.9	21.5	1.0	121.4
SA	Eyre Peninsula	120	102	211	02		20.4	26.2	51.0	97.6	22.4		111.0
5A	Hills, Mallee & Southern	129	182	311	83		394	36.3	51.3	87.6	23.4		111.0
		568	675	1,243	335		1,578	43.7	51.9	95.6	25.8		121.3
	Metropolitan East Metropolitan North	2,269	1,882	4,151	591		4,742	64.3	53.4	117.7	16.8		134.5 128.6
	Metropolitan South	1,522 1,760	1,214 1,904	2,736	527 849		3,263 4,513	60.0 44.9	47.9 48.6	107.8 93.6	20.8		115.3
	Metropolitan West	, and the second	•	3,664			,						
	Mid North	1,254	1,289	2,543 303	616		3,159	43.0	44.2	87.1 84.9	21.1	_	108.2 109.2
	Riverland	69 146	234 238	303 384	87 118		390	19.3	65.5	83.2	24.4		109.2
	South East	189	238 358	384 547	138		502 685	31.6 30.0	51.6 56.8	83.2 86.7	25.6 21.9		108.6
	Whyalla, Flinders & Far North	162	338 209	371	163		534	30.0 41.4	53.5	94.9	41.7		136.6
	Yorke, Lower North & Barossa	403	583	986	246		1,232	39.3	55.5 56.8	94.9 96.1	24.0		120.1
SA TO		8,471	8,768	17,239	3,753	121	21,113	48.6	50.3	99.0	21.5	0.7	121.2

ATTACHMENT B

	As at December 2006		Т	otal All	ocated Pla	ices				Total A	llocated R	atio	
WA	Goldfields	135	135	270	81		351	52.5	52.5	105.0	31.5		136.5
	Great Southern	293	385	678	190		868	40.2	52.8	93.0	26.1	_	119.1
	Kimberley	68	92	160	67		227	59.1	79.9	139.0	58.2	_	197.2
	Metropolitan East	1,245	1,456	2,701	508		3,209	48.5	56.7	105.2	19.8		125.0
	Metropolitan North	1,854	2,384	4,238	971		5,209	42.6	54.8	97.3	22.3		119.7
	Metropolitan South East	1,622	1,496	3,118	576		3,694	57.9	53.4	111.4	20.6		132.0
	Metropolitan South West	1,634	1,836	3,470	781		4,251	42.6	47.8	90.4	20.4		110.8
	Mid West	178	278	456	149		605	37.2	58.1	95.3	31.1		126.5
	Pilbara	30	53	83	50		133	44.8	79.2	124.1	74.7		198.8
	South West	495	725	1,220	282		1,502	40.9	59.9	100.8	23.3		124.1
	Wheatbelt	161	200	361	145		506	32.2	40.0	72.3	29.0		101.3
WA TO	OTAL	7,715	9,040	16,755	3,800	160	20,715	45.6	53.4	99.1	22.5	0.9	122.5
TAC													
TAS	North Western	515	512	1,027	257		1,284	44.2	43.9	88.1	22.0		110.1
	Northern	799	680	1,479	346		1,825	54.7	46.5	101.2	23.7		124.8
	Southern	1,226	1,255	2,481	545		3,026	50.2	51.4	101.7	22.3		124.0
TAS TO	OTAL	2,540	2,447	4,987	1,148	52	6,187	50.1	48.3	98.4	22.7	1.0	122.1
NT	Alice Springs	110	56	166	201		367	112.0	57.0	169.0	204.7		373.7
- 1 -	Barkly	17	2	19	42		61	144.1	16.9	161.0	355.9		516.9
	Darwin	177	138	315	332		647	50.9	39.7	90.6	95.5		186.0
	East Arnhem	5	6	11	72		83	32.1	38.5	70.5	461.5		532.1
	Katherine	27	41	68	78		146	65.9	100.0	165.9	190.2		356.1
NT TO		336	243	579	725		1,304	65.3	47.2	112.6	140.9		253.5
ACT	A												
	Australian Capital Territory	1,003	1,392	2,395	606		3,001	45.0	62.4	107.4	27.2		134.6
ACT T	OTAL	1,003	1,392	2,395	606	35	3,036	45.0	62.4	107.4	27.2	1.6	136.2
AUSTR	RALIAN TOTAL	91,726	100,636	192,362	42,476	1,924	236,762	47.4	52.0	99.3	21.9	1.0	122.3

Total Allocated Places by Service Type

as at 31 December 2006

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	32,297	33,661	65,958	12,583	78,541
VIC	22,846	26,436	49,282	9,547	58,829
QLD	15,575	18,110	33,685	6,525	40,210
SA	8,313	8,601	16,914	3,292	20,206
WA	7,383	8,696	16,079	3,230	19,309
TAS	2,486	2,414	4,900	970	5,870
NT	291	189	480	569	1,049
ACT	1,003	1,392	2,395	489	2,884
Australia	90,194	99,499	189,693	37,205	226,898

Flexible Allocated Places

National Aboriginal and Torres Strait Islander Aged Care Strategy Allocated Places

Not allocated under the Aged Care Act 1997

State/Territory	High Care	Low Care	Total Residential	Community Care	TOTAL
NSW	6	15	21	19	40
VIC	15	10	25	69	94
QLD	41	32	73	6	79
SA	58	42	100	45	145
WA	6	8	14	2	16
TAS	-	-	-	41	41
NT	45	54	99	66	165
ACT	-	_	-	-	-
Australia	171	161	332	248	580

Multipurpose (MPS) Allocated Places Allocated under the Aged Care Act 1997								
State/Territory	High Care	Low Care	Total Residential	Community Care	TOTAL			
NSW	518	229	747	74	821			
VIC	180	124	304	14	318			
QLD	183	129	312	104	416			
SA	100	125	225	14	239			
WA	305	310	615	153	768			
TAS	54	33	87	7	94			
NT	-	-	-	-	-			
ACT	-	-	-	-	-			
Australia	1,340	950	2,290	366	2,656			

Total Allocated Places by Service Type

as at 31 December 2006

Extended Aged Care at Home (EACH) and EACH Dementia Allocated Places Allocated under the Aged Care Act 1997							
State/Territory	Territory EACH EACH Dementia						
NSW	1,077	450					
VIC	882	331					
QLD	532	231					
SA	286	116					
WA	299	116					
TAS	90	40					
NT	70	20					
ACT	87	30					
Australia	3,323	1,334					

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

Transition Care Allocated Places Allocated under the Aged Care Act 1997				
State/Territory	TOTAL			
NSW	703			
VIC	502			
QLD	351			
SA	121			
WA	160			
TAS	52			
NT	-			
ACT	35			
Australia	1,924			

Innovative Care (IC) Allocated Places Allocated to WA only under the Aged Care Act 1997								
State/Territory	Total Community citory High Care Low Care Residential Care TOTAL							
WA	21	26	47	-	47			
Australia	21	26	47	-	47			

Total Operational Places by State/Territory

as at 31 December 2006

State / Territory	High Care	Low Care	Total Residential	Community Care	Transition Care	TOTAL PLACES
NSW	30,174	27,483	57,657	13,655	457	71,769
VIC	19,958	23,327	43,285	10,108	349	53,742
QLD	13,718	15,899	29,617	6,572	133	36,322
SA	8,030	8,108	16,138	3,530	121	19,789
WA	6,583	7,804	14,387	3,518	100	18,005
TAS	2,301	2,169	4,470	1,091	52	5,613
NT	306	228	534	695	-	1,229
ACT	669	967	1,636	558	35	2,229
Australia	81,739	85,985	167,724	39,727	1,247	208,698

Total Operational Ratio by State/Territory

as at 31 December 2006

		a s	at 31 Decemb	CI 2000		
State / Territory	High Care	Low Care	Total Residential	Community Care	Transition Care	TOTAL PLACES
NSW	44.8	40.8	85.6	20.3	0.7	106.5
VIC	40.2	46.9	87.1	20.3	0.7	108.2
QLD	39.8	46.2	86.0	19.1	0.4	105.5
SA	46.1	46.5	92.6	20.3	0.7	113.6
WA	38.9	46.1	85.1	20.8	0.6	106.4
TAS	45.4	42.8	88.2	21.5	1.0	110.7
NT	59.5	44.3	103.8	135.1	-	238.9
ACT	30.0	43.4	73.4	25.0	1.6	100.0
Australia	42.2	44.4	86.6	20.5	0.6	107.8

Notes:

Tables include flexible care places: Transition Care (TC), Extended Aged Care at Home (EACH) and EACH Dementia, Multi-Purpose Services (MPS), permanently allocated Innovative Care (IC) places and places under the National Aboriginal and Torres Strait Islander Aged Care Strategy (ATSI).

MPS, IC and ATSI flexible care places are notionally allocated as high care, low care and community aged care packages.

Community care includes Community Aged Care Packages (CACP), EACH and EACH Dementia places

As at 31	December 2006		Т	otal O _l	perational	Places			ı	Total	Operation	al Ratio	
State / Territory	Aged Care Planning Region	HIGH	LOW	RESI	Community Care	Transition Care	TOTAL PLACES	HIGH	LOW	RESI	Community Care	Transition Care	TOTAL PLACES
NSW	Central Coast	1,578	1,693	3,271	944		4,215	37.6	40.4	78.0	22.5		100.5
	Central West	785	899	1,684	341		2,025	43.4	49.7	93.1	18.8		111.9
	Far North Coast	1,342	1,665	3,007	739		3,746	36.6	45.4	82.0	20.1		102.1
	Hunter	2,521	2,668	5,189	1,230		6,419	40.0	42.4	82.4	19.5	_	101.9
	Illawarra	1,449	1,535	2,984	1,017		4,001	33.5	35.5	68.9	23.5	_	92.4
	Inner West	3,126	1,451	4,577	799		5,376	75.2	34.9	110.1	19.2	_	129.4
	Mid North Coast	1,352	1,758	3,110	894		4,004	32.7	42.5	75.2	21.6	_	96.9
	Nepean	1,243	714	1,957	435		2,392	59.4	34.1	93.6	20.8	_	114.4
	New England	743	856	1,599	398		1,997	39.6	45.6	85.2	21.2		106.4
	Northern Sydney	4,584	4,056	8,640	1,566		10,206	54.9	48.6	103.4	18.7		122.2
	Orana Far West	572	837	1,409	384		1,793	37.0	54.1	91.1	24.8		115.9
	Riverina/Murray	1,053	1,328	2,381	556		2,937	37.2	46.9	84.1	19.6		103.7
	South East Sydney	3,587	2,843	6,430	1,675		8,105	42.9	34.0	76.9	20.0		97.0
	South West Sydney	2,718	2,314	5,032	1,225		6,257	44.1	37.5	81.6	19.9		101.5
	Southern Highlands	710	1,084	1,794	450		2,244	31.4	47.9	79.3	19.9		99.1
	Western Sydney	2,811	1,782	4,593	1,002		5,595	53.0	33.6	86.5	18.9		105.4
NSW TO	OTAL	30,174	27,483	57,657	13,655	457	71,769	44.8	40.8	85.6	20.3	0.7	106.5
VIC	Barwon-South Western	1,646	2,083	3,729	859		4,588	39.9	50.5	90.4	20.8		111.2
	Eastern Metro	3,775	4,854	8,629	1,946		10,575	37.9	48.8	86.7	19.6		106.3
	Gippsland	1,027	1,366	2,393	598		2,991	35.8	47.6	83.4	20.8		104.3
	Grampians	938	1,118	2,056	487		2,543	40.0	47.7	87.7	20.8		108.5
	Hume	1,145	1,417	2,562	580		3,142	41.8	51.7	93.5	21.2		114.7
	Loddon-Mallee	1,328	1,685	3,013	687		3,700	39.3	49.8	89.1	20.3		109.4
	Northern Metro	2,979	2,992	5,971	1,518		7,489	42.1	42.3	84.4	21.4		105.8
	Southern Metro	5,054	5,413	10,467	2,360		12,827	42.1	45.1	87.1	19.6		106.8
	Western Metro	2,066	2,399	4,465	1,073		5,538	39.8	46.2	86.1	20.7		106.7
VIC TO	TAL	19,958	23,327	43,285	10,108	349	53,742	40.2	46.9	87.1	20.3	0.7	108.2

As at 31	December 2006		Т	otal Op	erational	Places			1	Total (Operation	al Ratio	
QLD	Brisbane North	2,040	1,979	4,019	720		4,739	49.5	48.0	97.6	17.5		115.0
QLD	Brisbane South	2,424	2,560	4,984	1,043		6,027	43.3	45.7	89.1	18.6		107.7
	Cabool	997	1,170	2,167	468		2,635	37.7	44.3	82.0	17.7		99.7
	Central West	68	54	122	64		186	69.2	55.0	124.2	65.2		189.4
	Darling Downs	992	1,116	2,108	407		2,515	43.8	49.3	93.0	18.0		111.0
	Far North	613	808	1,421	413		1,834	36.4	48.0	84.4	24.5		109.0
	Fitzroy	633	776	1,409	314		1,723	42.2	51.7	93.9	20.9		114.9
	Logan River Valley	451	621	1,072	272		1,344	29.4	40.4	69.8	17.7		87.5
	Mackay	350	403	753	181		934	38.6	44.5	83.1	20.0		103.0
	North West	46	78	124	94		218	29.5	50.0	79.5	60.3		139.7
	Northern	747	779	1,526	303		1,829	47.3	49.4	96.7	19.2		115.9
	South Coast	1,596	1,973	3,569	817		4,386	35.3	43.6	78.8	18.0		96.9
	South West	72	151	223	97		320	35.2	73.7	108.9	47.4		156.3
	Sunshine Coast	1,297	1,673	2,970	671		3,641	34.3	44.2	78.5	17.7		96.3
	West Moreton	491	675	1,166	223		1,389	37.7	51.9	89.6	17.1		106.7
	Wide Bay	901	1,083	1,984	485		2,469	35.4	42.6	78.0	19.1		97.1
QLD TO	OTAL	13,718	15,899	29,617	6,572	133	36,322	39.8	46.2	86.0	19.1	0.4	105.5
G 4				•			·						
SA	Eyre Peninsula	129	182	311	83		394	36.3	51.3	87.6	23.4		111.0
	Hills, Mallee & Southern	508	554	1,062	310		1,372	39.1	42.6	81.6	23.8		105.5
	Metropolitan East	2,237	1,876	4,113	563		4,676	63.4	53.2	116.6	16.0		132.6
	Metropolitan North	1,338	1,021	2,359	412		2,771	52.7	40.2	93.0	16.2		109.2
	Metropolitan South	1,620	1,643	3,263	814		4,077	41.4	42.0	83.3	20.8		104.1
	Metropolitan West	1,254	1,242	2,496	616		3,112	43.0	42.6	85.5	21.1		106.6
	Mid North	69	220	289	87		376	19.3	61.6	80.9	24.4		105.3
	Riverland	146	238	384	118		502	31.6	51.6	83.2	25.6		108.8
	South East	189	358	547	138		685	30.0	56.8	86.7	21.9		108.6
	Whyalla, Flinders & Far North	137	191	328	153		481	35.0	48.9	83.9	39.1		123.0
	Yorke, Lower North & Barossa	403	583	986	236		1,222	39.3	56.8	96.1	23.0		119.1
SA TOT	TAL	8,030	8,108	16,138	3,530	121	19,789	46.1	46.5	92.6	20.3	0.7	113.6

As at 31	December 2006		Т	otal Op	erational I	Places			ı	Total	Operation	al Ratio	
WA	Goldfields	132	135	267	71		338	51.3	52.5	103.8	27.6		131.4
	Great Southern	293	372	665	165		830	40.2	51.0	91.2	22.6		113.9
	Kimberley	48	82	130	60		190	41.7	71.2	112.9	52.1		165.1
	Metropolitan East	1,167	1,302	2,469	475		2,944	45.5	50.7	96.2	18.5		114.7
	Metropolitan North	1,438	1,934	3,372	898		4,270	33.0	44.4	77.5	20.6		98.1
	Metropolitan South East	1,475	1,374	2,849	566		3,415	52.7	49.1	101.8	20.2		122.0
	Metropolitan South West	1,257	1,623	2,880	703		3,583	32.8	42.3	75.0	18.3		93.4
	Mid West	173	192	365	139		504	36.2	40.1	76.3	29.1		105.4
	Pilbara	30	20	50	50		100	44.8	29.9	74.7	74.7		149.5
	South West	409	590	999	263		1,262	33.8	48.7	82.5	21.7		104.3
	Wheatbelt	161	180	341	128		469	32.2	36.0	68.3	25.6		93.9
WA TO	TAL	6,583	7,804	14,387	3,518	100	18,005	38.9	46.1	85.1	20.8	0.6	106.4
TAS	North Western	400	460	0.50	227			42.0	20.5	04.5	10.5		100.0
IAS		490	460	950	227		1,177	42.0	39.5	81.5	19.5		100.9
	Northern Southern	723	573	1,296	341		1,637	49.5	39.2	88.7	23.3		112.0
TD A C TD (1,088	1,136	2,224	523		2,747	44.6	46.5	91.1	21.4		112.6
TAS TO	JTAL	2,301	2,169	4,470	1,091	52	5,613	45.4	42.8	88.2	21.5	1.0	110.7
NT	Alice Springs	100	56	156	196		352	101.8	57.0	158.9	199.6		358.5
	Barkly	17	2	19	42	_	61	144.1	16.9	161.0	355.9		516.9
	Darwin	157	123	280	307	_	587	45.1	35.4	80.5	88.3		168.8
	East Arnhem	5	6	11	72	_	83	32.1	38.5	70.5	461.5		532.1
	Katherine	27	41	68	78	_	146	65.9	100.0	165.9	190.2		356.1
NT TO	ΓAL	306	228	534	695	-	1,229	59.5	44.3	103.8	135.1		238.9
ACT	Australian Capital Territory	669	967	1,636	558		2,194	30.0	43.4	73.4	25.0		98.4
	•			,		25						1.7	
ACT TO	UIAL	669	967	1,636	558	35	2,229	30.0	43.4	73.4	25.0	1.6	100.0
AUSTR	ALIAN TOTAL	81,764	85,985	167,749	39,727	1,247	208,723	42.2	44.4	86.6	20.5	0.6	107.8

Total Operational Places by Service Type

as at 31 December 2006

Mainstream Operational PlacesResidential and Community Care places under the *Aged Care Act 1997*

State/		- ~	Total	Community	mom T
Territory	High Care	Low Care	Residential	Care	TOTAL
NSW	29,775	27,276	57,051	12,461	69,512
VIC	19,763	23,193	42,956	9,122	52,078
QLD	13,528	15,750	29,278	5,912	35,190
SA	7,872	7,941	15,813	3,172	18,985
WA	6,256	7,471	13,727	3,055	16,782
TAS	2,247	2,136	4,383	948	5,331
NT	261	174	435	559	994
ACT	669	967	1,636	474	2,110
Australia	80,371	84,908	165,279	35,703	200,982

Flexible Operational Places

National Aboriginal and Torres Strait Islander Aged Care Strategy Operational Places Not allocated under the Aged Care Act 1997								
State/ Territory	High Care	Low Care	Total Residential	Community Care	TOTAL			
NSW	6	15	21	19	40			
VIC	15	10	25	69	94			
QLD	41	32	73	6	79			
SA	58	42	100	45	145			
WA	6	8	14	2	16			
TAS	-	-	-	41	41			
NT	45	54	99	66	165			
ACT	-	-	-	-	-			
Australia	171	161	332	248	580			

Multipurpose (MPS) Operational Places Allocated under the Aged Care Act 1997							
State/ Territory	High Care	Low Care	Total Residential	Community Care	TOTAL		
NSW	393	192	585	69	654		
VIC	180	124	304	14	318		
QLD	149	117	266	92	358		
SA	100	125	225	14	239		
WA	305	310	615	153	768		
TAS	54	33	87	7	94		
NT	-	-	-	-	-		
ACT	-	-	-	_	-		
Australia	1,181	901	2,082	349	2,431		

Total Operational Places by Service Type

as at 31 December 2006

Extended Aged Care at Home (EACH) and EACH Dementia Operational Places Allocated under the Aged Care Act 1997							
State/Territory EACH EACH Dementia							
NSW	891	215					
VIC	737	166					
QLD	447	115					
SA	241	58					
WA	250	58					
TAS	75	20					
NT	60	10					

EACH places are attributed as Community Care as from June 200 and EACH Dementia places as from December 2005

69

2,770

15

657

<u>A</u>CT

Australia

Transition Care (TC) Operational Places Allocated under the <i>Aged Care Act 1997</i>					
State/Territory	TOTAL				
NSW	457				
VIC	349				
QLD	133				
SA	121				
WA	100				
TAS	52				
NT	-				
ACT	35				
Australia	1,247				

Innovative Care Allocated Places					
	Allocated to Western Australia Only under the Aged Care Act 1997				
Total Community					
State/Territory	High Care	Low Care	Residential	Care	TOTAL
WA	16	15	31	-	31
Australia	16	15	31	-	31

Offline Places by State/Territory

as at 31 December 2006

State / Territory	High Care	Low Care	Total Residential	Community Care	Transition Care	TOTAL PLACES	% of Total
NSW	566	421	987	-	-	987	35.5%
VIC	549	489	1,038	-	-	1,038	37.3%
QLD	224	88	312	7	-	319	11.5%
SA	61	6	67	-	-	67	2.4%
WA	195	168	363	-	-	363	13.0%
TAS	-	-	-	-	-	-	0.0%
NT	-	-	-	-	-	-	0.0%
ACT	-	10	10	-	-	10	0.4%
Australia	1,595	1,182	2,777	7	-	2,784	100.0%

Note: Table includes flexible care places: Transition Care (TC), Extended Aged Care at Home (EACH) and EACH Dementia, Multi-Purpose Services (MPS), permanently allocated Innovative Care (IC) places and places under the National Aboriginal and Torres Strait Islander Aged Care Strategy (ATSI). EACH and EACH Dementia places are notionally allocated as community care while MPS,IC and ATSI flexible care places are notionally allocated as high care, low care and community care packages.

ODA Expenditure by Department of Health and Ageing 2000-01 to 2005-06

Country/Region	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06*
Bangladesh	4,548					
Bhutan	,				6,503	
Burma	4,548				,	
China	52,944	86,398		194,533	389,064	389,064
East Asia				80,734	239,254	370,665
Fiji				40,014	86,668	100,872
India	4,548					200,000
Indonesia	9,912	83,782	6,372	31,919	5,078	
Malaysia	4,548	20,813				
Mongolia					8,741	
Pacific Islands	816					17,515
Pakistan	4,548					
Papua New Guinea	10,080	20,230		283,180	573,330	742,860
Philippines	4,548					
South Africa	3,162					
Sri Lanka	4,548			73,873	155,559	73,873
Sub-saharan Africa	2,280					
Thailand	80,488	60,989	80,691	201,920	335,384	403,840
Tonga				40,014	80,028	80,028
Vietnam	7,705				8,981	
International						
Organisations	9,068,060	9,829,292	8,585,831	10,286,688	7,056,160	7,662,548
Total	9,267,283	10,101,504	8,672,894	11,232,875	8,944,750	10,041,265

^{*} Expected outcomes

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 14 February 2007

Question: E07-086

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE APPROVALS ROUND 2006/07

Written Question on Notice

Senator McLucas asked:

What weight is given to an aged care development proposal where the licences will be operating, if the applicant does not own the land?

Answer:

It is not possible to quantify the actual weighting that is given to any single element of a complex and detailed application. The decision to allocate places to a particular applicant will have regard to the totality of the application, including any supporting documentation.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-087

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE APPROVALS ROUND 2006/07

Written Question on Notice

Senator McLucas asked:

What information does the Department require about council "zoning" of land that is used as the site for the application for bed licences?

Answer:

All applicants who have acquired or identified land or buildings associated with their application for places are required to provide evidence of the action they have take to acquire or identify the land or buildings. This evidence may include, but is not limited to, relevant documents such as a development application, evidence of pre-lodgement meetings with Council, current zoning information, and copies of title, contract, signed lease or option.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 14 February 2007

Question: E07-088

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE APPROVALS ROUND 2006/07

Written Question on Notice

Senator McLucas asked:

Does the Department ensure that land is "zoned" suitable for its intended use when allocating bed licences, relative to other criteria identified in Estimates?

Answer:

The decision to allocate places to a particular applicant will have regard to all of the information provided throughout the application, including any documentation that supports or provides evidence of meeting the stages in the development process, including the relevant zoning requirements.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-089

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE APPROVALS ROUND 2006/07

Written Question on Notice

Senator McLucas asked:

In the Government's 2006 Essential Guide – the guide to assist aged care providers apply for aged care places – it states:

The four key issues for the 2006 Aged Care Approvals Round are:

- Improving access to aged care services for people with special needs;
- Making places operational in a timely manner ('bed readiness');
- Provision of care for people (living) with dementia; and
- Provision of residential respite care.

What weighting was given to these particular "four key issues" in deciding the allocation of bed licences?

Answer:

A common framework is used to assess and rank all applications. This framework follows the provisions of the *Aged Care Act 1997* (the Act), and the Aged Care Principles.

The legislative provisions identify a range of important matters used in the assessment process.

In addition, each year a number of key issues may be identified as having a particular focus in the Aged Care Approvals Round (the Round). Each of these key issues is also linked to one or more of the legislatively based assessment criteria. The key issues are a subset of the assessment criteria and each of these elements is assessed on a competitive basis; the full list of criteria used in the assessment process are detailed in the Essential Guide at www.health.gov.au/acar2006

Prospective applicants are advised, in the Essential Guide, that there is no guarantee of success in the Round simply because one of the legislative provisions or one of the key issues, is well addressed. All applicants are required to address all of the relevant assessment criteria and in a highly competitive process, the decision to allocate places to a particular applicant will have regard to the totality of the application (including any supporting documentation).

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2006-2007, 13 February 2007

Question: E07-093

OUTCOME 4: Aged Care and Population Ageing

Topic: SPOT CHECKS

Senator McLucas asked:

How many unannounced support contacts and unannounced review audits "spot checks" have been undertaken from September 2006 by month to date.

Answer

	Sep 06	Oct 06	Nov 06	Dec 06	Jan 07
Unannounced support					
contacts	153	376	464	326	456
Unannounced review					
audits	4	7	7	2	2

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-081

OUTCOME 4: Aged Care and Population Ageing

Topic: COMMONWEALTH CARELINK CENTRES

Written Question on Notice

Senator McLucas asked:

Can the Department provide the breakdown of Total Clients Contacts by Type of Contact from July 2005 to 30 June 2006 and to date in the same form as outlined to Question on Notice answer 145?

Answer:

Breakdown of Total Client Contacts by Type of Contact from 1 July 2005 to 30 June 2006

Type of contact	No. of Contacts
Email/fax	4,604
Mail	738
Other (1)	20,954
Phone (2)	133,233
Walk in	24,833
Total	184,362

Note:

- (1) "Other" includes: group presentations, trade shows, on-site visits, etc.
- (2) Includes phone calls from free phones in remote localities which are not separately recorded by the department.

Breakdown of Total Client Contacts by Type of Contact from 1 July 2006 to 31 January 2007 (Note that this is a part-year only)

Type of contact	No. of Contacts
Email/fax	4,704
Mail	783
Other (1)	14,384
Phone (2)	87,568
Walk in	12,453
Total	119 892

- Note: (1) "Other" includes: group presentations, trade shows, on-site visits, etc.
 - (2) Includes phone calls from free phones in remote localities which are not separately recorded by the department.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-082

OUTCOME 4: Aged Care and Population Ageing

Topic: PEOPLE ASSESSED AS REQUIRING AGED CARE

Written Question on Notice

Senator McLucas asked:

Does the Department collect information on the numbers of people assessed as requiring aged care (ACAT assessment) who remain in state, territory or private hospitals? If so, please provide the current data by state and territory.

Answer:

No data is routinely collected on people remaining in hospital following an ACAT assessment and approval to receive aged care.

Through the then Care of Older Australians Working Group established under the Australian Health Ministers' Advisory Council, a survey was undertaken of all people aged 65 or over in public hospitals on the night of 17 April 2002. This included data on the numbers of people assessed as eligible for aged care who were in hospital at that time. A follow up survey was undertaken on 8 May 2002 to determine who remained in hospital, and for what reason. A copy of the report on the findings of this work published by the Australian Health Ministers' Conference is available on the Department's website at:

http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-minconf.htm/\$FILE/pr2report.pdf

A further survey of older Australians in hospitals was conducted in the second half of 2006. A report on this work is not yet finalised.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-083

OUTCOME 4: Aged Care and Population Ageing

Topic: PEOPLE ASSESSED AS REQUIRING AGED CARE

Written Question on Notice

Senator McLucas asked:

What is the average length of stay in hospital prior to admission to residential aged care?

Answer:

During the last four years for which information is available, the average length of stay in hospital prior to discharge to residential aged care was as follows:

Financial year	Average Length of stay (days)
2001-02	22.3
2002-03	21.1
2003-04	20.8
2004-05	18.7

NOTE: This is the average length of stay for every hospital separation involving a discharge to residential aged care. It includes discharges of people returning to residential care. Note also that some people may enter hospital and be discharged to an aged care home on more than one occasion in a financial year.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-074

OUTCOME 4: Aged Care and Population Ageing

Topic: PRIOR KNOWLEDGE OF BED LICENCE APPLICATIONS

Written Question on Notice

Senator McLucas asked:

Is the department intending to investigate other individuals, other than departmental officers, about prior knowledge of Mr Dart's bed licence application? For example Mr Dart, Mr Barresi or the Minister's staff.

Answer:

The department's investigation was conducted to determine whether departmental staff improperly disclosed protected information. The investigation found no evidence that protected information was disclosed by departmental staff to anyone outside of the department, including to the Minister's Office. Consequently, the department does not intend to investigate non-departmental individuals.

The investigation did find that Mr Dart had informed at least six other people of his intentions in relation to an Aged Care Approvals Round (ACAR) application. The disclosure of information by Mr Dart, and by the people he informed, is not an offence.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-075

OUTCOME 4: Aged Care and Population Ageing

Topic: QUALITY ASSURANCE

Written Question on Notice

Senator McLucas asked:

- a) What quality assurance or accreditation systems were in place in 1997 and earlier for assessing quality outcomes in aged care facilities?
- b) How many aged care facilities are yet to meet the 1997 Certification Standards? Please provide a list of the facilities.
- c) What is being done to assist these facilities to meet the 1997 Certification Standards?
- d) How many of the uncertified facilities are currently accredited by the Aged Care Standards and Accreditation Agency (ACSAA)?
- e) How is it possible for an aged care facility to meet the accreditation standards if it has yet to meet the 1997 Certification Standards?

Answer:

- a) Prior to 1997 there was a Standards Monitoring process in which departmental officers were responsible for monitoring standards in residential aged care homes.
- b) All services currently meet the 1997 Certification Assessment Instrument. However, under the 10 year forward plan agreed between the government and industry, higher fire safety targets were introduced in July 1999. 161 services are yet to meet the 1999 Instrument. A list of all facilities which do and do not meet the 1999 instrument can be found on the Departments website at http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ageing-certification-certdex.htm
- c) The 161 services that are yet to meet the 1999 Instrument are being case managed by the relevant State or Territory office of the department.
- d) All Australian Government subsidised residential aged care services are currently certified and accredited by the Aged Care Standards and Accreditation Agency (ACSAA).
- e) All homes meet the 1997 Certification requirements and all have declared they meet state and local government fire laws through the Fire Safety Declaration. In respect to Certification, relevant accreditation outcomes include outcome 4.2 and outcome 4.6 of the standards. These outcomes focus on compliance with relevant legislation, regulatory requirements, professional standards and safe systems of work that minimise fire, security and emergency risks.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-084

OUTCOME 4: Aged Care and Population Ageing

Topic: CANTERBURY MULTICULTURAL AGED AND DISABILITY SUPPORT SERVICE

Written Question on Notice

Senator McLucas asked:

In the recent Estimates hearings, the Department stated that they had investigated concerns over funding expenditure and service provision at the Canterbury Multicultural Aged and Disability Support Service. The fraud audit by the Department was completed by May 2006, prior to findings of the NSW Government initiated independent financial report by Walter Turnbull. Will the Department undertake another investigation taking into account the findings by Walter Turnbull?

Answer:

No. The report provides no evidence of offences against the Commonwealth. On page 57 the report states that Walter Turnbull "found insufficient evidence to support allegations of improper practices."

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-085

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE APPROVALS ROUND 2006/07

Written Question on Notice

Senator McLucas asked:

When the Department assessed the application for bed licences from the Superior Care Group was the Department aware that Superior Care Group did not own the land that the licences were being located?

Answer:

Information contained in individual applications is provided on a commercial-in-confidence basis.

All applicants who have acquired or identified land or buildings associated with their application for places are required to provide evidence of the action they have taken to acquire or identify the land or buildings. This evidence may include, but is not limited to, relevant documents such as a development application, evidence of pre-lodgement meetings with Council, current zoning information, and copies of title, contract, signed lease or option.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2006-2007, 13 February 2007

Question: E07-090

OUTCOME 4: Aged Care and Population Ageing

Topic: COMPLAINTS DIRECT TO AGED CARE STANDARDS AND ACCREDITATION AGENCY LTD

Senator McLucas asked:

Answer to Question E06-024 states that the Agency does not collect information about sources of complaints about aged care facilities from residents, residents' family/friends, residential aged care staff and community members. Can you please tell me why the Agency does not collect this data?

Answer

As part of its assessment and monitoring process, the Agency considers a range of information including information contained in a complaint, to assess whether a home is complying with its obligations against the Accreditation Standards.

The source of the information is not relevant to the Agency's assessment of the information contained in a complaint.

Information received by the Agency is sometimes anonymous and often does not identify the person or whether they are a resident, a relative, or an employee of a home. Where the complainant can be identified and the complaint appears to be within the remit of the Complaints Resolution Scheme, the person is provided with information about the Scheme.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2006-2007, 13 February 2007

Question: E07-091

OUTCOME 4: Aged Care and Population Ageing

Topic: COMPLAINTS TO AGED CARE STANDARDS AND ACCREDITATION AGENCY LTD

Senator McLucas asked:

How many complaints about aged care were referred from DHA to the Agency in 2000, 2001, 2002, 2003, 2004, 2005, 2006?

Answer

2000: Information not available

2001: Information not available

2002: Information not available

2003: A total of 559 referrals were received from DHA

2004: A total of 966 referrals were received from DHA

2005: A total of 1,158 referrals were received from DHA

2006: A total of 2,083 referrals were received from DHA

A breakdown of the number of referrals that were complaints is not available.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2006-2007, 13 February 2007

Question: E07-092

OUTCOME 4: Aged Care and Population Ageing

Topic: SPOT CHECKS

Senator McLucas asked:

Has the Aged Care Standards and Accreditation Agency Ltd finalised the 12 "assessment modules" for undertaking spot checks and are they now available? If so, can they be provided?

Answer

The 12 assessment modules are available on the Agency's website www.accreditation.org.au. The assessment modules are utilised in the conduct of both announced and unannounced support contacts.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2006-2007, 13 February 2007

Question: E07-094

OUTCOME 4: Aged Care and Population Ageing

Topic: SPOT CHECKS

Senator McLucas asked:

Where will the findings from "unannounced support contacts" that is "spot checks" be publicly reported?

Answer

Information about support contacts is 'protected information' under Part 6-2 of Chapter 6 of the *Aged Care Act 1997*.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2006-2007, 13 February 2007

Question: E07-095

OUTCOME 4: Aged Care and Population Ageing

Topic: OUT OF HOURS VISITS

Senator McLucas asked:

In answer E06-025, it was noted that the Agency makes out of hours visits to aged care facilities. In the answer, the Agency stated that it does not keep records of "out of hours" visits. As there may be different levels of staffing "out of hours" why does the Agency not keep records of "out of hours visits"?

Answer

The number of 'out of hours' visits is not relevant to the monitoring of homes' compliance with the Accreditation Standards. What is relevant is the findings of a home's compliance, and this is recorded in the support contact record.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2006-2007, 13 February 2007

Question: E07-096

OUTCOME 4: Aged Care and Population Ageing

Topic: STAR OF THE SEA HOSTEL

Senator McLucas asked:

The Star of the Sea Hostel had an accreditation audit from 11-13 April 2006. The facility was found to be non-compliant in Clinical care and Medication management at that time. It was given two years' accreditation till June 2008. The Agency was satisfied that "the home will undertake continuous improvement measured against the Accreditation Standards" In the same report it states:

Actions following decision

Subsequent to the accreditation decision, the Agency has undertaken support contacts to monitor the home's progress and has found that the home has rectified the earlier identified non-compliance.

- a) On what date was it found that the home had rectified the earlier identified non-compliance?
- b) What type of visit was undertaken at this time, and what was looked at to ensure the issues of non-compliance had been rectified?
- c) For what reason did the Agency visit the facility for the visit that resulted in the sanction? Was it a complaint that resulted in the visit?
- d) What is a "Type 4 Referral Review Audit?"
- e) What were the findings of the Agency when the visit was undertaken that resulted in sanctions? How many expected outcomes was the home non-compliant with and what were they?
- f) Was there any concern around nutrition and hydration?
- g) Were the problems found to be long-standing? If so, how was the facility able to gain accreditation in October 2006?

Answer

- a) The Agency conducted a number of support contacts to monitor the home's progress against the areas of non-compliance. Information about support contacts is protected information under Part 6-2 of Chapter 6 of the *Aged Care Act 1997*.
- b) A number of support contacts were conducted during the timetable for improvement period to monitor the home's progress against the areas of non-compliance. Information on support contacts is protected information under Part 6-2 of Chapter 6 of the *Aged Care Act 1997*.
- c) A referral from the Department of Health and Ageing.
- d) A review audit conducted at the request of the Department of Health and Ageing under Section 3.21 (6) of the Accreditation Grant Principles
- e) The assessment team recommended serious risk and the Agency decision maker determined that serious risk was present in expected outcome 4.4 Living environment and 4.6 Fire, security and other emergencies. Following receipt of the assessment team's report and a submission from the home, the Agency decision maker found the home non-compliant in the following 23 expected outcomes:
- 1.1 Continuous Improvement
- 1.2 Regulatory Compliance
- 1.3 Education and Staff Development
- 1.4 Comments and Complaints
- 1.6 Human Resource Management
- 1.7 Inventory and Equipment
- 1.8 Information Systems
- 2.1 Continuous Improvement
- 2.2 Regulatory Compliance
- 2.3 Education and Staff Development
- 2.4 Clinical Care
- 2.14 Mobility Dexterity and Rehabilitation
- 3.1 Continuous Improvement
- 3.2 Regulatory Compliance
- 3.3 Education and Staff Development
- 3.6 Privacy and Dignity
- 3.10 Resident Security of Tenure
- 4.1 Continuous Improvement
- 4.2 Regulatory Compliance
- 4.3 Education and Staff Development
- 4.4 Living Environment (serious risk)
- 4.5 Occupational Health and Safety
- 4.6 Fire, Security and Other Emergencies (serious risk)

f) Expected outcome 2.10 Nutrition and hydration was found compliant at the review audit held on 12-15 January 2007. The assessment team reported as follows:

"Residents receive adequate nourishment and hydration and processes are in place to identify residents' food and fluid preferences and to assess residents at risk of impaired nutrition. Weight monitoring is undertaken and action is taken to address weight loss with residents being referred for medical and/or dietitian review and management if nutritional deficiencies are identified. Whilst staff monitor and assist residents with meals and drinks in accordance with their needs, staff gave different information about the names of residents who require thickened fluids and nutritional supplements. Action was taken during the review audit to ensure that information was correctly communicated to relevant staff and provided to residents. Residents said that they are happy with the quantity and variety of food and with the assistance provided by staff. Inconsistencies with the monitoring and the recording of the effectiveness of nutritional management strategies were identified."

g) The assessment team did not record a view concerning the length of time the situation they reported had existed. The facility was accredited in April 2006.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2006-2007, 13 February 2007

Question: E07-097

OUTCOME 4: Aged Care and Population Ageing

Topic: CURIE NURSING HOME

Senator McLucas asked:

- a) In an accreditation audit from 12-15 September 2006, Curie Nursing Home was found to comply with only 18 of the 44 expected outcomes. Prior to this audit, when did Curie Nursing Home have an unannounced support contact and unannounced review audit "spot checks"?
- b) What are the Agency and the department doing to ensure this facility complies with the expected outcomes?

Answer

- a) Prior to the review audit conducted in September 2006, the Agency conducted an accreditation site audit in June 2005 and three subsequent support contacts, one of which was unannounced. Information on support contacts is protected information protected information under Part 6-2 of Chapter 6 of the *Aged Care Act 1997*.
- b) The home has returned to full compliance with the Accreditation Standards. The Agency will continue to monitor progress with the home's improvements and the maintenance of compliance with the Accreditation Standards.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-098

OUTCOME 4: Aged Care and Population Ageing

Topic: COMMUNITY AGED CARE PACKAGES

Written Question on Notice

Senator McLucas asked:

Does the Department measure vacancy rates in the Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) packages and Extended Aged Care at Home - Dementia (EACHD) packages. If so, can you please provide vacancy rates by each Aged Care Planning Region?

Answer:

Average vacancy rates in the first six months of 2006-07 were as follows:

AGEI	O CARE PLANNING REGION	CACP	EACH	EACH D
Centr Far N Hunte Illawa Inner Mid N Nepe	Central Coast	2.84%	21.47%	34.75%
	Central West	6.35%	40.20%	N/A
	Far North Coast	2.97%	8.12%	0.00%
	Hunter	11.64%	28.58%	77.22%
	Illawarra	6.57%	12.56%	23.55%
	Inner West	4.48%	0.53%	26.74%
	Mid North Coast	3.57%	13.00%	25.00%
	Nepean	4.76%	40.11%	92.76%
	New England	3.45%	3.60%	11.96%
	Northern Sydney	4.41%	4.33%	23.65%
	Orana Far West	9.76%	37.33%	64.46%
	Riverina/Murray	7.90%	7.03%	N/A
	South East Sydney	2.25%	28.79%	100.00%
	South West Sydney	7.61%	4.85%	28.71%
	Southern Highlands	7.89%	24.95%	9.13%
	Western Sydney	5.79%	26.58%	56.72%
	NSW state average	5.56%	17.52%	39.73%
VIC	Barwon-South Western	3.04%	2.15%	12.87%
	Eastern Metro	3.64%	4.02%	5.33%
	Gippsland	8.96%	7.42%	N/A
	Grampians	2.81%	1.85%	N/A

	Hume	2.59%	2.73%	N/A
	Loddon-Mallee	1.88%	1.85%	N/A
	Northern Metro	4.60%	1.12%	3.88%
	Southern Metro	5.78%	4.85%	47.00%
	Western Metro	2.36%	0.38%	0.61%
	VIC state average	3.99%	3.14%	15.74%
QLD	Brisbane North	15.82%	13.33%	N/A
	Brisbane South	15.07%	5.82%	19.82%
	Cabool	11.46%	16.03%	40.80%
	Central West	3.65%	40.20%	N/A
	Darling Downs	8.12%	9.84%	N/A
	Far North	15.74%	7.30%	N/A
	Fitzroy	12.66%	12.83%	13.01%
	Logan River Valley	22.41%	10.68%	N/A
	Mackay	7.18%	6.60%	N/A
	North West	32.01%	57.07%	N/A
	Northern	4.11%	2.74%	31.85%
	South Coast	13.08%	9.22%	29.64%
	South West	18.38%	N/A	16.85%
	Sunshine Coast	18.65%	15.84%	N/A
	West Moreton	11.69%	6.90%	20.47%
	Wide Bay	7.42%	9.90%	23.30%
	QLD state average	13.89%	10.49%	25.31%
SA	Eyre Peninsula	0.00%	N/A	N/A
D11	Hills, Mallee & Southern	4.66%	3.26%	N/A
	Metropolitan East	6.86%	4.11%	30.34%
	Metropolitan North	8.63%	0.46%	80.05%
	Metropolitan South	0.17%	10.02%	N/A
	Metropolitan West	1.28%	22.64%	55.33%
	Mid North	31.26%	3.33%	15.43%
	Riverland	4.57%	N/A	N/A
	South East	1.28%	1.68%	N/A
	Whyalla, Flinders & Far North	2.43%	3.59%	N/A
	Yorke, Lower North & Barossa	2.57%	0.11%	45.26%
	SA state average	4.86%	6.10%	34.81%
WA	Goldfields	8.44%	N/A	N/A
****	Great Southern	12.09%	N/A	75.33%
	Kimberley	1.51%	N/A	N/A
	Metropolitan East	4.26%	4.11%	30.34%
	Metropolitan North	12.08%	0.46%	80.05%
	Metropolitan South East	14.24%	34.16%	15.95%
	Metropolitan South West	4.60%	5.42%	N/A
	Mid West	10.94%	N/A	N/A
	Pilbara	6.22%	N/A	N/A
	South West	4.06%	N/A	16.85%
	Wheatbelt	5.11%	N/A	N/A
	WA state average	8.68%	25.53%	32.20%
TAS	North Western	5.65%	N/A	63.91%
	Northern	2.88%	2.74%	31.85%
	Southern	2.25%	17.70%	68.36%
	TAS state average	3.20%	13.44%	47.94%

NT	Alice Springs	3.97%	N/A	N/A
	Barkly	10.81%	N/A	N/A
	Darwin	3.02%	19.00%	4.95%
	East Arnhem	4.46%	N/A	N/A
	Katherine	19.60%	N/A	N/A
	NT territory average	6.17%	19.00%	4.95%
ACT	ACT	4.58%	6.26%	2.93%
	ACT territory average	4.58%	6.26%	2.93%
Australia	National average	6.70%	11.91%	28.84%

NOTES:

N/A indicates that there are no services in the region.

Vacancy rates at the regional level, as shown in the above table, should be interpreted with caution.

- New services tend to experience a gradual uptake of recipients, and frequently take several months to reach occupancy levels of 90 per cent or more.
- A new service in a region with only one or two other established services will significantly increase vacancy levels at the regional level, even where the occupancy of the established services is above 90 per cent, as is frequently the case.
- Departmental data show that the majority of EACH services that have been operating for more than nine months have occupancies in excess of 90 per cent.
- Only a small number of EACHD services have been in operation for more than nine months.
- In the CACP program, aggregate occupancy levels (for example, at the regional level) are also sensitive to effects of gradual occupancy build-up in new services. However, because the program is more established and larger than EACH and EACHD, these effects are less marked.

For these reasons, regional vacancy levels are not a good indicator of the relationship between supply and demand.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-099

OUTCOME 4: Aged Care and Population Ageing

Topic: COMMUNITY AGED CARE PACKAGES

Written Question on Notice

Senator McLucas asked:

Could you please provide the dollar amount, on a weekly and annual basis, of the cocontribution from the care recipient for CACP, EACH and EACH-D?

Answer:

The maximum care recipient contribution for the Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and the Extended Aged Care at Home Dementia (EACHD) for people on the basic rate of pension, is calculated at 17.5 per cent of the base rate of pension per day (i.e. excluding the GST Supplement), rounded down to the nearest cent.

As at 20 September 2006 when the basic rate of pension was reviewed the daily care recipient fee for CACP, EACH and EACHD is \$6.17.

	Daily	Weekly	Annually
Fee Rates – CACP,	\$6.17	\$43.19	\$2252.05
EACH and EACHD			

Note: these rates a based on 17.5% of the daily rate of basic pension as at 20 September 2006

For those care recipients whose income exceeds the basic rate of pension, the maximum fee is 17.5 per cent of the person's income to the level of the basic pension, plus up to 50 per cent of income above the basic pension.

A care recipients' access to any of these programs should not be affected by their ability to pay fees, but rather by the service providers' capacity to meet their assessed need. All fees charged should be determined and agreed to in consultation with the care recipient.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-142

OUTCOME 4: Aged Care and Population Ageing

Topic: 2006 AGED CARE APPROVALS ROUND

Hansard Page: CA 30-36

Senator McLucas asked:

- a) When was the list of recommendations received in central office (from the state and territory offices)?
- b) We will provide you on notice with an answer to the question that shows how many applications there were in each planning region and how many successful applications there were.
- c) For the south-west district in Queensland, how many applications were received and how many were successful?
- d) When was the final date that the 2006-07 ACAR final list was sent to the Minister's Office?
- e) Could the department provide the Terms of Reference for the Probity Review of ACAR?
- f) In the South Coast Aged Care Planning Region, without going into specifics, were there any successful applications from applicants which were 'bed ready' ready to start?
- g) Were there any other applications, particularly successful applications, that were as 'bed ready' as Life Care?
- h) So you would as a matter of course know what the zoning on the land is (contained in applications for places)?

Answers:

- a) The central office of the department received the state and territory office recommendations for residential places in mid September 2006 and for community care places in late October 2006.
- b) and c) The number of applications received and the number of successful applications in each planning region is provided in <u>Attachment A</u>.

- d) 14 December 2006.
- e) A copy of the Probity Review Terms of Reference are provided at <u>Attachment B</u>.
- f) Yes.
- g) Yes.
- h) All applicants who have acquired or identified land or buildings associated with their application for places are required to provide evidence of the action they have take to acquire or identify the land or buildings. This evidence may include, but is not limited to, relevant documents such as a development application, evidence of prelodgement meetings with Council, current zoning information, copies of title, contract, signed lease or option.

NEW SOUTH WALES

	Residentia	I Places	CAC	P	EAC		EACH-D		CAPIT	AL
Region	No of Applications Received	Success- ful								
Central Coast	5	2	16	2	-	-	6	2	-	-
Central West	1	1	6	2	-	-	3	1	1	0
Far North Coast	9	6	16	3	-	-	10	2	-	-
Hunter	11	3	18	4	10	3	9	2	1	0
Illawarra	18	4	27	6	-	-	10	2	2	0
Inner West	5	4	14	3	10	2	5	3	1	0
Mid North Coast	9	6	24	4	17	3	15	2	1	0
Nepean	2	1	12	3	1	0	6	1	-	-
New England	6	5	5	1	7	2	5	1	2	1
Northern Sydney	6	2	32	10	15	4	12	4	-	-
Orana Far West	2	1	3	1	1	0	2	1	1	0
Riverina/Murray	12	6	12	2	3	0	7	2	6	3
South East Sydney	10	7	28	3	23	3	14	3	-	-
South West Sydney	9	9	29	4	17	4	12	3	2	1
Southern Highlands	5	2	9	2	-	-	3	2	-	-
Western Sydney	3	3	17	5	13	2	8	2	-	-

VICTORIA

	Residential Plac		CACP		EACH		EACH-D		CAPITAL	
Region	No of Application s Received	Success- ful	No of Application s Received	Success- ful	No of Applications Received	Success- ful	No of Application s Received	Success- ful	No of Applications Received	Success- ful
Barwon-South Western	8	4	17	2	8	1	-	-	1	0
Eastern Metro	36	6	33	5	20	4	11	2	2	0
Gippsland	5	2	12	1	1	0	8	1	5	1
Grampians	4	3	10	1	6	2	7	2	2	1
Hume	11	4	11	2	1	0	9	2	4	2
Loddon-Mallee	10	4	14	2	1	0	6	3	5	3
Northern Metro	15	6	34	3	13	4	7	1	2	0
Southern Metro	35	8	36	3	17	2	14	3	2	2
Western Metro	11	7	30	2	15	2	8	1	1	0

QUEENSLAND

	Residentia	lential Places		P	EAC	Н	EACH	l-D	CAPIT	AL
Region	No of Application s Received	Success- ful	No of Application s Received	Success- ful	No of Applications Received	Success- ful	No of Application s Received	Success- ful	No of Applications Received	Success- ful
Brisbane North	4	1	18	2	-	-	4	1	1	0
Brisbane South	17	3	29	3	10	2	6	2	1	0
Cabool	12	5	15	3	8	1	5	1	-	-
Darling Downs	7	5	7	2	4	1	3	1	7	1
Far North	3	2	1	0	-	-	4	1	4	1
Fitzroy	-	-	4	3	-	-	-	-	-	-
Logan River Valley	9	2	12	3	-	-	-	-	3	1
Mackay	1	0	5	2	-	-	-	-	-	-
Northern	2	2	6	2	2	0	5	1	1	0
North West	1	0	1	0	-	-	-	-	2	0
South Coast	14	5	23	3	8	3	9	1	1	0
South West	1	1	1	0	-	-	-	-	1	1
Sunshine Coast	12	7	19	3	7	2	7	2	1	0
West Moreton	3	2	4	2	4	2	-	-	-	-
Wide Bay	5	4	13	4	-	-	-	-	2	2

WESTERN AUSTRALIA

	Residentia	l Places	CAC	P	EAC	H	EACH-D		CAPIT	AL
Region	No of Application s Received	Success- ful	No of Applications Received	Success- ful	No of Applications Received	Success- ful	No of Application s Received	Success- ful	No of Applications Received	Success- ful
Goldfields	1	1	1	1	1	1	-	-	-	-
Great Southern	1	1	3	1	1	1	-	-	1	1
Kimberley	-	-	1	1	1	1	-	-	-	-
Metro East	3	2	11	3	-	-	4	1	-	-
Metro North	8	6	20	5	-	-	4	1	-	-
Metro South East	5	4	6	1	-	-	1	0	2	0
Metro South West	8	6	19	7	-	-	5	1	1	1
Mid West	1	1	3	1	1	0	1	1	-	-
South West	1	1	3	0	4	2	1	1	-	-
Wheatbelt	1	1	3	1	2	1	1	0	1	0

SOUTH AUSTRALIA _____

	Residentia	I Places	CAC	P	EAC	Н	EACH	EACH-D		AL
Region	No of Applications Received	Success- ful	No of Applications Received	Success- ful	No of Applications Received	Success- ful	No of Application s Received	Success- ful	No of Applications Received	Success- ful
Hills, Mallee & Southern	4	3	9	2	-	-	-	-	2	1
Metro East	2	1	-	-	-	-	9	3	-	-
Metro North	16	3	21	5	15	1	9	1	-	-
Metro South	20	5	-	-	16	4	9	2	-	-
Metro West	7	2	-	-	-	-	-	-	2	0
Mid North	2	1	-	-	-	-	-	-	2	2
Riverland	1	0	-	-	-	-	-	-	-	-
South East	-	-	-	-	-	-	-	-	1	0
Whyalla, Flinders & Far North	1	1	1	0	-	-	2	2	2	1
Yorke, Lower North & Barossa	3	0	2	0	5	1	-	-	3	1

TASMANIA

	Residentia	I Places	CAC	P		EACH		EACH-D		CAPITAL	
Region	No of Application s Received	Success- ful	No of Applications Received	Success- ful	No of Application s Received	Succe- ssful	No Deferre d	No of Applications Received	Succe- ssful	No of Application s Received	Succe- ssful
North Western	1	1	6	1	2	0	1	1	1	2	0
Northern	4	3	9	3	-	-	-	-	-	5	1
Southern	5	5	18	2	1	0	-	8	2	2	-

AUSTRALIAN CAPITAL TERRITORY

	Residential Places		CACP		EACH		EACH-D		CAPITAL	
	No of	Success-	No of	Success-	No of	Success-	No of	Success	No of	Success-
Region	Applications	ful	Applications	ful	Applications	ful	Applications	-ful	Applications	ful
	Received		Received		Received		Received		Received	
ACT	8	5	7	2	6	3	6	3	-	-

NORTHERN TERRITORY

	Residential Places		CACP		EACH		EACH-D		CAPITAL	
Region	No of Application s Received	Success- ful	No of Applications Received	Success -ful	No of Applications Received	Success- ful	No of Application s Received	Success -ful	No of Applications Received	Success- ful
Alice Springs	-	-	-	-	1	0	2	1	-	-
Darwin	2	1	5	1	4	1	4	1	3	2

ID: 5140

Attachment B

Probity Review of the Aged Care Approvals Round Terms of reference

The review will examine:

- probity and ethics guidelines and associated training;
- management of conflict of interest registers;
- confidentiality and security;
- the decision making process; and
- feedback to applicants.

It is anticipated the review would include, but not be limited to, examining material relating to the 2005 Approvals Round, together with available material from the 2006 Approvals Round. In addition, interviews would be conducted with staff from the Department's state and territory offices and central office, applicants for places, members of peak industry bodies and staff from the Minister's Office.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 14 February 2007

Question: E07-146

OUTCOME 4: Aged Care and Population Ageing

Topic: STAR OF THE SEA

Written Question on Notice

Senator McLucas asked:

- a) The current CEO contacted the department about the financial situation of the facility in Aug/Sept 2006. What action did the department take following the receipt of this information?
- b) As a condition of the Sanctions an administrator has been appointed. What is the role of the administrator and what findings has the person made in regards to the financial management of the facility?

Answer:

- a) A capital grant of \$135,756 was made by the department to pay for building works.
- b) The role of the Administrator is to assist the Approved Provider to remedy its non-compliance and to comply with all its responsibilities under the Aged Care Act 1997. With the assistance of the Administrator, serious risk was mitigated at the service by 13 February 2007. The Administrator is responsible to the approved provider and any assessments are made internal to the service. As such, this information is protected under the *Aged Care Act 1997*.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-147

OUTCOME 4: Aged Care and Population Ageing

Topic: CURIE NURSING HOME

Written Question on Notice

Senator McLucas asked:

- a) At the review audit, the Agency determined "serious risk" in relation to the home's failure to properly manage clinical care, specialised nursing care, and behavioural management of residents. Why did this facility not receive sanctions?
- b) What are the Agency and the Department doing to ensure this facility complies with the expected outcomes?

Answer:

- a) The department did impose sanctions on this facility. The department received a Serious Risk Report from the Agency on 15 September 2006. On the same day the department issued a Notice of Decision to Impose Sanctions to the Approved Provider of Curie Nursing Home, Samir Pty Ltd.
- b) The Agency has continued to visit the home on a regular basis to monitor non-compliance with the accreditation standards. Serious risk was mitigated by 2 December 2006. A Site Audit conducted by the Agency on 30 and 31 January 2007 indicated that the home had achieved full compliance with all 44 of the accreditation outcomes.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2006-2007, 13 February 2007

Question: E07-171

OUTCOME 4: Aged Care and Population Ageing

Topic: AGED CARE SERVICES AUSTRALIA GROUP

Senator McLucas asked: CA41

Was there non-compliance found at Aged Care Services Australia Group facilities since their purchase by Arnan Rouse?

Answer

During 2006/07

Narracan Gardens had two non-compliances identified at site audit in August 2006 – in 2.8 Pain management and 2.13 Behavioural management. The home is now compliant.

Cosgrove Park Aged Care Facility had one non-compliance identified at support contact. Information about support contacts is protected under Part 6-2 of Chapter 6 of the *Aged Care Act 1997*. The home is now compliant.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2006-2007, 13 February 2007

Question: E07-172

OUTCOME 4: Aged Care and Population Ageing

Topic: VIEWHILLS MANOR

Senator McLucas asked:

Have you got a list of the visits that the Agency has had to Viewhills Manor subsequent to that 8 October 2004 sanction being imposed?

Answer

From 8 October 2004 to 13 February 2007 the following visits have been conducted at Viewhills Manor:

Two accreditation site audits Two review audits 42 support contacts

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-080

OUTCOME 4: Aged Care and Population Ageing

Topic: COMMONWEALTH CARELINK CENTRES

Written Question on Notice

Senator McLucas asked:

For Commonwealth Carelink Centres please provide the forward estimates specifying expenditure against the 2006-07 budget and any uncommitted funds in 2007-08, 2008-09 and 2009-10 against the relevant budget for each of those years.

Answer:

Programme funding for Programme 4.3 – Ageing Information and Support (which includes funding for Commonwealth Carelink) is \$39.264 million in 2006-07.

Programme funding beyond the current Budget Year is not published and is not available.

As advised by Senator Minchin to Senator Chris Evans in Parliamentary Question on Notice 1310 to 1328 in October 2005, internal programme information relating to the Australian Government General Government Sector is not publicly released.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-100

OUTCOME 4: Aged Care and Population Ageing

Topic: HACC

Written Question on Notice

Senator McLucas asked:

Could the Department please provide the Commonwealth funding to the Home and Community Care (HACC) program by state and territory, for 2003/04, 2004/05, 2005/06 and 2006/07 and for the forward estimate?

Answer:

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
				All figur	es are \$ m	illion			
2003-04	228.726	189.879	145.883	63.086	72.497	18.743	5.058	8.516	732.388
2004-05	247.836	201.241	161.275	67.619	78.775	20.307	5.476	9.329	791.858
2005-06	265.707	215.469	179.737	73.111	85.594	22.142	5.944	10.131	857.835
2006-07	291.650	226.552	197.657	77.862	93.224	23.891	6.432	11.223	928.401

The table above provides the program breakdown by state and territory for the published Budget estimate for 2006-07.

Total funding for the HACC program in 2007-08 is \$1,003.787 million. The Australian Government has not published state / territory splits beyond the current financial year and does not publish Forward Estimates. This information cannot be provided.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-144

OUTCOME 4: Aged Care and Population Ageing

Topic: CANTERBURY MULTICULTURAL AGED AND DISABILITY SUPPORT SERVICE (CMADSS)

Hansard Page: CA45, CA46

Senator McLucas asked:

- a) What action did the department take after receiving a copy of the Walter Turnbull report?
- b) Is the department aware that CMADSS recorded an operating profit of \$773,000 after provisions? Fifty-five per cent of that profit was generated from CACPs?
- c) Is the department aware that Walter Turnbull found that some of the examples of expenditure that could be perceived as being fraudulent included tickets to political fundraising dinners?
- d) Can the department advise the committee in which areas CMADSS were not complying with it's service agreement, if that is what it is called?
- e) Could I also have the dates (of the investigation)?
- f) Could you confirm that your section (Audit & Fraud Control) has in fact read the Walter Turnbull report in the interest of knowing where you differ with the conclusions of the Walter Turnbull report?
- g) How did the NSW office of the department verify the information provided by CMADSS (in acquittals)?
- h) Can the department provide the committee with a blank acquittal form?
- i) Can the department indicate whether it agrees or disagrees with the finding that Walter Turnbull has that examples of expenditure that could be perceived as fraudulent include: reimbursement of mobile phone expenses; reimbursement of internet access of up to \$100 per month; tickets to political fundraising dinners; tickets to an Australia Day dinner; and donations to the Tsunami appeal.
- i) Can the internal report on CMADSS be provided to the Committee?

Answer:

a) The Walter Turnbull Report was received by the department in September 2006. The scope of this report was a compliance audit of the three years- 2001/02, 2002/03, 2003/04 and the expenditure of funding received through the Funding Agreement with the New South Wales Department of Ageing, Disability and Home Care (DADHC). It was not a review of expenditure or activities in relation to funding received by Canterbury Multicultural Aged and Disability Support Service (CMADSS) for Commonwealth programs.

Prior to receiving the Walter Turnbull Report, and in response to issues raised by interested parties and with evidence of an operating surplus, the Audit and Fraud Control Branch (AFCB) of the department undertook an investigation into the operation of and services provided by CMADSS. This investigation was concluded in May 2006.

This investigation considered the performance of CMADSS against the Deed of Agreement, specifically Clause 2.2 that requires, inter alia, that an Approved Provider comply with all requirements of the *Aged Care Act 1997* and the Principles, including obligations in relation to record keeping, and that the Approved Provider acknowledge that the consequence of a breach of a provision of the Act, Principles or Agreement can include the imposition of sanctions.

The AFCB investigation concluded that whilst there was evidence that CMADSS may not be complying with some provisions of the Deed of Agreement with the Commonwealth, including in relation to Governance and administrative management, services covered by the Deed of Agreement were being provided and the Commonwealth was suffering no financial loss, and so there was no evidence to warrant cessation of funding.

The department did review the Walter Turnbull Report. However, it was satisfied with the findings of the internal investigations and activities of rectification continuing by CMADSS.

- b) The department was aware that CMADSS had an annual operating surplus of CACP funds. CMADSS has now substantially reduced the operating surplus, evidenced through an increase in the hours of service, which are now higher than the state average.
 - There is no externally audited figure available to identify the proportion of CMADSS reported operating surplus attributable to CACP funds.
- c) The department has not found in the final WalterTurnbull Report an assertion that there are examples of expenditure that could be perceived as fraudulent. On page 57 the report states that WalterTurnbull "found insufficient evidence to support allegations of improper practices".
- d) The department found, through the AFCB investigation, that CMADSS were not complying with some provisions of the Deed of Agreement with the Commonwealth, including in relation to Governance and administrative management.

- e) The AFCB investigation commenced on 27 April 2006 and was completed on 30 May 2006.
- f) The Walter Turnbull Report was not completed until July 2006 so was not considered as part of the AFCB investigation. The report provides no evidence of offences against the Commonwealth.
- g) All National Respite for Carers Program (NRCP) funds are required to be acquitted for the first six months of the financial year, due in January each year, and a full financial year acquittal is required by the end of September following the end of the financial year. This includes audited statements certified by an independent and qualified accountant/auditor. The authorised officer of the funded organisation, usually the Chief Finance Officer or Chief Executive Officer is also required to sign a certificate of compliance.

Each month CMADSS certifies that they are entitled to receive funding through CACP in relation to the number of CACP recipients they have provided services to in the preceding month. This certification is the basis by which Medicare Australia generate subsidy payments. Medicare Australia then verifies that CMADSS has an allocation of places and an eligible client in the package prior to making the payment. This information is also verified through the Community Care Quality Reporting site visit.

- h) Copies of the blank CACP annual audited financial statement and NRCP annual Financial Activity Report forms and the Medicare Australia payment form are attached.
- i) In response to direct questioning by the department CMADSS responded that they <u>did</u> <u>not</u> use Commonwealth funding provided through CACP and NRCP for donations, purchase of tickets to political fundraisers, tickets to social events or any other purpose other than what the funding was intended for. The department has not found any evidence to suggest that the advice provided by CMADSS is incorrect or misleading.
- j) The department has sought legal advice regarding privacy issues associated with the provision of the report to the Committee and will advise the Committee further.

COMMUNITY AGED CARE PACKAGE PROGRAM 2005-06 AUDITED STATEMENT

APPROVED PROVIDER	
Canterbury Multicultural Aged and Disability	Support Service Inc
Use the space at right to update your approved provider's address details if necessary, as required in clause 10.1 of the Community Care Deed of Agreement.	
	If details are incorrect, please enter correct details in this column
SERVICE	
Name: Canterbury Multicultural CACPs	
Street address 32 South Parade CAMPSIE NSW 2194	
Postal address	
PO Box 234	
CAMPSIE NSW 2194	
Telephone: 02 9718 6199	
FAX: 02 9789 2392	
Email: exec@cmadss.org.au	
SERVICE MANAGER/CO-ORDINATOR	
Name: Mr John Dowd	
Position: Executive Officer	
Phone: 02 9718 6199	
Fax: 02 9789 2392	
Email: exec@cmadss.org.au	
CONTACT PERSON FOR THE FINANCIAL DETA	AILS IN THIS FORM
Name: Ms Bee Koh	
Position: Treasurer	
Phone: 02 9718 0121	
Fax: 02 9718 6357	
Email: bee_koh@cass.org.au	

EXPLANATORY NOTES

Please read these Explanatory Notes before completing the rest of this form.

Should you require any assistance in completing this form please contact Tim Horton, Aged Care Branch, at the Department of Health and Ageing on (02) 9263 3757 or free call 1800 048 998.

It is an approved provider's responsibility under section 63-1 of the Aged Care Act 1997 (the Act) to comply with conditions of allocation. Failure to lodge acquittal information, or failure to lodge it by the due date, may constitute a failure to comply with these conditions of allocation and lead to non-compliance action under Part 4.4 of the Act. Under section 8-3 of the Act, an approved provider must also demonstrate sound financial management, comply with its responsibilities as an approved provider, and comply with obligations arising from the receipt of community care subsidy or grant. Failure to meet these requirements may lead to a review of your approved provider status under the Act.

- 1. It is a requirement under the provisions of the Community Care Deed of Agreement and the Community Care Grant Agreement (where applicable) that a statement of each financial year's income and expenditure is provided.
- 2. This form is provided for the acquittal of the 2005-06 Community Care Service subsidy, and Community Care Grant (where applicable) paid to your organisation.
- 3. This form must be fully completed and returned to the following address by **30 September 2006** (unless the Department has agreed with your provider to a different reporting timeframe):

CACP/EACH/EACHD Executive Officer Aged Care Branch Department of Health and Ageing GPO Box 9848 SYDNEY NSW 2001

The acquittal of a community care grant must be returned by 30 November 2006.

- 4. Please round all reported expenditure to the nearest dollar.
- 5. Please indicate basis of apportionment if less than the whole cost is attributable to this service.
- 6. When correcting errors, please cross out the incorrect figure and initial the correction. The initials must be those of the person who completed the Certification of Audited Statements of Income and Expenditure. Please do not use correction fluid to make corrections.
- 7. The income and expenditure statement must be certified by **both** an independent accountant (unless the approved provider is a local or state government body) **and an authorised officer of the approved provider** (clauses 2.6.1(a) and 2.6.3 of the deed of agreement).
- 8. The Statement of Compliance must be signed by an authorised officer of your organisation.

SECTION A – INCOME & EXPENDITURE STATEMENT IN RESPECT OF SUBSIDY

PLEASE PROVIDE THE FOLLOWING DETAILS IN RELATION TO INCOME OF THE COMMUNITY AGED CARE PACKAGE SERVICE FOR 2005-06 IN RESPECT OF SUBSIDY

1. INCOME

	Category	Income 2005-06
	Commonwealth Community Care Subsidy	
A	(Do not include details of Community Care Grant funds	
	here – see Section B Page 6)	\$
В	Client Fees	\$
С	Interest Earned On Subsidy	\$
D	Client Payments for Non CACP Services	\$
Е	Other:	
	Please give details including any other funds received by the Community Care Package Service in 2005-06 (include the sale of any	
	assets)	\$
		\$
		\$
		\$
F	TOTAL INCOME (Item 1)	\$

2. EXPENDITURE & CARE HOURS

(a). Direct Care Related Expenditure

	Category	Description	Expen diture 2005- 06 \$
G	Salaries for:	 Includes: salaries, wages and on costs workers compensation superannuation leave provisions 	
н	Training for the above staff	Includes: staff training subscriptions library resources conferences	
I	Care related expenditure	Includes:	
J	Care related travel	Includes:all travel and vehicle expenditure for clientstravel between clients	
K	Special Access for clients	 Includes: interpreters & preparation of translations recruitment of bilingual staff costs associated with specific cultural events 	
L	Sub-contracted or brokered client services	 Includes: client services purchased from another organisation or individual eg Meals-on-Wheels contract care staff 	
М	Home Maintenance & Modification Costs	home modifications and maintenance undertaken by maintenance or tradespeople	
N	Other care related expenditure (please describe)		
0	TOTAL DIRECT CAR	E EXPENDITURE	\$

(b). Other Costs

d)	Category	Description	Expenditure 2005-06 \$
Р	Operating Costs	 utilities postage telephone accounting and auditing fees insurances bank charges office equipment/maintenance rent/payments in lieu of rent cleaning repairs and maintenance stationery advertising non direct care vehicle costs 	
Q	Administration Fees/Costs	Includes: • all administration fees or charges administration wages and on-costs	
R	Management Fees/Costs	Includes:all management fees or chargesmanagement wages and on-costs	
s	Depreciation costs	Includes:depreciation on motor vehiclesdepreciation on office equipment	
T	Other costs (please	describe)	
U	TOTAL OF EXPENDITURE ON OTHER COSTS		\$
V	TOTAL DIRECT CARE EXPENDITURE		\$
W	TOTAL OF EXPENDITURE ON OTHER COSTS		\$
X	TOTAL OF ALL EXPENDITURE (Item 2)		\$
Y	SURPLUS/(DEF	<u>TCIT</u>) (Item 1 minus Item 2)	\$

SECTION B - 2005-06 ACQUITTAL OF COMMUNITY CARE GRANT

Under section 76-1 of the Aged Care Act 1997, Community Care Grants are provided to certain approved providers in respect of the costs of projects for establishing new community services or extending existing community care services to cover additional areas.

Expenditure must only be for the purpose and costs described in the community care grant agreement (clause 3.1 and Schedule 1). An approved provider may apply to vary the conditions of the allocation under section 77-5 of the Aged Care Act 1997 ("the Act").

Under Division 95 of the Act, where a condition to which the grant is subject is not met, the amount of the grant (or so much of the amount as the Secretary determines) is a recoverable amount. In addition, under section 77-4 of the Act, the Secretary of the Department may vary or revoke an allocation of a community care grant if the Secretary is satisfied that a condition to which the allocation is subject has not been met. Variation may result in the recovery of the amount of the grant.

A decision to vary or revoke a community care grant is reviewable under Part 6.1 of the Aged Care Act 1997.

INCOME	
Community Care Grant	\$

EXPENDITURE (please provide full details of items purcha	ased below)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL Expenditure in	relation to Community Care Grant	\$

SURPLUS/DEFICIT in relation to Community Care Grant	\$
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CERTIFICATION OF AUDITED STATEMENT OF INCOME AND EXPENDITURE

This certification must be signed by both an independent accountant (unless the approved provider is a local or state government body) and an authorised officer of the approved provider (clauses 2.6.1(a) and 2.6.3 of the deed of agreement).

The independent accountant must be a person who is qualified to be a member of a recognised accounting body in Australia and who is not a member, public officer or employee of the approved provider.

Certification

I hereby certify that:

- the expenditure detailed in this audited statement of Income and Expenditure in respect of the 2005-06 Community Care subsidy and the Community Care Grant (where paid) is true and correct:
- that adequate provisions have been made for all future commitments; and
- salaries and allowances paid to people employed with the community care grant (where paid) are in accordance with award salary rates or the general rates in force at the institution.

Attached is a statement of any qualifications to this audited statement (please attach separate sheet if applicable).

	Independent accountant	Authorised officer of approved provider
NAME		
POSITION		
TELEPHONE		
SIGNATURE		
DATE		
ORGANISATION		

Please note: if an authorised officer of your approved provider does not sign this certification, this acquittal form will be returned to your approved provider for correct certification.

SECTION C - STATEMENT OF COMPLIANCE

I (name of authorised officer) being an authorised
officer of (Approved Provider), state that in relation
to (Service), (Service ID Number), for the
financial year 1 July 2005 to 30 June 2006:
 all subsidies and any community care grant received from the Department of Health and Ageing have been used for the provision of community aged care packages, and any community care grant has been used for the purpose described in the community care grant agreement all conditions included in the funding agreements with the Commonwealth of Australia in relation to the community aged care packages have been met, in particular: financial records have been kept which will allow separate identification of the subsidy from other income and expenditure; financial records have been kept which will allow separate identification of the community care grant (where paid) from other income and expenditure; salaries and allowances paid to people employed with the subsidy and any community care grant are in accordance with award salary rates or the general rates in force in the organisation; income derived from subsidies has been expended in the provision of community aged care packages; relevant insurance is current at 30 June 2006, including: public liability insurance of not less than \$10 million; workers compensation insurance as required by State workers' compensation acts; professional indemnity insurance of not less than \$5 million; all other insurances in respect of any liability that may arise out of the provision of community aged care packages; all superannuation payments for employees are current at 30 June 2006; all sub-contracted or brokered services have been delivered in accordance with the requirements of the Aged Care Act 1997 and our funding agreement(s) with the Commonwealth for the provision of community aged care packages; and all payments out of any community care grant monies have been correctly made and properly authorised and adequate control has been maintained over the incurring of liabilities in relation to any community care grant monies have been correctly made and proper
(signature of authorised officer) (date)

Tel:....

Title:

Annual Financial Accountability Report

For the year ending 30 June	
-----------------------------	--

For Completion by Service Providers funded under:

- Assistance with Care and Housing for the Aged
- Carer Information Support Program
- Commonwealth Carelink Program
- Continence Aids Assistance Scheme
- Continence Outreach Project
 - funded under the National Continence Management Strategy
- Day Therapy Centres
- Dementia Support Program
- National Carer Counselling Program
- National Respite for Carers Program

NOTE: Wherever the word "PROGRAM" is used in this template it refers to the above Australian government funded community care programs

PART 1: PROVIDER DETAILS

NOTE: complete once only

Provider Details		
Name of Provider Organisation		
Trading Name		
ABN		
Contact Details		
Name		
Position		
Street Address		
	City/Town	
	State/Territory	Post code
Postal Address		
	City/Town	
	State/Territory	Post code
Phone		
Fax		
Email		
Number of Funding Agreements and Schedule	es:	
Details		

PART 2: PROGRAM FUNDING

NOTE: complete a separate Part 2 for each Department of Health and Ageing funding agreement and each schedule within each funding agreement

2.1 PROGRAM DETAILS

Name of Australian Government Program				
ID Number	-	_		
Current period/year under review				
Date prepared				
Name of service(s)			 	

2.2 STATEMENT OF INCOME AND EXPENDITURE

2.2.1 PROGRAM INCOME

Australian Government Program Funding

Australian Government subsidy funding	\$
Australian Government funding agreement – operational	\$
Australian Government funding agreement – brokerage	\$
Australian Government funding agreement – reserve pool brokerage	\$
Australian Government funding agreement – non-ongoing	\$
Interest received on Government funds	\$
Approved roll-over from previous year (refer to User Guide)	\$
User fees received	\$
Other – please specify	\$
TOTAL AUSTRALIAN GOVERNMENT PROGRAM FUNDING	

2.2.2 PROGRAM EXPENDITURE

Direct Service Delivery Operating Costs

Total administration costs	
Other – please specify	\$
Promotion (promotional items, media, exhibitions, travel expenses)	\$
Equipment (vehicles, IT, furniture, & office equipment)	\$
Consumables (stationary, office supplies)	\$
Capital purchase (building and/or land)	\$
Accounting and Management fees	\$
(incl. staff training, subscriptions, organisation memberships)	\$
Professional development (attributed) –	
(incl. airfares, meals, accommodation & associated allowances)	\$
Travel (attributed) –	
Vehicle costs (incl. fuel servicing, repairs)	\$
Insurance (incl. public liability, buildings & contents)	\$
Rent (attributed)	\$
Salaries and wages	\$
Administration Costs	
Total direct service delivery operating costs	\$
Other – please specify	\$
Brokered Services	\$
Client aids and equipment (incl. consumables, major equipment)	\$
(incl. staff training, subscriptions, organisation memberships)	\$
Professional development (attributed) –	
(incl. airfares, meals, accommodation & associated allowances)	\$
Travel (attributed) –	
Vehicle costs (incl. fuel, service, repairs, leasing, mileage allowances)	\$
Insurance (professional indemnity insurance)	\$
Rent (attributed)	\$
Premises expenses (incl. cleaning, rates, maintenance)	\$
Salaries and wages	\$

Motor Vehicles	\$
Furniture, Fittings and computer equipment	\$
Other	\$
Total depreciation	\$
TOTAL PROGRAM EXPENDITURE	\$ <u></u>
2.2.3 RECONCILIATION	
Drogram Income	\$
Program Income	Φ
Less Program Expenditure	\$
2000 Frogram Experientare	Ψ
Subtotal	\$
	*
Less Approved Underspend / Plus Approved overspend	\$_
TOTAL UNDERSPEND / OVERSPEND	\$

Depreciation

PART 3: ONE-OFF AND CAPITAL GRANTS

NOTE: complete a separate Part 3 for each Department of Health and Ageing funding agreement and each schedule within each funding agreement

3.1		ACQUITTAL OF ON	E-OFF AND CAPITAL GRANTS	
3.1.1		INCOME		
Total	capita	al grant		\$
3.1.2		EXPENDITURE		
	Land	and buildings	\$	-
	Moto	r vehicles	\$	-
	Equip	oment (service delivery)	\$	-
	Equip	oment (administration)	\$	-
	IT (ad	dministration)	\$	-
	Othe	r – please specify	\$	-
,				_

TOTAL UNDERSPEND / OVERSPEND \$_____

Total Assets Expenditure

PART 4: PROVISION ACCOUNTS

NOTE: complete once only

Staff Leave and entitlements	
Provision account balance at beginning of period	\$
Provision account deposits during the period - include staff on-costs	\$
Provision account expenditure during period (provide det	tails)
Provision account balance at end of period	\$
Equipment replacement	
Provision account balance at beginning of period	\$
Provision account deposits at end of period - include provisions for capital replacements	\$
Provision account expenditure (provide details)	\$
Provision account balance at end of period	\$
	TOTAL \$

PART 5: EXPENSE ALLOCATION

NOTE: complete once only

COST ALLOCATION METHOD

Method used to allocate expenses between programs and other activities.

The method used to allocate shared expenses between the various services is to be disclosed here.

For building related expenses, shared motor vehicles and shared staff please indicate the allocation method that best described the method used by the organisation for allocating that expense to each service. The methods are:

- **Percentage of revenue**. That is, spreading the costs according to the level of funding received.
- **Actual usage**. That is, based on objective statistics regarding actual usage, such as motor vehicle log books, square metres of the building occupied, etc.
- **Estimated usage**. That is, similar to actual usage except that the usage is based on an estimate rather than objective business statistics.
- Other. Provide details of other methods used.

	Cost Allocation Method	Show workings
Shared Motor Vehicles		
Shared Direct Service Delivery		-
<u>Administration</u>		
	1	1

PART 6: STATEMENT OF FINANCIAL POSITION

NOTE: complete once only

Assets		
Cash	\$	
Receivables (eg. debtors)	\$	
Prepaid expenses	\$	
GST recoverable	\$	
Land and Buildings	\$	
Motor Vehicles	\$	
Other – please specify	\$	
	<u> </u>	
Total assets	\$	
Liabilities		
Payables (eg. creditors)	\$	
Accrued expenses	\$	
Grants received in advance	\$	
Provisions	\$	
GST payable	\$	
Other – please specify	\$	
	<u> </u>	
Total liabilities	\$	
TOTAL EQUITY	\$	
Comment regarding significant changes eg. Sold building and move premises	ed to rented	

CERTIFICATION OF AUDITED STATEMENT OF INCOME AND EXPENDITURE

(This certification verifies that the information provided is true and correct and should be signed by a person who is legally empowered to do so ie a qualified public accountant not being the approved provider). I/We hereby certify that the income and expenditure detailed in this audited statement of Income and Expenditure in respect of the _____ Financial Year is true and correct. I/We also certify that adequate provision has been made for all future commitments and that this Statement has been prepared as required by the Department of Health and Ageing. I/We disclaim any assumption of responsibility for any reliance on this Statement to any other person than the Service Provider and the Department of Health and Ageing. Name **Position** Organisation **Postal Address** City/Town State/Territory ___ **Post** code **Signature** Date Qualifications (if any) **Phone**

NOTE: organisations may wish to attach a letter signed by their auditor in place of this certification. However, the letter must contain all of the above information in order for the FAR to be accepted.

PART 7: STATEMENT OF COMPLIANCE

NOTE: complete once only		
l being an authorised officer of		
state that for the year or parts thereof of the	Financial Year certify	
that:		
The audited Statement of Income and expenditure is true and	correct.	
All grants and/or subsidies received from the Department of H used for activities associated with the provision of approved s		
All conditions included in the funding agreement with the Con relation to the services have been met, in particular:	nmonwealth of Australia in	
 Financial records have been kept which will allow separate grant/subsidy from other income and expenditure; 	identification of the	
 Salaries and allowances paid to people employed with the gwith award salary rates or the general rates in force in the companion. 		
- Public liability insurance of not less than \$10 million* is cur	rent at 30 June 2006;	
 Workers compensation insurance as required by State work current at 30 June 2006; 	kers' compensation acts is	
- Professional indemnity insurance of \$5 million is current at	: 30 June 2006;	
 All other insurances in respect of any liability that may aris are current at 30 June 2006; 	e out of the provision of services	
- All superannuation payments for employees are current at	30 June 2006;	
 All sub-contracted or brokered services have been delivere requirements of the Aged Care Act 1997 and/or our funding Commonwealth; and 		
- Adequate provisions have been made for all future commit	ments.	
Signature	Date	
Title of authorised officer	Phone	
Enter any items of non-compliance here:		

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-139

OUTCOME 4: Aged Care and Population Ageing

Topic: SECURING THE FUTURE OF AGED CARE FOR AUSTRALIANS

Written Question on Notice

Senator McLucas asked:

- a) What is the number of new residents entering high care that will pay higher fees (from 20 March 2008)?
- b) In a document form, could the committee be provided with the modelling that informs the change in the high/low care ratio?
- c) What is the average fee increase for residents in 2010/11 in absolute and percentage terms?
- d) What percentage increase in funding does the announcement represent on an annual basis?

Answer:

- a) Under the changed income testing arrangements, fees in high and low care for:
 - pensioners whose pension is determined under the pension income test (about 93 per cent of pensioners) will not be affected by the changed arrangements;
 - pensioners whose pension is determined under the pension asset test (about 7 per cent of pensioners) will be lower under the changed arrangements;
 - about 45 per cent of self funded retirees entering permanent residential aged care will decrease, on average by \$5.30 per day; and
 - about 12 per cent of self funded retirees entering permanent residential aged care will increase, on average by \$6.02 per day.

Under the new accommodation fee arrangements:

- about half of new high care residents will pay more for their accommodation than would otherwise have been the case, with an average increase of \$1.74 per day;
- about 21 per cent of new high care residents will pay less than they would have under current arrangements, with an average decrease of \$3.61 per day; and
- about half of new low care residents will pay \$7.92 per day less than they would have under current arrangements.
- b) No. This material was prepared for consideration by the Cabinet.

c) No existing resident's fees will rise as a result of the Australian Government's \$1.5 billion 'Securing the Future of Aged Care for Australians' package.

The average accommodation fee increase for residents in 2010-11 (across all residents who enter residential aged care from 20 March 2008) will be about \$2.20 per day or about 4 per cent.

d) Over the four years from 2007-08, it is estimated that the residential aged care industry would have derived almost \$5.1 billion from accommodation fees (interest in accommodation bonds, retention amounts and accommodation charges) and accommodation subsidies (the concessional resident supplement and the pensioner supplement).

The Australian Government's \$1.5 billion 'Securing the Future of Aged Care for Australians' package will increase this revenue stream by \$755.6 million over the four years from 2007-08.

This equates to a 15 per cent increase over the four year period and a 20 per cent increase in 2010-11.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-141

OUTCOME 4: Aged Care and Population Ageing

Topic: COMPLAINTS (BATES)

Written Question on Notice

Senator McLUCAS asked:

- a) Did the Minister contact Ms Bates in October 2006 and suggest that it would be appropriate to leave everything until the findings of the determination hearing were made?
- b) Did the Minister indicate to Ms Bates that she'd have someone call her the following Monday and did this occur?
- c) What protections are there for workers in aged care providing evidence to a determination hearing?
- d) What avenues are available for a review of a determination if they are late in applying for a review?

Answer:

- a) Neither the department nor the current Minister for Ageing is aware of this.
- b) Neither the department nor the current Minister for Ageing is aware of this.
- c) There are no current protections under *The Aged Care Act 1997* or subordinate legislation for aged care workers providing evidence to a determination hearing. It should be noted, however, that there is no requirement to appear in person at a determination hearing. Evidence can be provided by way of a confidential written submission.
- d) Applications for a review of a determination must comply with timeframes outlined in the *Committee Principles 1997* (the Principles). Section 10.71 (2) of the Principles states:

The application must:

(b) be received by the Commissioner within 14 days after the day when the person or body is given a copy of the determination.

Ms Bates application for a review was received outside the legislative timeframe. There are no avenues to accept an application for review received outside the legislative timeframe.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-140

OUTCOME 4: Aged Care and Population Ageing

Topic: ACADEMIC RESEARCH APPEARING IN THE ADELAIDE ADVERTISER

Hansard Page: CA24

Senator Jan McLucas asked:

- a) Did the Minister receive a letter from the academic?
- b) When did the Minister's office first become aware of the research in the Adelaide Advertiser?

Answer:

- a) The previous Minister for Ageing received a brief email from Ms De Bellis and Ms Khoo on 23 February 2006 expressing general concern about aged care and indicating PhD research was underway. The correspondence was referred to the Residential Aged Care Abuse Taskforce in the Department and, in its response, the Department encouraged the writers to make contact with the Aged Care Complaints Resolution Scheme if they were aware of any specific instances of poor care. There is no record of any subsequent contact by the writers with the Scheme.
- b) It is the department's understanding that the office of the previous Minister for Ageing became aware of the outcomes of the research on 7 February 2007 through the article published in the Adelaide Advertiser.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-160

OUTCOME 5: Primary Care

Topic: ROUND THE CLOCK MEDICARE: INVESTING IN AFTER-HOURS GP

SERVICES (IAHGPS) PROGRAM

Hansard Page: CA69

Senator Brown asked:

Can you provide some information on notice on who received those (supplementary grants) and the value of those grants?

Answer:

The following table provides the names of the organisations receiving the 49 supplementary grants funded in the 2005-06 round of the Round the Clock Medicare: Investing in After-Hours GP Services Program, and the value of these grants:

Name of organisation	Value of supplementary grant (GST exclusive)
	g()
Ashgrove West Group Practice	\$98,095
Australind Medical Centre Pty Ltd	\$100,000
Ballajura Medical Centre	\$100,000
Bannockburn Surgery Pty Ltd	\$100,000
Banora Village Medical Centre	\$100,000
Berowra Family Medical Practice	\$100,000
Blackwood and District Community Hospital	\$100,000
Bridge Clinic - Murray Bridge SA	\$43,000
Bundaberg After Hours Medical Service Pty Ltd	\$100,000
Camden GP After Hours Co-operative	\$95,494
Canning Division of General Practice	\$90,909

Darwin After Hours Medical Service	\$95,500
Dubbo Plains Division of General Practice	\$99,500
Eastern Suburbs Medical Service	\$100,000
Eight to Eight Medical Centre	\$100,000
Family Care Medical Services (Aust) Pty Ltd	\$91,000
Foster and Toora Medical Centres / BAFLIS Pty Ltd	\$100,000
Geelong City Medical Centre	\$100,000
Gemini Medical Services Pty Ltd	\$100,000
Goulburn Valley Division of General Practice	\$100,000
Gumeracha Medical Practice	\$98,800
Hamilton Medical Centre	\$25,850
Hazelbrook General Practice	\$64,690
Hepburn Health Service representing Daylesford After Hours Medical Service	\$100,000
Hinchinbrook Healthcare	\$90,909
Kiama Medical Practice	\$100,000
Maffra Medical Group	\$99,950
Mallacoota Medical Centre	\$100,000
Mt Beauty Medical Centre Pty Ltd	\$70,073
Mt Hotham Medical Centre	\$99,887
Murray-Plains Division of General Practice	\$71,900
NM&IG Medical Pty Ltd	\$100,000
North West Slopes (NSW) Division of General Practice	\$85,699
Orbost Regional Health	\$97,184
Otway Division of General Practice	\$99,978
Perth and Hills Division of General Practice	\$100,000
Pittsworth Medical Centre	\$71,760
Point Lonsdale Medical Group (PLMG) Unit Trust	\$100,000

Regency Medical Centre	\$100,000
Regency Wedness Centre	Ψ100,000
South East Alliance of General Practice	\$100,000
St George Division of General Practice	\$47,273
St Mary's Medical Centre	\$89,440
Sydney Medical Service Co-operative Ltd	\$100,000
Symbion Medical Centre Operations Pty Ltd (Forrest Family	#100,000
Practice)	\$100,000
Tatura Medical Centre Pty Ltd	\$100,000
The Trustee for the Waikerie Medical Centre Unit Trust	\$100,000
Wangaratta After Hours Doctors Cooperative	\$98,658
Western Australia Deputising Medical Service (Inc)	\$100,000
WWEM Service Pty Ltd	\$97,600

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-034

OUTCOME 3: Access to Medicare

OUTCOME 5: Primary Care

Topic: MEDICARE ITEMS FOR NON-DIRECTIVE PREGNANCY SUPPORT COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

Does the training for GPs, and eligible psychologists, social workers and mental health nurses include information about available services?

Answer:

New Medicare items for the provision of non-directive pregnancy support counselling services were introduced on 1 November 2006.

To access these items, GPs, psychologists, social workers and mental health nurses must complete appropriate non-directive pregnancy counselling training. This training is available online through relevant GP and allied health professional national associations.

The packages offered by these associations include training materials and links to a broad range of information about government and non-government services, such as maternal, child and family support services, and Australian Government benefits.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2006-2007, 13 February 2007

Question: E07-122

OUTCOME 3: ACCESS TO MEDICAL SERVICES, AND

OUTCOME 5: PRIMARY CARE

Topic: ROUND THE CLOCK MEDICARE

Written Question on Notice

Senator Evans asked:

Please provide data on expenditure by financial year to date on the Round the Clock Medicare package, compared to the original budgeted figures.

Answer:

The *Round the Clock Medicare: Investing in After-Hours GP Services* package has two components as follows:

- higher rebates for after-hours GP attendances;
- three new types of grant funding to after-hours GP services:
 - Operating Subsidies;
 - Start Up Grants; and
 - Supplementary Grants.

Higher MBS rebates

On 1 January 2005, higher Medicare rebates were introduced for after-hours GP attendances.

Thirty-two new after-hours items were created with a rebate \$10 higher than the corresponding items used during non after-hours periods. There are items for both vocationally recognised (VR) and non-VR GPs.

The rebate for the existing emergency after-hours GP items was also increased by \$10.

<u>Table 1</u> – Administered estimates and expenditure for higher rebates under *Round the Clock Medicare*

	2004/05	2005/06	
	\$m	\$m	
Original estimates*	42.1	83.8	
Actual expenditure**	21.6	46.7	

^{*} Includes Medicare flow-ons

Expenditure is lower than budget estimates because:

- the actual number of after-hours GP attendances is lower than the volumes estimated in the original costings (prior to the introduction of the after-hours attendance items on 1 January 2005, there was limited data about the utilisation of after-hours GP services on a national basis);
- the original estimates included funding for Medicare flow-ons.

<u>Table 2</u> – Number of after-hours MBS attendances provided since January 2005

	2004/05	2005/06
Attendances*	2,037,597	4,651,681
Average number of attendances per		
month	339,600	387,640

^{* 6} months in 2004/05

By 30 June 2006, the average number of after-hours attendances being provided each month had increased by 14% since the higher after-hours rebates were introduced in January 2005 (though are lower than the volumes estimated in the costings).

Grant funding

<u>Table 3</u> – Rephased administered allocation and expenditure for *Round the Clock Medicare* grant funding

	2004/05	2005/06
	\$m	\$m
Allocation post approved rephases	0.07	2.23
Actual expenditure	0.07	2.23

The original estimates provided for *Round the Clock Medicare* grant funding have required rephasing to meet grant funding agreement commitments that fall into future years.

^{**}For \$10 loading only, does not include flow-ons which can not be tracked

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-005

OUTCOME 7: Hearing Services

Topic: HEARING SERVICES

Written Question on Notice

Senator Crossin asked:

Does the Department provide any funding (through this Outcome or others) for children's hearing checks?

Answer:

Yes. Community Service Obligation funds are provided to Australian Hearing to undertake, where appropriate, children's hearing checks.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2006-2007, 1 November 2006

Question: E06-068

OUTCOME 8: Indigenous Health

Topic: Healthy for Life – Indigenous Health

Hansard Page: CA80

Senator Evans, Christopher asked:

- a) How much Healthy for Life funding was spent in 2005-06?
- b) What is anticipated to be spent in 2006-07 and the out-years?

Answer:

- a) A total of \$7.2 million Healthy For Life funding was spent in 2005-06.
- b) Consistent with the four year Budget appropriation for the Healthy For Life measure (as adjusted in the 2006-07 Budget), it is anticipated that the following funding will be spent in 2006-07 and the out-years:

	2006-07 (\$m)	2007-08 (\$m)	2008-09 (\$m)
Departmental Expenses:	2.9	2.9	2.6
Administered Expenses:	21.4	27.6	36.8
Total:	24.3	30.5	39.4

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 14 February 2007

Question: E07-186

OUTCOME 8: Indigenous Health

Topic: ADVERTISING CAMPAIGN

Hansard Page: CA 78

Senator Crossin asked:

So rather than me ask you what the features of the campaign are, can you provide the committee with copies of that?

Answer:

The following documents have been provided to the Committee;

- 1) Radio Advertisements on CD
- 2) First Press Advertisements
- 3) Technical Brochure
- 4) Letter Box Drop Brochure
- 5) General Brochure for all households

Secretariat note:

The documents are accessible at http://www.health.gov.au/opalfuel

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-063

OUTCOME 8: Indigenous Health

Topic: TRACHOMA ANTIBIOTIC RESISTANCE SURVEILLANCE

Hansard Page: CA71

Senator Crossin asked:

"Is the Menzies School of Health Research involved in that in any way or subcontracted to get involved in any way?"

Answer:

The department is not aware of any work that the Menzies School of Health Research is undertaking on antibiotic resistance.

As part of the contract with the Centre for Eye Research Australia, the National Trachoma Surveillance and Reporting Unit (Unit) that has been established, has the responsibility to monitor resistance to azithromycin in trachoma endemic areas.

At this stage the Unit has proposed liaising with the Australian Group on Antimicrobial Resistance (AGAR) which already conducts surveillance into the resistance of specific antimicrobials. This approach builds on and avoids duplication of surveillance work that AGAR has done in this area.

AGAR membership includes clinical microbiologists and laboratory scientists from 32 teaching hospitals and pathology service providers. Each state and territory is represented. Royal Darwin Hospital is the member for the Northern Territory.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-076

OUTCOME 8: Indigenous Health

Topic: BUDGET FOR ROLL-OUT OF OPAL FUEL IN ALICE SPRINGS

Hansard Page: CA78

Senator Crossin asked:

"In relation to the budget and projected expenditure, how much is budgeted and how much do you think you will spend? Wasn't \$10 million allocated as the subsidy?"

Answer:

The Australian Government has committed \$12 million to 2009-10 to support the roll-out of Opal fuel into Alice Springs. This subsidy is based on fuel consumption estimates supplied by the petrol companies involved. Actual expenditure will depend on the actual amount of fuel used in Alice Springs over the next three years.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-077

OUTCOME 8: Indigenous Health

Topic: MONITORING OF MEDIA IN ALICE SPRINGS IN REGARD TO THE ROLL-

OUT OF *OPAL* FUEL

Hansard Page: CA79

Senator Siewert asked:

"How long will you be doing that for? Beyond the eight weeks, will you be continuing to do that monitoring?"

Answer:

The department has engaged a public relations consultant to assist with monitoring the media for the duration of the campaign. The department will continue to monitor the media once the campaign is finished.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-184

OUTCOME 8: Indigenous Health

Topic: OPAL FUEL ROLL-OUT COMMUNICATION CAMPAIGN AND THE USE OF

RADIO ADVERTISEMENTS

Hansard Page: CA78

Senator Crossin asked:

"I take it CAAMA Radio and ABC. What about 8HA?"

Answer:

The radio advertisements are being aired on CAAMA, 8HA, 8CCC, Top FM (Katherine/Tennant Creek) and 8SUN (Alice Springs).



PHIAC Reference: 070214_estimates_gg

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

Dear Mr Humphery,

At the Senate Estimates hearing into the Department of Health and Ageing on Tuesday 13 February 2006, my organisation, the Private Health Insurance Administration Council, was asked to provide copies of our annual report on the private health insurance industry to the Committee by Senator McLucas.

Please find enclosed 10 copies of the report. Additional copies are available if required or directly from our web site at www.phiac.gov.au.

Yours sincerely

Gayle Ginnane

Chief Executive Officer

Private Health Insurance Administration Council

14 February 2007

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-173

OUTCOME 9: Private Health

Topic: MEMBERSHIP

Senator McLucas Asked:

I am not sure whether you will tell me I can have this information. Can you tell us what the growth in your young membership has been over time? This might compromise your business.

Answer:

Based on PHIAC data, Medibank Private's market share for persons aged 20-34 has grown 0.6% since September 2005.

Quarter	Market share: Hospital persons aged 20-34
Sep 00	28.6%
Dec 00	28.2%
Mar 01	28.5%
1.101 01	
Jun 01	29.0%
Sep 01	29.0%
Dec 01	29.0%
Mar 02	29.2%
Jun 02	28.8%
Sep 02	28.3%
Dec 02	27.8%
Mar 03	27.6%
Jun 03	25.9%
Sep 03	25.6%
Dec 03	25.4%
Mar 04	25.7%
Jun 04	25.0%
Sep 04	24.7%
Dec 04	24.5%
Mar 05	24.6%
Jun 05	24.1%
Sep 05	24.0%
Dec 05	24.1%
Mar 06	24.5%
Jun 06	24.3%
Sep 06	24.4%
Dec 06	24.6%

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-177

OUTCOME 9: Private Health

Topic: PRIVATE HEALTH INSURANCE ADVERTISING CAMPAIGN

Hansard Page: CA 87

Senator McLucas asked:

- a) Of the \$50 million or so included in the last budget for advertising the private health insurance extended choices program, how much was spent in 2005-06?
- b) Can you also indicate how much is committed in the forward estimates?

Answer:

See answer to E07-126.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-011

OUTCOME: 9: Private Health

Topic: POSSIBLE OVER-SERVICING OF PRIVATELY INSURED PATIENTS

Written question on notice

Senator Webber asked:

Has the department noticed any sign of possible over servicing of privately insured patients in respect to diagnostic investigatory procedures and/or surgical procedures since the introduction of the private health insurance premium rebate and increased cover of in-hospital medical fees gaps by private health funds? If so what action has the department and Medicare Australia taken to curb over servicing?

Answer:

The department is not aware of over-servicing of privately insured patients in relation to these procedures, and would be unable to make the clinical judgement necessary to assess whether these procedures were in fact required for particular privately insured patients.

The Professional Services Review (PSR) oversees the professional conduct of doctors providing services that attract benefits from the Medicare Benefits Scheme. The PSR has no access to information about the insurance status of patients of health professionals whose conduct may be examined under the PSR scheme. Referrals to PSR from Medicare Australia are based on Medicare Australia's analysis of individual providers, not on an assessment of particular procedures that may be performed by a range of providers.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-174

OUTCOME 9: Private Health

Topic: PRIVATE HEALTH INSURANCE COVERAGE BY ELECTORATE

Hansard Page: CA 81

Senator McLucas asked:

Can either the department or PHIAC provide any data on private health insurance coverage by electorate?

Answer:

The Private Health Insurance Administration Council (PHIAC) collects data at the state level, which cannot be used to derive electorate level information about PHI participation rates.

Medicare Australia does collect information at the postcode level, however the quality of the data produces unreliable statistics on PHI participation.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-175

OUTCOME 9: Private Health

Topic: HIGHER REBATES FOR OLDER AUSTRALIANS

Hansard Page: CA 84

Senator McLucas asked:

- (a) What is the cost of the 35 per cent and 40 per cent rebates for older Australians, both in dollar terms and as a proportion of the total expenditure on the private health insurance rebate?
- (b) Can the department provide any data on the number of older Australians who have taken out private health insurance since the higher rebates were introduced? Can you disaggregate it according to the 35 percent and 40 per cent rebate by age groups, gender or any other groups or definition?

Answer:

- (a) The 35 per cent and 40 per cent rebates (the higher rebates) were introduced on 1 April 2005. The dollar cost of the higher rebates (from their introduction until December 2006) is \$179 million. As a proportion of the total expenditure on the private health insurance rebate this represents 5.6 per cent.
- (b) Since the introduction of the higher rebates 94,464 people aged 65 and over have purchased private health insurance (1 April 2005 to December 2006). The higher rebates fall into age groups based on participation. The 35 per cent rebate applies to people aged 65-69. The 40 per cent rebate applies to people 70 and over. Further breakdown by rebate type and gender is provided in the table below. Rebate data is provided by the Private Health Insurance Administration Council (PHIAC). As this data does not contain any further detail, the department cannot breakdown this data into other groupings.

Table 1: People covered by private hospital insurance from period ending 31 March 2005 to period ending 31 December 2006.

	People Covered						0/ 01			
Rebate	As at 31 March 2005			As at 31 December 2006			Total Change	% Change		
	Male	Female	Total	Male	Female	Total		Male	Female	Total
35% Rebate	180,128	180,719	360,847	198,060	198,229	396,289	35,442	10.0%	9.7%	9.8%
40% Rebate	303,448	429,324	732,772	337,197	454,597	791,794	59,022	11.1%	5.9%	8.1%
Total	483,576	610,043	1,093,619	535,257	652,826	1,188,083	94,464	10.7%	7.0%	8.6%

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-176

OUTCOME 9: Private Health

Topic: PHI PARTICIPATION BY OLDER AUSTRALIANS

Hansard Page: CA 84

Senator McLucas asked:

(a) What is the number of older Australians who have taken out private health insurance since the higher rebates were introduced?

Senator Moore asked:

(b) Can you do gender as well? Exactly what can your database allow us to know?

Answer:

See answer to E07-175.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-126

OUTCOME 9: Private Health

Topic: PRIVATE HEALTH INSURANCE ADVERTISING CAMPAIGN

Hansard Page: CA 87

Senator Evans asked:

- a) Of the \$50 million or so included in the last budget for advertising under the 'Private health insurance enhanced choices' measure, how much was expended in 2005-06?
- b) Can you also indicate how much is committed in the forward estimates?

Answer:

- a) None. Funding was appropriated in the 2006-07 Budget.
- b) A range of measures is to be funded from the \$50.383 million. A breakdown of the \$50.383 million is shown below (in \$ millions):

Communication campaign	19.100
Private Health Insurance Rebate (estimated increased expenditure)	27.781
Australian Taxation Office (additional resourcing)	.661
Establishment new private health consumer website	1.435
Medicare Australia (direct mail-out advising affected Australians	.684
that they are approaching Lifetime Health Cover deadlines)	
Development and implementation of standard information on	.722
private health insurance products (departmental resourcing)	
Total 'Private health insurance – enhanced choices' initiative	50.383

\$19.1 million was allocated for the private health insurance communication campaign. This includes \$18.1 million in administered monies, for campaign development and funding, and \$1 million for departmental resourcing.

Expenditure on the communication campaign to 13 March 2007 is \$235,971 (GST exclusive). This was for developmental and concept research.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-161

OUTCOME 11: Mental Health

Topic: COAG PROGRAMS

Hansard Page: CA 99

Senator McLucas asked:

It would be useful, I think, if we had something from you, other than going through 13 programs and going tick, tick, tick; if we could get on notice the name of the program, the status, what stage you are with developing evaluation mechanisms and the anticipated process that you are going to use? That would seem to be a better use of the time?

Answer:

The attached progress report (Attachment A) provides an update on all measures the department is implementing as part of the Australian Government's mental health package, as well as the related consultation mechanisms and monitoring and evaluation activities.

Australian Government Mental Health Package Department of Health and Ageing (DoHA) Progress Report BRIEF OVERALL STATUS

DoHA is continuing to consult and finalise implementation arrangements for the initiatives it has responsibility for implementing. Most initiatives have now commenced, and tender processes are underway. Implementation timeframes remain as per specified in the *COAG National Action Plan on Mental Health* (2006 – 2011), and milestones are being considered. Further information is available at www.health.gov.au/coagmentalhealth.

SPECIFIC ACTIONS / PROGRESS ON INITIATIVES

• Expanding Suicide Prevention Programs (\$62.4 million)

- Negotiations have been completed with ninety-five percent of the 46 community based projects, which were announced on 12 October 2006. The two remaining projects (five percent) are currently being finalised.
- The Department is currently reviewing the committee membership under the National Suicide Prevention Strategy. New membership arrangements will be in place from 1 July 2007, as membership under the current structure is due to expire on 30 June 2007.
- o The National Suicide Prevention Strategic Plan, which is being re-developed, will guide the Department's suicide prevention activities for the next five years. The Strategic Plan will be considered at the meeting of the National Advisory Council on Suicide Prevention on 20 March 2007.

• Alerting the Community to Links between Illicit Drugs and Mental Illness (\$21.6 million)

- A national campaign to increase awareness of the links between illicit drug use and mental health and to encourage individuals and families to seek help or treatment is being developed in 2006/07 for implementation in early 2008.
- O A two-stage market research program investigating levels of awareness, knowledge and attitudes towards illicit drug use and mental health problems is informing the development of the campaign. The first stage of research, an in-depth qualitative study, has been completed and key findings are now being measured through a national quantitative survey of young people aged 15-30 and parents of children in this age range. This study will be finalised in March 2007.
- o To date, advice on the campaign's strategic approach has been provided through a series of consultations with the Australian National Council on Drugs and will be augmented by discussions with a variety of experts in the mental health sector.
- O Up to date evidence on mental illness and illicit drug comorbidity will also inform the campaign approach and messages. This will be provided through an update of the *Illicit Drug Use in Australia: Epidemiology, Use Patterns and Associated Harms* monograph by the National Drugs and Alcohol Research Centre. A draft report has been completed and will be finalised in March 2007.

• Support for Day-to-Day living in the Community (\$46.0 million)

- The identification of sites suitable for locating the D2DL program is now complete.
 Identification was undertaken by States and Territories based on need for service and the existence of complementary clinical and social/welfare services.
- Advertising for providers in selected sites occurred in national newspapers on Saturday 17 February 2007 and is due to be advertised again on 24 February 2007. Applications close on Tuesday 20 March.
- o Key stakeholders were advised in advance of the advertising.
- o Information and documentation is available on the Department's website via www.health.gov.au/tenders and a dedicated email and phone line have been established for inquiries (1300 887 745 or daytodayliving@health.gov.au)
- o Funding will be allocated according to need, but broadly allocated on the AHMAC formula (to make sure other sites are not disadvantaged).

Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (\$538.0 million)

- This measure commenced on 1 November 2006, when new Medicare Benefits Schedule items for general practitioners, psychiatrists, clinical psychologists and other appropriately trained allied mental health professionals were introduced.
- o Uptake of the new items has been positive. For November and December 2006 (60,909 claims were processed for the new GP Mental Health Care Plan item.
- o More detailed information on the new MBS items can be found at www.health.gov.au by using the A-Z Index, go to M for 'Mental Health Care GP Medicare Items'
- O Consultations with key stakeholders were completed in January 2007 and Assistant Minister Pyne approved an education and training framework on 15 February 2007. The department is now considering activities to enable the implementation of the education and training component of the Better Access initiative and will continue to work closely with stakeholders.

• New Funding for Mental Health Nurses (\$191.6 million)

- o This measure will commence in July 2007. Negotiations with the key professional organisations are already underway to set in place arrangements for credentialing mental health nurses to participate in the scheme.
- O Business rules for the implementation of this initiative have been developed in consultation with Medicare Australia. Note: Medicare Australia will be the payments agency for this measure however it is not an MBS payment.
- The Department has met with the Australian General Practice Network and the Mental Health Professional Associations Group (which includes the Australian Psychological Society, the Royal Australian and New Zealand College of Psychiatrists, the Royal Australian College of General Practitioners, and the Australian College of Mental Health Nurses) to discuss how this measure could be implemented.

• Improved services for people with drug and alcohol problems and mental illness (\$73.9 million)

- o A small Expert Reference Group (ERG) has been established to provide advice on the implementation of the measure, including identifying priorities for funding under the National Comorbidity Initiative component of the measure. To date, the ERG has met twice (November 2006 and February 2007).
- o In addition to the ERG, a one-off discussion forum with peak state/territory non-government organisation (NGO) representatives, and other key NGO representatives and academics was held on 4 December 2006 to identify a suite of tools and resources

- that could be included as part of the measure and made available to alcohol and drug services for the management of clients with drug and alcohol problems and mental illness
- o The outcomes of this Discussion Forum were provided to the ERG and have assisted the ERG in their considerations and recommendations to the Department on the key principles in implementing this measure. The Department is currently working with the ERG to finalise these principles and the underpinning activities.
- As part of the consultation phase, the Department has invited the Clinical Directors of the National Mental Health Standing Committee and the Health officials of the Intergovernmental Committee on Drugs to a meeting regarding this measure on 21 March 2007. It is important that any approach taken by the Australian Government to implementing this measure builds on and complements the work that is currently being undertaken by individual jurisdictions.
- o Capacity building grants process for non-government drug and alcohol treatment services does not commence until 1 July 2007.

• Mental Health Services in Rural and Remote Areas (\$51.7 million)

- o The Prime Minister launched this measure on 9 October 2006.
- o The Department held discussions with jurisdictions regarding phase one of this measure. The Department asked jurisdictions to identify where they would consider their geographical areas of highest need/unmet demand to be, as well as to identify potential auspice organisations that could deliver the services.
- o The Parliamentary Secretary to the Minister for Health and Ageing approved the approach for phase one of the measure on 28 November 2006.
- o An Expert Forum was held on 30 November 2006 to start to scope possible solutions to getting viable mental health services into rural and remote Australia where there is little capacity and such services do not exist.
- O Potential auspice organisations have been invited to submit funding proposals and we expect to have contracts in place and services running in the next few months.

• Telephone Counselling, Self Help and Web-based Support Programmes (\$56.9 million)

- o An announcement of the offer of funding for \$18 million for Lifeline Australia to expand its telephone counselling services was made on 12 October 2006. A Funding Agreement was signed on 20 December 2006.
- o A Funding Agreement has been offered to BoysTown (Kids Help Line) regarding funding to support their telephone counselling and web based services.
- O Health Outcomes International was engaged on 22 December 2006 to conduct a formative evaluation (including environmental scan) to inform the future delivery of the COAG Telephone Counselling, Self Help and Web-Based Support Programmes measure. The final report has been submitted and is currently being reviewed. A draft design paper for the remaining parts of this measure will be developed by early March 2007.
- o Dialogue is continuing with National Health Call Centre Network Implementation Team to ensure there is synergy between these measures

• Improving the capacity of workers in Indigenous communities (\$20.8 million)

- o Recipients of the five additional Puggy Hunter Memorial Scholarships for mental health for the 2007 academic year were advised that they were successful in December 2006.
- o A contract with Orygen Research Centre was signed in February 2007 to deliver a culturally adapted version of the mental health first aid course. The Department will

- support 120 instructor scholarships for Aboriginal and Torres Strait Islander people employed by Australian Government funded Indigenous specific health services to deliver the two day mental health first aid course.
- o The Community Services & Health Industry Skills Council (CSH&ISC) will develop a training package (including stabilisation and referral; drug and alcohol interventions; suicide interventions; and grief and loss interventions) for the existing workforce and will align it with the current Aboriginal Health Worker competencies development. The contract was signed in November 2006 and the package will be developed by June 2007.
- Approval of the locations of the ten mental health workers has been sought. The sites for the five houses have also been identified. Negotiations between the OATSIH State and Territory Offices and the successful services will shortly commence.
- o The tender for the Indigenous mental health textbook closed on 30 January 2007.
- o The tender for the Mental Health Multi Media Resource will close on 19 February 2007
- The request for tender to develop and/or adapt mental health assessment tools is currently being finalised. This tender will be advertised in the national media in March/ April 2007.
- o The first OATSIH Expert Reference Group meeting will be held in Canberra on 13 March 2007.

• Increased funding for the Mental Health Council of Australia (\$1.0 million)

This measure was implemented from 1 July 2006 through funding arrangements under the Community Sector Support Scheme.

• New early intervention services for parents, children and young people (\$28.1 million)

- O Work is underway to develop resources to support early childhood workers within this measure. Consultations with key stakeholders have commenced across government departments (FaCSIA, DEWR, DEST). These consultations will continue with external stakeholders including the Australian Psychological Society, beyondblue, and the Australian Principals Association Professional Development Council on March 1 2007 and 2 April 2007.
- Early discussions have indicated a strong interest from state and territory governments in this measure and the linkages between this and some of their own initiatives. Future workshops are planned with state and territory governments commencing in March 2007.

• Additional education places, scholarships and clinical training in mental health (\$103.5 million)

- o The Prime Minister announced on 14 July that 210 clinical psychology places and 431 mental health nursing places had been offered to universities. The places have been included in universities' 2007 funding agreements.
- O Detailed planning is underway for the scholarship and expanding psychiatric training options. Representatives from the Department met with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) on 14 February 2007 to discuss implementation of expanded specialist training arrangements. The Department has also requested the College provide advice regarding accredited psychiatry training places outside of public teaching hospitals.
- o The RANZCP sought funding to implement its proposal to undertake structural reform of psychiatric training over 5 years. Improvements sought include facilitating competency based training, increasing flexibility of training for part-timers and

- trainees with interrupted training, higher trainee pass rates, and expanding options for lateral entry to the speciality, particularly for overseas-trained doctors.
- o A peak organisation to manage scholarships has been selected. The Department will work closely with this organisation to finalise guidelines and application procedures.

• Mental health in tertiary curricula (\$5.6 million)

- Liaison is continuing with the Mental Health Nurse Education Taskforce (MHNET) to identify core mental health components of nursing pre-registration courses.
 Meetings are held monthly with the next meeting scheduled for 28 February 2007.
- A report on the outcomes of the MHNET project is expected to be completed by March for comment by the AHMAC Mental Health Workforce Advisory Committee and the Council of Deans of Nursing and Midwifery.
- Detailed planning is underway to enhance the mental health component in undergraduate courses for other health professions and discussion with accreditation authorities is underway.

CONSULTATION MECHANISMS

To support linkages and information exchange between and within portfolios, DoHA has established a range of mechanisms to ensure effective communication on the progress of measures being implemented under the Australian Government's Mental Health Package.

Internal and inter-agency arrangements include, for instance:

- DoHA chairs a COAG Mental Health Implementation Interdepartmental Committee
 (IDC) which includes representatives from all agencies with responsibility for
 implementing measures under the broader package (i.e. DoHA, FaCSIA, DEWR, DEST)
 as well as representatives from the Department of the Prime Minister and Cabinet, The
 Treasury and Centrelink.
- A *DoHA Implementation Working Group* meets regularly to ensure communication and information exchange between all program areas in the Department that are progressing measures.

In addition, a number of other arrangements have been put in place for consultation and communication with external stakeholders. For example:

- DoHA has established a *COAG Mental Health Stakeholder Reference Group* to provide sector-representative advice, as requested, on the planning and implementation of measures being implemented by the Department. The Reference Group first met on 27 November 2006, and will meet again in March and then May 2007.
- The Australian Government, through the IDC, is developing a *new mental health website* that will be used as a resource that maps COAG and non-COAG mental health and related programs being progressed by the Australian Government. It will provide a central and easy access point for interested groups seeking funding for various projects, and will also provide an information platform for parliamentarians. DoHA is the lead agency coordinating the development of the website, which is expected to be finalised in July 2007.

EVALUATION AND MONITORING

Action is underway within the Australian Government at three levels:

- Development of approaches to evaluation of individual Australian Government measures.
- Development, through the IDC, of a standard template across Australian Government departments to support regular monitoring of the implementation of all measures. This

- will ensure that consistent questions are asked. A sub-group has been established to support this process.
- The Australian Government is taking the lead in conjunction with states and territories to support a process for annual reporting through Health Ministers to COAG on the progress of implementation of the COAG Action Plan. This is taking place through the Mental Health Standing Committee.

COAG agreed to a five-year evaluation of the COAG Action Plan. The results of individual evaluations, particularly of larger measures such as the Better Access program, together with annual reports provided through Health Ministers, will be likely to support this evaluation.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-130

OUTCOME 12: Health Workforce Capacity

Topic: DISTRICTS OF WORKFORCE SHORTAGE

Written Question on Notice

Senator Evans asked:

Is the Bay Islands Medical Service in Queensland currently the subject of a workforce shortage determination?

How long has this determination been in place? How many times has this determination been renewed?

Answer:

The Bay Islands Medical Service on Russell Island is located within the statistical local area of Redland (S) Balance, and is currently considered to be a district of workforce shortage.

The district of workforce status for Russell Island has been in place since the second quarter of 2005. The Medicare billing statistics which are used to determine the district of workforce status is updated on a quarterly basis.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-162

OUTCOME 12: Health Workforce Capacity

Topic: AREAS OF WORKFORCE SHORTAGE

Hansard Page: CA 106

Senator McLucas asked:

- a) I do not know what the trigger for the change is, but on notice, could you give me a list of each of the areas of workforce shortage for 2006 so that I can work out where the changes are?
- b) I was hoping to get the four quarters of 2006. Are they done on a standard quarterly basis, so end of March and end of June?
- c) What are the trigger dates?
- d) Can we have the data in both forms (area of workforce shortage in text and maps)?

Answer: (A) to (D) inclusive

Areas of workforce shortage

Areas of workforce shortage (AOWS) statistics are prepared on a quarterly basis covering the periods; 1 January – 31 March, 1 April – 30 June, 1 July – 30 September and 1 October – 31 December.

AOWS are calculated at the Statistical Local Area (SLA) level. The population to full-time equivalent (FTE) general practitioner ratio at the SLA level is used to establish AOWS, when compared to the national average.

Derivation of population data

The latest published Estimated Resident Population (ABS Catalogue No. 3218.0) is used to derive population data at the SLA level. Where SLAs form natural groupings across a locality, the SLAs are grouped to form collections of contiguous SLAs or aggregated to a larger statistical region to better reflect area catchments.

SLA data

There are over 1400 individual SLAs. Rather than supply this amount of information for each quarter of 2006, an analysis of change in eligibility over calendar year 2006 is provided below:

- 91% (1281) of SLAs did not change eligibility status during 2006;
- of the remaining 9% (123) of SLAs that had a change in status over the year, 46% (57) of them are currently eligible; and
- as at the December quarter 2006, 65% (922) of SLAs are AOWS.

Given the large number of SLAs, it is not practical to illustrate AOWS changes in a simple map format.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-164

OUTCOME 12: Health Workforce Capacity

Topic: OVERSEAS TRAINED DOCTORS

Hansard Page: CA 107

Senator McLucas asked:

I wonder, Mr Dennis, if you could further on notice subdivide the refused figure into refused and then refused again, and refused but then approved?

Answer:

For the period February 2006 to January 2007, a total of 437 exemptions were rejected with 127 applications for a reconsideration of the original decision received. Of the 127 applications requesting reconsideration, 80 had their original decision overturned with the remaining 47 upheld.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-165

OUTCOME 12: Health Workforce Capacity

Topic: WORKFORCE SHORTAGE DETERMINATION

Hansard Page: CA 109

Senator McLucas asked:

Can you tell me if the Bay Islands Medical Service in Queensland is currently the subject of a workforce shortage determination? I just want a snapshot of where it is in the process.

Answer:

The Bay Islands Medical Service on Russell Island is located within the statistical local area of Redland (S) Balance, and is currently considered to be a district of workforce shortage.

The Bay Islands are also considered an outer metropolitan location.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-166

OUTCOME 12: Health Workforce Capacity

Topic: GP POPULATION RATIOS

Hansard Page: CA 109

Senator McLucas asked:

- a) You collect GP to population ratios by SLA?
- b) What is that data?
- c) Is it GP visits?
- d) What are you collecting?

Answer Parts a) to d) inclusive:

The population to Full-time Equivalent (FTE) general practitioner ratio uses published Estimated Resident Population (ABS Catalogue No. 3218.0) figures at the Statistical Local Area (SLA) level. Where SLAs form natural groupings across a locality, the SLAs are grouped to form collections of contiguous SLAs or aggregated to a larger statistical region to better reflect area catchments.

SLAs are used to define areas because SLAs are the smallest geographic unit for which annual population figures are available. The Australian Bureau of Statistics publishes annual population figures for SLAs on an Estimated Resident Population basis (ERP) as at 30 June of each year.

In using the Medicare billing statistics, the Department of Health and Ageing uses a full time equivalent measure, which takes into account Medicare billing in the area irrespective of whether or not local doctors are working in a part time or a full time capacity.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-167

OUTCOME 12: Health Workforce Capacity

Topic: MEDICARE BILLING

Hansard Page: CA 110

Senator McLucas asked:

- a) Is there a set of data available on Medicare billing?
- b) Could you provide the website address for access to this data?

Answer:

- a) Yes.
- b) Information is available on the Department of Health and Ageing website at http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Medicare+Statistics-1
 The Medicare statistics on this website contain summary data relating to Medicare for the latest quarter, together with data for earlier quarters and financial years.

A range of Medicare billing information is available on the Medicare Australia website at

http://www.medicareaustralia.gov.au/providers/health_statistics/statistical_reporting.s http://www.medicareaustralia.gov.au/providers/health_statistics/statistical_reporting.s

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-168

OUTCOME 12: Health Workforce Capacity

Topic: DENTAL WORKFORCE

Hansard Page: CA 111

Senator McLucas asked:

What do we know about the dental workforce in Australia? If you could point us to appropriate places to look for that data, that would be helpful?

Answer:

The Department of Health and Ageing does not collect any data on dental workforce. The department relies on third party information.

The following websites may provide some further information:

- Australian Dental Association http://www.ada.org.au and;
- Australian Research for Population Oral Health http://www.arcpoh.adelaide.edu.au

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-132

OUTCOME 12: Health Workforce Capacity

Topic: GP AND OTHER WORKFORCE DATA BY ELECTORATE

Written Question on Notice

Senator Evans asked:

Please provide data on current GP: population ratios by federal electorate?

Answer:

Federal electorate level data by GP: population ratio is not utilised for the determination of district of workforce shortage status and as such is not part of the range of data utilised by the department on a routine basis. The department is currently investigating the possibility of producing these statistics on an annual basis.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-169

OUTCOME 12: Health Workforce Capacity

Topic: MORE DOCTORS FOR OUTER-METRO AREAS PROGRAM

Hansard Page: CA 111

Senator McLucas asked:

- a) I understand PricewaterhouseCoopers was engaged last year to do an evaluation of the More Doctors for Outer-Metro Area program, is that right?
- b) Is it possible for the Committee to have a copy of that review?
- c) Could we have an analysis of the findings? It is important for the Committee to understand how successful that program was.

Answer:

- a) PricewaterhouseCoopers was engaged in 2005 to undertake a lapsing program evaluation of the More Doctors for Outer Metropolitan Areas Measure.
- b) The department does not generally release lapsing program reports to third parties as they are created for the purpose of Cabinet deliberations and are treated as Cabinet in Confidence. A summary of the findings is provided in response to part c) below in lieu of the evaluation report.
- c) The More Doctors for Outer Metropolitan Areas Measure comprises four programs, namely the:
 - Outer Metropolitan Relocation Incentive Grant Program;
 - Outer Metropolitan Other Medical Practitioners Program (a retention program);
 - Outer Metropolitan Registrars Program; and
 - Outer Metropolitan Specialist Trainees Program.

An analysis of the findings is provided below for the Measure as a whole. The key findings have been addressed using the main terms of reference of a lapsing program, that is, appropriateness; effectiveness; and efficiency.

Appropriateness

Overall, the evaluation found the Measure to be appropriate given that there were medical workforce shortages in outer metropolitan areas. As the Measure offered a variety of ways of addressing this shortage, the evaluation found that there was a continuing need for the Measure.

The evaluation also found that there is a need for greater consultation with stakeholders in the development and implementation of policy around the Measure in future and a better definition of eligible locations under the Measure. The definition of eligible locations was simplified with the re-launch of the Measure in July 2006.

Effectiveness

The evaluation found that all the programs under the Measure were effective in attracting doctors to outer metropolitan areas. The Measure had exceeded its original target of 150 additional doctors practising in outer metropolitan areas over four years.

As at 30 June 2005, 236 doctors had been approved or approved in principle to relocate to outer metropolitan practices through the grants program. An additional 57 non-vocationally recognised doctors remained in outer metropolitan practices through the Measure's retention incentives. In addition, 15 specialist trainees had received training and 384 GP registrar placements had been filled under the Measure between 2002 and 2005.

The financial relocation incentives available were most attractive to those not completely settled, those who have recently gained their Fellowship, or those on the fringe areas for whom relocation was not far. To consider moving, established doctors generally required greater incentives. The grant amount was increased in the 2006 Budget and promotion of the grant has been scaled up.

The programs based on training placements have enhanced the experience of trainees, exposing them to a broader range of clinical practice. This was of particular value for the specialist trainees, whose training is otherwise almost entirely public hospital based, yet increasingly their clinical practice is occurring in the private sector.

The quality of training provided in some GP registrar placements was raised as a source of concern, and there was support for more resources for practices training registrars. These placements occur as part of the General Pathway of the Australian General Practice Training Program.

There was strong support for the medical specialist trainees program among the specialist colleges, but take up of the program to date was very low. This was attributed to the financial assistance offered not being considered adequate. The financial assistance available has since been increased.

Efficiency

The evaluation found that, over the period, the management and control of the Measure's input costs to output costs were efficient. The evaluation did find that the administrative costs were relatively high during the initial stages of the Measure which were indicative of the activities involved in program start-up. However, over the years, the Measure's departmental costs remained relatively constant while output (as measured by administered costs) doubled.

In the course of exceeding its original targets, considerably less financial allocations were spent in the implementation of the Measure. This is because of the introduction of new program elements (in particular, the Relocation Incentive Grant), which were more cost effective than others which they replaced.

The evaluation found that there is a need for greater promotion of the various programs under the measure in future. As part of this, there needs to be better communication and information flows between the Department of Health and Ageing and key stakeholders such as Divisions of General Practice.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-163

OUTCOME 12: Health Workforce Capacity

Topic: OVERSEAS TRAINED DOCTORS

Hansard Page: CA 107

Senator McLucas asked:

- a) For the year ending February 2006 to January 2007, 3,476 applications for exemptions were received?
- b) Can you tell me how many exemptions were granted, and refused and how many exemptions were rejected?

Answer:

- a) As at 31 January 2007 (point in time data) 3,476 overseas trained doctors (OTDs) with Medicare provider number restrictions held current exemptions to access the Medicare Benefits Scheme.
 - For the period February 2006 to January 2007, a total of 5,261 applications for exemptions were processed. One application constitutes a request for one exemption under section 19AB of the (Health *Insurance Act 1973*) although an exemption may relate to one or more practice locations. An OTD may also apply for more than one exemption over a period of time.
- b) For the period of February 2006 to January 2007, 4,852 exemptions were approved and 437 exemptions were rejected (5,289 exemptions in total). Note: the discrepancy between the latter figure (5,289) and 5,261 cited in a) above, is that some applications, in seeking the one exemption approval for several practice locations, may have some practice locations approved and some not approved. These are recorded as both an approved exemption and a rejected exemption, thereby counting as two for the one exemption application.

Example 1: standard application – one location

Dr V seeks an exemption to practice at location W. If approved, this constitutes one exemption approval.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-170

OUTCOME 12: Health Workforce Capacity

Topic: WORKFORCE PROGRAMS

Hansard Page: CA 112

Senator McLucas asked:

Could the department provide a list of all reviews and analyses that it has done in the last 12 months on workforce programs, including if possible a summary of the results or major findings of each of those reviews?

Answer:

The following reviews and analyses were undertaken in the last 12 months on workforce programs:

- Rural Retention Program Review of the Rural Retention Program (Gibbon and Hales), December 2006 (summary of findings at Attachment A); and
- Review and Revision of the Section 19AB Guidelines (Eleanor Long), July 2006 (summary of recommendations at Attachment B).

Example 2: standard application – multiple locations

Dr V seeks an exemption to practice at locations W, X, Y & Z. If all locations approved, this constitutes one exemption approval.

Example 3: standard application – multiple locations

Dr V seeks an exemption to practice at location W, X, Y & Z. If W and X locations are approved, and Y and Z locations rejected, this constitutes one exemption approval and one exemption rejection.

Attachment A - Summary of Findings - Review of the Rural Retention Program

The Rural Retention Program (RRP) is an ongoing program, which seeks to provide financial incentives for doctors providing primary care in rural and remote areas, so designated under the GPARIA Classification

To become eligible, a doctor must serve an initial qualifying period (the length of the qualifying period is determined by the category of the location where they practice). Once eligible, they can receive a payment a minimum of every twelve months. Amounts are based on location and the level of service they provide. There are 5 eligible categories (A to E) applicable to the Program, with category A representing the least remote areas and category E representing the most remote areas.

Payment Structure for the Rural Retention Program

Retention Payment	Qualifying	Maximum annual		
Category	Period	payment rate		
A	6 years	\$5,000		
В	5 years	\$10,000		
С	3 years	\$15,000		
D	2 years	\$20,000		
Е	1 year	\$25,000		

The Rural Retention Program has two parts:

- The Central Payments System (CPS) eligibility is automatically assessed based on Medicare and DVA data held by Medicare Australia on doctors' services and locations. No application process is required. Those doctors who qualify under the CPS receive advice from Medicare Australia seeking relevant information to process their payment. Once qualified, they continue to receive further payments subject to fulfilling the eligibility criteria.
- The Flexible Payments System (FPS) caters for doctors who are not billing Medicare, those working in Aboriginal Medical Services, the Royal Flying Doctor Service, or as state-salaried doctors. Through various communication strategies, Rural Workforce Agencies (RWAs) invite doctors who they deem to be eligible, to apply through this avenue.

The Review was undertaken in 2006 by Peter Gibbon and Jim Hales to examine the effectiveness, appropriateness and efficiency of the RRP.

The following is a summary of the findings of the Review

- There has been a steady increase in the number of doctors receiving the Rural Retention payment from 1,713 in 1999-2000 to 1,990 in 2004-05;
- The program is seen by grant recipients and stakeholders as a relatively effective retention strategy;
- The administration of the Central Payments System component of the program by Medicare Australia is seen as efficient, and the administration of the Flexible Payments System by rural workforce agencies is also seen as efficient and critical to the success of the system;
- RRP is widely regarded as an appropriate mechanism for supporting the objective of retaining rural and remote GPs;

- There is widespread support for the program and general satisfaction with the manner in which it functions. There is scope to amend and simplify some of the eligibility criteria;
- Broadly, the Review found that the program contributes to the retention of rural and remote GPs, with a key impact being on GP morale, rather than the quantum of funds made available;
- The Review notes that cessation of the program would have an impact on rural and particularly remote GPs, such as bringing forward retirement or GPs renegotiating remuneration packages. Such a move would also severely impact on GP morale; and
- The Review recommends the development and implementation of an ongoing evaluation strategy, including the development and collection of baseline data.

Attachment B - Summary of Recommendations – Review and revision of the Section 19AB Guidelines

Section 19AB of the *Health Insurance Act 1973* (the Act) was introduced on 1 January 1997 and restricts access to the Medicare benefits arrangements by overseas trained doctors for a minimum period of ten years. The legislation allows for exemptions to this restriction if the doctor undertakes to work in a district of workforce shortage.

When making determinations to grant or reject applications for exemptions to the Medicare provider number restrictions as encompassed by section 19AB of the Act, the Department refers to the 'Section 19AB Guidelines'.

Section 19AB of the Act (and the Guidelines) was introduced at a time when a number of areas in Australia (primarily metropolitan areas) were considered to have an over supply of medical practitioners. The Guidelines at that time were used to ensure overseas trained doctors did not access the Medicare benefits arrangements in positions which could be filled by Australian trained doctors.

The Guidelines were updated in 2001 to acknowledge the need for overseas trained doctors to help meet the increasing need for medical practitioners in rural areas of Australia. The Guidelines have not been updated since that time.

The review of the Section 19AB Guidelines was undertaken in 2006 by Dr Eleanor Long, a medical education consultant to examine the appropriateness and validity of the Guidelines within the current environment of widespread medical workforce shortages.

Recommendations of the Review

The key recommendation of Dr Long's report was that the Guidelines undergo major revision. Dr Long recommended that the revision should:

- 1. Improve the validity of the Guidelines through clarifying 'need' in medical services in Australia involving:
 - identifying the key factors underlying need in medical services in Australia;
 - relating these factors to the issues that are impacting on applications for exemption; and
 - developing criteria to succinctly describe need.

The criteria developed in the report addressed specifically general practitioner service provision.

- 2. Improve the reliability of the Guidelines through the development of an assessment tool, structured to reflect the criteria developed, enabling consistent application of the criteria in each and every claim for exemption eligibility.
- 3. Revise the class exemption clauses applying to:
 - academic appointments at ten Australian universities, in the light of the establishment of new medical schools in Australia; and
 - other class exemptions.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-008

OUTCOME 13: Acute Care

Topic: DENTAL

Written Question on Notice

Senator Webber asked:

- a) Given that the Australian Government is now responsible for the provision of almost half of all the expenditure on dental services, does the department undertake regular reviews of the efficiency and effectiveness of its dental services in improving the overall dental health status of the Australian population? If so, when was the most recent review conducted and what were its conclusions?
- b) If not, why not?

Answer:

- a) The Australian Government does not provide or fund dental services directly (except in the limited cases of dental care for war veterans, full-time and part-time members of the Australian Defence Force, and programs managed by the Office of Aboriginal and Torres Strait Islander Health). The majority of Australian Government expenditure in this area is from the subsidies provided under the private health insurance rebates, which help make ancillary health insurance more affordable. Dental expenses are frequently a feature of ancillary cover products.
 - As the dental services provided under the rebate are private services and do not form part of a government program, the department does not directly review the provision of these services.
- b) The Australian Government does not regulate the private dental market.

 The efficiency and effectiveness of private dental services is a matter between the dentist providing the service and the individual receiving the service, as well as the patient's private health insurance fund (if the health insurer covers the particular service).

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-009

OUTCOME 13: Acute Care

Topic: ACUTE CARE

Written Question on Notice

Senator Ruth Webber asked:

The 2007 Report on Government Services lists the main conditions with the highest rate per population of preventable acute hospital separations. Dental conditions had the highest rate of preventable hospital separations at 2.57 preventable separations per 1,000 persons in 2004-05. This is equivalent to over 50,000 preventable separations annually.

- a) What is the estimated total hospitalisation costs in 2004-05 in respect to acute hospital separations for treatment of preventable dental conditions in 2004-05?
- b) Does the high rate of preventable hospital separations for the treatment of dental conditions indicate that there are shortfalls in the availability and access to regular dental care and treatment? If this is not the reason, what is?

Answer:

- a) The total hospitalisation costs in 2004-05 for the diagnostic codes used by the Productivity Commission to determine this measure of preventable hospitalisations is approximately \$105 million.
- b) The general nature of the data and method presented in the report do not allow confident attribution to the range of possible factors that could have 'prevented' hospitalisation. While access to regular dental care is likely to have had some impact, other factors such as dietary preferences, water fluoridation and oral health education could also have had an impact.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-010

OUTCOME 13: Acute Care

Topic: ACUTE CARE

Written Question on Notice

Senator Ruth Webber asked:

On a per capita basis has there been a relative decline in public (non privately insured) patient access to in-hospital surgical procedures since the introduction of the private health insurance premium rebate system?

Answer:

The 30% private health insurance (PHI) rebate was introduced in January 1999.

The table below shows the public patient separation rate per 1,000 population for all in-hospital surgical procedures from 1998-99 to 2004-05.

Table 1. 'Public', 'private' and 'other' patient separation rates for 'surgical' episodes, per 1,000 population, all hospitals, Australia, 1995-96 to 2004-05

Patient	98-99	99-00	00-01	01-02	02-03	03-04	04-05
type							
Public	49	48	38	37	37	36	37
Private	42	44	47	49	50	51	53
Other	9	8	6	8	8	7	7
Total	100	100	91	94	94	95	97

Notes: Due to changes to the National Health Data Dictionary, it is necessary to define 'public', 'private' and 'other' patients on the basis of different data elements for different years. In general, patients with a funding source of health insurance or self-insured have been counted as 'private', while patients with a funding source of Department of Veterans' Affairs, motor vehicle third party claim or compensation have been counted as 'other'.

Source: Department of Health and Ageing, National Hospital Morbidity (Casemix) Database.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-012

OUTCOME 13: Acute Care

Topic: ACUTE CARE

Written Question on Notice

Senator Webber asked:

If there is no evidence of privately insured patient over servicing in respect to diagnostic and investigatory procedures and surgical procedures is there any evidence in terms of best medical practice of under servicing of public patients in regard to access to diagnostic and investigatory procedures and surgical procedures?

Answer:

The department does not measure 'best medical practice' or 'under servicing of public patients'. A measure that is collected that perhaps comes closest is the proportion of public patients seen within the appropriate waiting time for elective surgery. This measure is published in *The State of Our Public Hospitals 2006* report, table 2.9 on page 27.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-017

OUTCOME 13: Acute Care

Topic: ACUTE CARE

Written Question on Notice

Senator Webber asked:

AIHW published statistics for 2004-05 show that in respect to hysterectomy (aged 15-69) procedures, public patient hospital separations made up only 41.7% of total hospital separations for this procedure. How does the department explain the relatively low number of public patient hysterectomy (aged 15-69) hospital separations?

Answer:

The proportion of public patient separations for any particular procedure is influenced by the relative availability of specialist staff and technical infrastructure, as well as factors such as patient preferences, the location and waiting time for the procedure in the public system, and the location and cost of the procedure in the private system.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-103

OUTCOME 13: Acute Care

Topic: DENTAL

Written Question on Notice

Senator Evans asked:

Is there any policy work being undertaken by the department regarding the growing demand for dental services?

Answer:

The National Oral Health Plan is a high level national framework aimed at setting overall goals for oral health, including the ability to meet demand. The Australian Government and all state and territory governments have agreed to take into account the plan when developing oral health policy in their areas of responsibility.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-104

OUTCOME 13: Acute Care

Topic: DENTAL

Written Question on Notice

Senator Evans asked:

Is there any policy work being undertaken giving consideration to the adverse impact of dental conditions on general health if left untreated?

Answer:

The department is aware that oral health is an important factor in general health and this is taken into account when developing policy in relevant areas across the department.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-105

OUTCOME 13: Acute Care

Topic: DENTAL

Written Question on Notice

Senator Evans asked:

In late December 2006 the Prime Minister urged parents to encourage their kids to drink a glass of tap water a day to fight tooth decay.

- a) Were there particular figures regarding the worsening tooth decay epidemic in children known to the department at the end of 2006 which may have prompted the Prime Minister's comments?
- b) If so, what was the nature of that data?

Answer:

- a) No.
- b) Not applicable.

A glass a day to keep decay at bay: Howard

[Att A E07-105]

Jason Koutsoukis, December 31, 2006

PRIME Minister John Howard has urged parents to encourage their children to drink a glass of tap water a day to fight tooth decay. In an exclusive New Year's Eve interview, Mr Howard also:

- Gave the green light for the proposed \$11 billion takeover of Qantas, but with strict conditions to be applied;
- Played down hopes of a tax cut in next year's budget;
- Ruled out radical changes to child-care arrangements.

In a plea to parents to get their children to drink tap water instead of bottled water, Mr Howard described the worsening tooth decay epidemic as a national tragedy.

"I think one of the things we have to try and do though, is get young kids to drink tap water again to do something about their teeth," Mr Howard told *The Sun-Herald*. "It's a real tragedy this. You're starting to see the re-emergence of decay in young kids."

Figures released earlier this month showed that one child in every five aged five years and under gets at least one filling or more when they go to the dentist, with just 12 per cent of under-fives going to the dentist yearly. And 38 per cent of 10 to 16-year-olds are also getting at least one filling with each trip to the dentist.

"I grew up in a generation who had bad teeth because we didn't have fluoride, and fortunately my children have all got great teeth," Mr Howard said. "But kids now who are being born into the bottled water generation are missing out on that," Mr Howard said.

Bottled water consumption in Australia has doubled over the past six years. While most metropolitan drinking water supplies have fluoride added, bottled water does not contain the key element which virtually wiped out cavities in children born in the late 1960s, '70s and '80s

The Australian Dental Association regards water fluoridation as the most effective, efficient way to reduce tooth decay. But Mr Howard refused to promise more Commonwealth funds to boost state government dental programs.

Meanwhile, following last week's letter to Qantas shareholders from private equity consortium Airline Partners Australia - which offered \$11.1 billion to buy Qantas - pledging not to break up the airline, Mr Howard said governments should not interfere.

"There is a certain heaviness of the Australian heart about it, that's the reality because Qantas, although it is no longer owned by the Government, is an Australian," Mr Howard said. "[But] we can't interfere, or we shouldn't interfere. It's not for the Government to decide who owns things."

Despite expectations that the resources boom will deliver another massive surplus in next year's May budget, Mr Howard played down expectations of another tax cut following tax cuts last year that totalled nearly \$50 billion.

He also appeared to rule out any dramatic changes to child-care assistance.

"The existing arrangements are pretty good," he said. "You cannot have a situation where [child-care] is utterly costless."

Source: The Sun-Herald

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-106

OUTCOME 13: Acute Care

Topic: DENTAL

Written Question on Notice

Senator Evans asked:

- a) Did the department brief either the Prime Minister or the Minister for Health and Ageing about either the worsening tooth decay epidemic in children or the impact of fluoridated water during November or December 2006?
- b) If so, what was the nature of that advice?

Answer:

- a) No.
- b) Not applicable.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-107

OUTCOME 13: Acute Care

Topic: DENTAL

Written Question on Notice

Senator Evans asked:

Does the department promote the fluoridation of community water supplies? If so, why does the department pursue this policy? If so, how does the department pursue this policy?

Answer:

The Australian Government supports the National Oral Health Plan which calls for the fluoridation of public water supplies to be extended to communities across Australia with populations of 1,000 or more. The department is aware of the progress being made by state and territory governments to extend the levels of fluoridation of public water supplies through its participation in the National Oral Health Plan Monitoring Group.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-108

OUTCOME 13: Acute Care

Topic: DENTAL

Written Question on Notice

Senator Evans asked:

Does the department or any of its agencies monitor the levels of fluoridation in community water supplies in different regions of Australia?

Answer:

Apart from the department's participation in the National Oral Health Plan Monitoring Group, there is no ongoing monitoring of fluoridation levels by the department or any of its agencies.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-069

OUTCOME 13: Acute Care

Topic: CORD BLOOD

Written Question on Notice

Senator Stott Despoja asked:

Do you keep statistics on the level of cord blood donation? If so, can you provide figures that indicate a trend?

Answer:

The table below provides data on the number of Cord Blood Units (CBUs) collected by the National Cord Blood Collection Network (NCBCN) since government funding commenced in 2001-02.

Due to donor selection and tissue testing criteria, not all CBUs that are collected end up being banked. The collection of CBUs in 2005-06 decreased due to a number of factors including:

- increased minimum cell content required for CBUs to progress to banking; and
- revised banking targets to ensure sustainability of the network while meeting regulatory requirements for improved quality and safety of banked CBUs.

There is no published data on the level of collection by private cord blood banks in Australia.

Year	CBU Collection
2001-02	2,534
2002-03	3,888
2003-04	5,700
2004-05	6,194
2005-06	4,070
Total	22,386

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-070

OUTCOME 13: Acute Care

Topic: CORD BLOOD

Written Question on Notice

Senator Stott Despoja asked:

What is Government policy on cord blood storage? Is there Government policy on the storage of cord blood stem cells?

Answer:

The Australian Government is a strong supporter of cord blood banking. In the 2004 Budget the Australian Government committed \$9.8 million in funding for the National Cord Blood Collection Network (NCBCN) for 2004-05 to 2007-08. Funding for the Network is cost-shared on a 50/50 basis between the Australian Government and state and territory governments.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-179

OUTCOME 13: Acute Care

Topic: ORGAN DONATION RATES

Hansard Page: CA 121

Senator Brown asked:

Can I have the organ donation rate for 2006?

Answer:

In 2006, the total number of deceased organ donors was 202.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-018

OUTCOME 13: Acute Care

Topic: ACUTE CARE

Written Question on Notice

Senator Ruth Webber asked:

What was the cost of inpatient Medicare medical benefits system for the following procedures in 2004-05:

lens insertion

arthroscopic

diagnostic gastrointestinal endoscopy

knee replacement

Hysterectomy (aged 15-69)

As listed in table 10.6 in "Australian Hospital Statistics 2004-05" published by AIHW?

Answer:

The total cost to the MBS for these procedures provided to private patients in public or private hospitals in 2004-05 (year of processing) was as follows:

•	lens insertion (a)	\$57,149,167
•	arthroscopic (b)	\$28,419,676
•	diagnostic gastrointestinal endoscopy (c)	\$61,220,679
•	knee replacement (d)	\$13,273,653
•	Hysterectomy (aged 15-69) (e)	\$7,846,497

- a) MBS items 42701, 42702, 42703, 42707 and 42710.
- b) MBS items 48945 to 48960, 49118, 49121, 49218 to 49227, 49360, 49363, 49366, 49557 to 49566, 49700, 49703, 50100 and 50102.
- c) MBS items 11820, 30473, 30484, 32084, 32090 and 32095. Note excludes diagnostic items also involving a procedure.
- d) MBS items 49518 to 49534.
- e) MBS items 35653 to 35673, 35750 to 35756 and 35729.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-013

OUTCOME 13: Acute Care

Topic: ACUTE CARE

Written Question on Notice

Senator Webber asked:

AIHW published statistics for 2004-05 show that in respect to lens insertion procedures, public patient hospital separations made up only 25.9% of the total of 169,352 hospital separations for this procedure. How does the department explain the very low number of public patient lens insertion hospital separations?

Answer:

The proportion of public patient separations for any particular procedure, especially elective procedures is influenced by the relative availability of specialist staff and technical infrastructure, as well as factors such as patient preferences, the venue and waiting time for the procedure in the public system, and the location and cost of the procedure in the private system.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-014

OUTCOME 13: Acute Care

Topic: ACUTE CARE

Written Question on Notice

Senator Webber asked:

AIHW published statistics for 2004-05 show that in respect to arthroscopic procedures, public patient hospital separations made up only 18.7% of the total of 119,322 hospital separations for this procedure. How does the department explain the very low number of public patient arthroscopic hospital separations?

Answer:

Please refer to E07-013.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-015

OUTCOME 13: Acute Care

Topic: ACUTE CARE

Written Question on Notice

Senator Webber asked:

AIHW published statistics for 2004-05 show that in respect to diagnostic gastrointestinal endoscopy procedures, public patient hospital separations made up only 28.8% of the total of 572,780 hospital separations for this procedure. How does the department explain the very low number of public patient diagnostic gastrointestinal endoscopy hospital separations?

Answer:

Please refer to E07-013.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-016

OUTCOME 13: Acute Care

Topic: ACUTE CARE

Written Question on Notice

Senator Webber asked:

AIHW published statistics for 2004-05 show that in respect to knee replacement procedures, public patient hospital separations made up only 32.4% of total hospital separations for this procedure. How does the department explain the very low number of public patient knee replacement hospital separations?

Answer:

Please refer to E07-013.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-178

OUTCOME 13: Acute Care

Topic: ACUTE CARE

Written Question on Notice

Senator McLucas asked:

The 2007 Report on Government Services identifies the main conditions with the highest rate per population of hospital separations for potentially acute conditions, and identifies dental conditions as having the highest rate among these. Can you explain that?

Answer:

The rate may be attributable to many factors such as the underlying prevalence of the condition in the population, the availability of ambulatory care, dietary preferences, water fluoridation, and oral health education. It would also include, however, factors beyond the control of any government, especially individual choices and behaviours.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-022

OUTCOME 14: Health and Medical Research

Topic: RESEARCH INVOLVING HUMAN EMBRYOS

Written Question on Notice

Senator Stott Despoja asked:

Your website still refers only to assessing applications for licences to use human excess ART embryos. Does this mean that the new licensing and monitoring system to institute the amendments contained in the Prohibition of Human Cloning for Reproduction and the Regulation of Human Embryo Research Amendment Act 2006 is not yet in place?

Answer:

The National Health and Medical Research Council is updating its website and developing procedures for licence application assessment and monitoring compliance with the amended legislation. These procedures will be implemented by 12 June 2007, which is the date the provisions of the Prohibition of Human Cloning for Reproduction and the Regulation of Human Embryo Research Amendment Bill 2006 commence.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-023

OUTCOME 14: Health and Medical Research

Topic: RESEARCH INVOLVING HUMAN EMBRYOS

Written Question on Notice

Senator Stott Despoja asked:

What progress has been made on preparing the licensing and monitoring system for the new regime? When do you anticipate being in a position to accept licence applications under the new regime?

Answer:

The National Health and Medical Research Council is developing procedures for licence application assessment and monitoring compliance with the amended legislation. Applications for activities that will become licensable under the amended legislation can only be considered by the Licensing Committee after 12 June 2007, when the changes come into effect.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-145

OUTCOME 14: Health and Medical Research

Topic: RESEARCH INVOLVING HUMAN EMBRYOS

Hansard Page: CA 125

Senator Patterson asked:

There was money allocated for the 2002 bill for public education and awareness. Do you remember how much that was?

Can you give that to me on notice, and, if there was, how much has been spent and what it has been spend on.

Answer:

The budget for implementation of the *Research Involving Human Embryos Act 2002* and the *Prohibition of Human Cloning Act 2002* did not specify an allocation for public education and awareness. However, the National Health and Medical Research Council has allocated resources to ensuring awareness of the legislation through holding information sessions in capital cities; visiting universities, research institutions, IVF clinics, human research ethics committees and other stakeholders; and ensuring clear information is provided on the website.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-024

OUTCOME 14: Health and Medical Research

Topic: RESEARCH INVOLVING HUMAN EMBRYOS

Written Notice on Question

Senator Stott Despoja asked:

To what extent will this legislation depend on consistent legislation from the states and territories? Are you aware of any movement on the part of the states and territories to enact consistent legislation?

Answer:

The Commonwealth legislation is not dependent on state/territory legislation. The *Research Involving Human Embryos Act 2002* and the *Prohibition of Human Cloning Act 2002* is part of a nationally consistent framework that includes complementary state and territory legislation. At the 13 April 2007 meeting of the Council of Australian Governments (COAG), all jurisdictions (except the Northern Territory) re-affirmed their commitment to a nationally consistent framework (refer extract from 13 April 2007 COAG Communique at Attachment A). The states and the Australian Capital Territory have undertaken to use their best endeavours to introduce corresponding legislation into their legislatures by 12 June 2008 and for all parties to maintain nationally-consistent arrangements over time. Bills were introduced to the Victorian and Western Australian Parliaments on 13 March 2007 and 28 March 2007, respectively. There have been no other bills introduced from other states or territories at this stage.

EXTRACT FROM COMMUNIQUE OF 13 APRIL 2007 MEETING OF THE COUNCIL OF AUSTRALIAN GOVERNMENTS

Lockhart Review

The Commonwealth, States and the Australian Capital Territory have today signed a notice of variation to the intergovernmental agreement to renew their commitment to nationally-consistent arrangements for the prohibition of human cloning for reproduction and the regulation of human embryo research. This commitment follows amendments enacted by the *Prohibition of Human Cloning for Reproduction and the Regulation of Human Embryo Research Amendment Act 2006* (Cth) to the *Prohibition of Human Cloning Act 2002* (Cth) and the Research involving Human Embryos Act 2002 (Cth). These changes give effect to the majority of the recommendations of the Lockhart Review report released in December 2005. The States and the Australian Capital Territory have undertaken to use their best endeavours to introduce corresponding legislation into their legislatures by 12 June 2008 and for all parties to maintain nationally-consistent arrangements over time.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-134

OUTCOME 15: Biosecurity and Emergency Response

Topic: EXERCISE CUMPSTON 06

Written Ouestion on Notice

Senator Evans asked:

- a) What limitations /flaws in our preparedness for a pandemic were identified through Operation Cumpston?
- b) What is being done to address these?
- c) Are there any more similar exercises planned for the future?

Answer:

- a) Exercise Cumpston 06 confirmed that the containment strategy and systematic approach to health surveillance that underpin Australia's planning are sound and appropriate, and that existing plans, procedures and personnel would enable a similar real case situation to be managed effectively.
 - The principal lessons learned relate to crisis communication and coordination, public communications, information systems, social distancing, and sustaining the response.
- b) An evaluation report has been prepared providing an analysis of the outcomes with recommendations to address the policy and operational issues identified. The report is expected to be published after consideration by Health Ministers at the 30 March 2007 meeting of the Australian Health Ministers' Conference.
 - With the agreement of Health Ministers, the recommendations will be taken forward by the Australian Health Protection Committee in relation to health issues and in consultation with other relevant bodies in relation to whole-of-government aspects.
 - Participating jurisdictions, government and non government agencies, and committees have conducted debriefings to identify operational lessons relating to their responsibilities. These lessons are being used to refine preparedness plans and procedures and to assist with training.
- c) An on-going program of exercises is being developed to address pandemic influenza preparedness, as well as other health emergencies. The work is being undertaken in consultation with the states and territories and draws on the outcomes of *Exercise Cumpston 06*.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-135

OUTCOME 15: Biosecurity and Emergency Response

Topic: FLU VACCINE

Written Question on Notice

Senator Evans asked:

Has the Australian Government given any consideration to the purchase/stockpiling of a "pre-primer" vaccine for pandemic flu?

Answer:

The Australian Government announced in December 2005 a commitment of \$16.6 million to stockpile a prototype H5N1 vaccine when it is shown to be safe and effective.

The department has been in discussions with numerous suppliers of pandemic vaccine about the progress of their pandemic vaccine development programs including their clinical trials, and about the possible supply of a pre-pandemic stockpile. In addition, the department has been monitoring the international market for pandemic vaccines.

A pre-pandemic vaccine is designed to produce an immune response to strains of avian influenza (H5N1) currently circulating in many countries. If the strain changes to spread more easily among humans, that is, it changes into a pandemic strain, a pre-pandemic vaccine is likely to offer only partial protection. More complete protection against any eventual pandemic strain requires the development of a pandemic-specific vaccine.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-109

OUTCOME 15: Biosecurity and Emergency Response

Topic: CLIMATE CHANGE

Written Question on Notice

Senator Evans asked:

- a) Has the Department done any work on the health risks posed by climate change?
- b) If so, please provide details?

Answer:

- a) Yes
- b) The department, in cooperation with state and territory health departments through the Australian Health Protection Committee and its sub-committees, has been supporting the work of environment agencies, including the Australian Greenhouse Office, in examining the potential health risks posed by climate change. The department has provided funding for research including on vector borne disease risks (see answer to E07-110(b) for further details).

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-110

OUTCOME 15: Biosecurity and Emergency Response

Topic: CLIMATE CHANGE

Written Question on Notice

Senator Evans asked:

- a) What risks/challenges/threats have been identified? For example, communicable diseases such as Ross River Fever.
- b) What steps are being taken to address these risks/challenges/threats?

Answer:

- a) A number of potential risks have been identified. These include potential increases in morbidity and mortality from thermal stress (especially heat-waves), floods, cyclones and bushfires, and potential changes in the pattern of vector-borne, food-borne and water-borne diseases. Changes to industry, land use and climate events such as drought can have mental health consequences in rural communities, along with other potential health risks (e.g. freshwater shortages, exposures to heat and dust, and changes in local food availability and affordability).
- b) The department provided input through the Australian Greenhouse Office to the development of the National Climate Change Adaptation Framework endorsed by the Council of Australian Governments on 13 April 2007.

The department participates in cooperative health protection efforts with the states and territories through the Australian Health Protection Committee (AHPC) and its sub-committees, including the Communicable Diseases Network of Australia (CDNA) and the Environmental Health Committee.

The National Arbovirus and Malaria Advisory Committee (NAMAC) provides expert technical advice to the CDNA on arboviruses and malaria and assists in the detection, management and control of real or potential outbreaks of arboviral and malarial disease.

The department supports the National Notifiable Diseases Surveillance System (NNDSS). The NNDSS was established in 1990 under the auspices of the CDNA. It co-ordinates national surveillance on an agreed list of communicable diseases or disease groups in Australia, including vector-borne diseases such as dengue and Ross River fever. Information collected on notifiable diseases has been published in the Annual report of the NNDSS since 1991.

The department has provided ad hoc funding to assist in vector eradication programs in the Northern Territory and Queensland, in response to requests from those governments.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-128

OUTCOME 10: Health System Capacity and Quality

Topic: STRENGTHENING CANCER CARE PACKAGE

Written Question on Notice

Senator Evans asked:

Please provide data on expenditure by financial year to date on the Strengthening Cancer Care package, compared to the original budgeted figures

Answer:

Note: It is generally not possible to provide departmental funding expenditure, so only Administered funding comparisons can be provided.

Data on the 2006-07 financial year will not be available until the end of the financial year.

MEASURES ANNOUNCED IN 2004-05

ONE OFF GRANTS TO CAMP QUALITY AND MAKE-A-WISH FOUNDATION

<u>FUNDING</u>: **\$2** million to Camp Quality and Make-A-Wish Foundation

	2004-05 (\$m)
Administered funding allocated	2.0
Administered funding expensed	2.0

BUILDING CANCER SUPPORT NETWORKS

<u>FUNDING</u>: \$3.1 million over five years (\$2.6 million administered)

	2004-05 (\$m)	2005-06 (\$m)
Administered funding allocated	0.5	0.5
Administered funding expensed	0.2	0.3

CANCER AUSTRALIA

<u>FUNDING:</u> \$13.7 million over five years (\$13 million administered)

	2004-05 (\$m)	2005-06 (\$m)
Administered funding allocated	1.0	4.1
Administered funding expensed	0.1	0.2

Note - The original funding allocation has since been amended to reflect movement of funds into future years and actual expenditure is not directly comparable to the original Budget allocation.

THE NATIONAL BREAST CANCER CENTRE

<u>FUNDING</u>: **\$4.0** million over five years (\$3.9 million administered)

	2004-05(\$m)	2005-06 (\$m)
Administered funding allocated	0.8	8.0
Administered funding expensed	0.8	0.8

ROYAL CHILDREN'S HOSPITAL MELBOURNE

<u>FUNDING</u>: **\$10** million in 2004-05

	2004-05 (\$m)
Administered funding allocated	10.0
Administered funding expensed	10.0

RADIATION THERAPY INTERNSHIPS AND UNDERGRADUATE PLACES

<u>FUNDING</u>: **\$14.9** million over five years.

As part of this initiative, 100 additional radiation therapist training places are to be provided over five years at a cost of \$6.0 million. This element is managed by the Department of Education, Science and Training.

The remaining \$8.9 million (managed through the Department) is to provide support to the Radiotherapy Workforce.

Radiotherapy Workforce

	2004-05 (\$m)	2005-06 (\$m)
Administered funding allocated	0.7	1.7
Administered funding expensed	0.0	0.5

MEASURES ANNOUNCED IN 2005-06

BREAST CANCER NETWORK AUSTRALIA

<u>FUNDING</u>: **\$1** million over four years. (\$800,000 administered)

	2005-06 (\$m)
Administered funding allocated	0.2
Administered funding expensed	0.2

CANCER RESEARCH

<u>FUNDING</u>: **\$17.6** million over four years (\$16 million administered)

	2005-06 (\$m)
Administered funding allocated	4.0
Administered funding expensed	0.0

Note: The original funding allocation has since been amended to reflect movement of funds into future years and actual expenditure is not directly comparable to the original Budget allocation.

INFRASTRUCTURE SUPPORT FOR CANCER CLINICAL TRIALS

<u>FUNDING</u>: **\$21.7** million over four years (\$20 million administered)

	2005-06 (\$m)
Administered funding allocated	5.0
Administered funding expensed	5.0

EVALUATION OF THE STRENGTHENING CANCER CARE INITIATIVE

FUNDING: **\$1.2** million over two years

Funding for this measure does not begin until 2007-08.

MENTORS FOR REGIONAL HOSPITALS AND CANCER PROFESSIONALS

FUNDING: **\$14.1** million over four years (\$12 million administered)

	2005-06 (\$m)
Administered funding allocated	3.0
Administered funding expensed	2.8

LOCAL PALLIATIVE CARE GRANTS PROGRAMS

<u>FUNDING</u>: **\$23.1** million over four years (\$20.7 million administered)

	2005-06 (\$m)
Administered funding allocated	5.0
Administered funding expensed	5.0

PROFESSIONAL DEVELOPMENT PACKAGES FOR CANCER PROFESSIONALS

<u>FUNDING</u>: **\$3.3** million in 2005-06 (\$2.5 million administered)

	2005-06 (\$m)
Administered funding allocated	2.5
Administered funding expensed	0.5

Note: The original funding allocation has since been amended to reflect movement of funds into future years and actual expenditure is not directly comparable to the original Budget allocation.

DEVELOPING TRAINING COURSES FOR CANCER NURSES

FUNDING: \$4.1 million over four years (\$3.5 million administered)

	2005-06 (\$m)
Administered funding allocated	2.0
Administered funding expensed	0.7

QUITTING SMOKING WHEN PREGNANT

<u>FUNDING</u>: **\$4.3** million over three years (\$3.3 million administered)

	2005-06 (\$m)
Administered funding allocated	1.6
Administered funding expensed	0.0

BOWEL CANCER SCREENING

<u>FUNDING</u>: **\$43.4** million over three years for the phasing in of a national bowel cancer screening program. This funding includes \$7.8 million announced in the 2004 -05 Budget for the Bowel Cancer Screening Pilot program.

	2005-06 (\$m)
Administered funding allocated	1.4
Administered funding expensed	0.7

Note – This figure is for administered funding only and may differ from figures previously provided to the Parliament, as figures previously provided were a total figure including administered and departmental expenditure.

SKIN CANCER AWARENESS CAMPAIGN

FUNDING: \$5.5 million over two years (\$5.1 million administered)

	2005-06 (\$m)
Administered funding allocated	0.4
Administered funding expensed	0.2

NATIONAL RESEARCH CENTRE FOR ASBESTOS RELATED DISEASE

<u>FUNDING</u>: \$5.5 million over four years (\$5.2 million administered)

	2005-06 (\$m)
Administered funding allocated	0.1
Administered funding expensed	0.03

SYDNEY CHILDREN'S HOSPITAL – MEDICARE BENEFITS ELIGIBILITY FOR MAGNETIC RESONANCE IMAGING (MRI)

FUNDING: \$5.1 million over four years.

For the eight months since the MRI unit at the Sydney Children's Hospital became operational in 2006, \$1.25 million has been expended in Medicare outlays for services through two MRI units situated at Randwick Hospital. It is not possible to determine the quantum of Medicare benefits derived from services provided on each individual unit.