

**Community Affairs Committee**

**Examination of Additional Estimates 2008-2009**

**Additional Information Received**

**CONSOLIDATED VOLUME 1**

**HEALTH AND AGEING PORTFOLIO**

**Whole of Portfolio, Outcomes 1 to 15**

**26 MAY 2009**



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

Included in this volume are answers to written and oral questions taken on notice and tabled papers relating to the additional estimates hearing on 25 February 2009

\* Please also note that the tabling date of 25 June 2009 is the proposed tabling date

### HEALTH AND AGEING PORTFOLIO

Senator	Quest. No.	Whole of portfolio	Vol. 1 Page No.	Date tabled in the Senate or presented out of session*
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Boyce	96	Rural health		14.05.09
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Boyce	123	Smoking during pregnancy	14.05.09
Hanson-Young	1	Pregnancy counselling helpline	14.05.09
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Barnett	165	National Preventative Health Taskforce	14.05.09
Boyce	118	Indigenous Targeted Health Promotion	14.05.09
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Siewert	55	Complementary medicines	14.05.09
Boyce	70	Health Prevention National Partnership	14.05.09
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Barnett	137. 138	Insulin pumps measure	14.05.09
Siewert	139	Professional programs under the Fourth Community Pharmacy Agreement	14.05.09
Siewert	175	Consumer medicines information	14.05.09
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Boyce	127	Crisis aged care	14.05.09
Boyce	128	Indigenous workforce development in the Northern Territory	14.05.09
Humphries	142	Indigenous aged care	14.05.09
Cormann	150	Applications for residential aged care places in the 2008-09 aged care approvals round	14.05.09
Brown, Carol	151	Capital grants from the 2007-08 approvals round	14.05.09

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Cormann	159	Rosden Private Nursing Home, Victoria	14.05.09
Boyce	125	Indigenous aged care	14.05.09
Cormann	140	Approved providers – external administration	14.05.09
Boyce	155	Financial health figures that are publicly available	14.05.09
Cormann	149	Bed licences surrendered	14.05.09
Siewert	153	Home closures – transfer of places	14.05.09
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Cormann	154	Home closures – transfer of places	14.05.09
Boyce	152	Provisionally allocated places more than two years old	25.06.09
Boyce	179	Number and location of residential provisional allocations older than five years	25.06.09
Furner	176	Queensland Brain Institute proposal for funding – Centre for Ageing Dementia Research	25.06.09

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Boyce	107	Funding incentives for specialists	14.05.09
Boyce	109	GP training places	14.05.09

Boyce	112	GPs providing aged care services	14.05.09
Boyce	122, 124	Maternity services review	14.05.09
Boyce	148	GP super clinics	14.05.09
Boyce	111	Aged care access initiative	14.05.09
Boyce	114	Aged care GP panels initiative	14.05.09
Boyce	110	Aged care access initiative	14.05.09
Boyce	147	GP super clinics	14.05.09

### **Outcome 6: Rural Health**

Heffernan	59-62	Outreach podiatry funding	14.05.09
Boyce	91	Doctors in Bunbury	14.05.09
Boyce	93	Office of Rural Health	14.05.09
Boyce	97-98	Patient Assisted Travel Scheme (PATS)	14.05.09
Boyce	100	Consultants	14.05.09
Boyce	102-104	Patient Assisted Travel Scheme (PATS)	14.05.09
Boyce	105	Office of Rural Health	14.05.09
Boyce	92	National Rural and Remote Health Infrastructure program	14.05.09
Boyce	101	Patient Assisted Travel	14.05.09

### **Outcome 7: Hearing Services**

### **Outcome 8: Indigenous Health**

Boyce	116	Provision of culturally appropriate health services in Narrogin region	14.05.09
Boyce	119	Healthy for Life Program	14.05.09
Humphries	141	Child health checks	14.05.09
Boyce	120	Rheumatic fever strategy	14.05.09

### **Outcome 9: Private Health**

Cormann	145	Prostheses list	14.05.09
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Boyce	163	eHealth	14.05.09
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### **Outcome 11: Mental Health**

Boyce	72	National Survey of Mental Health and Wellbeing	14.05.09
Boyce	74	Headspace	14.05.09
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Boyce	115	Narrogin suicides	14.05.09

### **Outcome 12: Health Workforce Capacity**

Boyce	78-80	National Indigenous health workforce training	14.05.09
Boyce	81-84	Overseas trained health professionals	14.05.09
Boyce	87	Nurse shortages	14.05.09
Fifield	94	Office of Rural Health	14.05.09

Boyce	87	Nursing	14.05.09
Boyce	88	Nurses back into the workforce	14.05.09
Fifield	48	Rural clinical schools	14.05.09
Brown, Carol	180	Health Workforce National Partnership	14.05.09
Boyce	85	Nurse shortage	14.05.09
Boyce	77	Undergraduate clinical trial	14.05.09

### **Outcome 13: Acute Care**

Abetz	143, 144	Medicare Dental Scheme in Tasmania	14.05.09
Boyce	121	Maternity services	14.05.09
Boyce	68, 69	Activity based funding	14.05.09
Boyce	64	Australian Health Care Agreements	14.05.09
Boyce	66	Performance reporting (AHCAs)	14.05.09
Boyce	67	Hospital beds (AHCAs)	14.05.09
Cormann	146	NSW private hospitals charged for blood products	14.05.09

### **Outcome 14: Biosecurity and Emergency Response**

		DoHA letter correcting evidence provided at hearing on 25.02.09 relating to biosecurity and emergency response	19.03.09
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### **Outcome 15:**

Bernardi	130	Taekwondo	14.05.09
Bernardi	131	Meeting with Taekwondo Australia	14.05.09
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Heffernan	174	Redevelopment of Gladstone hockey grounds	14.05.09
Fifield	129	Criteria for Australian Sports Commission Grants	14.05.09
Fifield	170-171	Crawford Review	14.05.09





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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-014

OUTCOME 0: Whole of Portfolio

Topic: STIMULUS PACKAGE

Written Question on Notice

Senator Humphries asked:

- a) Does the Department/Agency have any involvement in measures announced as part of the \$42 billion budget stimulus package?
- b) If so, was (and when was) the Dept/agency asked for input before the stimulus package was announced?

Answer:

- a) The Department was not involved in measures announced in the stimulus package.
- b) N/A.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-015

OUTCOME 0: Whole of Portfolio

Topic: STIMULUS PACKAGE

Written Question on Notice

Senator Humphries asked:

When did the Dept/agency know details about the stimulus package affecting their portfolio?

Answer:

The stimulus package did not contain any measures for the Health and Ageing Portfolio and the department did not have advance information on the package.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-021

OUTCOME 0: Whole of Portfolio

Topic: PROGRAM UNDERSPEND

Written Question on Notice

Senator Humphries asked:

Which programs are currently tracking for an underspend this financial year?

Answer:

The department seeks to maintain the accuracy of its' budget estimates. Expenditure is monitored against the budget estimates on a continuous basis: identified potential underspends are agreed with the Department of Finance and Deregulation and estimates are adjusted accordingly. This constant adjustment of estimates ensures close alignment between program expenditure and financial allocations from Government.

In light of this approach, no programs are known to be tracking for an underspend this financial year. Actual underspends will be available in August this year.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-038

OUTCOME 0: Whole of Portfolio

Topic: GRANTS

Written Question on Notice

Senator Humphries asked:

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

Answer:

Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-023

OUTCOME 0: Whole of Portfolio

Topic: GERSHON REVIEW

Written Question on Notice

Senator Humphries asked:

- a) What impact will the Gershon Review have on your department/agency?
- b) How much money will be saved?
- c) Will you be required to return any money to Budget for 2009-10?

Answer:

- a) The impact of implementing the recommendations of the Gershon Review is a reduction in the Information and Communication Technology (ICT) business-as-usual expenditure of \$2.8 million for the fiscal year 2009-10. This will be achieved by two initiatives:
  - Service improvements in the way that IBM manages and supports the desktop and laptop fleet; and
  - Desktop and laptop buyback, which also incorporates a policy change that has extended the hardware replacement cycle from three to five years.
- b) The Department of Health and Ageing will reduce its business-as-usual expenditure for 2009-10 by 5% and a further 10% in 2010-11. These percentage reductions equate to \$2.8 million and \$5.6 million respectively. This means that by 2010-11, the total reduction in the department's ICT business as usual spend will have reduced by \$8.4 million.
- c) The Department of Health and Ageing is required to reduce costs for business as usual by 5%, consequently \$2.8 million will be returned to Budget for 2009-10.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-089

OUTCOME 0: Whole of Portfolio

Topic: HEALTH AND HOSPITALS FUND

Written Question on Notice

Senator Boyce asked:

What is the status of the health and hospitals fund implementation?

Answer:

The *Nation Building Funds Act 2008* establishing the Health and Hospitals Fund (HHF) received Royal Assent on 18 December 2008. The Fund commenced operation on 1 January 2009.

In line with legislative requirements the HHF Advisory Board was established from 1 January 2009.

Evaluation Criteria were formulated and agreed by the Government. The HHF Advisory Board applied this criteria in assessing HHF funding proposals.

The first HHF funding round closed on 19 January 2009. Proposals received and assessed by the Board are currently under consideration by the Government.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-090

OUTCOME 0: Whole of Portfolio

Topic: HEALTH AND HOSPITALS FUND

Written Question on Notice

Senator Boyce asked:

- a) When will funding decisions be known?
- b) What was the process for selecting projects to be funded from this fund?
- c) What criteria will be (or were) used to assess various bids for funding from this fund?
- d) How (or were) bids prioritised?
- e) What involvement has the Commonwealth Department of Health and Ageing had in the actual selection process itself, including any advice provided about the applications or bids under consideration?
- f) What involvement has any other Commonwealth Department or external stakeholder (including state and territory governments) had in the actual selection process itself, including any advice provided about the applications or bids under consideration?

Answer:

- a) Timing of funding decisions is a matter for the Government and will be announced in due course.
- b) The Minister for Health and Ageing referred proposals to the Health and Hospitals Fund (HHF) Advisory Board for assessment. The majority of these proposals were received from states and territory governments following an invitation to apply for funding from the Acting Minister for Health and Ageing.

Applications were assessed by the independent HHF Advisory Board using the Fund's Evaluation Criteria. The Board provided advice on which proposals satisfied the Evaluation Criteria to the Minister for Health and Ageing.

The Minister is responsible for determining which projects to bring forward for the Government's consideration. The Government will make the final decision on funding from the HHF from the proposals supported by the Advisory Board.

- c) Evaluation Criteria formulated and agreed by the Government and issued by the Minister

for Health and Ageing were used to assess submissions to the Fund. The criteria can be found on the Department's website at [www.health.gov.au/hhf](http://www.health.gov.au/hhf)



- d) The bids were not prioritised for consideration by the Board.
- e) The Department received all applications and determined if each proposal was compliant. The Department provides secretariat support to the Advisory Board. To support the Board, the Department prepared summaries of each proposal which included an initial, indicative assessment to assist the Board in its deliberation.
- f) A majority of the proposals submitted to the Advisory Board for assessment were from states and territory governments following an invitation to apply for funding from the Acting Minister for Health and Ageing. Applications found to satisfy the Fund's Evaluation Criteria are subject to usual budget processes which will involve the Government's central agencies.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-096

OUTCOME 0: Whole of Portfolio

Topic: RURAL HEALTH

Written Question on Notice

Senator Boyce asked:

At the last Senate Estimates on October 22, it was stated that the Australian Government is working towards a holistic approach to tackle the bush related changes.

- a) Please explain exactly what this 'holistic approach' is?
- b) What sort of budget will the 'holistic approach' require?
- c) Who is the government consulting regarding the best 'holistic approach' to rural health status?

Answer:

a – c)

On 1 July 2008, the Office of Rural Health (the Office) was established within the Department of Health and Ageing to lead the reform of Commonwealth rural health policy and programs. The Minister for Health and Ageing tasked the Office, as a first priority, to review Commonwealth funded rural health programs and the geographical classification systems used to determine eligibility for rural program funding. The two reviews are linked and are proceeding in tandem. The aim is to ensure that programs are properly targeted and coordinated so as to improve the health outcomes for people in rural and remote communities.

Significant progress has been made on both reviews. When suitably advanced, details will be made public, including about funding.

The reviews have involved consultation with the following key rural health stakeholder groups:

- Rural Doctors' Association of Australia;
- National Rural Health Alliance;
- Council of Remote Area Nurses of Australia;
- Services for Australian Rural and Remote Allied Health;
- Rural Health Workforce Australia; and
- Australian Rural Health Education Workforce.

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-011

OUTCOME 0: Whole of Portfolio

Topic: ANALYTICAL RESOURCES

Written Question on Notice

Senator Humphries asked:

Does your department/agency have enough analytical resources at its disposal? For example, the Government has cut funding to the ABS – are you provided with enough data collection for evidence-based policy making and evaluation?

Answer:

The Department of Health and Ageing uses a variety and extensive set of data collections for evidence based policy making. The Department obtains these data collections both internally and externally. External agencies include the Australian Bureau of Statistics (ABS) and the Australian Institute of Health and Welfare (AIHW).

Some of these data sets include:

- Medicare Benefits Schedule;
- Pharmaceutical Benefits Scheme;
- National Health Survey;
- National Aboriginal and Torres Strait Islander Health Survey;
- Survey of Disability, Ageing and Carers; and
- Survey of Mental Health and Wellbeing.

The Department recently commissioned the ABS to conduct a national patient experience survey.

In order to apply best practice in data standards, the Department is a member of the National Health Information Standards and Statistics Committee (NHISSC). This committee is responsible for developing strategic advice on national health information needs and priorities including the development of national statistics standards around health performance indicators.

The Department is also involved in the development of spatial data to support better program management through improved evidence based analysis and reporting.

In addition the Department uses a range of research to influence and guide policy development and program implementation.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-095

OUTCOME 0: Whole of Portfolio

Topic: RURAL HEALTH

Written Question on Notice

Senator Boyce asked:

What is being done in relation to the current geographic classifications systems? If nothing, when is there going to be something published regarding this?

Answer:

On 30 April 2008, the Minister for Health and Ageing announced a review of the remoteness classifications used to determine eligibility for rural program funding. Consultation is being undertaken with key rural health stakeholder groups. This work is underway.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-099

OUTCOME 0: Whole of Portfolio

Topic: REMOTENESS CLASSIFICATIONS

Written Question on Notice

Senator Boyce asked:

On 30 April 2008, the Minister Nicola Roxon announced a review of remoteness classifications. What is the expected timeframe of the review, and will the 2004 classification review be used in comparison? If not would it not make sense to use a previous report as a benchmark for a new report?

Answer:

Significant progress has been made on the review of remoteness classifications used to determine eligibility for rural health programs and when suitably advanced, details will be made public.

A review of the Rural, Remote and Metropolitan Areas classification commenced in 2004. A discussion paper was issued in March 2005. No decisions were taken in relation to this review and a report was not finished.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-106

OUTCOME 0: Whole of Portfolio

Topic: RURAL PROGRAM FUNDING

Written Question on Notice

Senator Boyce asked:

What progress has been done in relation to reviewing the geographic classification systems that determine eligibility for rural program funding?

Answer:

On 30 April 2008, the Minister for Health and Ageing announced a review of remoteness classifications used to determine eligibility for rural program funding.

Significant progress has been made. Consultation is being undertaken with key rural health stakeholder groups.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-005

OUTCOME 0: Whole of Portfolio

Topic: EFFICIENCY DIVIDEND

Written Question on Notice

Senator Humphries asked:

- a) How has your agency implemented the one-off two per cent efficiency dividend?
- b) Where have savings been achieved – ie which programs/resources have been cut?
- c) Have you had to reduce any activities that you consider to be ‘core business’ or have you had to reduce service standards as a result of the efficiency dividend?

Answer:

- a) The Department undertook a number of proactive steps to ensure the impact of the one-off two per cent efficiency dividend was appropriately managed. Steps taken included:
  - early commencement of the Department’s 2008-09 business planning and budgeting process in December 2007.
  - the Department put in place a number of supplier based cost saving initiatives to manage the consequences of receiving reduced departmental appropriation funding and to deliver a planned breakeven operating result for the 2008-09 financial year.
  - a financial review steering committee was established and recommended short and medium term reforms including business process improvements and the redeployment of resources to higher priority activities. The initiatives identified through this review, have been implemented over the last year and will also be rolled out over the coming 12–24 months.
- b) As outlined above, the Department communicated the financial impact of the one-off two per cent efficiency dividend to senior departmental officers well before the commencement of the 2008-09 financial year. Complemented by the early commencement of the 2008-09 business planning and budgeting process all areas of the Department were in a position prior to the start of the new financial year to reprioritise resources. Under the approach adopted by the Department, savings have been achieved to meet the financial impact of the one off two percent efficiency dividend.

c) The Department has not reduced 'core business' activities or performance standards.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-007

OUTCOME 0: Whole of Portfolio

Topic: STAFF REDUCTIONS

Written Question on Notice

Senator Humphries asked:

Are there any plans for staff reductions? If so, please advise details ie. reduction target, how this will be achieved, services/programs to be cut etc.

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-012

OUTCOME 0: Whole of Portfolio

Topic: RECURRENT EXPENDITURE

Written Question on Notice

Senator Humphries asked:

- a) Did your agency use any depreciation funding for recurrent expenditure in 2007-08?
- b) Has your agency used any depreciation funding for current expenditure this year?

Answer:

- a) For 2007-08 the Department recorded a consolidated financial operating surplus of \$0.122 million. The Department reported depreciation expense of \$17.660 million for the 2007-08 financial year and capital expenditure of \$20.895 million. The Department reported retained surpluses of \$22.173 million as at 30 June 2008. As at 30 June 2008 the Department held \$163.839 million in undrawn departmental operational appropriations, an increase of \$34.554 million from the balance held at 30 June 2007 being \$129.285 million. The Department's liabilities increased in the same period from \$184.588 million to \$208.521 million that is \$23.933 million.
- b) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-013

OUTCOME 0: Whole of Portfolio

Topic: DEPRECIATION FUNDING

Written Question on Notice

Senator Humphries asked:

- c) Has any depreciation funding been used for purposes other than the replacement of capital items in 2007-08?
- d) How much has your department/agency spent on the replacement of capital items in the first six months of 2008-09?

Answer:

- a) For 2007-08 the Department recorded a consolidated financial operating surplus of \$0.122 million. The Department reported depreciation expense of \$17.660 million for the 2007-08 financial year and capital expenditure of \$20.895 million. The Department reported retained surpluses of \$22.173 million as at 30 June 2008. As at 30 June 2008 the Department held \$163.839 million in undrawn departmental operational appropriations, an increase of \$34.554 million from the balance held at 30 June 2007 being \$129.285 million. The Department's liabilities increased in the same period from \$184.588 million to \$208.521 million that is \$23.933 million.
- b) For the first six months of the 2008-09 financial year the Department's capital expenditure was \$5.9540 million.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: EO9-056

OUTCOME 0: Whole of Portfolio

Topic: HEALTH AND HOSPITALS FUND

Written Question on Notice

Senator Siewert asked:

What projects have been affected by the cut to the Health and Hospitals fund that was set to receive \$10 billion between 2007 and 2009 but will only receive \$5 billion?

Answer:

No projects have been affected.

Due to the current global economic crisis, the budget projections have clearly changed since the time of the May Budget. The Government has already committed \$5 billion from the 2007-08 surplus, and will be making future allocations as Budget circumstances permit.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-006

OUTCOME 0: Whole of Portfolio

Topic: STAFFING REDUCTION

Written Question on Notice

Senator Humphries asked:

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

Answer:

- a) Yes. The Department's financial year to date average staffing levels (ASL) as at January 2009 was 4,361 staff, which is 136 staff lower than the ASL reported in the Department's 2007-08 Annual Report.
- b) There has been a net decrease of 96 staff in Canberra (Central Office) and 40 staff in state and territory offices.

The majority (approximately 92%) of the net staff reductions have occurred across the APS 1 to APS 6 staff classifications.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-008

OUTCOME 0: Whole of Portfolio

Topic: GRADUATE RECRUITMENT

Written Question on Notice

Senator Humphries asked:

- a) What changes are underway or planned for graduate recruitment, cadetships or similar programs?
- b) Are such employment programs being reduced? If so, by how many and have you done an analysis on long term effect on retention and attrition?

Answer:

a and b)

There are no plans at this time to change or reduce the graduate program, cadetships or similar programs.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-016

OUTCOME 0: Whole of Portfolio

Topic: STAFFING

Written Question on Notice

Senator Humphries asked:

What is the current total staffing for the Department/Agency – permanent and temporary?

Answer:

The total headcount for the department as at 25 February 2009 was 4,845.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-017

OUTCOME 0: Whole of Portfolio

Topic: STAFFING - FTE

Written Question on Notice

Senator Humphries asked:

What was the total Full Time Equivalent (FTE) staffing level for the Department/Agency on 1 July 2008?

Answer:

The Full Time Equivalent (FTE) staffing level of the department at 1 July 2008 was 4,517.69.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-018

OUTCOME 0: Whole of Portfolio

Topic: PERMANENT STAFF

Written Question on Notice

Senator Humphries asked:

- a) How many permanent staff were recruited in calendar year 2008 and in financial year 2008-09 to date?
- b) What level are these staff?

Answer:

- a) A total number of 434 ongoing staff were recruited in 2008 calendar year and 269 in financial year 2008-09 to date (1 July 2008 to 28 February 2009).
- b) The levels range from APS1 to SES3; Medical Officer Class 2 to 6.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-019

OUTCOME 0: Whole of Portfolio

Topic: TEMPORARY POSITIONS

Written Question on Notice

Senator Humphries asked:

How many temporary positions exist or have been created calendar year 2008 and financial year 2008-09 to date?

Answer:

The department does not have temporary positions.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-020

OUTCOME 0: Whole of Portfolio

Topic: CONTRACT EMPLOYEES

Written Question on Notice

Senator Humphries asked:

For calendar year 2008 and financial year 2008-09, how many employees have been employed on contract and what is the average length of their employment period?

Answer:

The average length of contract for the 691 non-ongoing staff who commenced with the department in calendar year 2008 is 3.45 months and for the 386 non-ongoing staff who have commenced thus far in financial year 2008-09 to date is 4.34 months.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-029

OUTCOME 0: Whole of Portfolio

Topic: LAPTOPS, PHONES & PDAs

Written Question on Notice

Senator Humphries asked:

How many laptops, mobile phones and PDAs does the Department provide to the personal staff of the Minister/Parliamentary Secretary?

Answer:

The Department provides electronic equipment to personal staff in the Minister/Parliamentary Secretary's office to the capacity as listed below:

Minister Roxon's office: 12 laptops, 10 Blackberries, 1 mobile phone.

Minister Elliot's office: 9 laptops, 7 Blackberries, 0 mobile phones.

Minister Ellis' office: 2 laptops, 1 Blackberry, 0 mobile phones.

Senator McLucas' office: 4 laptops, 5 Blackberries, 0 mobile phones.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-033

OUTCOME 0: Whole of Portfolio

Topic: COMMUNICATIONS PROGRAMS

Written Question on Notice

Senator Humphries asked:

- a) What communications programs has the Department/Agency undertaken, or are planning to undertake?
- b) For each program, what is the total spend? Please detail including media advertisements (where placed and costs).

Answer:

- a) The Department, on behalf of the Government, has undertaken the following advertising programs in the period 1 July 2008 to 28 February 2009:
  - the Australian Better Health Initiative (ABHI) 'Measure Up' Campaign;
  - the National Skin Cancer Awareness Campaign; and
  - the National Binge Drinking Campaign.

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

- ABHI;
- sexually transmissible infections;
- illicit drug use;
- eye health; and
- Bringing nurses back to the workforce

- b) Media costs, including media advertisements (where placed and costs), associated with communication programs undertaken in the period 1 July 2008 – 28 February 2009 are as follows:

<b>Program name</b>	<b>Type of Media</b>	<b>Cost per media channel (Excl GST)</b>
Australian Better Health Initiative (ABHI) “Measure Up” Campaign	TV	\$4,219,485
	Radio	\$777,487
	Cinema	-
	Newspapers	\$95,076
	Magazines	\$385,101
	Online	\$377,829
	Outdoor	\$1,161,110
	Mailout	-
<b>Total spend 1/7/08 – 28/02/09</b>		<b>\$7,016,088</b>
National Skin Cancer Awareness Campaign	TV	\$1,667,517
	Radio	\$573,628
	Cinema	\$238,960
	Newspapers	-
	Magazines	\$219,309
	Online	\$633,351
	Outdoor	\$848,922
	Mailout	-
<b>Total spend 1/7/08 – 28/02/09</b>		<b>\$4,181,687</b>
National Binge Drinking Campaign	TV	\$5,297,641
	Radio	\$225,979
	Cinema	\$477,500
	Newspapers	\$51,237
	Magazines	\$291,097
	Online	\$309,601
	Outdoor	\$461,175
	Mailout	-
<b>Total spend 1/7/08 – 28/02/09</b>		<b>\$7,114,230</b>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-034

OUTCOME 0: Whole of Portfolio

Topic: COST OF ADVERTISING

Written Question on Notice

Senator Humphries asked:

What was the total spend on advertising by the Department/Agency in calendar year 2008 and for so far for the financial year 2008-09?

Answer:

Calendar year 2008:	\$15,016,408 (ex GST)
Financial year 2008-09 (to 28/2/09):	\$18,311,936 (ex GST)

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-037

OUTCOME 0: Whole of Portfolio

Topic: GENDER BALANCE AND STATE/TERRITORY OF RESIDENCE FOR APPOINTEES TO BOARDS

Written Question on Notice

Senator Humphries asked:

- a) Noting the continuing order of the Senate, what is the gender ratio on each board and across the portfolio?
- b) In which states/territories do these Board members reside?

Answer:

The attached table details the gender balance and state/territory of residence for members of bodies within the health and agency portfolio as at 25 February 2009 ([Attachment A](#)).

For the purposes of this response, a body has been included in the attached table where its members are appointed by a Cabinet Minister, the Prime Minister, Parliamentary Secretary or the Governor General. A body has also been included if members are appointed by a Board or other person/body after first being considered by Cabinet.

Chief executive positions have not been included unless the chief executive also holds a position on the board/committee of the body.



**Attachment A: Gender balance and state/territory of residence for members of health and ageing portfolio bodies as at 25 February 2009**

<b>Body</b>	<b>Gender Balance</b>	<b>State/Territory of Residence</b>
<i>Advisory Panel on the Marketing in Australia of Infant Formula</i>	2 Males 4 Females	2 NSW 1 QLD 2 ACT 1 WA
<i>Aged Care Funding Instrument (ACFI) Industry Reference Group</i>	9 Males 7 Females	6 ACT 4 NSW 4 VIC 1 SA 1 WA
<i>Aged Care Standards and Accreditation Agency Ltd Board</i>	9 Males 5 Females	4 NSW 4 SA 2 VIC 2 QLD 2 ACT
<i>Ageing Consultative Committee</i>	14 Males 12 Females	9 ACT 6 VIC 6 NSW 2 SA 1 WA 2 QLD
<i>Anti-Doping Research Program Panel</i>	3 Males	1 VIC 1 NSW 1 WA
<i>Australian Community Pharmacy Authority</i>	2 Males 4 Females	1 NSW 2 ACT 1 QLD 1 VIC 1 TAS
<i>Australian Drug Evaluation Committee</i>	19 Males 6 Females	9 NSW 1 WA 3 QLD 4 ACT 6 VIC 1 SA 1 NT
<i>Australian Government Advisory Committee for the World Health Organization Collaborating Centre for Reference and Research on Influenza</i>	5 Males 1 Female	1 NSW 4 VIC 1 ACT

<i>Australian Institute of Health and Welfare Board</i>	4 Males 6 Females	2 NSW 2 VIC 1 QLD 5 ACT
<i>Australian National Council on Drugs</i>	13 Males 6 Females	6 NSW 2 VIC 2 QLD 4 SA 2 WA 3 ACT
<i>Australian Organ and Tissue Donation and Transplantation Advisory Council</i>	10 Males 5 Females	5 NSW 2 VIC 2 SA 1 NT 1 WA 1 ACT 1 QLD 2 TAS
<i>Australian Sports Anti-Doping Authority</i>	4 Males 1 Female	2 NSW 1 SA 1 QLD 1 ACT
<i>Australian Sports Commission</i>	3 Males 5 Females	3 NSW 2 VIC 2 ACT 1 WA
<i>Australian Sports Drug Medical Advisory Committee</i>	4 Males 2 Females	2 VIC 2 NSW 1 SA 1 WA
<i>Australian Sports Foundation</i>	1 Males 2 Females	1 ACT 1 VIC 1 WA
<i>Australian Suicide Prevention Advisory Council</i>	5 Males 5 Females	4 NSW 3 VIC 1 WA 1 ACT 1 QLD

<i>Australian Technical Advisory Group on Immunisation</i>	8 Males 8 Females	4 VIC 4 NSW 2 SA 1 QLD 2 NT 2 ACT 1 WA
<i>Cancer Australia Advisory Council</i>	5 Males 8 Females	6 NSW 2 QLD 2 VIC 1 ACT 1 SA 1 WA
<i>Complementary Medicines Evaluation Committee</i>	8 Male 3 Female	5 NSW 4 VIC 1 QLD 1 SA
<i>Food Standards Australia New Zealand Board</i>	6 Males 6 Females	3 NSW 2 VIC 1 QLD 2 SA 1 ACT 3 NZ
<i>Gene Technology Ethics and Community Consultative Committee</i>	6 Males 6 Females	5 NSW 3 VIC 2 TAS 1 SA 1 WA
<i>Gene Technology Technical Advisory Committee</i>	18 Males 3 Females	5 NSW 4 VIC 7 QLD 2 SA 2 ACT 1 WA
<i>General Practice Education and Training Limited Board</i>	7 Males 5 Females	4 NSW 3 VIC 1 QLD 1 NT 2 WA 1 SA

<i>Health and Hospitals Fund Advisory Board</i>	4 Males 3 Females	1 ACT 2 NSW 2 VIC 1 NT 1 QLD
<i>Health and Hospitals Fund Interim Advisory Board</i>	1 Male 2 Females	1 ACT 1 NSW 1 VIC
<i>Hearing Services Consultative Committee</i>	9 Males 7 Females	6 NSW 2 WA 1 SA 3 VIC 2 QLD 2 ACT
<i>Independent Sport Panel</i>	3 Males 2 Females	2 VIC 3 NSW
<i>Medical Device Evaluation Committee</i>	19 Males 5 Females	10 NSW 9 VIC 4 SA 1 NZ
<i>Medicines Evaluation Committee</i>	10 Males 3 Females	4 NSW 4 VIC 2 QLD 1 WA 2 SA
<i>Medicare Participation Review Committees</i>	2 Males	1 NSW 1 VIC
<i>Medical Services Advisory Committee</i>	15 Males 4 Females	5 QLD 4 NSW 4 ACT 3 VIC 2 SA 1 WA
<i>Medical Training Review Panel</i>	22 Males 10 Females	7 NSW 5 VIC 6 QLD 3 SA 5 ACT 3 WA 2 TAS 1 NT
<i>Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections</i>	8 Males 9 Females	3 VIC 4 NSW

		1 SA 4 QLD 3 ACT 1 WA 1 TAS
<i>Minister's Dementia Advisory Group</i>	6 Males 10 Females	3 NSW 3 VIC 1 QLD 2 SA 1 WA 1 NT 5 ACT
<i>National Advisory Council on Mental Health</i>	7 Males 3 Females	1 NSW 3 VIC 1 TAS 2 QLD 2 ACT 1 WA
<i>National Blood Authority Board</i>	6 Males	2 NSW 1 VIC 1 QLD 1 ACT 1 SA
<i>National Breast and Ovarian Cancer Centre Board</i>	2 Males 9 Females	8 NSW 2 VIC 1 QLD
<i>National Cannabis Prevention and Information Centre Advisory Committee</i>	11 Males 7 Females	2 VIC 7 NSW 2 SA 2 QLD 3 ACT 2 WA
<i>National Drugs and Poisons Schedule Committee</i>	9 Males 3 Females	2 NSW 2 VIC 2 QLD 4 ACT 2 NZ

<i>National Health and Medical Research Council (NHMRC)</i>	14 Males 5 Females	3 NSW 4 VIC 3 QLD 1 SA 1 NT 3 WA 1 TAS 3 ACT
<i>NHMRC – Australian Health Ethics Committee</i>	10 Males 5 Females	4 NSW 3 VIC 2 QLD 1 SA 1 NT 2 WA 2 ACT
<i>NHMRC – Human Genetics Advisory Committee</i>	8 Males 6 Females	5 NSW 5 VIC 1 SA 1 NT 1 WA 1 TAS
<i>NHMRC – Embryo Research Licensing Committee</i>	6 Males 3 Females	3 NSW 2 VIC 1 QLD 1 SA 1 WA 1 TAS
<i>NHMRC – National Health Committee</i>	7 Males 5 Females	3 NSW 5 VIC 2 QLD 2 SA
<i>NHMRC – Research Committee</i>	9 Males 4 Females	2 NSW 5 VIC 2 QLD 1 SA 2 WA 1 ACT
<i>National Health and Hospitals Reform Commission</i>	6 Males 4 Females	4 NSW 3 VIC 1 QLD 1 SA 1 NT
<i>National Immunisation Committee</i>	7 Males 11 Females	3 VIC 3 NSW

		2 SA 2 QLD 1 NT 5 ACT 1 WA 1 TAS
<i>National Indigenous Health Equality Council</i>	9 Males 5 Females	2 NSW 2 VIC 2 QLD 3 NT 2 WA 2 ACT 1 SA
<i>National Industrial Chemicals Notification and Assessment Scheme - Community Engagement Forum</i>	1 Male 3 Females	2 VIC 1 QLD 1 ACT
<i>National Medicines Policy Committee</i>	5 Males 4 Females	3 NSW 3 VIC 1 QLD 1 NT 1 SA
<i>National Pathology Accreditation Advisory Council</i>	10 Males 2 Females	5 NSW 2 VIC 2 TAS 2 QLD 1 SA
<i>Pathology Services Table Committee</i>	1 Male	1 NSW
<i>Pharmaceutical Benefits Advisory Committee (PBAC)</i>	11 Males 6 Females	1 SA 4 VIC 7 NSW 4 QLD 1 WA
<i>PBAC Economics Sub-Committee</i>	8 Males 5 Females	5 SA 4 NSW 2 QLD 1 ACT 1 VIC

<i>PBAC Drug Utilisation Sub-Committee</i>	5 Males 7 Females	3 NSW 3 SA 3 QLD 3 ACT
<i>Pharmaceutical Benefits Pricing Authority</i>	3 Males 3 Females	2 NSW 4 ACT
<i>Pharmaceutical Benefits Remuneration Tribunal</i>	2 Males 2 Females	3 NSW 1 VIC
<i>Preventative Health Taskforce</i>	4 Males 5 Females	3 VIC 1 NSW 1 SA 1 QLD 1 NT 1 ACT 1 WA
<i>Private Health Insurance Administration Council</i>	3 Males 2 Females	3 NSW 1 QLD 1 VIC
<i>Professional Programs and Services Advisory Committee</i>	2 Males 3 Females	1 NSW 2 VIC 2 QLD
<i>Professional Services Review Professional Services Review Panel Members</i>	132 Males 29 Females	4 ACT 48 NSW 2 NT 29 QLD 16 SA 10 TAS 35 VIC 17 WA
<i>Professional Services Review Determining Authority Members</i>	7 Males 2 Females	1 ACT 3 NSW 2 QLD 2 SA 1 VIC
<i>Prostheses and Devices Committee</i>	8 Males 5 Females	5 NSW 2 VIC 3 QLD 1 SA 1 TAS 1 ACT



<i>Radiation Health and Safety Advisory Council</i>	7 Males 4 Females	3 NSW 2 VIC 2 SA 3 QLD 1 NT
<i>Therapeutic Goods Committee</i>	5 Males 5 Females	5 NSW 1 QLD 1 VIC 2 SA 1 NT
<b>Total – 65 Bodies</b>	<b>589 Males</b> <b>322 Females</b>	<b>106 ACT</b> <b>275 NSW</b> <b>22 NT</b> <b>127 QLD</b> <b>90 SA</b> <b>26 TAS</b> <b>198 VIC</b> <b>61 WA</b> <b>6 NZ</b>

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Additional Estimates 2008-2009, 25 February 2009

Question: E09-039

OUTCOME 0: Whole of Portfolio

Topic: FREEDOM OF INFORMATION (FOI)

Written Question on Notice

Senator Humphries asked:

Has the Department/Agency received any advice on how to respond to FOI requests?

Answer:

The Department has not received any advice on how to respond to FOI requests, apart from the generally available guidance material on the Department of Prime Minister and Cabinet website or legal advice in relation to specific FOI requests.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-040

OUTCOME 0: Whole of Portfolio

Topic: FOI REQUESTS

Written Question on Notice

Senator Humphries asked:

- a) How many FOI requests has the Department received?
- b) How many have been granted or denied?

Answer:

- a) The department has received 133 requests to 25 February 2009 for the year 2008/2009. Four internal review requests have been received and one AAT application has been made.
- b) Of the 133 requests received to 25 February 2009, decisions were made on 74 requests:
  - 11 applicants were given full access;
  - 24 applicants were given partial access;
  - 9 were refused access to the documents they were seeking;
  - 30 requests where no documents were found to exist.

A further 32 requests were withdrawn: 23 of those were withdrawn by the applicant; and nine were deemed withdrawn (no further response received from an applicant). Three requests were transferred to another agency and 24 requests have decisions outstanding.

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-041

OUTCOME 0: Whole of Portfolio

Topic: FOI

Written Question on Notice

Senator Humphries asked:

How many conclusive certificates have been issued in relation to FOI requests?

Answer:

The Department has not issued a conclusive certificate under the *Freedom of Information Act 1982* since October 1996.

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-047

OUTCOME 0: Whole of Portfolio

Topic: SES POSITIONS

Written Question on Notice

Senator Humphries asked:

How many SES positions were there in this department as at:

- a) 24 November 2007?
- b) 26 February 2009?

Answer:

SES officers in the department as at:

- a) 24 November 2007 – 112.
- b) 26 February 2009 – 129.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-010

OUTCOME 0: Whole of Portfolio

Topic: FEDERAL FINANCIAL RELATIONS BILL

Written Question on Notice

Senator Humphries asked:

I note that the Government has introduced new legislation – the Federal Financial Relations Bill – which appropriates money to Treasury to pass on to the States.

- a) Does your department/agency receive any appropriations that will be transferred to the Treasury Department?
- b) What are these?

Answer:

a and b)

The following advice has been provided by the Treasury:

Payments to the states and territories will no longer be appropriated to the Department of Health and Ageing through annual appropriations or the *Health Care (Appropriation) Act 1998*.

The annual Appropriation Acts will not appropriate amounts to be paid as National Partnership payments to the states and territories.

Instead, the Federal Financial Relations Bill provides for the Treasurer, through a written determination, to credit amounts to the COAG Reform Fund for the purpose of providing financial assistance to the states in the form of National Partnership payments.

The Treasurer will make a determination at the start of each month for payments to be paid in that month.

- Amounts transferred to the COAG Reform Fund special account from other special accounts are the only payments that will not be included in these determinations.

The COAG Reform Fund will be used to disburse National Partnership payments and general purpose financial assistance to the States under the new federal financial framework.

No appropriations will be transferred to Treasury. Existing annual appropriations for 2008-09 will lapse. The Department of Finance and Deregulation will quarantine these appropriations to ensure agencies can not draw down on them. The appropriations through the Federal Financial Relations Bill are new appropriations, including payments due in the remainder of 2008-09.

Payments made under the Australian Healthcare Agreement will continue to be paid by the Department of Health and Ageing until 1 July 2009. These payments are:

- Australian Healthcare grants;
- Youth health services;
- National Public Health; and
- Essential vaccines (delivery component).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-161

OUTCOME 0: Whole of Portfolio

Topic: MEMORANDUM OF UNDERSTANDING WITH THE DEPARTMENT OF IMMIGRATION AND CITIZENSHIP

Hansard Page: CA 13

Senator Boyce asked:

Could you tell me perhaps what advice, if any, has been provided in the last 12 months.

Answer:

The Department of Health and Ageing (DoHA) has a Memorandum of Understanding (MoU) with the Department of Immigration and Citizenship (DIAC) that identifies cooperative arrangements and respective roles and responsibilities of the two Departments in relation to the administration of the health requirement of the *Migration Act 1958*.

Since February 2008, DoHA has responded to 20 requests for advice from DIAC on topics including specific medical conditions, health undertakings, prejudice to access, and health advice in relation to visa requirements. The advice provided to DIAC has included both technical and broad public health advice. DIAC is responsible for its decisions under the *Migration Act 1958* and DoHA only provides advice to assist DIAC's deliberations.



Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Additional Estimates 2008-2009, 25 February 2009

Question: E09-009

OUTCOME 0: Whole of Portfolio

Topic: STAFFING

Written Question on Notice

Senator Humphries asked:

Has your consultancy expenditure increased due to reduced staffing?

Answer:

Based on an analysis of the consultancies undertaken in the 2008-09 financial year, there is no correlation between the consultancy expenditure and the reduction in staffing levels.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-046

OUTCOME 0: Whole of Portfolio

Topic: CONSULTANCIES

Written Question on Notice

Senator Humphries asked:

- f) How many consultancies are planned/budgeted for this calendar year?
- g) Have these been published in your Annual Procurement Plan (APP) on the AusTender website and if not why not?
- h) In each case please identify the subject matter, duration, cost and method of procurement as above and the name of the consultant if known.

Answer:

- a) The Department of Health and Ageing (DoHA) only has information on planned consultancies up to 30 June 2009. There are 67 planned procurements over \$80,000 for the period up to 30 June 2009, which appear in the latest update of the Annual Procurement Plan (APP). By 1 July 2009, DoHA will publish in line with APP requirements, prospective procurements over \$80,000 for the 2009-10 financial year.
- b) Consultancies over \$80,000 planned for the period up to 30 June 2009 are included in the latest APP, which was published on the AusTender website on 23 March 2009.
- c) Information requested in section (c) is outlined below:
  - The subject matter of each planned procurement mentioned above is outlined in the latest APP
  - Duration of each project is unknown at this stage until each project is appropriately scoped
  - Cost is not provided in the APP to ensure competition and value for money are achieved. The financial threshold for inclusion in the APP is activity which is expected to be greater than \$80,000
  - All consultancies listed in the APP used an open method of procurement.
  - The name of the consultant is not known until an approach to the market and the procurement process is complete

Portfolio agencies under the Financial Management and Accountability Act develop and publish their own APPs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-050

OUTCOME 0: Whole of Portfolio

Topic: GOVERNMENT TENDERS

Written Question on Notice

Senator Humphries asked:

What changes or corrections have been made to the Government Tenders website ([www.tenders.gov.au](http://www.tenders.gov.au)) since 18 February 2009?

Answer:

The Department of Health and Ageing is not responsible for the maintenance of the AusTender website ([www.tenders.gov.au](http://www.tenders.gov.au)). However, the Department uses the site to advertise approaches to the market and since 18 February 2009 has advertised four requests for tender arrangements on AusTender.

The details of these tenders are outlined below:

<b>Tender Name</b>	<b>Date Lodged on AusTender</b>
Residential Aged Care Certification Assessment	18 February 2009
Review of cord blood supply, demand and use in Australia	19 February 2009
Review and update of type 2 diabetes guidelines	3 March 2009
Provision of design and project management services for the fit-out of the Department of Health and Ageing new office accommodation of Level 7, Jacana House, Wood street, Darwin, Northern Territory	7 March 2009

As required under the procurement publishing obligations the Department also reports executed contracts greater than \$10,000 on the AusTender site within six weeks of the date of execution.

In the period 18 February 2009 to 18 March 2009 145 contracts were reported on the tenders website.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-158

OUTCOME 0: Whole of Portfolio

Topic: PROCUREMENT ACTIVITIES

Hansard Page: CA 7

Senator Humphries asked:

Provision of a copy of the current procurement plan.

Answer:

A copy of the Annual Procurement Plan (APP) for the Department of Health and Ageing, last updated in March 2009, is attached. Portfolio agencies under the Financial Management and Accountability Act prepare their own APPs.

## Department of Health and Ageing (DoHA)

### Annual Procurement Plan — 2008/09

Version 1.3 Updated 18 March 2009

#### STRATEGIC PROCUREMENT OUTLOOK

During the 2008/09 financial year the Department of Health and Ageing will give priority to addressing the challenges faced by Australia's health and ageing systems including the rising human and financial cost of chronic disease, ensuring equitable access to health and aged care services for all Australians, and raising health outcomes for Indigenous Australians. These challenges must be addressed against the backdrop of an ageing population and longer life spans – which are already increasing demand for services – and the need to protect the nation against new health threats.

To assist with meeting these challenges the Department of Health and Ageing plans to procure a range of goods and services in the following broad categories:

- Consultancies;
- Corporate;
- Evaluation / Review of Programs;
- Financial Services;
- Health Sector Services;
- Information and Communications Technology;
- Market Research / Surveys;
- Printing / Publishing / Media Services;

The Annual Procurement Plan for the Department of Health and Ageing for the 2008-09 financial year was updated on 18 March 2009 (version 1.3). Planned procurements that have been added in the update are highlighted in red. Procurements that are complete or have been published on AusTender have been shaded out. Procurements that were planned but have now lapsed or are no longer required have a line through them and have been marked 'removed'. They remain in the listing for reference purposes only.

All procurements referred to in this annual procurement plan are subject to revision or cancellation. The information is provided in accordance with the Commonwealth Procurement Guidelines (CPG's) and does not represent:

- a pre-solicitation;
- an invitation to bid or request for proposal; nor
- is it a commitment by the Australian Government to initiate a procurement process or to purchase the described supplies and services.

Request documentation for all open approaches to the market will be available electronically through AusTender @website: <http://www.tenders.gov.au>.

Queries in relation to the procurement activities of The Department of Health and Ageing can be directed to the Program Funding and Procurement Services on (02) 6289 8151.

NOTE: <sup>(1)</sup> Only planned procurements over \$80,000 (including GST) are to be reported.

<sup>(2)</sup> 1<sup>st</sup> quarter: July – September. 2<sup>nd</sup> quarter: October – December. 3<sup>rd</sup> quarter: January – March. 4<sup>th</sup> quarter: April – June.

<sup>(3)</sup> For PFPS use only

\*Please note that these items could be subject to change.

General description of procurement <sup>(1)</sup>	Estimated date of approach to the market <sup>(2)</sup>	Updated Status/Comments	PFPS reference number <sup>(3)</sup>
<b>Consultancies</b>			
Evaluation of the Mental Health Nurse Incentive Program	<del>3<sup>rd</sup> Quarter</del>	Moved to 4 <sup>th</sup> Quarter	MHD3
Evaluation of the Mental Health Services in Rural and Remote Areas Program	<del>3<sup>rd</sup> Quarter</del>	Moved to 4 <sup>th</sup> Quarter	MHD4
Review of the Radiation Oncology Medical Physics' Training Education and Accreditation Program (TEAP)	<del>3<sup>rd</sup> Quarter</del>	Moved to 4 <sup>th</sup> Quarter	MBD2
Development of a business model for a national radiation oncology dosimetry centre	3 <sup>rd</sup> Quarter		MBD3
Radiation Oncology Workforce Census and Planning Project	3 <sup>rd</sup> Quarter		MBD4
Career Pathways – Provide a competency-based analysis of current and future pathology related workforce requirements, examine current supply strategies and options to promote retention and career pathway development for medical laboratory scientists, medical technical staff and health informatics professionals in the 21 <sup>st</sup> century.	3 <sup>rd</sup> Quarter		MBD5
Practice Based Market Research to inform Stage 2 of the Diagnostic Imaging Accreditation Scheme.	3 <sup>rd</sup> Quarter		MBD6
Accreditor Based Market Research to inform Stage 2 of the Diagnostic Imaging Accreditation Scheme.	3 <sup>rd</sup> Quarter		MBD7
An evaluation of the joint renal initiative with the NT Department of Health and Community Services to enable renal patients to undertake self-care dialysis in their home communities	4 <sup>th</sup> quarter		OATS4
An evaluation of the renal initiatives associated with a Shared Responsibility Agreement with Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation (Western Desert Dialysis)	<del>1<sup>st</sup> quarter</del>	Moved to 3 <sup>rd</sup> quarter	OATS5
Review/evaluation of Renal Nurse Case Manager Project, which is being implemented through four Community Controlled Health Services in the NT.	3 <sup>rd</sup> quarter		OATS9
Review of the need for Link Up services in Tasmania, Australian Capital Territory and Western Australia.	3 <sup>rd</sup> quarter		OATS10

Literature review and scoping study of mental health information and resources for health practitioners working with Aboriginal and Torres Strait Islander peoples	3 <sup>rd</sup> quarter		OATS11
Cost benefit analysis for developing legislation to mandate the supply of Opal fuel to reduce petrol sniffing in regions of Australia	3 <sup>rd</sup> Quarter		OATS12
Evaluation of the effectiveness of the Disclosure Standard	4 <sup>th</sup> Quarter		AAC25
Evaluation of the Demonstration Sites for Day Respite in Residential Aged Care Facilities	1 <sup>st</sup> Quarter	Complete	AAC26
Engagement of a consultant to undertake further development of ACCNA and CENA for Access Points Demonstration Sites	4 <sup>th</sup> Quarter	Tender Evaluation Panel currently meeting	ACC27
COMPAC – Marketing, Communication and Evaluation Strategy	4 <sup>th</sup> Quarter		AAC10
Development of an Evaluation methodology of Rural Palliative Care	3 <sup>rd</sup> Quarter		AAC13
Update of the National Palliative Care Strategy	4 <sup>th</sup> Quarter		AAC28
Literature Search and Evaluation of Existing Resources for Palliative Care and End of Life Care for Aboriginal and Torres Strait Islander People	3 <sup>rd</sup> Quarter		AAC14
Literature Search and Evaluation of Existing Resources for Palliative Care and End of Life Care for Culturally and Linguistically Diverse Communities	3 <sup>rd</sup> Quarter		AAC15
Stakeholder research (continence awareness survey)	3 <sup>rd</sup> quarter		AAC1
Palliative Care Data and Quality Project Mapping	3 <sup>rd</sup> Quarter		AAC29
Nursing and Midwifery Curriculum	3 <sup>rd</sup> Quarter		AAC30
Evidence based community models	4 <sup>th</sup> Quarter		AAC31
Development of Dementia Services Pathway, to map service pathways for people living with dementia and their carers	3 <sup>rd</sup> Quarter		AAC32
Caresearch Evaluation	3 <sup>rd</sup> Quarter		AAC11
Mapping of Medicines Communication and Education Activities and Relevance to Palliative Care	3 <sup>rd</sup> Quarter		AAC33
Adaptation of the End of Life Care Pathway to Acute and Sub-Acute settings	3rd Quarter		AAC34
Pilot test the draft common standards and reporting processes for community care (QPP)	1 <sup>st</sup> quarter		AAC35

General Description: Evaluation of the effectiveness of the Disclosure Standard (PAPR)	4 <sup>th</sup> Quarter		AAC36
Review of Cord Blood Supply, demand and use in Australia	3rd Quarter		ACD1
Data development for sub-acute services	4th Quarter		ACD2
Activity based funding national implementation framework	4 <sup>th</sup> Quarter		ACD3
Development of acute standards	4 <sup>th</sup> Quarter		ACD4
Elective surgery waiting time data improvement	4 <sup>th</sup> Quarter		ACD5
Review of the National Aboriginal and Torres Strait Islander Nutrition Strategy and Action Plan (NATSINSAP)	3rd quarter		PHD6
Engage a consultant to undertake an evaluation of the stage 1 Chlamydia Pilot Testing Program	4 <sup>th</sup> Quarter		PHD26
Engagement of consultants to undertake developmental work for cold chain management for vaccines.	1 <sup>st</sup> quarter	Pending delegates decision	PHD2
Renewal of the National Cervical Screening Program: Economic evaluation/science project	1st Quarter	Moved to 3 <sup>rd</sup> Quarter Moved to 4 <sup>th</sup> Quarter	PHD4
Renewal of the National Cervical Screening Program: Review of register arrangements project	4 <sup>th</sup> quarter	Moved to 2009-10	PHD23
Renewal of the National Cervical Screening Program: Quality project	4 <sup>th</sup> quarter	Moved to 2009-10	PHD24
Research on the health effects of illicit tobacco	2 <sup>nd</sup> quarter	Moved to 2009-10	PHD14
Research into health professional and consumer attitudes and behaviours towards the National Bowel Cancer Screening Program	4 <sup>th</sup> Quarter		PHD26
Engage a consultant to undertake a tender process for the NBCSP workforce review project	4 <sup>th</sup> Quarter		PHD27
Consultancy to assist in developing a National Breastfeeding Strategy	4 <sup>th</sup> quarter		PHD28
Literature review and development of best practice guide for tobacco cessation	4 <sup>th</sup> quarter	Seeking approval	PHD29
Provision of strategies to support online drug and alcohol online activities	1 <sup>st</sup> Quarter	Complete	PHD30
Research into the communication needs of ATSI and CALD women	1st quarter	Moved to 3 <sup>rd</sup> 4 <sup>th</sup> quarter	PHD3
Development of survey instruments for the National Nutrition and Physical Activity Survey Program	2 <sup>nd</sup> quarter	Moved to 4 <sup>th</sup> Quarter	PHD12
National Comorbidity Collaboration projects (possible)	2 <sup>nd</sup> quarter	Move to 4 <sup>th</sup> Quarter	PHD16
Evaluation of the Better Arthritis and Osteoporosis Care Initiative	3 <sup>rd</sup> quarter		PACD1



Evaluation of the Impact of the Australian Better Health Initiative	3 <sup>th</sup> quarter		PACD2
Evaluation of the National External Breast Prostheses Reimbursement Program	4 <sup>th</sup> quarter		PACD3
Better Arthritis and Osteoporosis Care Initiative Evaluation	3 <sup>rd</sup> Quarter		PACD4
Evaluation of the External Breast Prostheses Reimbursement Program	3 <sup>rd</sup> Quarter		PACD5
A benefits realisation and implementation plan for ePrescribing and dispensing.	3 <sup>rd</sup> quarter		PACD6
Consultancy project to review the key performance indicators for the Rural and Remote General Practice Program	2 <sup>nd</sup> Quarter		PACD7
Cancer Australia Financial Management Review follow-up	4 <sup>th</sup> quarter		PACD8
Engagement of consultants to develop an ePrescribing Business Plan	2 <sup>nd</sup> quarter		PACD9
Project Management and design services for new Darwin accommodation	3 <sup>rd</sup> quarter		BG19
Construction management services for new Darwin accommodation	3 <sup>rd</sup> quarter		BG20
Relocation Management & Removal Services	4 <sup>th</sup> quarter		BG23
Consultancy services to facilitate the refinement of the implementation of the Corporate Services Centre.	4 <sup>th</sup> quarter		BG25
Evaluation of the Quality Care Pharmacy Program: Quality Maintenance Allowance, Change Management Strategy and Assessment Travel Subsidy Scheme	4 <sup>th</sup> Quarter		PBD1
Evaluation of the Asthma Pilot Program	2 <sup>nd</sup> Quarter	No response to RFQ. Direct quote sought.	PBD2
Evaluation of the Pharmacy Connectivity Incentive Program	4 <sup>th</sup> Quarter		PBD3
Review of the role of community pharmacies in drug recall processes	3 <sup>rd</sup> quarter		PBD4
Review of staged supply of Pharmaceutical Benefits Scheme medicines when this is specified by the prescriber	3 <sup>rd</sup> quarter		PBD5
Review of Pharmacy Location Rules	4 <sup>th</sup> quarter		PBD6
Evaluation of the Residential Medication Management Review Program	3 <sup>rd</sup> quarter	Awaiting delegate decision	PBD7
Activity based Costing Study for DAA/PMP Programs	4 <sup>th</sup> quarter		PBD8

Pharmaceutical Benefits Scheme Website Maintenance	1st Quarter		PBD9
Legislative Instrument RE-engineer	3rd Quarter		PBD10
Evaluation of PBAC Submissions	2nd Quarter		PBD11
Information Technology (IT) Project Management and Business Analyst assistance and advice for community pharmacy IT projects	1 <sup>st</sup> Quarter	complete	PBD12
<b>Corporate</b>			
Supply of printer toner to the Department	<del>2<sup>nd</sup> quarter</del>	Moved to 3 <sup>rd</sup> or 4 <sup>th</sup> quarter	BG9
Multi-use lists for print, editorial, design, and promotional products	3rd quarter		BG10
Supply of multimedia and presentation equipment	<del>2<sup>nd</sup> quarter</del>	Moved to 4 <sup>th</sup> quarter	BG11
Physical Security Services	1 <sup>st</sup> quarter	Complete	BG12
Risk management, security, and business continuity panel arrangement	3 <sup>rd</sup> quarter		BG13
Recruitment Services Panel	<del>1st quarter</del>	Moved to 3 <sup>rd</sup> quarter	BG14
Development of Risk Security Templates	1 <sup>st</sup> quarter		OHP5
Replacement of carpet in Darlinghurst, Sydney Office	3 <sup>rd</sup> quarter		BG17
Queensland task chair replacement program	3 <sup>rd</sup> quarter		BG18
Construction involved with make-good of existing Darwin accommodation	4 <sup>th</sup> quarter		BG21
Establishment of new premises for the Donor Authority in Canberra	4 <sup>th</sup> quarter		BG22
Foyer Furniture for CO new accommodation	4 quarter		BG24
Provision of Secretariat Services for the Therapeutic Goods Advertising Code Council and Complaints Resolution Panel	3 <sup>rd</sup> Quarter		TGA4
Provision of Office Fit Out Services for TGA Parramatta Office Accommodation	3 <sup>rd</sup> Quarter		TGA5
Provision of Physical Security Upgrade for TGA Symonston Complex	3 <sup>rd</sup> Quarter		TGA6
Provision of an Electronic Security System Upgrade for the TGA Symonston Complex	3 <sup>rd</sup> Quarter		TGA9
Provision of Business Process Review and Design Services	3 <sup>rd</sup> Quarter		TGA10
Major Laboratory Equipment including: Multi Mode Micro titre Plate Reader; Energy Dispersive X-Ray Spectrometer (EDS) for Scanning Electron Microscope; Cold Stage Cryo Storage	3 <sup>rd</sup> & 4 <sup>th</sup> Quarters		TGA11
Provision of a Staff (APS 1 to EL 1) Development Program	4 <sup>th</sup> Quarter		TGA12
Provision of Cleaning Services for the TGA Symonston Complex	4 <sup>th</sup> Quarter	Moved to 2009-10	TGA13

<b>Evaluation/Review of Programs</b>			
Evaluation of COAG Aged Care Assessment Program (ACAP) reform	2 <sup>nd</sup> quarter	Not Proceeding	AAC8
Mapping of Medicines Communication and Education Activities and Relevance to Palliative Care	3 <sup>rd</sup> Quarter	Not Proceeding	AAC12
Stakeholder Research – Data for Evaluation	3 <sup>rd</sup> quarter		AAC17
Development of framework to review existing MBS items. The framework will consider items that may be of questionable clinical benefit as well as aligning existing items with current evidence and relevant clinical guidelines.	3 <sup>rd</sup> quarter	Removed	MBD1
Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative.	1 <sup>st</sup> quarter.	Complete	MHD2
Proficiency Testing Program (PTP) for the laboratory diagnosis of <i>Bacillus anthracis</i>	1 <sup>st</sup> quarter	Complete	OHP1
Support for the Review of PHERP Phase IV	2 <sup>nd</sup> Quarter	Move to 3 <sup>rd</sup> Quarter	PHD9
Review of the National Tobacco Strategy	2 <sup>nd</sup> Quarter	Move to 4th Quarter	PHD15
Evaluation of <i>Get Set 4 Life – healthy habits for kids</i> booklet	3 <sup>rd</sup> quarter	Not proceeding	PHD18
Engagement of a consultant/s to conduct evaluations of Capacity Building in Indigenous Communities Projects.	3 <sup>rd</sup> quarter		PHD19
Review of ANCD/IGCD/Secretariat advisory role to Government	3 <sup>rd</sup> quarter		PHD20
Review of Graphic Health Warnings Regulations – development and market testing*	4 <sup>th</sup> quarter		PHD22
Engage a consultant to undertake a review of the national HIV/AIDS, Hepatitis C and STIs Strategies and MACASHH	1 <sup>st</sup> quarter	Complete	PHD17
<b>Financial Services</b>			
Capability Audits	1 <sup>st</sup> quarter	Complete	AFC1
Business Support Audits	2 <sup>nd</sup> quarter	Complete	AFC2
Governance Audits	2 <sup>nd</sup> quarter	Complete	AFC3
Delivery of: <ul style="list-style-type: none"> <li>professional strategic and technical advice to the Department at the Central, State/Territory and Regional levels for Capital Work</li> </ul>	1st/2nd quarter	No longer required	OATS1

Projects; and • professional strategic and technical advice and support to Funded Organisations for Capital Work Projects.			
Secure the services for Probity, Legal and Financial Services to assist in the tender process for professional strategic and technical advice to the Department at Central State/Territory, Regional levels and Funded Organisations for Capital Work Projects.	1st/2nd quarter	No longer required	OATS2
<b>Health Sector Services</b>			
Nursing and Midwifery, Resources	2 <sup>nd</sup> quarter		AAC2
Business Rules Review and Development of Procedure Manual for the Home and Community Care (HACC) Minimum Data Set (MDS).	1st quarter		AAC3
Adaptation of the End of Life Care Pathway to Acute and Sub-Acute Settings	3 <sup>rd</sup> Quarter	Not proceeding	AAC16
Evidence based community models	4 <sup>th</sup> quarter		AAC18
Nursing and midwifery curriculum	3 <sup>rd</sup> quarter		AAC19
Development of a Dementia Services Pathway, to map service pathways for people living with dementia and their carers.	3 <sup>rd</sup> quarter		AAC20
Develop a National Quality Framework for the National Aboriginal and Torres Strait Islander Flexible Aged Care Program	2 <sup>nd</sup> quarter		AAC25
Locum Relief and Professional Support Service for Remote and Indigenous Aged Care Services from 2009-10 onwards	3 <sup>rd</sup> quarter		AAC26
Peer Support Service for Remote and Indigenous Aged Care Services	3 <sup>rd</sup> quarter		AAC27
Maintenance Services for the National Aboriginal and Torres Strait Islander Flexible Aged Care Program from 2009-10 onwards	3 <sup>rd</sup> quarter		AAC28
Development and supply of a low aromatic fuel alternative to 95 Octane Fuel (currently Premium)	1 <sup>st</sup> quarter	removed	OATS6
Production and supply of a low aromatic fuel (Octane 91), for 2010-11 to 2013-14.	4 <sup>th</sup> quarter		OATS7
Development of Indigenous mental health assessment tools	1 <sup>st</sup> quarter	Moved to 3 <sup>rd</sup> Quarter	OATS8
Rapid Analyte Measurement Platform (RAMP) Test Kits	1 <sup>st</sup> quarter	Complete	OHP2
Influenza (H5) Test Kits and Consumables	1 <sup>st</sup> quarter	Removed	OHP3

<b>Information and Communications Technology</b> (*Please note that these items could be subject to change)			
Support licence renewal for COGNOS 8 software	4 <sup>th</sup> Quarter		AAC4
Procurement from ICT Panel for CASPER for specialist resources to support ongoing development	3 <sup>rd</sup> quarter		AAC22
Procurement of ICT services to support the development and maintenance of IT systems to support the National Ageing and Aged Care Program	3 <sup>rd</sup> quarter		AAC23
Procurement of services to support the Aged Care eConnect Section in coordinating project activities aimed at improving IT usage across the aged care sector and supporting the introduction of eHealth.	3 <sup>rd</sup> quarter		AAC24
Application Hosting and Maintenance of the Home and Community Care (HACC) Minimum Data Set (MDS) National Data Repository (NDR)	1st quarter		AAC5
Intro Aged Care Assessment Program (ACAP) Learning Package - eLearning option for the Aged Care Assessment Team (ACAT) delegate component	2 <sup>nd</sup> quarter		AAC6
Establish a panel of suppliers who are able to supply skilled COGNOS resources.	1 <sup>st</sup> quarter		AAC7
*End user services – including the helpdesk and multifunction devices	3 <sup>rd</sup> and 4 <sup>th</sup> quarters	Moved to 2009-10	BG2
RFT On-Line Recruitment Tool	3 <sup>rd</sup> quarter		BG15
HR Help On-Line	4 <sup>th</sup> quarter		BG16
Provision of an Electronic Common Technical Document Review Tool (Software) to support the Office of Prescription Medicines	3 <sup>rd</sup> Quarter		TGA1
Provision of a Quality Assurance Program for Nucleic Acid Testing	3 <sup>rd</sup> Quarter		TGA2
Provision of National Serology Reference Services	3 <sup>rd</sup> Quarter		TGA3
Provision of an Activity Based Costing (ABC) Software System	3 <sup>rd</sup> Quarter		TGA7
Provision of Financial Management Information System (FMIS) Upgrade Services. Upgrade the existing TGA FMIS, Great Plains to GP Version 10	3 <sup>rd</sup> Quarter		TGA8
*Mid Range platform and accompanying services	3 <sup>rd</sup> & 4 <sup>th</sup> quarters	Moved to 2009-10	BG3
*Network and telecommunications	3 <sup>rd</sup> & 4 <sup>th</sup> quarters	Moved to 2009-10	BG4

*Gateway services – secure internet	<del>3<sup>rd</sup> &amp; 4<sup>th</sup> quarters</del>	Moved to 2009-10	BG5
IT Contractor 2008-09 - Renewal	<del>4<sup>th</sup> quarter</del>	Complete	BG6
<del>IT Contractor Renewals</del>	<del>1<sup>st</sup> quarter – 4<sup>th</sup> quarter</del>	Removed – Refer to ICT Panel	BG7
<del>Development of a Capital Works Program Management System.</del>	<del>2<sup>nd</sup> quarter</del>	Removed	OATS3
<b>Market Research/Surveys</b>			
Provision of population health strategic social marketing advice	3 <sup>rd</sup> quarter		BG1
Research into the communication needs of ATSI and CALD women	<del>1<sup>st</sup> quarter</del>	Moved to 3 <sup>rd</sup> quarter	PHD3
Development of survey instruments for the National Nutrition and Physical Activity Survey Program	2 <sup>nd</sup> quarter	RFTs to be released by March 2009	PHD12
National Comorbidity Collaboration projects (possible)	<del>2<sup>nd</sup> quarter</del>	Move to 4 <sup>th</sup> Quarter	PHD16
<b>Printing/Publishing/Media Services</b>			
Printing Educational Material (fact sheets, guidelines, manuals)	1 <sup>st</sup> quarter	Complete	OHP4
<b>Provision of media monitoring services</b>			
Extra languages & OATSIH version of <i>Get Set for Life – healthy habits for kids</i> booklet	2 <sup>nd</sup> Quarter	Translations complete. OATSIH versions still being explored	PHD5
Reprinting of materials for the National Bowel Cancer Screening Program	3 <sup>rd</sup> Quarter		PHD10
Engagement of conference organiser to plan and oversee the 2010 National ACAT Conference.	3 <sup>rd</sup> Quarter		AAC9
<b>Training</b>			
<del>Training Services of Security Sensitive Biological Agent (SSBA) Regulatory Scheme</del>	<del>1<sup>st</sup> quarter</del>	Removed - In-house resources used.	OHP6
Develop and deliver training for Northern Territory health practitioners on child protection protocols and dealing with the impacts of trauma and abuse in Indigenous children	3 <sup>rd</sup> quarter		OATS13

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-026

OUTCOME 0: Whole of Portfolio

Topic: MEDIA STAFF

Written Question on Notice

Senator Humphries asked:

How many staff in each department/agency are employed for media related duties?

Answer:

As at 28 February there are 12.5 FTE staff employed in the Department of Health and Ageing whose job descriptions involve in part media relations and media advice, including speech and media release preparation and editing.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-000027

OUTCOME 0: Whole of Portfolio

Topic: COST OF MEDIA

Written Question on Notice

Senator Humphries asked:

- a) How much is the Department spending on purchasing daily media clips and on media monitoring?
- b) Would there be any increase in this cost if such clips were copied to shadow ministers' offices?

Answer:

- a) Costs incurred by the Department (includes three Ministers and one Parliamentary Secretary) on media monitoring during the 2008-09 financial year to date total \$539,896 (excl GST).
- b) The Department of Health and Ageing is not permitted under the contract for services between the Commonwealth of Australia and Media Monitors Pty Ltd and the agreement regarding copyright between the Commonwealth of Australia and Copyright Agency Limited (CAL) to communicate to shadow ministers the daily media clips the Department purchased from Media Monitors.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-042

OUTCOME 0: Whole of Portfolio

Topic: COMMUNITY CABINET

Written Question on Notice

Senator Humphries asked:

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

Answer:

- a) Ministers' travel costs for Community Cabinet meetings are paid through the Department of Finance and Deregulation (DoFD).

Refer to answer E08-000024, Supplementary Budget Estimates 22 October 2008, for relevant Ministers' travel and expenses (as provided by DoFD) for Community Cabinet meetings from Budget Estimates to 22 October 2008.

The cost of relevant Ministers' travel and expenses for the three Community Cabinet meetings between 22 October 2008 and 25 February 2009 (as provided by DoFD) was \$2,784.86.

- b) Refer to answer E08-000024, Supplementary Budget Estimates 22 October 2008, for details of Ministerial staff and Departmental officer travel for Community Cabinet meetings from Budget Estimates to 22 October 2008.

For the three Community Cabinet meetings between 22 October 2008 and 25 February 2009, the Minister was accompanied by two advisers and one Departmental officer.

- c) Ministerial adviser travel costs for Community Cabinet meetings are paid through the Department of Finance and Deregulation (DoFD).

Refer to answer E08-024, Supplementary Budget Estimates 22 October 2008, for total cost of travel by Ministerial staff (as provided by DoFD) and Departmental officers, for Community Cabinet meetings from Budget Estimates to 22 October 2008.

Total cost of travel by Ministerial staff (as provided by DoFD) and Departmental officers, for the three Community Cabinet meetings between 22 October 2008 and 25 February 2009 was \$6689.42.

The above costs are provided on the basis that the primary reason for travel was to attend the Community Cabinet meetings, noting that, where appropriate, opportunities were taken to attend to other Departmental business.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-043

OUTCOME 0: Whole of Portfolio

Topic: TOTAL COST OF COMMUNITY CABINET

Written Question on Notice

Senator Humphries asked:

What was the total cost to the Department of the Community Cabinet?

Answer:

The Department has interpreted “total cost” as meaning direct costs incurred for attending Community Cabinet meetings, including travel, allowances and accommodation.

Refer to answer E08-024 (c), Supplementary Budget Estimates 22 October 2008 for Departmental costs for Community Cabinet meetings from Budget Estimates to 22 October 2008.

Departmental costs for the three Community Cabinet meetings between 22 October 2008 and 25 February 2009 were \$3,109.29.

The above costs were provided on the basis that the primary reason for travel was to attend the Community Cabinet meetings, noting that, where appropriate, opportunities were taken to attend to other Departmental business.

There may also be some indirect costs associated with Departmental preparations for Community Cabinet meetings.



**Australian Government**  

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**Department of Health and Ageing**

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

Dear Mr Humphery

**Request for Amendment to Evidence Provided at Additional Budget Estimates Hearing,  
Wednesday, 25 February 2009 : Outcome 0 – Whole of Portfolio**

I am writing to correct a statement that I made at the Additional Budget Estimates Hearing of the Senate Community Affairs Committee on 25 February 2009.

Senator Humphries asked the following question:

“I have some questions I will put on notice about consultancies, but broadly what is the amount the department will spend on consultancies this year and how does that compare with the amount last financial year?”

My response was as follows:

“Over the last three years, we have been relatively consistent at about \$33.7 million. In 2007-08 it was a little bit below that at \$32.9 million. For the period between November 2007 and October 2008, there was an increase to \$43.4 million, but that is related in the main to the levy on the contracts for the Pharmaceutical Benefits Advisory Committee, which was a 3½-year contract, and that is why there has been such an increase”

My response to Senator Humphries’ question was at the time accurate and based on the information provided to me. However, in light of recent changes to the Department’s finance system and processes for reporting consultancies, a more accurate figure has now been obtained and the response should be amended as follows (changes are underlined):

“Over the last three years, we have been relatively consistent at about \$33.7 million. In 2007-08 it was a little bit below that at \$32.9 million. For the period between November 2007 and October 2008, there was an increase to \$50.64 million, but that is related in the main to the

level of the contracts for the Pharmaceutical Benefits Advisory Committee, which was a 3½-year contract, and that is why there has been such an increase”.

If further information is required on the change to this response at the 25 February 2009 Additional Budget Estimates Hearing please contact me on telephone 02 6289 8440.

Yours sincerely



Stephen Sheehan  
Chief Financial Officer  
X April 2009

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-166

OUTCOME 0: Whole of Portfolio

Topic: OBESITY - BASELINE RESEARCH

Written Question on Notice

Senator Heffernan asked:

Provide information about the baseline work that was done for the obesity campaign in November 2008.

Answer:

The ABHI Measure Up campaign evaluation research comprises three phases, including a benchmark, intermediate tracking and a final tracking component scheduled to occur following the second burst of media in March 2009.

The benchmark research was conducted from 2 to 18 October 2008 and involved a telephone survey with 18-65 year olds in all states/territories (n=2,150). Baseline data was collected on knowledge, attitudes, intentions and behaviour in regard to nutrition, physical activity and healthy weight.

A comprehensive evaluation report will be available in June 2009.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E08-177

OUTCOME 0: Whole of Portfolio

Topic: NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION

Hansard Page: CA 12

Senator Cormann asked:

Appropriation amount for Health and Hospitals Reform Commission.

Answer:

The total appropriation provided to the National Health and Hospitals Reform Commission is \$6.88m.

	<b>Granted</b>
Funding granted in 2007-08	<b>\$2.24m</b>
Funding granted in 2008-09	<b>\$4.63m</b>
Total Funding granted	<b>\$6.88m*</b>

\*effect of rounding

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E08-178

OUTCOME 0: Whole of Portfolio

Topic: NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION - STAFFING

Hansard Page: CA 13

Senator Cormann asked:

How many staff are there in the Health and Hospitals Reform Commission.

Answer:

Exact staff numbers at any point may vary in response to the needs of the Commission.

ASL as at 1 April 2009 is 12 (comprised of four ongoing departmental staff, seven non-ongoing staff and one staff on loan from Treasury). Ten staff are full-time and two staff are part-time.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-024

OUTCOME 0: Whole of Portfolio

Topic: MEDIA MONITORING

Written Question on Notice

Senator Humphries asked:

How much was spent on media monitoring in calendar year 2008?

Answer:

Costs incurred by the Department (includes three Ministers and one Parliamentary Secretary) on media monitoring during the period 1 January 2008 to 31 December 2008 total \$837,677 (excl GST).

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-025

OUTCOME 0: Whole of Portfolio

Topic: MEDIA MONITORING

Written Question on Notice

Senator Humphries asked:

How much was spent on media monitoring financial year 2008-09 YTD?

Answer:

Costs incurred by the Department (includes three Ministers and one Parliamentary Secretary) on media monitoring during the 2008-09 financial year to date total \$539,896 (excl GST).

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-073

OUTCOME 0: Whole of Portfolio

Topic: MENTAL HEALTH CAMPAIGNS

Written Question on Notice

Senator Boyce asked:

How much has the Department spent on advertising and awareness campaigns with regards to treatment of mental health disorders?

Answer:

While the Department funds a wide range of mental health programs, it does not directly fund any advertising or awareness campaigns in relation to mental health disorders. However, it does provide funding to support the public awareness of mental health problems through the following activities:

The Australian Government, along with state and territory governments, provides funding to *beyondblue* to address issues associated with depression, anxiety and related substance misuse disorders in Australia. It has a key goal of raising community awareness about depression and reducing stigma associated with the illness.

For example, *beyondblue* is currently undertaking a household mailout of information relating to depression. The mailout was trialled in the ACT and Tasmania in 2008, and will be rolled out across Australia in the coming year. Households will receive a package including a depression checklist and details of the *beyondblue* information line.

The current funding agreement between the Department and *beyondblue* to address issues associated with depression, anxiety and related substance misuse disorders provides funding of \$40,076,300 (GST inclusive) over five years to 2009-10.

*beyondblue* is also funded by the Department to undertake activities in relation to perinatal depression. This will include a community awareness element.

headspace the National Youth Mental Health Foundation has been funded \$4.3 million (GST inclusive) over four years to June 2009 to implement a Community Awareness Campaign which has been developed to:

- 1) Increase the mental health literacy of young people;
- 2) Promote young peoples' help seeking behaviour; and
- 3) Foster community awareness of youth mental health and drug and alcohol issues.

MindMatters is the Commonwealth's framework for improving the mental health outcomes of students, using a range of resources to increase the capacity of Australian secondary schools for mental health promotion, prevention and early intervention. It includes the delivery of professional development to teachers and other key school personnel, the provision of materials to support a whole school approach and a website at [www.mindmatters.edu.au](http://www.mindmatters.edu.au)

MindMatters is delivered through Principals Australia at a cost in 2007-08 of approximately \$5.3 million (GST inclusive). Total project costs for 2008-09 are subject to the outcomes of current funding agreement negotiations. More than 80% of Australian secondary schools are using MindMatters at some level. The website at an annual cost of approximately \$200,000 assists in increasing mental health awareness.

KidsMatter Primary School mental health promotion, prevention and early intervention initiative was piloted during 2007-08 in 101 primary schools representing metropolitan and non-metropolitan government, catholic and independent schools Australia wide. It includes the delivery of professional development to teachers and other key school personnel, the provision of materials to support a whole school approach to mental health promotion and a website at <http://www.kidsmatter.edu.au>

KidsMatter Primary Schools is being developed through a partnership between the Australian Psychological Society, Principals Australia and beyondblue with funding of \$2.1 million (GST inclusive) provided in 2007-08 by the Australian Government and approximately \$1 million provided by *beyondblue*. Total project costs for 2008-09 are subject to the outcomes of current funding agreement negotiations.

A national dissemination strategy is being trialled in 2009 and 2010 in conjunction with government and non-government school systems around Australia.

The Australian Government is providing \$500,000 in 2009-10 for a National Eating Disorders Collaboration project that will review and promote evidence-based messages and information about the prevention and management of eating disorders to schools, the media and to health service providers. The Butterfly Foundation is funded to be the lead agency for the establishment of the Collaboration. A further \$3 million over four years will be provided under the Health Prevention National Partnership to enable research and actions to build upon the networks founded through the Eating Disorders Collaboration.

In 2008 the Department developed an information brochure and distributed it to general practitioners, psychiatrists and allied mental health professionals to assist them to provide information to their patients in relation to the types of Medicare subsidised mental health services available under the better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare benefits Schedule initiative and the purpose of GP Mental Health Care Plans. The cost of producing and distributing the brochures was \$80,580 (GST inclusive).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-030

OUTCOME 0: Whole of Portfolio

Topic: DLOs

Written Question on Notice

Senator Humphries asked:

- a) How many Departmental Liaison Officers are currently allocated to each Minister/Parliamentary Secretary?
- b) Do any DLOs provide policy advice?

Answer:

- a) As at 25 February 2009 the allocation of Departmental Liaison Officers within the Health and Ageing portfolio is as follows:
  - Office of the Minister for Health and Ageing – 2
  - Office of the Minister for Ageing – 1
  - Office of the Minister for Sport – 1
  - Office of the Parliamentary Secretary to the Minister for Health and Ageing - 1
- b) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-032

OUTCOME 0: Whole of Portfolio

Topic: MINISTERIAL TRAVEL

Written Question on Notice

Senator Humphries asked:

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

Answer:

For information regarding Minister/Parliamentary Secretary official overseas travel undertaken from Budget Estimates, June 2008, to Supplementary Budget Estimates, October 2008, refer to response to question E08-000022 from the hearing held on 22 October 2008.

For Minister/Parliamentary Secretary official overseas travel undertaken since Supplementary Budget Estimates, October 2008, to the Additional Estimates hearing held on 25 February 2009:

- a) The Hon Nicola Roxon MP, Minister for Health and Ageing, Senator the Hon Jan McLucas, Parliamentary Secretary to the Minister for Health and Ageing and the Hon Justine Elliot MP, Minister for Ageing have not travelled overseas for official business. The Hon Kate Ellis MP, Minister for Youth and Minister for Sport has travelled overseas on one occasion for official business.
- b) Minister Ellis travelled to New York from 20-21 November 2008 and Montreal from 21-25 November 2008.

- c) For information about the cost of overseas travel by Ministers, Parliamentary Secretaries, their spouses and personal staff, please refer to the report *Parliamentarians' travel costs paid for by the Department of Finance and Deregulation* which is tabled biannually and includes details of the dates and purpose of travel, the countries of destination and the costs of the visits. Further information on ministerial visits is also available on ministerial web sites and in media releases and media reports.
- d) One ministerial staffer accompanied the Minister to New York and Montreal from 20-25 November 2008.
- e) Refer to question c).
- f) One departmental officer accompanied the Minister to Montreal from 19-25 November 2008.
- g) Costs for departmental officer:

<b>Title</b>	<b>Travel</b>	<b>Accommodation</b>	<b>Other</b>
Dept Officer	\$15,147.56	\$1,153.59	\$961.64

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-036

OUTCOME 0: Whole of Portfolio

Topic: MINISTERIAL HOSPITALITY

Written Question on Notice

Senator Humphries asked:

- a) For each Minister/Parl Sec's office, please detail total hospitality spend calendar year 2008 and financial year to date.
- b) Please detail date, location, purpose and cost of each event.

Answer:

For each Minister and the Parliamentary Secretary within the Health and Ageing portfolio, hospitality expenditure is as follows:

MINISTER ROXON

**Calendar year 2008:**

May 2 - meeting to discuss the Maternity Services Review at the Treasury Cafe', Melbourne for a total cost of \$66.00 (including GST).

**Financial year to date:** Nil (as at 16 March 2009)

MINISTER ELLIOT

**Calendar year 2008:**

- 2 April – All day workshop to discuss issues relevant to the Ageing portfolio at Mantra on Salt Beach, NSW for a total cost of \$855.00 (including GST).
- 9 April - meeting with the Ambassador for Ageing to discuss issues relevant to the Ageing portfolio at Artespresso, Kingston for a total cost of \$164.30 (including GST).
- 27 May - meeting in the Minister's office to discuss issues relevant to the Ageing portfolio for a total cost of \$72.10 (including GST).
- 30 May - meeting with Uniting Care to discuss issues relevant to the Ageing portfolio at Mantra on Salt Beach, NSW for a total cost of \$351.00 (including GST).
- 16 June - meeting with Anglicare ley executives including CEO's to discuss issues relevant to the Ageing portfolio in the Minister's office for a total cost of \$690.00 (including GST).



- 23 June - meeting with the Human Rights Commissioner, Aged Care Commissioner and the Ambassador for Ageing in the Ministers Office to discuss issues relevant to the Ageing portfolio for a total cost of \$423.25 (including GST).
- 1 September - meeting with Catholic Health Care Australia held in the Minister's Parliament House office to discuss aged care options and the company's organisational profile for a total cost of \$433.00 (including GST).
- 15 September - meeting with Uniting Care Australia held in the Minister's Parliament House office to discuss issues pertaining to aged care development options for a total cost of \$523.91 (including GST).

**Total Hospitality: \$3512.56**

**Financial year to date:**

- 1 September - meeting with Catholic Health Care Australia held in the Minister's Parliament House office to discuss aged care options and the company's organisational profile for a total cost of \$433.00 (including GST).
- 15 September - meeting with Uniting Care Australia held in the Minister's Parliament House office to discuss issues pertaining to aged care development options for a total cost of \$523.91 (including GST).

**Total Hospitality: \$956.91** (as at 16 March 2009)

MINISTER ELLIS

**Calendar year 2008:** Nil

**Financial year to date:** Nil (as at 16 March 2009)

SENATOR MCLUCAS

**Calendar year 2008:** Nil

**Financial year to date:** Nil (as at 16 March 2009)

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-022

OUTCOME 0: Whole of Portfolio

Topic: LAPSING PROGRAMS

Written Question on Notice

Senator Humphries asked:

How many of the Department's funding programs/budget measures lapse this financial year?

Answer:

The following budget measures are due to lapse in June 2009:

- Treatment of Breast Cancer – Continued Funding for Herceptin;
- Support for Diabetes Research;
- Strengthening Cancer Care – Cancer Support Networks;
- Strengthening Cancer Care – Mentoring for regional hospitals and cancer professionals;
- Eurohub – European Training Base for Australian Athletes; and
- Regulation of research involving embryos and prohibition of human cloning.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-049

OUTCOME 0: Whole of Portfolio

Topic: CONSULTANCIES

Written Question on Notice

Senator Humphries asked:

- i) How many consultancies have been undertaken or are underway since November 2007?
- j) Please identify the name of the consultant, the subject matter of the consultancy, the duration and cost of the consultancy, and the method of procurement (ie. open tender, direct source, etc). Please also include total value for all consultancies.

Answer:

- a) For the period 1 November 2007 to 28 February 2009 the Department of Health and Ageing has entered into 393 consultancies.
- b) A list containing details of these consultancies including the name of the consultant, the subject matter of the consultancy, the duration and cost of the consultancy, and the method of procurement is provided at Attachment A.

The total value of consultancies entered into by the Department from 1 November 2007 to 28 February 2009 is \$61,244,821 (GST inclusive).

Portfolio agencies under the Financial Management and Accountability Act undertake their own procurement processes to engage consultants and report separately.

Vendor Name	Consulancy Purpose	Start Date	End Date	Procurement Method	Contract Value
RESOLUTION CONSULTING SERVICES PTY	REVIEW OF BUSINESS PROCESSES	12/11/2008	30/06/2009	Open	\$27,500
ALT BEATTY CONSULTING	REVIEWS OF THE QUALITY REPORTING, EXTENDED AGED CARE AT HOME & NATIONAL RESPITE FOR CARERS PROGRAM	10/12/2007	30/04/2008	Direct	\$74,369
Blue Moon Unit Trust	CONCEPT TESTING RESEARCH FOR THE NATIONAL EYE HEALTH INITIATIVE CAMPAIGN	27/01/2009	31/05/2009	Direct	\$192,060
URBIS PTY LTD	SCOPING STUDY ON ASSISTIVE TECHNOLOGY FOR FRAIL OLDER PEOPLE LIVING IN THE COMMUNITY	1/04/2008	30/06/2008	Open	\$73,086
EWAN MAXWELL MORRISON	ADVISING SERVICES - HOME & COMMUNITY CARE INFORMATION MGMT SYSTEM & KPI PROJECT	16/01/2008	31/12/2008	Direct	\$39,600
ROBERT GRIEW PTY LTD	CONSULTANCY CONTRACT FOR GENERAL ADVICE ON HACC WORKFORCE STRATEGY DEVELOPMENT	9/11/2007	30/06/2008	Select	\$30,870
URBIS PTY LTD	STUDY/ASSISTIVE TECHNOLOGIES BY FRAIL OLDER PEOPLE	1/07/2008	16/07/2008	Open	\$12,348
GEVERS GODDARD-JONES PTY LTD	EVALUATION OF THE NT ATSI COMMUNITY AGED CARE WORKFORCE DEVELOPMENT INITIATIVES	23/02/2009	18/06/2010	Open	\$284,595
APIS CONSULTING GROUP	SHORTLISTING SERVICES FOR THE, "ENCOURAGING BEST PRACTISE IN RESIDENTIAL AGED CARE" FUNDING ROUND	8/08/2008	30/09/2008	Open	\$36,190
KPMG	CONTINENCE AIDS ASSISTANCE SCHEME	6/10/2008	30/06/2009	Open	\$82,500
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$64,900
The Open Mind Research Group Pty Lt	RESEARCH INTO CONSUMER VIEWS ON AUSTRALIAN GOVERNMENT COMMUNITY AGED CARE PROGRAMS	24/12/2007	4/04/2008	Direct	\$49,324
EVOLUTION RESEARCH PTY LTD	DEVELOPMENT & DELIVERY OF EACHD PROGRAM INFORMATION SESSIONS	23/05/2008	30/06/2008	Direct	\$55,000
GEVERS GODDARD-JONES PTY LTD	PILOT THE DRAFT COMMUNITY CARE COMMON STANDARDS SUPPORTING DOCUMENTATION & REPORTING PROCESS	4/02/2009	30/06/2009	Open	\$219,778
NATIONAL AGEING RESEARCH INST INC	CONSUMER INFORMATION FOR AGED CARE IN THE COMMUNITY	3/04/2008	10/10/2008	Open	\$110,196

LA TROBE UNIVERSITY	REVIEW BEST PRACTICE MODEL FOR AGED CARE SERVICES	29/05/2008	31/03/2009	Open	\$220,280
Deloitte Touche Tohmatsu	PROFESSIONAL SERVICES - PROBITY ADVISOR	24/04/2008	30/06/2008	Direct	\$38,625
THE ADELAIDE RESEARCH & INNOVATION INVESTMENT TRUST	EVALUATION OF THE DEMONSTRATION SITES FOR DAY RESPITE IN RESIDENTIAL AGED CARE FACILITIES	18/11/2008	30/09/2010	Direct	\$414,920
KPMG	INDEPENDENT FINANCIAL SERVICES - ZERO REAL INTEREST LOANS INITIATIVES	6/05/2008	30/06/2008	Open	\$171,519
GLOBAL LEARNING	MANAGEMENT WORKSHOP	1/12/2007	31/12/2007		\$9,700
DLA PHILLIPS FOX	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$60,000
DLA PHILLIPS FOX	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$60,000
Clayton Utz	PROVISION OF LEGAL SERVICES	9/02/2009	30/06/2009	Open	\$20,000
Clayton Utz	PROVISION OF LEGAL SERVICES	9/02/2009	30/06/2009	Open	\$20,000
AUST BUREAU OF STATS VIC	REVIEW OF STATISTICAL DATA FOR TAS AGED CARE ENVIRONMENT TO PRODUCE ACPAC PROFILES	11/01/2008	20/03/2008	Direct	\$37,511
Noetic Solutions Pty Limited	BRANCH PLANNING DAY AACD	22/08/2008	19/09/2008	Direct	\$6,050
PPB Pty Limited	PROFESSIONAL SERVICES IN RELATION TO BRIDGEWATER AGED CARE	30/06/2008	31/07/2008	Direct	\$80,000
RESOLUTION CONSULTING SERVICES PTY	REVIEW OF BUSINESS PROCESSES	13/06/2008	30/09/2008	Direct	\$15,701
KPMG	REVIEW OF THE CANTERBURY MULTICULTURAL AGEING AND DISABILITY SUPPORT SERVICE	21/01/2008	31/03/2008	Open	\$77,323
Utilities HoldingsPty Ltd	CLINICAL CONSULTANT FOR BRIDGEWATER AGED CARE	27/05/2008	15/08/2008	Direct	\$197,000
ALT BEATTY CONSULTING	CONSULTANCY SERVICES - MAPPING HEALTH QUALITY SERVICES	26/02/2008	30/06/2008	Direct	\$31,522
RSM BIRD CAMERON	AUDIT OF RISK ASSESSMENTS IN THE BUSINESS PLANNING PROCESS	14/04/2008	9/06/2008	Open	\$35,834
OLIVER WINDER PTY LTD	INDEPENDENT MEMBER FOR THE AUDIT COMMITTEE	15/02/2009	14/02/2012	Direct	\$46,200
SHANNON CONSULTING SERVICES TRUST	MENTORING & SUPPORT SERVICE TO THE BOARD OF DHARAH GIBINJ ABORIGINAL MEDICAL SERVICE	23/10/2008	31/01/2009	Open	\$25,917
MERIT PARTNERS PTY LTD	ISSUES MANAGEMENT OF THE CESSATION OF COMMONWEALTH FUNDING TO KARU ABORIGINAL FAMILY SUPPORT AGENCY	23/03/2008	14/04/2008	Open	\$15,240

UNIVERSITY PHYSICIANS INCORPORATED	HEALTH@HOME PLUS	29/01/2008	31/01/2011	Direct	\$950,423
QUALITY IMPROVEMENT COUNCIL LIMITED	DEVELOPMENT OF THE INDIGENOUS HEALTH SERVICE ACCREDITATION FRAMEWORK	18/12/2007	12/08/2008	Direct	\$85,209
BUSINESS MAPPING SOLUTIONS PTY LTD	FUNDS ADMINISTRATOR TO THE GUMBI GUMBI ABORIGINAL AND TORRES STRAIT ISLANDERS CORPORATION	13/12/2007	12/03/2008	Open	\$66,126
John Stewart Deeble	PROVISION OF ADVICE ON THE PROFILING AND BENCHMARKING PROJECT & RELATED TASKS	21/08/2008	30/09/2009	Direct	\$47,350
UNSW Global Pty Limited	LOCATION/FACILITY, SERVICE DELIVERY MODEL GOVERNANCE STRUCTURE FOR A DRUG & ALCOHOL SERVICES	16/12/2008	31/07/2009	Direct	\$92,105
URBIS PTY LTD	EVALUATION OF THE AUSTRALIAN INDIGENOUS HEALTH INFONET PROJECT	27/11/2008	6/03/2009	Open	\$54,804
LAUGHING MIND PTY. LTD.	REVIEW OF THE OATSIH CAPITAL WORKS PROGRAM DELIVERY MODEL	21/04/2008	30/06/2008	Direct	\$50,154
Blocked -FAMILIES HOUSING COMMUNITY SERVICES AND INDIGENOUS AFFAIRS duplicated use 100301	CONTRIBUTION TO DEVELOP PERFORMANCE INDICATORS FOR THE WHOLE OF GOVERNMENT INDIGENOUS PROJECTS	3/06/2008	30/06/2008	Direct	\$5,500
STAY TUNED PRODUCTIONS PTY	NORTHERN TERRITORY EMERGENCY RESPONSE	1/08/2008	30/06/2009	Open	\$164,097
HEALTH POLICY ANALYSIS PTY LTD	CONSULTANCY SERVICES - HEALTH PERFORMANCE FRAMEWORK 2008 REPORT	14/03/2008	31/12/2008	Open	\$178,775
AUSTRALIAN INDIGENOUS BUSINESS SERVICES PTY LTD	FINANCIAL MANAGEMENT SERVICES	25/03/2008	30/06/2008	Open	\$164,682
AUSTRALIAN INDIGENOUS BUSINESS SERVICES PTY LTD	HEALTH MANAGEMENT ADVISORY SERVICES	9/09/2008	15/11/2008	Open	\$105,150
AUSTRALIAN INDIGENOUS BUSINESS SERVICES PTY LTD	FINANCIAL ADMINISTRATION & ADVISORY SERVICES FOR BIRPI ABORIGINAL CORPORATION MEDICAL CENTRE	1/11/2007	30/01/2008	Open	\$87,827
Kristine Battye Consulting Pty Ltd	REGIONAL HEALTH SERVICE PLANNING IN EAST ARNHAM LAND	3/06/2008	31/12/2008	Open	\$184,498
JAMES COOK UNIVERSITY	CONSULTANCY SERVICES - IMPACT EVALUATION OF OPAL FUEL	25/02/2008	30/06/2008	Open	\$99,616
TAYLOR NELSON SOFRES AUSTRALIA PTY LIMITED	NATIONAL AUDIT OF PETROL SNIFFING, COMMUNICATION RESOURCES & MATERIALS	14/05/2008	30/06/2008	Select	\$69,630

SHANNON CONSULTING SERVICES TRUST	CLINICAL SERVICES TRANSITION MANAGEMENT SERVICES TO THE FORMER PARTNERSHIP FOR ABORIGINAL CARE	30/11/2008	30/04/2009	Open	\$155,364
Kristine Battye Consulting Pty Ltd	DEVELOPMENT OF HUB SERVICES MODELS	23/02/2009	18/05/2009	Select	\$72,987
KPMG	REVIEW SERVICES FOR CARNARVON MEDICAL SERVICE ABORIGINAL CORPORATION	21/02/2008	30/06/2008	Direct	\$94,705
Naomi J Duncan	PRODUCTION OF GENERIC BOARD INDUCTION AND OPERATIONS MANUAL	12/06/2008	30/06/2008	Direct	\$19,800
ROBERT GRIEW PTY LTD	CONSULTANCY SERVICES - LITERATURE REVIEW OATSIH	19/12/2007	1/05/2008	Open	\$70,152
ROBERT GRIEW PTY LTD	DEVELOPMENT OF PRIMARY HEALTH CARE SERVICE MODELS FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE	19/03/2008	17/06/2008	Open	\$123,281
AUSTRALIAN INDIGENOUS BUSINESS SERVICES PTY LTD	EXTERNAL REVIEW FOR THE HEALTHY FOR LIFE PROGRAM	12/12/2008	24/12/2008	Open	\$49,000
GEVERS GODDARD-JONES PTY LTD	EVALUATION OF DUAL ACCREDITATION IN THE ABORIGINAL TORRES STRAIT ISLANDER COMMUNITY HEALTH SECTOR	13/11/2008	30/06/2009	Direct	\$156,750
THE ADELAIDE RESEARCH & INNOVATION INVESTMENT TRUST	PROFESSIONAL SERVICES - FEASIBILITY STUDY FOR PREDICTIONS OF NATSIHS ESTIMATES AT A REGIONAL LVL	14/02/2008	30/06/2008	Direct	\$41,550
THE ADELAIDE RESEARCH & INNOVATION INVESTMENT TRUST	PROFESSIONAL SERVICES - UPDATE THE ABORIGINAL TORRES STRAIT ISLANDER SOCIAL HEALTH ATLAS	23/06/2008	30/06/2008	Direct	\$21,725
EVOLUTION RESEARCH PTY LTD	LITERATURE REVIEW & SCOPING STUDY ON LEPROSY TESTING ON ABORIGINAL CHILDREN	18/11/2008	27/02/2009	Open	\$67,260
CAESAR, SYBIL CLAIRE	PROGRAM PLANNING & NEEDS ANALYSIS FOR REMOTE HEALTH SERVICES DEVELOPMENT BRANCH	1/09/2008	30/06/2009	Direct	\$87,200
URBIS PTY LTD	EVALUATION OF THE HEALTHY FOR LIFE PROGRAM	9/01/2009	26/06/2009	Open	\$372,551
SHANNON CONSULTING SERVICES TRUST	PROVISION OF MENTORING AND SUPPORT SERVICES TO THE BOARD OF DHARAH GIBINJ ABORIGINAL MEDICAL SERVICE	15/12/2007	15/06/2008	Open	\$63,052
AUSTRALIAN INDIGENOUS BUSINESS SERVICES PTY LTD	FINANCIAL ADMINISTRATION & HEALTH MANAGEMENT ADVISOR FOR THUBBO ABORIGINAL MEDICAL COOPERATIVE	5/11/2008	27/04/2009	Open	\$149,141

UNSW Global Pty Limited	LOCATION OF FACILITY FIOR NEW D&A SERVICES IN GREATER SOUTHER AREA HEALTH SERVICE	30/09/2008	30/06/2009	Direct	\$86,969
Kristine Battye Consulting Pty Ltd	REPORT ON INDIGENOUS PRIMARY HEALTH SERVICE LEVELS IN DUBBO AND ITS SURROUNDING COMMUNITIES	18/06/2008	30/09/2008	Select	\$79,937
URBIS PTY LTD	DRUG & ALCOHOL SERVICES IN THE NEW ENGLAND REGION	16/02/2009	30/06/2009	Open	\$147,963
EFFECTIVE CHANGE PTY LTD	CLINICAL REVIEW OF THE BUNURONG HEALTH SERVICE AND PRIMARY CARE NEEDS OF ABORIGINALS AND ISLANDERS	30/04/2008	30/06/2008	Open	\$48,840
INSTITUTE FOR HEALTHY COMMUNITIES AUSTRALIA LIMITED	FUNDS ADMINISTRATOR & HEALTH MANAGEMENT ADVISOR AT AMPILATIRATJA HEALTH CENTRE ABORIGINAL CORP	6/08/2008	3/10/2008	Open	\$154,378
INSTITUTE FOR HEALTHY COMMUNITIES AUSTRALIA LIMITED	RECRUITMENT - TEMPORARY DEPARTMENTAL OFFICER FOR AMPILATWATJA HEALTH CENTRE	28/10/2008	28/11/2008	Open	\$30,714
INSTITUTE FOR HEALTHY COMMUNITIES AUSTRALIA LIMITED	FUNDS ADMINISTRATOR AND HEALTH SERVICES ADVISOR AT AMPILATWATJA HEALTH CENTRE ABORIGINAL CORPORATION	21/01/2008	30/06/2008	Open	\$533,793
AUSTRALASIAN SOCIETY FOR HIV MEDICI INC	CONFERENCE ORG. SERV. FOR NAT. ABOR. & TORRES STR ISLANDER SEXUAL HEALTH PROMOTION WORKSHOP	14/11/2007	1/06/2008	Open	\$54,000
DEPARTMENT OF THE TREASURY	ADVICE ON LONG SERVICE LEAVE AND RECREATION LEAVE LIABILITIES	1/11/2007	30/06/2008	Direct	\$20,000
OAKTON AA SERVICES PTY LTD	INVOICE SCANNING FEASIBILITY PROJECT	2/01/2008	31/03/2008	Select	\$56,200
AON RISK SERV AUST LTD	ENGAGEMENT OF AN INDEPENDANT VALUER OF THE DEPARTMENT'S NON-FINANCIAL ASSETS	18/01/2008	31/03/2008	Direct	\$36,457
MINTER ELLISON	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,000
The Trustee for APIS Consulting Group Unit Trust	CONSULTANCY SERVICES TO SUPPORT THE 2008 DEPARTMENTAL FINANCIAL REVIEW	29/02/2008	14/04/2008	Select	\$79,992
Oakton Services Pty Ltd	TO DEVELOP A GRANT FINANCIAL AND MANAGEMENT CONTROL FRAMEWORK	1/04/2008	30/06/2008	Direct	\$16,500
IT Newcom Pty Ltd	ICT BENCHMARKING SERVICES	17/03/2008	6/04/2008	Direct	\$107,500



Carroll Communications Pty Limited	PROFESSIONAL SERVICES- POPULATION HEALTH MARKET RESEARCH	30/04/2008	30/06/2008	Direct	\$32,225
MINTER ELLISON	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$5,000
Ipsos Public Affairs Pty Ltd	CONCEPT TESTING RESEARCH FOR NATIONAL SKIN CANCER AWARENESS CAMPAIGN	17/06/2008	30/06/2008	Select	\$61,670
DLA PHILLIPS FOX	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,791
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$33,000
The Trustee for Charter Mason Servi Trust	SAP HR SUPPORT	9/07/2008	30/06/2009	Direct	\$50,000
WALTERTURNBULL PTY LTD	SPECIALIST ASSISTANCE FOR FINANCIAL EVAL OF RESPONSE TO RFP 058/0708	21/11/2007	30/06/2008	Select	\$28,463
PAUL TRIDGELL PTY LIMITED	RESEARCH AND REVIEW TO FURTHER DEVELOP MATTERS RELATED TO THE LONGTERM HEALTH PLAN FOR AUSTRALIA	7/05/2008	30/06/2008	Direct	\$34,650
Consultants in Health Service Devel (CHSD) PTY LTD	OPTIONS PAPER FOR NHHRC IN GOVERNANACE OF HEALTHCARE PROVISION IN AUSTRALIA	4/08/2008	30/08/2008	Direct	\$9,000
UNIVERSITY OF SYDNEY	DEVELOPING A PAPER FOR THE NHHRC ON PRIMARY CARE	1/07/2008	31/07/2008	Direct	\$3,062
University of Melbourne	DEVELOPMENT OF SCOPING PAPER FOR NHHRC	7/08/2008	31/08/2008	Direct	\$3,828
MONASH UNI	DEVELOPMENT OF A PAPER FOR THE NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION	29/07/2008	30/09/2008	Select	\$7,999
University of South Australia	SCOPING PAPER FOR THE NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION	5/08/2008	30/08/2008	Direct	\$7,656
CHARLES DARWIN UNIVERSITY	SCOPING PAPER FOR THE NATIONAL HEALTH AND HOSPITALS REFORM COMMISSION	30/06/2008	30/08/2008	Direct	\$6,125
THE UNIVERSITY OF WESTERN AUSTRALIA	DISCUSSION PAPERS FOR LEADING PRIMARY AND COMMUNITY CARE THINKERS IN AUSTRALIA	1/07/2008	30/10/2008	Direct	\$3,062
VICTORIAN HEALTH PROMOTION FOUNDATI VICHEALTH	ESTABLISHMENT OF A NATIONAL AGENCY FOR ILLNESS PREVENTION & HEALTH PROMOTION	6/08/2008	31/10/2008	Direct	\$10,700

Judith Margaret Dwyer	DEVELOPING AN OPTIONS PAPER FOR GOVERNANCE ARRANGEMENTS OF HEALTHCARE PROVISION IN AUSTRALIA	1/07/2008	31/07/2008	Direct	\$7,656
Jamieson Foley	DEVELOPING A SCOPING PAPER ON A MIXED PUBLIC PRIVATE HEALTH SYSTEM FOR 2020	7/07/2008	23/07/2008	Direct	\$10,896
Jamieson Foley	DEVELOPING A SCOPING PAPER ON GOVERNANCE OF THE AUSTRALIAN HEALTHCARE SYSTEM	1/07/2008	15/07/2008	Direct	\$7,022
UNIVERSITY OF CANBERRA	RESEARCH CONSULTANCY SERVICES	8/08/2008	30/09/2008	Direct	\$60,882
Australian Healthcare and Hospitals Association	SUPPORT & RESEARCH ON HOSPITALS OF THE FUTURE	9/09/2008	30/11/2009	Direct	\$13,487
Claire Jackson	DEVELOP A PAPER ON MODELS OF PRIMARY CARE	2/06/2008	31/07/2008	Direct	\$3,480
John Wakerman	SCOPING PAPER ON PRIMARY & COMMUNITY CARE - NEW MODELS OF SERVICE DELIVERY	2/06/2008	31/08/2008	Direct	\$4,872
John Humphreys	SCOPING PAPER ON PRIMARY & COMMUNITY CARE	2/06/2008	31/08/2008	Direct	\$4,872
WOOLCOTT RESEARCH PTY LTD	CONCEPT TESTING RESEARCH TO INFORM THE DEVELOPMENT OF NATIONAL BINGE DRINKING CAMPAIGN MATERIALS	14/07/2008	30/06/2009	Direct	\$328,790
Carroll Communications Pty Limited	NATIONAL BINGE DRINKING CAMPAIGN EVALUATION	29/09/2008	31/05/2009	Direct	\$25,000
Ipsos Public Affairs Pty Ltd	DEVELOP THE BENCHMARK SURVEYS FOR THE NATIONAL BINGE DRINKING CAMPAIGN EVALUATION	14/10/2008	3/11/2008	Select	\$40,283
Ipsos Public Affairs Pty Ltd	SURVEY FOR THE NATIONAL BINGE DRINKING CAMPAIGN	11/11/2008	10/03/2009	Select	\$72,957
WOOLCOTT RESEARCH PTY LTD	CONCEPT TESTING RESEARCH TO INFORM THE DEVELOPMENT OF NATIONAL BINGE DRINKING CAMPAIGN MATERIALS	11/11/2008	12/01/2009	Direct	\$26,663
WOOLCOTT RESEARCH PTY LTD	CONCEPT TESTING RESEARCH TO INFORM THE DEVELOPMENT OF NATIONAL BINGE DRINKING CAMPAIGN MATERIALS 4/5	15/10/2008	1/12/2008	Direct	\$51,025
Ipsos Public Affairs Pty Ltd	NATIONAL SKIN CANCER AWARENESS CAMPAIGN 2008-09 EVALUATION RESEARCH	9/01/2009	26/03/2009	Direct	\$75,271
ZED BUSINESS MANAGEMENT	FUNCTIONAL ANALYSIS OF DEPARTMENTAL PROCUREMENT PROCESSES	8/11/2007	31/03/2008	Direct	\$87,440

OAKTON AA SERVICES PTY LTD	INVESTIGATION OF ISSUES FROM THE PROGRAM MANAGEMENT INFORMATION INITIATIVE REVIEW	7/11/2007	30/11/2007	Direct	\$82,354
RESOLUTION CONSULTING SERVICES PTY	FOR PROVISION OF PROFESSIONAL COSTING ADVICE TO ASSIST BUSINESS GROUP DIVISION	13/05/2008	31/05/2008	Open	\$18,000
RESOLUTION CONSULTING SERVICES PTY	FOR THE PROVISION OF PROFESSIONAL COSTING ADVICE TO ASSIST BUSINESS GROUP DIVISION	13/05/2008	30/06/2008	Open	\$3,600
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$5,500
MINTER ELLISON	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$5,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$1,244
Blue Moon Unit Trust	CONCEPT TESTING RESEARCH FOR STAGE ONE OF THE ILLICIT DRUG USE CAMPAIGN	16/02/2009	30/06/2009	Direct	\$239,800
Oakton Services Pty Ltd	IT CONTRACTOR SERVICES	20/12/2007	30/06/2008	Select	\$43,560
BOOZ ALLEN HAMILTON (AUSTRALIA) LTD	DEVELOPMENT OF AN IT STRATEGY TO GUIDE THE FUTURE ICT SOURCING	30/11/2007	29/02/2008	Direct	\$257,972
BOOZ ALLEN HAMILTON (AUSTRALIA) LTD	DEVELOPMENT OF AN IT STRATEGY TO GUIDE THE FUTURE ICT SOURCING	30/11/2007	29/02/2008	Direct	\$386,958
BOOZ ALLEN HAMILTON (AUSTRALIA) LTD	DEVELOPMENT OF AN IT STRATEGY TO GUIDE THE FUTURE ICT SOURCING	30/11/2007	29/05/2008	Direct	\$386,958
BOOZ ALLEN HAMILTON (AUSTRALIA) LTD	DEVELOPMENT OF AN IT STRATEGY TO GUIDE THE FUTURE ICT SOURCING	30/11/2007	29/02/2008	Direct	\$515,944
IT Newcom Pty Ltd	ICT BENCHMARKING AND ADVISORY SERVICES	7/04/2008	30/06/2008	Open	\$550,000
SMS Consulting Group Ltd	IDENTITY MANAGEMENT AND DIRECTORY (IM&DS) REVIEW	26/11/2007	30/12/2007	Select	\$49,060
PROFILE RAY AND BERNDTSON PTY LTD	RECRUITMENT SERVICES FOR EXECUTIVE AND SPECIALIST POSITIONS AT THE SENIOR EXECUTIVE SERVICE BAND 1	21/10/2008	28/02/2009	Open	\$225,000
Rossarden Pty Ltd	EXECUTIVE RECRUITMENT SERVICES FOR CHIEF MEDICAL OFFICER POSITION	19/09/2008	31/12/2008	Direct	\$79,464
IT Newcom Pty Ltd	ICT BENCHMARKING SERVICES	27/02/2008	12/03/2008	Direct	\$22,000

IT Newcom Pty Ltd	PROFESSIONAL SERVICES - ICT BENCHMARKING SERVICES	1/03/2008	14/03/2008	Direct	\$50,000
Carroll Communications Pty Limited	ILLICIT DRUG USE CAMPAIGN	13/02/2009	30/06/2009	Direct	\$47,080
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$40,000
ASCENT CONSULTING PTY LTD	INDIVIDUAL ELECTRONIC HEALTH RECORD BUSINESS CASE REVIEW	22/12/2008	30/06/2009	Direct	\$60,000
PHILLIP JONES & ASSOCIATES PTY LTD	REVIEW OF THE CURRENT EHEALTH STRATEGY	13/12/2007	30/06/2008	Direct	\$72,785
COMMUNIO PTY LTD	EVALUATION OF THE HEALTH CONNECT PROGRAM	19/12/2008	31/07/2009	Open	\$55,200
RESOLUTION CONSULTING SERVICES PTY	FINANCIAL SERVICES FOR THE IMPLEMENTATION AND MONITORING OF THE ROYAL FLYING DOCTORS SERVICE	13/08/2008	31/12/2008	Open	\$48,156
J CORNISH AND ASSOCIATES PTY LTD	PROVISION OF ADVICE ON AVIATION SERVICES IN RELATION TO THE ROYAL FLYING DOCTOR SERVICE	27/08/2008	30/06/2009	Direct	\$55,844
RESOLUTION CONSULTING SERVICES PTY	ECONOMIC & FINANCIAL EXERTISE & ADVICE FOR THE ROYAL FLYING DOCTOR SERVICE	20/01/2009	30/06/2009	Direct	\$74,080
J CORNISH AND ASSOCIATES PTY LTD	ROYAL FLYING DOCTOR SERVICE (RFDS) AIRCRAFT REPLACEMENT PLAN	16/11/2007	31/03/2008		\$19,500
RESOLUTION CONSULTING SERVICES PTY	ADVICE ON ROYAL FLYING DOCTOR SERVICE FUNDING AGREEMENT	1/04/2008	30/06/2008	Open	\$77,600
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$330,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$2,200
MINTER ELLISON	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$11,000
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$27,500
LITTLE OAK PTY LIMITED	PROVISION OF SERVICES - MAINTENANCE OF NETWORK INFORMATION SYSTEM	5/03/2008	30/06/2008	Direct	\$21,480
LITTLE OAK PTY LIMITED	CONSULTANCY SERVICES - SPECIALIST SERVICES	18/04/2008	30/06/2008	Direct	\$25,080
COOTE PRACTICE PTY LIMITED	EXPERT ADVICE FOR THE GP SUPER CLINIC PROGRAMS	3/12/2008	30/06/2009	Direct	\$15,000
COOTE PRACTICE PTY LIMITED	MEDICAL EXPERTISE ON THE APPLICATION ASSESSMENT PANELS FOR THE GENERAL PRACTICE SUPER CLINICS	6/02/2009	30/06/2009	Direct	\$35,000

Ott-Line Enterprises	ASSIST WITH THE DEVELOPMENT OF AN PROJECT PLAN FOR NHIRF PROJECT FOR EHEALTH BRANCH	18/06/2008	30/06/2009	Direct	\$76,450
AUSTRALIAN GOVERNMENT SOLICITOR CLAYTON UTZ	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$5,445
AUSTRALIAN GOVERNMENT SOLICITOR URBIS PTY LTD	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$11,679
	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$4,400
	EVALUATION OF THE ASTHMA MANAGEMENT PROGRAM	13/10/2008	12/02/2009	Open	\$178,001
London School of Hygiene & Tropical Medicine	EVALUATION OF THE PRIMARY HEALTH CARE RESEARCH EVALUATION & DEVELOPMENT STRATEGY	23/01/2008	31/12/2008	Direct	\$190,909
LITTLE OAK PTY LIMITED	PROFESSIONAL SERVICES - MAINTENANCE OF THE DIVISIONS NETWORK INFORMATION SYSTEM	25/08/2008	30/06/2009	Direct	\$31,504
AUSTRALIAN GOVERNMENT SOLICITOR SUCCESS WORKS PTY. LTD	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$3,000
	DEVELOP AN EVALUATION FRAMEWORK FOR THE NATIONAL HEALTH CALL CENTRE NETWORK	7/12/2007	16/05/2008	Open	\$83,050
HEALTH OUTCOMES INTERNATIONAL PTY L	DEVELOP A DRAFT EVALUATION FRAMEWORK TO ASSESS THE EFFICACY OF THE NHCCN (THE NETWORK)	7/12/2007	16/05/2008	Open	\$86,680
LITTLE OAK PTY LIMITED	PROFESSIONAL SERVICES - DEVELOPMENT OF A MICROSOFT OFFICE ACCESS DATABASE	4/06/2008	30/06/2008	Open	\$41,800
LITTLE OAK PTY LIMITED	DESIGN, DEVELOPMENT AND IMPLEMENTATION SERVICES TO GP AFTER HOURS ACCESS DATABASE	25/08/2008	30/06/2009	Select	\$13,200
COMMUNIO PTY LTD	EVALUATION OF THE BROADBAND FOR THE HEALTH MANAGED HEALTH NETWORKS GRANTS PROGRAM	17/11/2008	13/02/2009	Open	\$43,780
GEVERS GODDARD-JONES PTY LTD	EXTERNAL REVIEW OF WSS - WHEATBELT GP NETWORK	3/07/2008	31/08/2008	Select	\$34,128
HEALTHCARE MANAGEMENT ADVISORS PTY	PROFESSIONAL SERVICES - EVALUATION OF THE AUSTRALIAN BETTER HEALTH INITIATIVE	26/05/2008	30/04/2010	Open	\$660,000
HEALTH OUTCOMES INTERNATIONAL PTY L	EVALUATION OF THE HEALTH EDUCATION IMPACT QUESTIONNAIRE (HEIQ) PROJECT	23/06/2008	31/10/2008	Open	\$62,700
WALTERTURNBULL PTY LTD	PROFESSIONAL SERVICES - ASSESSMENT OF FINANCIAL VIABILITY FOR FUNDING ROUND	19/06/2008	7/07/2008	Open	\$7,500

OAKTON AA SERVICES PTY LTD	PROVISION OF ADVICE ON STREAMLINING FINANCIAL REPORTING ARRANGEMENTS FOR DIV OF GENERAL PRACTISE	12/02/2008	29/02/2008	Open	\$13,283
OSTEOPOROSIS AUSTRALIA	SCOPING STUDY FOR A NEXT OSTEOPOROSIS FRACTURE PREVENTION PROJECT	24/06/2008	30/11/2008	Direct	\$158,576
KPMG	PROVIDE EPRESCRIBING ADVICE ON IMPLEMENTATION OF ELECTRONIC PRESCRIBING AND DISPENSING OF MEDICINES	19/11/2007	14/04/2008	Direct	\$335,358
ALLIANCE OF NSW DIVN LTD	PROFESSIONAL SERVICES - GP NEW SOUTH WALES	10/06/2008	29/08/2008	Direct	\$205,269
KPMG	REVIEW OF KEY PERFORMANCE INDICATORS FOR THE RURAL REMOTE GENERAL PRACTICE PROGRAM	11/02/2009	21/04/2009	Open	\$85,256
AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE	DEVELOPMENT OF A MEN'S HEALTH BULLETIN	24/12/2008	30/06/2009	Direct	\$168,699
GSB CONSULTING AND COMMUNICATIONS PTY LTD	CONSULTANCY SERVICE - LITERATURE REVIEW	8/02/2008	31/03/2008	Direct	\$64,425
PALM CONSULTING GROUP PTY LTD	FACILITATION SERVICES - HEALTH WEBSITES FORUM	4/03/2008	28/03/2008	Direct	\$16,611
Robin Hill Health Pty Limited	INDEPENDENT FINANCIAL ADVICE TO SUPPORT THE IMPLEMENTATION OF GP SUPER CLINICS INITIATIVE	8/10/2008	30/06/2010	Open	\$277,420
Banscott Health Consulting Pty Ltd	PROFESSIONAL SERVICES - ADVICE RELATING TO THE BUSINESS OBJECTIVES OF THE PACD	29/07/2008	30/06/2009	Direct	\$330,000
Campbell Research & Consulting Pty	PROFESSIONAL SERVICES - EVALUATION OF THE PUBLIC ACCESS DEFIBRILLATION (PAD) DEMONSTRATION PROJECT	10/05/2008	30/06/2008	Open	\$69,923
ERNST & YOUNG ACT	REVIEW OF CARDIOVASCULAR DISEASE PROGRAMS	3/11/2008	28/02/2009	Direct	\$187,600
PALM CONSULTING GROUP PTY LTD	PROVISION OF PROFESSIONAL SERVICES - REVIEW ASSESSMENT SERVICES	11/04/2008	30/04/2008	Direct	\$34,500
VALINTUS PTY LTD	INVESTIGATION AND REPORT ON GENERAL PRACTISE DATA EXTRACTION AND ANALYSIS TOOLS	2/01/2008	31/03/2008	Select	\$163,966
VALINTUS PTY LTD	CONSULTANCY RELATING TO GP DATA EXTRACTION ANALYSIS INVESTIGATION REPORT	18/07/2008	29/08/2008	Open	\$13,925

THE UNIVERSITY OF NSW	DEVELOP SELF ASSESSMENT TOOLS FOR GENERAL PRACTITIONERS FOR INFORMATION MANAGEMENT MATURITY	20/10/2008	20/01/2009	Direct	\$291,100
SMS Consulting Group Ltd	PROVISION OF SERVICES - FACILITATION SERVICES	20/04/2008	30/04/2009	Open	\$412,400
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$543
PUBLIC HLTH ASSOC OF AUST INC	PREVENTATIVE HEALTH TASKFORCE CONSULTANCIES AND DISCUSSION PAPER	8/10/2008	28/08/2009	Direct	\$5,500
LA TROBE UNIVERSITY	RESEARCH FOR IMPROVED TREATMENT OUTCOMES FOR PEOPLE WITH MENTAL HEALTH PROBLEMS	5/05/2008	15/05/2009	Open	\$336,134
COMMUNIO PTY LTD	PROVISION OF THE IMPROVED SERVICES DATA MODEL	22/11/2007	25/01/2008	Select	\$50,260
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$27,500
STANCOMBE RES & PLANNING PTY LTD	DEVELOPMENTAL RESEARCH FOR THE NATIONAL SEXUALLY TRANSMITTED INFECTIOUS PREVENTATIVE PROGRAM	30/06/2008	30/10/2008	Select	\$116,419
ERNST & YOUNG ACT	MANAGEMENT REVIEW OF CANCER AUSTRALIA	17/01/2008	11/05/2008	Select	\$81,000
UNIVERSITY OF SYDNEY	REVIEW OF NATIONAL BREASTFEEDING INDICATORS REPORT	30/06/2008	15/08/2008	Direct	\$32,200
Blue Moon Unit Trust	CONCEPT TESTING RESEARCH FOR A SEXUAL HEALTH CAMPAIGN	12/02/2009	5/12/2009	Direct	\$285,615
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$29,748
Mallesons Stephen Jaques	PROVISION OF LEGAL SERVICES	22/09/2008	30/06/2009	Open	\$14,136
VT COACH PTY LTD	AUSTRALIAN SPORTS ANTI-DOPING AUTHORITY STRUCTURE AND GOVERNANCE REVIEW	28/07/2008	30/09/2008	Direct	\$43,830
David William Lyle Webster	AUSTRALIAN SPORTS ANTI-DOPING AUTHORITY STRUCTURE AND GOVERNANCE REVIEW	28/07/2008	30/09/2008	Direct	\$40,080
HUMAN CAPITAL ALLIANCE (INTERNATION PTY LTD)	2008 STRATEGIC REVIEW OF THE NATIONAL CENTRE FOR IMMUNISATION RESEARCH AND SURVEILLANCE (NCIRS)	8/12/2008	30/04/2009	Open	\$65,300
PHILLIP JONES & ASSOCIATES PTY LTD	REVIEW OF DISTRIBUTION AND HANDLING PROCESSES OF THE NATIONAL BOWEL CANCER SCREENING PROGRAM	3/12/2007	30/06/2008	Direct	\$15,000
Donald James St John	SPECIALIST TECHNICAL ADVISER	2/02/2009	30/06/2009	Direct	\$25,000

Horizon Research	QUALITATIVE RESEARCH FOR THE SAVING LIVES IN THE WATER DVD	3/12/2008	30/06/2009	Direct	\$132,224
Ipsos Public Affairs Pty Ltd	YOUTH AND PARENT EVALUATION SURVEY FOR THE NATIONAL BINGE DRINKING EVALUATION	23/02/2009	30/06/2009	Select	\$106,902
The Social Research Centre Pty Ltd	UNDERTAKE RESEARCH AND PROVIDE A REPORT ON THE FINDINGS OF THE 2008 NATIONAL TABACCO SURVEY	25/09/2008	27/02/2009	Direct	\$322,792
Ipsos Public Affairs Pty Ltd	REPORT ON PUBLIC HEALTH VALUE OF THE DISCLOSURE OF CIGARETTE INGREDIANTS & EMISSION DATA	3/09/2008	29/05/2009	Select	\$126,599
ACCESS ECONOMICS	PROFESSIONAL SERVICES - LITERATURE REVIEW MODELLING OPTION FOR CHRONIC DISEASE & WORKFORCE	4/06/2008	30/06/2008	Open	\$88,880
URBIS PTY LTD	REVIEW AND EVALUATION OF THE FOUR NATIONAL STRATEGIES	2/12/2008	20/02/2009	Open	\$101,526
COMMUNIO PTY LTD	PROVISION OF ADVICE ON QUALITY IMPROVEMENT APPROACHES WITHIN THE ALCOHOL & OTHER DRUG SECTOR	12/08/2008	31/10/2008	Select	\$35,529
The Social Research Centre Pty Ltd	NATIONAL TOBACCO SURVEY 2007	30/11/2007	29/02/2008	Direct	\$317,900
QLD UNIVERSITY OF TECHNOLOGY	STRATEGIES TO SUPPORT DRUG & ALCOHOL ONLINE ACTIVITIES	21/01/2009	1/06/2009	Open	\$126,500
WOOLCOTT RESEARCH PTY LTD	QUALITATIVE RESEARCH ON BREASTFEEDING	24/12/2008	30/04/2009	Select	\$246,730
Synergy Business Solutions	CONSULTANCY CONTRACT - FINANCIAL MANAGEMENT REPORTING SERVICES PHD	30/04/2008	30/05/2008	Direct	\$60,000
The University of Melbourne	DESIGN, MODELLING AND EVALUATION OF THE CHLAMYDIA PILOT IN GENERAL PRACTICE	24/12/2008	30/04/2011	Open	\$2,017,890
CULTURAL PERSPECTIVES PTY LTD	CONSULTANCY SERVICES - EVALUATION OF YOUTH WELLBEING PROGRAM	20/03/2008	15/06/2008	Direct	\$75,075
URBIS PTY LTD	THE NATIONAL DRUG STRATEGY ABORIGINAL & TORRES STRAIT ISLANDER PEOPLES COMPLEMENTARY ACTION PLAN	14/07/2008	30/06/2009	Open	\$313,816
AUSTRALIAN DRUG FOUNDATION INC	PROVISION OF AN EDUCATION PACKAGE OF ILLICIT DRUGS SUITABLE FOR THE SPORTING ENVIRONMENT	27/06/2008	31/08/2008	Direct	\$75,300
THE UNIVERSITY OF NSW	NATIONAL DRUG AND ALCOHOL RESEARCH CENTRE ATHLETES & ILLICIT DRUG USE	27/06/2008	30/06/2009	Direct	\$264,550
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$10,000



UNIVERSITY OF WESTERN SYDNEY	EXPERT INPUT INTO THE MEN'S HEALTH POLICY CONSULTATION DISCUSSION PAPER	28/10/2008	30/10/2008	Direct	\$10,000
Ipsos Public Affairs Pty Ltd	NATIONAL SMOKE-FREE PREGNANCY PROJECT EVALUATION	15/10/2008	30/06/2010	Select	\$309,529
URBIS PTY LTD	REVIEW AND EVALUATION OF THE FOUR NATIONAL STRATEGIES	2/12/2008	20/02/2009	Open	\$110,000
UTAS INNOVATION LTD	NGOTGP EVALUATION, TO EVALUATE THE NIDS FUNDED NGOTGP IN TASMANIA	4/06/2008	30/10/2008	Direct	\$16,500
KPMG	ADMINISTRATIVE SERVICES IN SUPPORT OF BUSINESS ANALYSIS OF THE NRL	8/09/2008	30/06/2009	Open	\$234,593
OFFICE OF THE PRIVACY COMMISSIONER	PROFESSIONAL SERVICES - ADVICE ON PRIVACY ISSUES	14/06/2008	30/09/2008	Direct	\$64,673
PROSCRIBING SOLUTIONS	RECRUITMENT SERVICES	18/12/2007	17/01/2008	Direct	\$8,811
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$9,020
APIS Group Pty Limited	PROFESSIONAL SERVICES - REVIEW OF THE DEPARTMENT'S BUDGET PROCESS	30/06/2008	30/09/2008	Direct	\$13,781
WEBB, LINDA M T/AS THE ELLENELLE GROUP	IMPLEMENTATION OF THE 2008 FINANCIAL REVIEW	1/09/2008	30/06/2009	Direct	\$292,500
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,397
Doll Martin Associates Pty Ltd	PROFESSIONAL SERVICES - DEVELOPMENT OF THE ESTABLISHMENT FRAMEWORK CONCEPTUAL MODEL	14/05/2008	13/06/2008	Open	\$85,400
Ipsos Public Affairs Pty Ltd	RESEARCH SERVICES ASSOCIATED WITH THE ORGAN AND TISSUE DONATION COMMUNITY AWARENESS CAMPAIGN	28/11/2008	30/06/2009	Open	\$161,205
HEALTH OUTCOMES INTERNATIONAL PTY L	DEVELOP RECOMMENDATIONS FOR THE IMPLEMENTATION OPERATION OF THE NATIONAL EYE AND TISSUE NETWORK	11/02/2009	30/06/2009	Open	\$147,884
Dr Andrew Child	PROVISION OF ADVICE ON OBSTETRIC SERVICES PROVIDED AT MERSEY HOSPITAL	20/02/2008	31/03/2008	Direct	\$5,419
Andrew H Singer	ADVICE ON EMERGENCY SERVICES PROVIDED AT MERSEY COMMUNITY HOSPITAL	20/02/2008	31/03/2008	Direct	\$5,000
Christopher John Emery Kooya Consulting	EXPERT ADVICE FOR THE AUSTRALAIN ORGAN & TISSUE DONATION AND TRANSPLANTATION AUTHORITY	2/02/2009	15/04/2009	Direct	\$40,500

Spencersmith & Associates Pty Ltd	CONSULTANCY SERVICE TO EXAMINE OPTIONS FOR INPATIENT CRITICAL CARE-MERSEY COMMUNITY HOSPITAL	20/02/2008	25/03/2008	Open	\$145,249
KPMG	PROVISION OF INDEPENDANT FINANCE ADVICE	8/04/2008	30/06/2008	Open	\$120,000
AUSTRALIAN BONE MARROW DONOR REGIST	CONSULTANCY SERVICES - EXPERT ADVICE ON THE DEVELOPMENT OF A NATIONAL REFORM PACKAGE	19/06/2008	30/06/2008	Direct	\$25,000
KPMG	REVIEW OF THE NATIONAL HOSPITAL COST DATA COLLECTION	7/12/2007	30/03/2008	Open	\$131,024
Spring Health Consulting	TECHNICAL ADVICE FOR MERSEY HOSPITAL TENDER EVALUATION	11/04/2008	12/04/2008	Direct	\$2,378
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	14/01/2009	30/06/2009	Open	\$4,500
PRICEWATERHOUSECOOPERS ACTUARIAL PTY LIMITED	REVIEW OF THE AUSTRALIAN REFINED DIAGNOSIS RELATED GROUPS CLASSIFICATION SYSTEM DEVELOPMENT PROCESS	14/01/2009	30/06/2009	Open	\$215,000
DLA PHILLIPS FOX	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$35,000
AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE	VALIDATION - PROVISION AND ANALYSIS OF DATA FOR THE STATE OF OUR PUBLIC HOSPITALS 2008 REPORT	8/01/2008	30/06/2008	Direct	\$46,203
Mallesons Stephen Jaques	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$5,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$60,000
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$75,000
Mallesons Stephen Jaques	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$30,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$17,600
KPMG	POLICY ADVICE ON ACUTE CARE FUNDING	27/06/2008	30/06/2009	Open	\$140,400
Banscott Health Consulting Pty Ltd	POLICY ADVICE ON ACUTE CARE FUNDING	27/06/2008	30/06/2009	Open	\$58,860
David William Lyle Webster	NATIONAL REFORM PACKAGE ON ORGAN AND TISSUE DONATION	21/08/2008	30/09/2008	Direct	\$6,000
DEPT OF HEALTH & AGEING - CPM CENTR	RESOURCES REQUIRED TO ENHANCE LINKAGES BETWEEN HUMAN FOOD & ANIMAL SURVEILLANCE IN AUSTRALIA	25/05/2008	31/12/2008	Open	\$35,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$7,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$4,230
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$9,900
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$56,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$3,000
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$28,078

MSR CONSULTING PTY LTD	PROFESSIONAL SERVICES - LECTURES/TRAINING ON DERMAL ABSORPTION AND TOXICOKINETICS	20/08/2008	30/06/2009	Direct	\$6,188
MSR CONSULTING PTY LTD	EXPERT OPINION ON THE ANALYSIS AND EVALUATION OF DERMAL ABSORPTION STUDIES	16/05/2008	30/06/2008	Direct	\$12,500
Allan Lindsay Black	LECTURES ON INTERNATIONAL CHEMICALS REGULATION AND RISK MANAGEMENT DECISIONS	29/09/2008	30/06/2009	Direct	\$6,188
Peter James Abbott	EXPERT OPINION, MENTORING & REVIEW OF TOXICOLOGY EVALUATION & PUBLIC HEALTH RISK ASSESSMENT	8/09/2008	8/03/2009	Direct	\$52,800
Monash University	HIV EPIDEMIOLOGY PROJECT	2/12/2007	28/02/2008	Direct	\$196,860
JOHN MCEWEN	EXTERNAL EVALUATION OF RESCHEDULING SUBMISSIONS AND SUBSTANCE REVIEWS	22/12/2008	30/06/2009	Direct	\$9,000
THE ADELAIDE RESEARCH & INNOVATION INVESTMENT TRUST	EXTERNAL EVALUATION OF RESCHEDULING SUBMISSIONS SUBSTANCE REVIEW	4/02/2009	30/06/2009	Direct	\$10,000
Ian R. Falconer Water Quality Consu	EXPERT ADVICE ON DRINKING WATER GUIDELINES	10/12/2008	30/06/2009	Direct	\$12,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$5,500
ORIGIN COMMUNICATIONS PTY LTD	DEVELOP THE AUSTRALIAN HEALTH PANDEMIC INFLUENZA COMMUNICATION STRATEGY	27/11/2007	30/05/2008	Open	\$34,330
RESOLUTION CONSULTING SERVICES PTY	REVIEW OF THE BUSINESS OPERATIONS WITHIN THE OFFICE OF CHEMICAL SAFETY	11/08/2008	30/09/2008	Open	\$20,550
Allan Lindsay Black	PROFESSIONAL SERVICES - OPION TO OCS FOR A NUMBER OF NEW & EXISTING CHEMICAL ASSESSMENTS	16/05/2008	18/07/2008	Direct	\$19,800
MSR CONSULTING PTY LTD	EXPERT OPINION ON THE ANALYSIS AND EVALUATION OF DERMAL ABSORPTION STUDIES	15/12/2008	30/06/2009	Direct	\$8,800
NEILL BUCK & ASSOCIATES PTY LIMITED	AUDIT OF SYSTEMS AND PROCESSES WITHIN THE TREATIES AND COMPLIANCE TEAM	17/01/2008	27/02/2008	Direct	\$11,052
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$50,000
Synertec Pty Ltd	TECHNICAL PHARMACEUTICAL MANUFACTURING ADVICE	12/05/2008	30/06/2009	Open	\$57,904
AUSTRALIAN HEARING SERVICES	RESEARCH INTO THE PREVALENCE OF HEARING LOSS IN YOUNG PEOPLE AND THEIR RISK EXPOSURE TO NOISE	30/06/2008	1/06/2011	Open	\$571,149

Edith Cowan University	RESEARCH TO ESTABLISH THE EFFECTIVENESS OF A HEALTH BASED FEAR APPEAL TO PREVENT HEARING LOSS	30/06/2008	30/06/2010	Open	\$235,493
AUSTRALIAN HEARING SERVICES	RESEARCH TO ESTABLISH A PROFILE OF NOISE EXPOSURE FOR YOUNGER PEOPLE IN THE COMMUNITY	30/06/2008	30/06/2011	Open	\$482,669
DEAKIN UNIVERSITY	THE PROVISION OF HEALTH TECHNOLOGY ASSESSMENT AND RESEARCH SUPPORT SERVICES	11/09/2008	30/06/2011	Open	\$863,744
THE ADELAIDE RESEARCH & INNOVATION INVESTMENT TRUST	THE PROVISION OF HEALTH TECHNOLOGY ASSESSMENT AND RESEARCH SUPPORT SERVICES	11/09/2008	30/06/2011	Open	\$1,929,368
UNI OF SYDNEY	THE PROVISION OF HEALTH TECHNOLOGY ASSESSMENT AND RESEARCH SUPPORT SERVICES	30/09/2008	30/06/2011	Open	\$2,494,892
ROYAL AUSTRALASIAN COLLEGE OF SURGEONS	THE PROVISION OF HEALTH TECHNOLOGY ASSESSMENT AND RESEARCH SUPPORT SERVICES	30/09/2008	30/06/2011	Open	\$1,651,460
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$9,789
Banscott Health Consulting Pty Ltd	ADVICE RELATING TO HEALTH TECHNOLOGY ASSESSMENT	22/11/2007	30/06/2008	Direct	\$55,000
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$10,000
HEALTHCONSULT PTY LTD	RADIATION ONCOLOGY WORKFORCE REVIEW	28/01/2009	30/06/2009	Open	\$203,500
PHILLIP JONES & ASSOCIATES PTY LTD	PROVISION OF ADVICE ON THE PROCEDURES, GUIDELINES FUNCTIONS & STRUCTURE OF THE MSA COMMITTEE SECRETA	4/03/2008	16/05/2008	Direct	\$26,499
OAKTON AA SERVICES PTY LTD	ANALYSIS OF FINANCIAL & RELATED MATTERS FOR ITA021/0708	24/04/2008	24/04/2008	Open	\$4,700
Campbell Research & Consulting Pty	PROFESSIONAL SERVICES - REVIEW OF THE MEDICARE BENEFIT SCHEDULE ITEMS	20/06/2008	28/07/2008	Open	\$79,550
Mallesons Stephen Jaques	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$5,000
Menzies School of Health Research	PREVENTION OF HEARING LOSS ASSOCIATED WITH OTITIS MEDIA WITH PERFORATION IN INDIGENOUS CHILDREN	20/08/2008	30/04/2012	Open	\$1,044,879
FLINDERS UNIVERSITY	EVALUATION OF THE BENEFITS OF SWIMMING POOLS FOR THE EAR HEALTH OF INDIGENOUS AUSTRALIANS	20/08/2008	30/03/2012	Open	\$661,986
MINTER ELLISON	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$7,700

UNIVERSITY OF TECHNOLOGY SYDNEY	REVIEW OF THE EXTENDED MEDICARE SAFETY NET	19/12/2008	9/04/2009	Open	\$84,807
Allen Consulting Group	DEVELOPMENT OF A BUSINESS MODEL FOR AN AUSTRALIAN CLINICAL DOSIMETRY CENTRE	2/02/2009	28/05/2009	Open	\$130,495
PHILLIP JONES & ASSOCIATES PTY LTD	PROVISION OF ADVICE ON ASPECTS OF COMMONWEALTH DISASTER HEALTH CARE ASSISTANCE SCHEMES	1/07/2008	29/08/2008	Direct	\$26,499
Campbell Research & Consulting Pty	PROFESSIONAL SERVICES - EVALUATION OF THE QAAMS PROGRAM	19/06/2008	5/09/2008	Open	\$78,031
PHILLIP JONES & ASSOCIATES PTY LTD	PROFESSIONAL SERVICES - AUDIT ASSESSMENT OF FUNDING PROCESS	19/08/2008	28/12/2008	Direct	\$7,920
HEALTH OUTCOMES INTERNATIONAL PTY L	REVIEW OF THE QUALITY USE OF DIAGNOSTIC IMAGING PROGRAM	26/12/2007	14/03/2008	Open	\$80,300
GSB CONSULTING AND COMMUNICATIONS PTY LTD	PAEDIATRIC MEDICINES - INDUSTRY SCOPING STUDY	15/10/2008	30/04/2009	Open	\$70,389
LENNON, BRETT ANTHONY	PHARMACEUTICAL AIDS AND APPLIANCES	29/08/2008	31/01/2009	Direct	\$89,700
OAKTON AA SERVICES PTY LTD	UPDATE OF COSTING MODEL, FEE SCHEDULE AND COST RECOVERY IMPACT STATEMENT	29/04/2008	31/05/2008	Open	\$28,747
Stratsec.Net Pty Ltd	THREAT RISK ASSESSMENT FOR THE FOURTH COMMUNITY PHARMACY AGREEMENT IT SYSTEM	5/05/2008	23/05/2008	Select	\$33,000
KPMG	PROVISION OF EXPERT ADVICE ON AUDIT AND DISPUTE RESOLUTION FOR PRICE DISCLOSURE	18/06/2008	31/07/2008	Select	\$62,775
HEALTH OUTCOMES INTERNATIONAL PTY L	EVALUATION OF THE DIABETES PILOT PROGRAM DIABETES MEDICATION ASSISTANCE SERVICE	22/01/2008	30/06/2010	Open	\$459,241
SMS Consulting Group Ltd	ADVICE FOR COMMUNITY PHARMACY IT PROJECTS	19/06/2008	31/12/2008	Direct	\$624,983
OAKTON AA SERVICES PTY LTD	PROVISION OF TEMPORARY STAFF - PROBITY ADVICE	21/02/2008	30/06/2008	Open	\$27,000
SMS Consulting Group Ltd	IT PROJECT MANAGEMENT AND BUSINESS ANALYST FOR COMMUNITY PHARMACY IT PROJECTS	29/02/2008	4/04/2008	Direct	\$50,000
SMS Consulting Group Ltd	IT PROJECT MANAGEMENT AND BUSINESS ANALYST ASSISTANCE AND ADVICE FOR COMMUNITY PHARMACY	3/06/2008	30/06/2008	Direct	\$34,700

Applied Economics Pty Limited	ADVICE ON THE BUILD, TESTING & IMPLEMENTATION OF COMMUNITY PHARMACY REMUNERATION FINANCIAL MODEL	14/12/2007	21/12/2007	Open	\$11,000
MARK WILLIAMS MANAGEMENT PTY LTD	EXPERT ADVICE IN RELATION TO THE COMMUNITY SERVICE FIFTH COMMUNITY PHARMACY AGREEMENTS	18/02/2009	30/06/2010	Direct	\$152,300
KPMG	CONSULTANCY SERVICES - FINANCIAL ADVISOR	21/02/2008	30/06/2008	Open	\$6,000
APIS CONSULTING GROUP	WORKPLAN - GUIDE TO THE HEALTH REFORM AGENDA	30/06/2008	30/06/2008	Direct	\$32,670
SMS Consulting Group Ltd	IT PROJECT MANAGEMENT & BUSINESS ANALYST FOR COMMUNITY PHARMACY IT PROJECTS	24/01/2008	30/06/2008	Direct	\$206,580
Campbell Research & Consulting Pty MINTER ELLISON	HOME MEDICINES REVIEW (HMR) PROGRAM PROVISION OF LEGAL SERVICES	20/11/2007 1/07/2008	30/06/2008 30/06/2009	Select Open	\$255,937 \$4,400
URBIS PTY LTD	EVALUATION OF THE QUALITY USE OF MEDICINES MAXIMISED FOR ATSI PEOPLE PROGRAM	18/12/2007	30/06/2010	Open	\$549,362
The University of Newcastle	EXTERNAL EVALUATION OF SUBMISSIONS FOR PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE	31/10/2008	29/06/2012	Open	\$5,816,844
THE ADELAIDE RESEARCH & INNOVATION INVESTMENT TRUST	EXTERNAL EVALUATION OF SUBMISSIONS FOR PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE	31/10/2008	29/06/2012	Open	\$4,305,829
Monash University	EXTERNAL EVALUATION OF SUBMISSIONS FOR PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE	31/10/2008	29/06/2012	Open	\$4,032,463
GRIFFITH UNIVERSITY	EXTERNAL EVALUATION OF SUBMISSIONS TO THE PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE	9/12/2008	28/05/2010	Open	\$1,335,084
AUSTRALIAN GOVERNMENT SOLICITOR HEALTHCARE MANAGEMENT ADVISORS PTY	PROVISION OF LEGAL SERVICES ASSESSING THE IMPACT OF THE COLLECTION & RECORDING OF PBS UNDER CO-PAYMENT PRESCRIPTION DATA	1/07/2008 24/01/2008	30/06/2009 6/06/2008	Open Open	\$12,078 \$82,500
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,227
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$2,563
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$5,500
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$35,000

AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$6,600
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	15/12/2008	30/06/2009	Open	\$1,874
KPMG	PROFESSIONAL SERVICES - REVIEW CONSULTANT SERVICES PHARMBIZ	5/03/2008	4/04/2008	Open	\$42,000
HEALTHCARE MANAGEMENT ADVISORS PTY	REVIEW OF PBS SUPPLY ARRANGEMENTS TO RESIDENTIAL CARE FACILITIES & PRIVATE HOSPITALS	26/05/2008	30/06/2009	Open	\$158,082
Australian Healthcare Associates Pty Ltd	REVIEW OF ARRANGEMENTS FOR S100 DRUGS/PROGRAMS	15/09/2008	19/06/2009	Open	\$417,940
HEALTH OUTCOMES INTERNATIONAL PTY L	EVALUATION OF THE DOSE ADMINISTRATION AIDS AND PATIENT MEDICATION PROFILING PROGRAMS	6/12/2007	30/06/2010	Open	\$502,624
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$7,436
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$11,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$12,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$11,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$30,352
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$19,250
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$5,717
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$11,550
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$55,851
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$12,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$9,372
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$13,000
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,400
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,400
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,400
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$11,100
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$12,100
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	23/12/2008	30/06/2009	Open	\$15,400
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	6/01/2009	30/06/2009	Open	\$1,000
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	9/01/2009	30/06/2009	Open	\$15,400
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	22/12/2008	30/06/2009	Open	\$2,750
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$14,486
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$6,270
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$10,000

ALLEN CONSULTING GROUP PTY LTD	CONSULTANCY SERVICES - REVIEW OF THE TRAINING FOR PROCEDURAL GENERAL PRACTITIONERS PROGRAM	5/03/2008	11/04/2008	Open	\$63,820
KPMG	EVALUATION OF THE COMPETENT AUTHORITY PATHWAY OF ASSESSMENT FOR INTERNATIONAL MEDICAL GRADUATES	5/02/2008	5/02/2009	Open	\$155,488
Lesley Russell	REVIEW OF MENTAL HEALTH INITIATIVES ACROSS AUSTRALIAN JURISDICTIONS	15/10/2008	31/10/2008	Direct	\$22,000
THE ADELAIDE RESEARCH & INNOVATION INVESTMENT TRUST	EVALUATION OF THE MENTAL HEALTH NURSE INCENTIVE PROGRAM - PRIVATE HOSPITAL PILOT	10/12/2008	15/06/2009	Direct	\$142,340
URBIS PTY LTD	WORKFORCE INFORMATION POLICY OFFICERS EVALUATION	21/11/2007	30/04/2008	Select	\$114,117
NATIONAL INSTITUTE OF LABOUR STUDIES INC	EVALUATION OF THE BETTER ACCESS INITIATIVE	7/01/2009	30/12/2010	Open	\$272,987
KPMG	EVALUATION OF THE BETTER ACCESS TO PSYCHIATRISTS PSYCHOLOGISTS & GPS	14/01/2009	1/12/2009	Open	\$332,330
MINTER ELLISON	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$55,000
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$1,760
Clayton Utz	PROVISION OF LEGAL SERVICES	1/10/2008	30/06/2009	Open	\$5,500
MINTER ELLISON	PROVISION OF LEGAL SERVICES	6/02/2009	30/06/2009	Open	\$25,000
HEALTH OUTCOMES INTERNATIONAL PTY L	EVALUATION OF THE MENTAL HEALTH SUPPORT FOR DROUGHT AFFECTED COMMUNITITES INITIATIVE	30/01/2009	30/04/2009	Open	\$150,416
WALLACE MACKINNON & ASSOCIATES PTY LIMITED	ADARDS FINANCIAL REVIEW	21/05/2008	31/07/2008	Direct	\$24,120
WALLACE MACKINNON & ASSOCIATES PTY LIMITED	TASMAN MPS REVIEW	16/05/2008	19/09/2008	Direct	\$28,475
DEPARTMENT OF HEALTH AND HUMAN SERVICES	CENTRAL HIGHLANDS MPS INVESTIGATION	11/06/2008	30/06/2008	Direct	\$29,830
Peter James Abbott Biosearch Consulting	PROVIDE ADVICE ON HUMAN HEALTH RISK IN RELATION TO CHEMICALS CONSIDERED BY NICNAS	1/07/2008	30/06/2009	Direct	\$30,000
E-VIS Pty Ltd	SCOPING STUDY FOR NEW SOFTWARE FOR ON-LINE REGISTRATIONS AND NEW CLINICAL ASSESSMENTS	20/03/2008	11/04/2008	Direct	\$9,946
Campbell Research & Consulting Pty	EVALUATION OF THE LOW REGULATORY CONCERN CHEMICAL REFORM INITIATIVES	18/12/2008	30/06/2009	Open	\$116,377



BROOKE-TAYLOR & CO PTY LTD	CONSULTANCY TO INVESTIGATE THE IMPLIMENTATION OF THE PRIORITY EXISTING CHEMICAL ASSESSMENTS	14/12/2007	29/02/2008	Select	\$19,800
WalterTurnbull Pty Ltd	FINANCIAL MANAGEMENT ADVICE AND FINANCIAL BUDGETARY, RISK MANAGEMENT AND AUDIT SERVICES	20/03/2008	30/09/2008	Select	\$60,000
WalterTurnbull Pty Ltd	FINANCIAL, BUDGETARY, RISK MANAGEMENT AND AUDIT SERVICES	1/10/2008	30/06/2009	Open	\$60,000
Orima Research Pty Ltd	PROVISION OF PROFESSIONAL SERVICES - CLIENT SURVEY	27/02/2008	30/06/2008	Direct	\$26,436
Allen Consulting Group	DEVELOPMENT OF KEY PERFORMANCE INDICATORS FOR THE HOME AND COMMUNITY CARE PROGRAM	30/11/2007	30/06/2008	Open	\$137,515
FOOD SCIENCE AUSTRALIA	LINKAGES BETWEEN HUMAN,FOOD & ANIMAL SURVEILLANCE	25/05/2008	31/12/2008	Open	\$55,000
ROBERT GRIEW PTY LTD	CRITICAL SUCCESS FACTOR IN PREVENTION OF CHRONIC DISEASE PROJECT	20/06/2008	31/07/2008	Direct	\$27,940
Blue Moon Unit Trust	CONSULTANCY SERVICES - ABHI MEASURE UP CAMPAIGN	15/08/2008	30/06/2009	Select	\$135,850
Blue Moon Unit Trust	PROFESSIONAL SERVICES - EVALUATION OF PHASE 1 OF THE ABHI SOCIAL MARKETING CAMPAIGN	9/09/2008	30/06/2009	Select	\$408,759
INTERNATIONAL DIABETES INSTITUTE	RISK ASSESSMENT TOOL FOR IDENTIFYING PEOPLE AT RISK OF DEVELOPING TYPE 2 DIABETES	7/04/2008	11/08/2008	Direct	\$280,353
SYDNEY SOUTH WEST AREA HEALTH SERVICES	THE DEVELOPMENT OF STANDARDS FOR LIFESTYLE MODIFICATION PROGRAMS FOR PEOPLE AT RISK OF DIABET	30/05/2008	30/05/2008	Direct	\$74,470
HEATHMORE PTY LTD	EVALUATION OF POLICY ANALYSIS PROJECT	22/01/2008	30/07/2008	Open	\$225,929
IMS HEALTH AUSTRALIA PTY LTD	PROVISION OF PROFESSIONAL SERVICES - ECONOMIC EVALUTATION	17/04/2008	31/12/2008	Open	\$170,500
ACCESS ECONOMICS	PROFESSIONAL SERVICES - EVALUATION OF BREAST SCREEN AUSTRALIA	12/05/2008	10/11/2008	Open	\$241,120
KPMG	REVIEW OF THE BREASTSCREEN AUSTRALIA ACCREDITATION SYSTEM	16/06/2008	16/12/2008	Open	\$190,900
NOUS GROUP PTY. LTD.	EVALUATION BREAST SCREEN AUSTRALIAN PROGRAM	24/06/2008	24/12/2008	Direct	\$129,681

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE	SCHEDULE TO PROCURE SERVICES IN RELATION TO HACC MDS ANNUAL BULLETIN 2006/07	27/02/2008	30/08/2008	Direct	\$8,800
ROBERT GRIEW PTY LTD	EVALUATE RESEARCH REPORT FROM THE BLOOD BORNE VIRUS & STIS SUB COMMITTEE	1/05/2008	30/06/2008		\$20,000
ROBERT GRIEW PTY LTD	REVIEW OF THE ABORIGINAL AND TORRES STRAIT ISLANDER CHRONIC DISEASE PROJECT	17/01/2008	30/06/2008	Direct	\$95,679
Department of Education & Early Childhood Development	NATIONAL FRAMEWORK FOR UNIVERSAL CHILD & FAMILY HEALTH SERVICES	22/02/2009	19/03/2009	Direct	\$62,700

Total Number	393
Total Value	\$61,244,821

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-157

OUTCOME 0: Whole of Portfolio

Topic: DETAILS OF CONSULTANCIES GREATER THAN \$10,000 FOR 2008-2009  
FINANCIAL YEAR

Hansard Page: CA 7

Senator Humphries asked:

Details of consultancies greater than \$10,000 for current financial year including:

- names of consultants
- the subject matter of the consultancy
- the duration of the consultancy
- the cost of the consultancy
- the method of procurement whereby the consultancies were obtained

Answer:

A list containing details of all consultancies greater than \$10,000 entered into between 1 July 2008 and 28 February 2009 by the Department of Health and Ageing is provided at Attachment A.

A total of 169 consultancies over \$10,000 have been entered into between 1 July 2008 and 28 February 2009. The total value of these consultancies is \$40,954,136 (GST inclusive).

Portfolio agencies under the Financial Management and Accountability Act undertake their own procurement processes to engage consultants and report separately.

Vendor Name	Consultancy Purpose	Start Date	End Date	Procurement Method	Contract Value
RESOLUTION CONSULTING SERVICES PTY	REVIEW OF BUSINESS PROCESSES	12/11/2008	30/06/2009	Open	\$27,500
Blue Moon Unit Trust	CONCEPT TESTING RESEARCH FOR THE NATIONAL EYE HEALTH INITIATIVE CAMPAIGN	27/01/2009	31/05/2009	Direct	\$192,060
URBIS PTY LTD	STUDY/ASSISTIVE TECHNOLOGIES BY FRAIL OLDER PEOPLE	1/07/2008	16/07/2008	Open	\$12,348
GEVERS GODDARD-JONES PTY LTD	EVALUATION OF THE NT ATSI COMMUNITY AGED CARE WORKFORCE DEVELOPMENT INITIATIVES	23/02/2009	18/06/2010	Open	\$284,595
APIS CONSULTING GROUP	SHORTLISTING SERVICES FOR THE, "ENCOURAGING BEST PRACTISE IN RESIDENTIAL AGED CARE" FUNDING ROUND	8/08/2008	30/09/2008	Open	\$36,190
KPMG	CONTINENCE AIDS ASSISTANCE SCHEME	6/10/2008	30/06/2009	Open	\$82,500
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$64,900
GEVERS GODDARD-JONES PTY LTD	PILOT THE DRAFT COMMUNITY CARE COMMON STANDARDS SUPPORTING DOCUMENTATION & REPORTING PROCESS	4/02/2009	30/06/2009	Open	\$219,778
THE ADELAIDE RESEARCH & INNOVATION INVESTMENT TRUST	EVALUATION OF THE DEMONSTRATION SITES FOR DAY RESPITE IN RESIDENTIAL AGED CARE FACILITIES	18/11/2008	30/09/2010	Direct	\$414,920
DLA PHILLIPS FOX	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$60,000
DLA PHILLIPS FOX	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$60,000
Clayton Utz	PROVISION OF LEGAL SERVICES	9/02/2009	30/06/2009	Open	\$20,000
Clayton Utz	PROVISION OF LEGAL SERVICES	9/02/2009	30/06/2009	Open	\$20,000
OLIVER WINDER PTY LTD	INDEPENDENT MEMBER FOR THE AUDIT COMMITTEE	15/02/2009	14/02/2012	Direct	\$46,200
SHANNON CONSULTING SERVICES TRUST	MENTORING & SUPPORT SERVICE TO THE BOARD OF DHARAH GIBINJ ABORIGINAL MEDICAL SERVICE	23/10/2008	31/01/2009	Open	\$25,917
John Stewart Deeble	PROVISION OF ADVICE ON THE PROFILING AND BENCHMARKING PROJECT & RELATED TASKS	21/08/2008	30/09/2009	Direct	\$47,350
UNSW Global Pty Limited	LOCATION/FACILITY, SERVICE DELIVERY MODEL GOVERNANCE STRUCTURE FOR A DRUG & ALCOHOL SERVICES	16/12/2008	31/07/2009	Direct	\$92,105
URBIS PTY LTD	EVALUATION OF THE AUSTRALIAN INDIGENOUS HEALTH INFONET PROJECT	27/11/2008	6/03/2009	Open	\$54,804
STAY TUNED PRODUCTIONS PTY	NORTHERN TERRITORY EMERGENCY RESPONSE	1/08/2008	30/06/2009	Open	\$164,097
AUSTRALIAN INDIGENOUS BUSINESS SERVICES PTY LTD	HEALTH MANAGEMENT ADVISORY SERVICES	9/09/2008	15/11/2008	Open	\$105,150

SHANNON CONSULTING SERVICES TRUST	CLINICAL SERVICES TRANSITION MANAGEMENT SERVICES TO THE FORMER PARTNERSHIP FOR ABORIGINAL CARE	30/11/2008	30/04/2009	Open	\$155,364
Kristine Battye Consulting Pty Ltd	DEVELOPMENT OF HUB SERVICES MODELS	23/02/2009	18/05/2009	Select	\$72,987
AUSTRALIAN INDIGENOUS BUSINESS SERVICES PTY LTD	EXTERNAL REVIEW FOR THE HEALTHY FOR LIFE PROGRAM	12/12/2008	24/12/2008	Open	\$49,000
GEVERS GODDARD-JONES PTY LTD	EVALUATION OF DUAL ACCREDITATION IN THE ABORIGINAL TORRES STRAIT ISLANDER COMMUNITY HEALTH SECTOR	13/11/2008	30/06/2009	Direct	\$156,750
EVOLUTION RESEARCH PTY LTD	LITERATURE REVIEW & SCOPING STUDY ON LEPROSY TESTING ON ABORIGINAL CHILDREN	18/11/2008	27/02/2009	Open	\$67,260
CAESAR, SYBIL CLAIRE	PROGRAM PLANNING & NEEDS ANALYSIS FOR REMOTE HEALTH SERVICES DEVELOPMENT BRANCH	1/09/2008	30/06/2009	Direct	\$87,200
URBIS PTY LTD	EVALUATION OF THE HEALTHY FOR LIFE PROGRAM	9/01/2009	26/06/2009	Open	\$372,551
AUSTRALIAN INDIGENOUS BUSINESS SERVICES PTY LTD	FINANCIAL ADMINISTRATION & HEALTH MANAGEMENT ADVISOR FOR THUBBO ABORIGINAL MEDICAL COOPERATIVE	5/11/2008	27/04/2009	Open	\$149,141
UNSW Global Pty Limited	LOCATION OF FACILITY FOR NEW D&A SERVICES IN GREATER SOUTHERN AREA HEALTH SERVICE	30/09/2008	30/06/2009	Direct	\$86,969
URBIS PTY LTD	DRUG & ALCOHOL SERVICES IN THE NEW ENGLAND REGION	16/02/2009	30/06/2009	Open	\$147,963
INSTITUTE FOR HEALTHY COMMUNITIES AUSTRALIA LIMITED	FUNDS ADMINISTRATOR & HEALTH MANAGEMENT ADVISOR AT AMPILATIRATJA HEALTH CENTRE ABORIGINAL CORP	6/08/2008	3/10/2008	Open	\$154,378
INSTITUTE FOR HEALTHY COMMUNITIES AUSTRALIA LIMITED	RECRUITMENT - TEMPORARY DEPARTMENTAL OFFICER FOR AMPILATWATJA HEALTH CENTRE	28/10/2008	28/11/2008	Open	\$30,714
MINTER ELLISON	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,000
DLA PHILLIPS FOX	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,791
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$33,000
The Trustee for Charter Mason Servi Trust	SAP HR SUPPORT	9/07/2008	30/06/2009	Direct	\$50,000
VICTORIAN HEALTH PROMOTION FOUNDATI VICHEALTH	ESTABLISHMENT OF A NATIONAL AGENCY FOR ILLNESS PREVENTION & HEALTH PROMOTION	6/08/2008	31/10/2008	Direct	\$10,700

Jamieson Foley	DEVELOPING A SCOPING PAPER ON A MIXED PUBLIC PRIVATE HEALTH SYSTEM FOR 2020	7/07/2008	23/07/2008	Direct	\$10,896
UNIVERSITY OF CANBERRA	RESEARCH CONSULTANCY SERVICES	8/08/2008	30/09/2008	Direct	\$60,882
Australian Healthcare and Hospitals Association	SUPPORT & RESEARCH ON HOSPITALS OF THE FUTURE	9/09/2008	30/11/2009	Direct	\$13,487
WOOLCOTT RESEARCH PTY LTD	CONCEPT TESTING RESEARCH TO INFORM THE DEVELOPMENT OF NATIONAL BINGE DRINKING CAMPAIGN MATERIALS	14/07/2008	30/06/2009	Direct	\$328,790
Carroll Communications Pty Limited	NATIONAL BINGE DRINKING CAMPAIGN EVALUATION	29/09/2008	31/05/2009	Direct	\$25,000
Ipsos Public Affairs Pty Ltd	DEVELOP THE BENCHMARK SURVEYS FOR THE NATIONAL BINGE DRINKING CAMPAIGN EVALUATION	14/10/2008	3/11/2008	Select	\$40,283
Ipsos Public Affairs Pty Ltd	SURVEY FOR THE NATIONAL BINGE DRINKING CAMPAIGN	11/11/2008	10/03/2009	Select	\$72,957
WOOLCOTT RESEARCH PTY LTD	CONCEPT TESTING RESEARCH TO INFORM THE DEVELOPMENT OF NATIONAL BINGE DRINKING CAMPAIGN MATERIALS	11/11/2008	12/01/2009	Direct	\$26,663
WOOLCOTT RESEARCH PTY LTD	CONCEPT TESTING RESEARCH TO INFORM THE DEVELOPMENT OF NATIONAL BINGE DRINKING CAMPAIGN MATERIALS 4/5	15/10/2008	1/12/2008	Direct	\$51,025
Ipsos Public Affairs Pty Ltd	NATIONAL SKIN CANCER AWARENESS CAMPAIGN 2008-09 EVALUATION RESEARCH	9/01/2009	26/03/2009	Direct	\$75,271
Blue Moon Unit Trust	CONCEPT TESTING RESEARCH FOR STAGE ONE OF THE ILLICIT DRUG USE CAMPAIGN	16/02/2009	30/06/2009	Direct	\$239,800
PROFILE RAY AND BERNDTSON PTY LTD	RECRUITMENT SERVICES FOR EXECUTIVE AND SPECIALIST POSITIONS AT THE SENIOR EXECUTIVE SERVICE BAND 1	21/10/2008	28/02/2009	Open	\$225,000
Rossarden Pty Ltd	EXECUTIVE RECRUITMENT SERVICES FOR CHIEF MEDICAL OFFICER POSITION	19/09/2008	31/12/2008	Direct	\$79,464
Carroll Communications Pty Limited	ILLICIT DRUG USE CAMPAIGN	13/02/2009	30/06/2009	Direct	\$47,080
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$40,000
ASCENT CONSULTING PTY LTD	INDIVIDUAL ELECTRONIC HEALTH RECORD BUSINESS CASE REVIEW	22/12/2008	30/06/2009	Direct	\$60,000
COMMUNIO PTY LTD	EVALUATION OF THE HEALTH CONNECT PROGRAM	19/12/2008	31/07/2009	Open	\$55,200

RESOLUTION CONSULTING SERVICES PTY	FINANCIAL SERVICES FOR THE IMPLEMENTATION AND MONITORING OF THE ROYAL FLYING DOCTORS SERVICE	13/08/2008	31/12/2008	Open	\$48,156
J CORNISH AND ASSOCIATES PTY LTD	PROVISION OF ADVICE ON AVIATION SERVICES IN RELATION TO THE ROYAL FLYING DOCTOR SERVICE	27/08/2008	30/06/2009	Direct	\$55,844
RESOLUTION CONSULTING SERVICES PTY	ECONOMIC & FINANCIAL EXPERTISE & ADVICE FOR THE ROYAL FLYING DOCTOR SERVICE	20/01/2009	30/06/2009	Direct	\$74,080
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$330,000
MINTER ELLISON	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$11,000
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$27,500
COOTE PRACTICE PTY LIMITED	EXPERT ADVICE FOR THE GP SUPER CLINIC PROGRAMS	3/12/2008	30/06/2009	Direct	\$15,000
COOTE PRACTICE PTY LIMITED	MEDICAL EXPERTISE ON THE APPLICATION ASSESSMENT PANELS FOR THE GENERAL PRACTICE SUPER CLINICS	6/02/2009	30/06/2009	Direct	\$35,000
CLAYTON UTZ	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$11,679
URBIS PTY LTD	EVALUATION OF THE ASTHMA MANAGEMENT PROGRAM	13/10/2008	12/02/2009	Open	\$178,001
LITTLE OAK PTY LIMITED	PROFESSIONAL SERVICES - MAINTENANCE OF THE DIVISIONS NETWORK INFORMATION SYSTEM	25/08/2008	30/06/2009	Direct	\$31,504
LITTLE OAK PTY LIMITED	DESIGN, DEVELOPMENT AND IMPLEMENTATION SERVICES TO GP AFTER HOURS ACCESS DATABASE	25/08/2008	30/06/2009	Select	\$13,200
COMMUNIO PTY LTD	EVALUATION OF THE BROADBAND FOR THE HEALTH MANAGED HEALTH NETWORKS GRANTS PROGRAM	17/11/2008	13/02/2009	Open	\$43,780
GEVERS GODDARD-JONES PTY LTD	EXTERNAL REVIEW OF WSS - WHEATBELT GP NETWORK	3/07/2008	31/08/2008	Select	\$34,128
KPMG	REVIEW OF KEY PERFORMANCE INDICATORS FOR THE RURAL REMOTE GENERAL PRACTICE PROGRAM	11/02/2009	21/04/2009	Open	\$85,256
AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE	DEVELOPMENT OF A MEN'S HEALTH BULLETIN	24/12/2008	30/06/2009	Direct	\$168,699
Robin Hill Health Pty Limited	INDEPENDENT FINANCIAL ADVICE TO SUPPORT THE IMPLEMENTATION OF GP SUPER CLINICS INITIATIVE	8/10/2008	30/06/2010	Open	\$277,420
Banscott Health Consulting Pty Ltd	PROFESSIONAL SERVICES - ADVICE RELATING TO THE BUSINESS OBJECTIVES OF THE PACD	29/07/2008	30/06/2009	Direct	\$330,000
ERNST & YOUNG ACT	REVIEW OF CARDIOVASCULAR DISEASE PROGRAMS	3/11/2008	28/02/2009	Direct	\$187,600
VALINTUS PTY LTD	CONSULTANCY RELATING TO GP DATA EXTRACTION ANALYSIS INVESTIGATION REPORT	18/07/2008	29/08/2008	Open	\$13,925

THE UNIVERSITY OF NSW	DEVELOP SELF ASSESSMENT TOOLS FOR GENERAL PRACTITIONERS FOR INFORMATION MANAGEMENT MATURITY	20/10/2008	20/01/2009	Direct	\$291,100
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$27,500
Blue Moon Unit Trust	CONCEPT TESTING RESEARCH FOR A SEXUAL HEALTH CAMPAIGN	12/02/2009	5/12/2009	Direct	\$285,615
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$29,748
Mallesons Stephen Jaques	PROVISION OF LEGAL SERVICES	22/09/2008	30/06/2009	Open	\$14,136
VT COACH PTY LTD	AUSTRALIAN SPORTS ANTI-DOPING AUTHORITY STRUCTURE AND GOVERNANCE REVIEW	28/07/2008	30/09/2008	Direct	\$43,830
David William Lyle Webster	AUSTRALIAN SPORTS ANTI-DOPING AUTHORITY STRUCTURE AND GOVERNANCE REVIEW	28/07/2008	30/09/2008	Direct	\$40,080
HUMAN CAPITAL ALLIANCE (INTERNATION PTY LTD)	2008 STRATEGIC REVIEW OF THE NATIONAL CENTRE FOR IMMUNISATION RESEARCH AND SURVEILLANCE (NCIRS)	8/12/2008	30/04/2009	Open	\$65,300
Donald James St John	SPECIALIST TECHNICAL ADVISER	2/02/2009	30/06/2009	Direct	\$25,000
Horizon Research	QUALITATIVE RESEARCH FOR THE SAVING LIVES IN THE WATER DVD	3/12/2008	30/06/2009	Direct	\$132,224
Ipsos Public Affairs Pty Ltd	YOUTH AND PARENT EVALUATION SURVEY FOR THE NATIONAL BINGE DRINKING EVALUATION	23/02/2009	30/06/2009	Select	\$106,902
The Social Research Centre Pty Ltd	UNDERTAKE RESEARCH AND PROVIDE A REPORT ON THE FINDINGS OF THE 2008 NATIONAL TABACCO SURVEY	25/09/2008	27/02/2009	Direct	\$322,792
Ipsos Public Affairs Pty Ltd	REPORT ON PUBLIC HEALTH VALUE OF THE DISCLOSURE OF CIGARETTE INGREDIANTS & EMISSION DATA	3/09/2008	29/05/2009	Select	\$126,599
URBIS PTY LTD	REVIEW AND EVALUATION OF THE FOUR NATIONAL STRATEGIES	2/12/2008	20/02/2009	Open	\$101,526
COMMUNIO PTY LTD	PROVISION OF ADVICE ON QUALITY IMPROVEMENT APPROACHES WITHIN THE ALCOHOL & OTHER DRUG SECTOR	12/08/2008	31/10/2008	Select	\$35,529
QLD UNIVERSITY OF TECHNOLOGY	STRATEGIES TO SUPPORT DRUG & ALCOHOL ONLINE ACTIVITIES	21/01/2009	1/06/2009	Open	\$126,500
WOOLCOTT RESEARCH PTY LTD	QUALITATIVE RESEARCH ON BREASTFEEDING DESIGN, MODELLING AND EVALUATION OF THE	24/12/2008	30/04/2009	Select	\$246,730
The University of Melbourne	CHLAMYDIA PILOT IN GENERAL PRACTICE	24/12/2008	30/04/2011	Open	\$2,017,890



URBIS PTY LTD	THE NATIONAL DRUG STRATEGY ABORIGINAL & TORRES STRAIT ISLANDER PEOPLES COMPLEMENTARY ACTION PLAN	14/07/2008	30/06/2009	Open	\$313,816
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$10,000
UNIVERSITY OF WESTERN SYDNEY	EXPERT INPUT INTO THE MEN'S HEALTH POLICY CONSULTATION DISCUSSION PAPER	28/10/2008	30/10/2008	Direct	\$10,000
Ipsos Public Affairs Pty Ltd	NATIONAL SMOKE-FREE PREGNANCY PROJECT EVALUATION	15/10/2008	30/06/2010	Select	\$309,529
URBIS PTY LTD	REVIEW AND EVALUATION OF THE FOUR NATIONAL STRATEGIES	2/12/2008	20/02/2009	Open	\$110,000
KPMG	ADMINISTRATIVE SERVICES IN SUPPORT OF BUSINESS ANALYSIS OF THE NRL	8/09/2008	30/06/2009	Open	\$234,593
WEBB, LINDA M T/AS THE ELLENELLE GROUP	IMPLEMENTATION OF THE 2008 FINANCIAL REVIEW	1/09/2008	30/06/2009	Direct	\$292,500
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,397
Ipsos Public Affairs Pty Ltd	RESEARCH SERVICES ASSOCIATED WITH THE ORGAN AND TISSUE DONATION COMMUNITY AWARENESS CAMPAIGN	28/11/2008	30/06/2009	Open	\$161,205
HEALTH OUTCOMES INTERNATIONAL PTY L	DEVELOP RECOMMENDATIONS FOR THE IMPLEMENTATION OPERATION OF THE NATIONAL EYE AND TISSUE NETWORK	11/02/2009	30/06/2009	Open	\$147,884
Christopher John Emery Kooya Consulting	EXPERT ADVICE FOR THE AUSTRALAIN ORGAN & TISSUE DONATION AND TRANSPLANTATION AUTHORITY	2/02/2009	15/04/2009	Direct	\$40,500
PRICEWATERHOUSECOOPERS ACTUARIAL PTY LIMITED	REVIEW OF THE AUSTRALIAN REFINED DIAGNOSIS RELATED GROUPS CLASSIFICATION SYSTEM DEVELOPMENT PROCESS	14/01/2009	30/06/2009	Open	\$215,000
DLA PHILLIPS FOX	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$35,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$60,000
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$75,000
Mallesons Stephen Jaques	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$30,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$17,600
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$56,000

Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$28,078
Peter James Abbott	EXPERT OPINION, MENTORING & REVIEW OF TOXICOLOGY EVALUATION & PUBLIC HEALTH RISK ASSESSMENT	8/09/2008	8/03/2009	Direct	\$52,800
THE ADELAIDE RESEARCH & INNOVATION INVESTMENT TRUST	EXTERNAL EVALUATION OF RESCHEDULING SUBMISSIONS SUBSTANCE REVIEW	4/02/2009	30/06/2009	Direct	\$10,000
Ian R. Falconer Water Quality Consultancy	EXPERT ADVICE ON DRINKING WATER GUIDELINES	10/12/2008	30/06/2009	Direct	\$12,000
RESOLUTION CONSULTING SERVICES PTY	REVIEW OF THE BUSINESS OPERATIONS WITHIN THE OFFICE OF CHEMICAL SAFETY	11/08/2008	30/09/2008	Open	\$20,550
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$50,000
DEAKIN UNIVERSITY	THE PROVISION OF HEALTH TECHNOLOGY ASSESSMENT AND RESEARCH SUPPORT SERVICES	11/09/2008	30/06/2011	Open	\$863,744
THE ADELAIDE RESEARCH & INNOVATION INVESTMENT TRUST	THE PROVISION OF HEALTH TECHNOLOGY ASSESSMENT AND RESEARCH SUPPORT SERVICES	11/09/2008	30/06/2011	Open	\$1,929,368
UNI OF SYDNEY	THE PROVISION OF HEALTH TECHNOLOGY ASSESSMENT AND RESEARCH SUPPORT SERVICES	30/09/2008	30/06/2011	Open	\$2,494,892
ROYAL AUSTRALASIAN COLLEGE OF SURGEONS	THE PROVISION OF HEALTH TECHNOLOGY ASSESSMENT AND RESEARCH SUPPORT SERVICES	30/09/2008	30/06/2011	Open	\$1,651,460
Clayton Utz	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$10,000
HEALTHCONSULT PTY LTD	RADIATION ONCOLOGY WORKFORCE REVIEW	28/01/2009	30/06/2009	Open	\$203,500
Menzies School of Health Research	PREVENTION OF HEARING LOSS ASSOCIATED WITH OTITIS MEDIA WITH PERFORATION IN INDIGENOUS CHILDREN	20/08/2008	30/04/2012	Open	\$1,044,879
FLINDERS UNIVERSITY	EVALUATION OF THE BENEFITS OF SWIMMING POOLS FOR THE EAR HEALTH OF INDIGENOUS AUSTRALIANS	20/08/2008	30/03/2012	Open	\$661,986
UNIVERSITY OF TECHNOLOGY SYDNEY	REVIEW OF THE EXTENDED MEDICARE SAFETY NET	19/12/2008	9/04/2009	Open	\$84,807
Allen Consulting Group	DEVELOPMENT OF A BUSINESS MODEL FOR AN AUSTRALIAN CLINICAL DOSIMETRY CENTRE	2/02/2009	28/05/2009	Open	\$130,495
PHILLIP JONES & ASSOCIATES PTY LTD	PROVISION OF ADVICE ON ASPECTS OF COMMONWEALTH DISASTER HEALTH CARE ASSISTANCE SCHEMES	1/07/2008	29/08/2008	Direct	\$26,499
GSB CONSULTING AND COMMUNICATIONS PTY LTD	PAEDIATRIC MEDICINES - INDUSTRY SCOPING STUDY	15/10/2008	30/04/2009	Open	\$70,389
LENNON, BRETT ANTHONY	PHARMACEUTICAL AIDS AND APPLIANCES	29/08/2008	31/01/2009	Direct	\$89,700
MARK WILLIAMS MANAGEMENT PTY LTD	EXPERT ADVICE IN RELATION TO THE COMMUNITY SERVICE FIFTH COMMUNITY PHARMACY AGREEMENTS	18/02/2009	30/06/2010	Direct	\$152,300

The University of Newcastle	EXTERNAL EVALUATION OF SUBMISSIONS FOR PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE	31/10/2008	29/06/2012	Open	\$5,816,844
THE ADELAIDE RESEARCH & INNOVATION INVESTMENT TRUST	EXTERNAL EVALUATION OF SUBMISSIONS FOR PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE	31/10/2008	29/06/2012	Open	\$4,305,829
Monash University	EXTERNAL EVALUATION OF SUBMISSIONS FOR PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE	31/10/2008	29/06/2012	Open	\$4,032,463
GRIFFITH UNIVERSITY	EXTERNAL EVALUATION OF SUBMISSIONS TO THE PHARMACEUTICAL BENEFITS ADVISORY COMMITTEE	9/12/2008	28/05/2010	Open	\$1,335,084
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$12,078
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,227
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$35,000
Australian Healthcare Associates Pty Ltd	REVIEW OF ARRANGEMENTS FOR S100 DRUGS/PROGRAMS	15/09/2008	19/06/2009	Open	\$417,940
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$11,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$12,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$11,000
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$30,352
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$19,250
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$11,550
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$55,851
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$12,000
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$13,000
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,400
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,400
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$15,400
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$11,100

Australian Government Solicitor	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$12,100
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	23/12/2008	30/06/2009	Open	\$15,400
Australian Government Solicitor	PROVISION OF LEGAL SERVICES	9/01/2009	30/06/2009	Open	\$15,400
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$14,486
AUSTRALIAN GOVERNMENT SOLICITOR	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$10,000
Lesley Russell	REVIEW OF MENTAL HEALTH INITIATIVES ACROSS AUSTRALIAN JURISDICTIONS	15/10/2008	31/10/2008	Direct	\$22,000
THE ADELAIDE RESEARCH & INNOVATION INVESTMENT TRUST	EVALUATION OF THE MENTAL HEALTH NURSE INCENTIVE PROGRAM - PRIVATE HOSPITAL PILOT	10/12/2008	15/06/2009	Direct	\$142,340
NATIONAL INSTITUTE OF LABOUR STUDIES INC	EVALUATION OF THE BETTER ACCESS INITIATIVE	7/01/2009	30/12/2010	Open	\$272,987
KPMG	EVALUATION OF THE BETTER ACCESS TO PSYCHIATRISTS PSYCHOLOGISTS & GPS	14/01/2009	1/12/2009	Open	\$332,330
MINTER ELLISON	PROVISION OF LEGAL SERVICES	1/07/2008	30/06/2009	Open	\$55,000
MINTER ELLISON	PROVISION OF LEGAL SERVICES	6/02/2009	30/06/2009	Open	\$25,000
HEALTH OUTCOMES INTERNATIONAL PTY L	EVALUATION OF THE MENTAL HEALTH SUPPORT FOR DROUGHT AFFECTED COMMUNITITES INITIATIVE	30/01/2009	30/04/2009	Open	\$150,416
Peter James Abbott Biosearch Consulting	PROVIDE ADVICE ON HUMAN HEALTH RISK IN RELATION TO CHEMICALS CONSIDERED BY NICNAS	1/07/2008	30/06/2009	Direct	\$30,000
Campbell Research & Consulting Pty	EVALUATION OF THE LOW REGULATORY CONCERN CHEMICAL REFORM INITIATIVES	18/12/2008	30/06/2009	Open	\$116,377
WalterTurnbull Pty Ltd	FINANCIAL, BUDGETARY, RISK MANAGEMENT AND AUDIT SERVICES	1/10/2008	30/06/2009	Open	\$60,000
Blue Moon Unit Trust	CONSULTANCY SERVICES - ABHI MEASURE UP CAMPAIGN	15/08/2008	30/06/2009	Select	\$135,850
Blue Moon Unit Trust	PROFESSIONAL SERVICES - EVALUATION OF PHASE 1 OF THE ABHI SOCIAL MARKETING CAMPAIGN	9/09/2008	30/06/2009	Select	\$408,759
Department of Education & Early Childhood Development	NATIONAL FRAMEWORK FOR UNIVERSAL CHILD & FAMILY HEALTH SERVICES	22/02/2009	19/03/2009	Direct	\$62,700

Total Number	169
Total Value	\$40,954,136

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-028

OUTCOME 0: Whole of Portfolio

Topic: MINISTERIAL STAFF

Written Question on Notice

Senator Humphries asked:

For each Minister/Parl Secretary in the portfolio:

- a) How many personal staff are employed?
- b) How many vacancies exist?
- c) What levels are these positions?

Answer:

The Department of Finance and Deregulation has provided the following information regarding the personal staff for each Minister/Parliamentary Secretary in the portfolio of Health and Aging:

Office of the Minister for Health and Ageing (as at 25 February 2009)

- a) 9
- b) 1
- c) 1 – Senior Adviser (Chief of Staff – Cabinet)
  - 1 – Senior Media Adviser
  - 3 – Adviser
  - 3 – Assistant Adviser
  - 1 – Executive Assistant/Office Manager
  - 1 – Secretary/Administrative Assistant

Office of the Minister for Ageing (as at 25 February 2009)

- a) 6
- b) Nil
- c) 1 – Senior Adviser (Chief of Staff – non-Cabinet)
  - 1 – Media Adviser
  - 1 – Adviser
  - 1 – Assistant Adviser
  - 1 – Executive Assistant/Office Manager
  - 1 – Secretary/Administrative Assistant

Office of the Minister for Youth, Minister for Sport\* (as at 25 February 2009)

- a) 7
- b) 1
- c) 1 – Senior Adviser (Chief of Staff – non-Cabinet)
  - 1 – Media Adviser
  - 1 – Adviser
  - 1 – Assistant Adviser
  - 1 – Executive Assistant/Office Manager
  - 1 – Secretary/Administrative Assistant

\*The figures provided represent total staffing within the Office and are unable to be separated against portfolio responsibilities.

Office of the Parliamentary Secretary to the Minister for Health and Ageing (as at 25 February 2009)

- a) 2
- b) Nil
- c) 1 – Assistant Adviser
  - 1 – Executive Assistant/Office Manager

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-031

OUTCOME 0: Whole of Portfolio

Topic: SECONDMENT IN MINISTER'S OFFICES

Written Question on Notice

Senator Humphries asked:

- a) Are any Departmental officers on secondment to the office of the Minister/Parl Sec?
- b) If so, how many and to whom?

Answer:

- a) As at 25 February 2009, no Departmental officers are on secondment to the Ministers'/Parliamentary Secretary's Office.
- b) N/A.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-035

OUTCOME 0: Whole of Portfolio

Topic: DEPARTMENTAL HOSPITALITY

Written Question on Notice

Senator Humphries asked:

- c) What is the Department's hospitality spend calendar year 2008 and financial year to date?
- d) Please detail date, location, purpose and cost of all events.

Answer:

- a) The Department's hospitality expenditure for the calendar year 2008 was \$82,273.25 and the financial year to date 31 January 2009 was \$60,746.23.
- b) The date, location, purpose and cost of all events is as follows:

<b>Date</b>	<b>Location</b>	<b>Purpose</b>	<b>Cost (incl.GST)</b>
26-Feb-08	Lemon Grass Thai Restaurant, Canberra, ACT	Business lunch – Review of Aged Care ratios	\$112.70
27-Feb-08	Sydney, NSW	International Women's Day function	\$81.82
4-Mar-08	Melbourne, VIC	International Women's Day function	\$163.64
4-Mar-08	Canberra, ACT	Business lunch with senior representative of the Institute of Infectious Diseases, Japan	\$89.90
5-Mar-08	Department of Health and Ageing, Canberra, ACT	Small scale entertainment	\$733.03
6-Mar-08	National Convention Centre, Canberra, ACT	International Women's Day function	\$176.00
7-Mar-08	Melbourne, VIC	International Women's Day function	\$2,880.00
8-Mar-08	Sydney, NSW	International Women's Day function	\$900.02
17-Mar-08	Aria Restaurant, Sydney, NSW	Official dinner for delegates attending the Pandemic Influenza Preparedness Meeting	\$2,599.00



<b>Date</b>	<b>Location</b>	<b>Purpose</b>	<b>Cost (incl.GST)</b>
26-Mar-08	Bistro 1, Melbourne, VIC	Lunch for BreastScreen Australia Evaluation Advisory Committee meeting	\$369.90
27-Mar-08	Jaspers Brasserie, Tanunda, SA	Dinner for BreastScreen Australia Evaluation Advisory Committee meeting	\$768.00
31Mar-08	Canberra, ACT	International Women's Day function	\$218.19
2-Apr-08	Mantra on Salt Beach, Kingscliff, NSW	Ministerial discussions on Ageing portfolio issues	\$855.00
5-Apr-08	Antwerp, BELGIUM	Hospitality incidental to overseas training course	\$53.00
10-Apr-08	Hotel Realm, Canberra, ACT	Dinner for Gene Technology Technical Advisory Committee meeting	\$1,290.00
11-Apr-08	Department of Health and Ageing, Canberra, ACT	Small scale entertainment	\$75.44
17-Apr-08	Marque Restaurant, Sydney, NSW	Business dinner Regulatory Scientist, Health Canada	\$333.00
22-Apr-08	Adelaide, SA	Council on The Ageing 50 Year celebration	\$160.00
24-Apr-08	Rubicon Restaurant, Canberra, ACT	Official dinner with the Director of the Medical Devices Bureau, Health Canada	\$128.00
1-May-08	Department of Health and Ageing, Canberra, ACT	Small scale entertainment	\$86.35
2-May-08	Treasury Cafe, Melbourne, VIC	Maternity Services Review meeting	\$66.00
6-May-08	Department of Health and Ageing, Canberra, ACT	Small scale entertainment	\$288.65
9-May-08	Artespresso, Kingston, ACT	Ministerial discussions on Ageing portfolio issues	\$164.30
19-May-08	Sheraton on the Park Sydney, NSW	Australian Council of Safety and Quality in Health Care Commissioners working dinner	\$1,772.00
30-May-08	Mantra on Salt Beach, Kingscliff, NSW	Working lunch with aged care provider	\$351.00
2-Jun-08	Courgette Restaurant, Canberra, ACT	Business dinner – Preventative Health Task Force	\$1,521.00
15-Jun-08	Axis Restaurant, Canberra, ACT	Business lunch – Professor of Global Health, University of California	\$269.00
15-Jun-08	Restaurant De Lomu, Geneva, SWITZERLAND	Consultation with the Indonesian/US delegation during the World Health Organisation Intergovernmental meeting	\$1,431.23
16-Jun-08	Parliament House, Canberra, ACT	Ministerial meeting with aged care provider CEOs	\$690.00

<b>Date</b>	<b>Location</b>	<b>Purpose</b>	<b>Cost (incl.GST)</b>
16-Jun-08	Bottega Restaurant, Melbourne, VIC	Official dinner visiting experts from the Vietnamese National Institute of Hygiene & Epidemiology	\$500.00
17-Jun-08	Courgette Restaurant, Canberra, ACT	Business dinner with head of the School of Medicine, University of Auckland	\$792.00
19-Jun-08	Hyatt Hotel , Canberra, ACT	Australian Sports Commission Board dinner	\$1,113.50
23-Jun-08	Parliament House, Canberra, ACT	Ministerial discussions on Ageing portfolio issues	\$423.25
30-June-08	Parliament House, Canberra, ACT	Ministerial discussions on Ageing portfolio issues	\$72.10
1-Jul-08	Axis Restaurant, Canberra, ACT	Official lunch for Thai Delegation	\$628.20
2-Jul-08	Department of Health and Ageing, Woden, ACT	Small scale entertainment	\$288.65
8-Jul-08	Brisbane Convention & Exhibition Centre, QLD	Conference dinner - Population Health Congress 2008	\$120.00
10-Jul-08	National Convention Centre, ACT	Executive Assistant of the Year function	\$900.00
22-Jul-08	Department of Health and Ageing, Adelaide, SA	Small scale entertainment	\$181.91
24-Jul-08	Café in the House, Canberra, ACT	Official lunch for international training course	\$398.00
25-Jul-08	Level 41 Restaurant, Chifley Square, Sydney, NSW	Official dinner, Indonesian, US & Australian Influenza Preparedness meeting	\$3,992.00
25-Jul-08	Old Parliament House, Canberra, ACT	Hospitality incidental to 5 day training course in evaluation of generic medicine for overseas participants	\$398.00
25-Jul-08	Rubicon Restaurant, Canberra, ACT	National Health and Hospital Reform Commission business lunch	\$332.50
29-Jul-08	Three, One, Two Restaurant, Carlton, VIC	Working dinner National Indigenous Health Quality Council	\$150.00
31-Jul-08	Canberra, ACT	Mersey Hospital transition team consultations	\$181.92
1-Aug-08	University House, Melbourne, VIC	Business lunch for visiting experts from the Vietnamese National Institute of Hygiene & Epidemiology	\$385.00
1-Aug-08	Bottega Restaurant, Melbourne, VIC	Business dinner for visiting experts from the Vietnamese National Institute of Hygiene & Epidemiology	\$906.00
1-Aug-08	Belluci's Restaurant, Woden, ACT	Committee consultations	\$403.40
6-Aug-08	The Treasury Bistro, Melbourne, VIC	Meeting with Director of Medical Services, Ministry of Health, Singapore	\$150.00

<b>Date</b>	<b>Location</b>	<b>Purpose</b>	<b>Cost (incl.GST)</b>
6-Aug-08	Hilton, Melbourne Airport, VIC	Tobacco Working Group meeting	\$456.00
8-Aug-08	Hilton, Melbourne Airport, VIC	Alcohol Working Group meeting	\$456.00
9-Aug-08	Hilton Beijing Hotel, China	4th Commonwealth Sports Minister's Meeting (CSMM)	\$26,741.00
14-Aug-08	Sydney, NSW	Business lunch with General Manager, Hazardous Substances, Environmental Risk Management Authority, New Zealand	\$87.00
14-Aug-08	The Malaya Restaurant, Sydney, NSW	Lunch meeting between National Health and Hospital Reform Commission staff and forum organisers	\$149.00
15-Aug-08	Brasserie Restaurant, Canberra, ACT	Meeting with Medicare Australia to discuss MoU issues	\$93.80
18-Aug-08	Bottega Restaurant, Melbourne, VIC	Dinner meeting with National Health and Hospital Reform Commission staff and the CEO of the NT Dept of Health and Community Services	\$95.60
20-Aug-08	MBF Boardroom, Sydney, NSW	Dinner with Health Insurers – National Health and Hospital Reform Commission paid for own attendees	\$283.96
20-Aug-08	Office of ACSQHC, Oxford St, Sydney, NSW	Working dinner at Australian Commission on Safety and Quality in Health Care – Inter Jurisdictional Committee meeting	\$115.00
25-Aug-08	Courgette Restaurant, Canberra, ACT	Working dinner National Indigenous Health Quality Council	\$1,878.00
5-Sep-08	Canberra, ACT	Mersey Hospital transition team consultations	\$808.50
5-Sep-08	Department of Health and Ageing, Canberra, ACT	Small scale entertainment	\$202.06
9-Sep-08	Tre Scalini, Darlinghurst, Sydney, NSW	Business dinner with Professor of Human Nutrition, University of Sydney	\$267.00
11-Sep-08	Ottoman Cuisine, Canberra, ACT	Official dinner for the Pacific Senior Officials Network	\$1,618.50
22-Sep-08	Sheraton on the Park, Sydney, NSW	Working dinner of Australian Commission on Safety and Quality in Health Care Commissioners	\$2,546.00
23-Sep-08	Manila, Phillipines	World Health Organisation, Western Pacific Regional Office, Official dinner	\$2,270.30
1-Oct-08	Beaver Galleries, Canberra, ACT	Purchase of official gifts for International delegations	\$456.00
1-Oct-08	National Gallery of Australia Canberra, ACT	Purchase of official gifts for International delegations	\$279.80

<b>Date</b>	<b>Location</b>	<b>Purpose</b>	<b>Cost (incl.GST)</b>
1-Oct-08	Department of Human Services, Melbourne, Vic	National Health Information Regulatory Framework – Jurisdictional Workshop	\$596.40
1-Oct-08	Anise, Canberra, ACT	Official dinner for the Japan-Australia Partnership Program	\$467.00
1-Oct-08	The Commonwealth Club, Canberra, ACT	Executive working lunch with CEO of the National Health and Hospital Reform Commission	\$187.00
14-Oct-08	Ottoman Restaurant, Canberra, ACT	Dinner for Gene Technology Technical Advisory Committee meeting	\$850.00
20-Oct-08	WrapLove bar music room, Melbourne, VIC	Welcome for delegates attending 15 <sup>th</sup> Pharmaceutical Inspection Convention/Co-operation Scheme expert circle on Human Blood and Tissue	\$230.00
6-Nov-08	Onred Restaurant, Canberra, ACT	Pacific Senior Health Officials Network Annual Meeting	\$2,093.00
18-Nov-08	National Press Club, Canberra, ACT	Address by the Victorian Premier, the Honourable John Brumby	\$140.00
24-Nov-08	Chairman & Yip, Canberra, ACT	Dinner function – committee review discussions	\$1,066.50
26-Nov-08	The Waters Edge, Canberra, ACT	Executive working lunch with Executive Director, Director General's Office, World Health Organisation	\$133.00
27-Nov-08	National Gallery of Australia, Canberra, ACT	Purchase of official gifts for International delegations	\$347.80
5-Dec-08	Melbourne Cricket Ground, Melbourne, VIC	Official dinner - Chair of the Australian Sports Commission	\$5,710.33
8-Dec-08	First Floor, Canberra, ACT	Dinner – Australian General Practice Network	\$124.10
9-Dec-08	Chairman & Yip, Canberra, ACT	Dinner for BreastScreen Australia Evaluation Advisory Committee meeting	\$582.00

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-044

OUTCOME 0: Whole of Portfolio

Topic: REVIEWS

Written Question on Notice

Senator Humphries asked:

- a) How many reviews are currently being undertaken in the portfolio/agency or affecting the portfolio agency?
- b) When will each of these reviews be concluded?
- c) Which reviews have been completed since Supplementary Budget Estimates 2008?
- d) When will the Government be responding to the respective reviews that have been completed?

Answer:

- a) The term 'review' is fairly broad and ambiguous. In answering this question the Department has interpreted it to refer to major policy reviews under the current Government. The Department has identified 11 such reviews. This figure excludes internal reviews which are undertaken as part of the day-to-day management of programs and reviews routinely undertaken as part of administrative processes.

b) Completion timeframes of these 11 reviews are as follows:

<b>Review</b>	<b>Status</b>
Review of Rural Health Programs	Due for completion by April 2009
National Health and Hospitals Reform Commission	The Commission is to report on a long term health reform plan by June 2009
National Primary Health Care Strategy	Due for completion in mid 2009
Review the Medicare Schedule	Being undertaken alongside the National Primary Health Care Strategy which is due to be completed in mid 2009
The Strategic Review of Future Funding Arrangements for Diagnostic Imaging and Pathology Services	Review expected to be completed early 2009 and will be considered by the Government in the lead up to the 2009-10 Budget
National Preventative Health Strategy	June 2009
The Pathways into the health workforce for Aboriginal and Torres Strait Islander People: A Blueprint for Action ('Pathways Paper')	Completed the Pathways Paper on 10 July 2008 (being implemented by the National Indigenous Health Equality Council)
Review of Maternity services in Australia	Report completed on 21 February 2009
Review of the Conditional Adjustment Payment (CAP) in residential aged care	The final report of the Review will be presented to the Government for consideration in the 2009-10 Budget context
New directions for Australian sport (Expert Independent Sport Panel)	Due for completion in 2009
Health Technology Assessment Review	Expected to report in late 2009

- c) "Review of Maternity Services in Australia" was completed since Supplementary Budget Estimates 2008.
- d) It is expected that the Government's response to reviews will vary in accordance with the timeframes and specific content of each review. The Department has not been advised when the Australian Government intends to respond to the respective reviews that have been completed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

OUTCOME 0: Whole of Portfolio

Topic: REVIEWS

Written Question on Notice

Senator Humphries asked:

- e) What is the total number of reviews both completed and ongoing in the portfolio/agency or affecting the portfolio agency since November 2007?
- f) What is the estimated cost of these reviews?
- g) What further reviews are planned for 2009?

Answer:

- a) The term 'review' is fairly broad and ambiguous. In answering this question the Department has interpreted it to refer to major policy reviews under the current Government. The Department has identified 11 such reviews. This figure excludes internal reviews which are undertaken as part of the day-to-day management of programs and reviews routinely undertaken as part of administrative processes.
- b) The estimated cost of these 11 reviews, is outlined in the following table below, and can be summarised as follows:
  - i. Two reviews completed - costs provided as at reported completion date;
  - ii. Eight reviews ongoing - costs provided for 2008 calendar year; and
  - iii. One review announced 18 December 2008 - costs provided to 25 February 2009.

	<b>REVIEW</b>	<b>COSTS</b>
i.	<u>Two reviews completed:</u>  Pathways into the health workforce for Aboriginal and Torres Strait Islander People: A Blueprint for Action ('Pathways Paper')  Review of Maternity Services in Australia	  \$198,267.00    \$497,539.00
ii.	<u>Eight reviews ongoing:</u>  Review of Rural Health Programs  National Health and Hospitals Reform Commission  National Primary Health Care Strategy  Review of the Medicare Schedule  Strategic Review of Future Funding Arrangements for Diagnostic Imaging and Pathology Services  National Preventative Health Strategy  Review of the Conditional Adjustment Payment (CAP) in Residential Aged Care  New Directions for Australian Sport	  \$326,480.00  \$4,488,263.07  \$593,551.00  \$206,710.09  \$101,771.87  \$944,000.00  \$72,600.00  \$251,212.59
iii)	<u>Review announced 18 December 2008:</u>  Health Technology Assessment Review	  \$140,592.00

- c) The Department has not been advised regarding further reviews which the Australian Government may seek to conduct in 2009.





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

DEPUTY SECRETARY

Mr Elton Humphery  
Committee Secretary  
Senate Standing Committee on Community Affairs  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

Dear Mr Humphery

**Request for Amendment to Evidence Provided at Additional Estimates Hearing,  
25 February 2009: Outcome 1**

I am writing to clarify a statement that I made at the Additional Estimates hearings of the Senate Community Affairs Committee on 25 February 2009.

In the interchange I had with Senator Siewert around the differential use of particular diagnosis codes, according to data supplied by respective states, I then went on to add “that I understand that only from July 2008 have states been using that code – or that there has been a consistent instruction to use that code in a common matter.”

I need to clarify that my final observation concerning recent instructions requiring the consistent use of codes relate not to F10 but to codes Y90 (*Evidence of alcohol involvement determined by blood alcohol level*) and Y91 (*Evidence of alcohol involvement determined by level of intoxication*). The Access Economics report uses Y90 and Y91, as well as F10, for a number of states.

Yours sincerely

A handwritten signature in black ink, appearing to read 'David Kalisch', with a long horizontal flourish extending to the right.

David Kalisch  
Deputy Secretary

11 March 2009

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-162

OUTCOME 1: Population Health

Topic: ALCOPOPS DATA

Hansard Page: CA 25

Senator Siewert asked:

- a) Are we able to get some data beyond what is in the Access Economics report that is actually clean data that can contribute positively to the debate?
- b) Is the F10 code connected to the international F10 code? Is it internationally consistent?
- c) Does the F10 code deal with the issues around the diagnosis of mental health as it relates to alcohol addiction, or is there a broader definition of alcohol related harm in general?
- d) What classifications should we be using to measure binge drinking?
- e) What codes and relevant descriptors are used to classify alcohol related harm?

Answer:

- a) With regard to hospital data sets, the Australian Institute of Health and Welfare (AIHW) report *Australian Hospital Statistics 2007-08*, will be available May 2009. The states and territories have submitted to the AIHW the data to be included in this report. It is currently subject to cleaning and analysis.  
Under the Australian Health Care Agreements (AHCAs) (schedule C, clause 6) each state and territory has until 31 December to submit hospital data in respect of the previous financial year, then a further two months to fix any data issues (on advice from AIHW). Minor adjustments continue to be made up until the publication of national reports (including the *State of our public hospitals report* and *Australian hospital statistics*).
- b) Yes. ICD-10-AM is totally compatible with World Health Organization's (WHO) ICD-10 core classification. The ICD-10-AM classification is an Australian modification of the WHO ICD-10 core classification.
- c) The F10 to F19 code range incorporates a number of diagnoses relating to mental and behavioural disorders due to psychoactive substance abuse, including alcohol. The F10.X codes within this code range classify conditions such as chronic alcohol use and withdrawal states, with episodes of acute alcohol intoxication being classified to F10.0.

- d) In the context of the inpatient hospital admissions, a useful measure of assessing the impact of binge drinking would be via the use of the F10.0 *Mental and behavioural disorders due to the use of alcohol - acute intoxication*.

In general, a presentation with acute alcohol intoxication would be treated in the ED setting rather than on an inpatient basis. However, while most systems allow the recording of more than one diagnosis, this is rarely done in practice in EDs. Therefore, F10.0 will tend to only be used in EDs when intoxication is the primary presentation. Presentations where alcohol is a factor, but not the primary reason for presentation (such as motor vehicle related trauma, or interpersonal violence) may not record that this is alcohol related. Also, it should be noted that there are no national diagnosis coding or classification standards relating to EDs. Therefore application of the F10.0 code will not necessarily be consistent across states or even between hospitals.

Moreover, administrative hospitalisation data do not provide a reliable link to an individual's alcohol consumption. For example many hospital admissions for broken bones are recorded as broken bones despite alcohol being a causal factor behind the scenes. Relying on a straight count of hospitalisations only presents a small part of a bigger picture. Currently, the most appropriate way to measure the impact of alcohol abuse on deaths and hospitalisations is through the 'aetiological fraction' method.

The 'aetiologic fraction' method of calculating alcohol-caused deaths and hospitalisations is consistent with methodological recommendations and guidelines for reporting on estimates of alcohol-caused mortality and morbidity as agreed by a consortium of Australian alcohol-researchers (Chikritzhs et al., 2002).

The population aetiologic fraction for a particular illness or injury caused by low, risky or high risk drinking is the proportion of cases with that condition in the population that can be attributed to such drinking. Since routinely collected morbidity and mortality data provide no information about each individual's alcohol consumption, the only way to calculate the total number of alcohol-caused illnesses or injuries in a population is to multiply the number of people with each particular condition by the alcohol population aetiologic fraction specific to that condition, then to sum the results. For some conditions (such as alcoholic liver cirrhosis and alcohol dependence), the alcohol population aetiologic fractions are 1, because such conditions are - by definition - wholly attributable to alcohol. For other conditions (e.g. assault, road crashes and stroke) the alcohol population aetiologic fractions are less than 1, because they are only partially attributable to alcohol.

The National Alcohol Indicators represents the most valid and reliable estimates of alcohol-related hospitalisations and deaths currently available.

- Over 80% of all alcohol consumed by 14-17 year olds is drunk at risky levels.
- Over the ten years 1993-2002, an estimated 501 drinkers aged 14-17 years died from an alcohol-attributable injury or disease caused by risky drinking.
- Over 3,300 14-17 year olds were hospitalized for an alcohol-attributable injury or disease in 1990/00.

For children and young people under 18 years of age, not drinking alcohol is the safest option. Alcohol may adversely affect brain development and be linked to alcohol related problems later in life. (*Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, NHMRC 2009.)

- e) ICD-10-AM codes indicating alcohol-related harm:
- F10 Mental and behavioural disorders due to the use of alcohol
  - G31.2: Degeneration of the nervous system due to alcohol
  - G62.1: Alcoholic polyneuropathy
  - G72.1: Alcoholic myopathy
  - I42.6: Alcoholic cardiomyopathy
  - K29.2: Alcoholic gastritis
  - K70 (70.0-70.9): Alcoholic liver disease
  - K85.2 Alcohol induced acute pancreatitis
  - O35.4: Maternal care for (suspected) damage to fetus from alcohol
  - P04.3: Fetus and newborn affected by maternal use of alcohol
  - T51 (51.0-51.9): toxic effect of alcohol (applies to medical and industrial alcohols)
  - V00-Y98
  - X45: Alcohol poisoning by and exposure to alcohol
  - Y90 (90.0-90.9): Evidence of alcohol involvement determined by blood alcohol level
  - Y91 (91.0-91.9): Evidence of alcohol involvement determined by level of intoxication
  - Z71.4: Counselling and surveillance for drug use disorder
  - Z72.1: Alcohol use – Hazardous use of alcohol (excluding acute intoxication (F10.0), dependence (F10.2), harmful use (F10.1))

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-134

OUTCOME 1: Population Health

Topic: CANCER AUSTRALIA'S CONNECTION TO *beyondblue*

Hansard Page: CA37

Senator Boyce asked:

What are *beyondblue*'s research priorities for Cancer Australia's Priority-driven Collaborative Cancer Research Scheme?

Answer:

The wording of *beyondblue*'s research priorities for the 2009 round of the Priority-driven Collaborative Cancer Research Scheme are detailed below:

“This research program aims to achieve an improvement in psychosocial care for people with any type of cancer and their families, with a particular focus on improving recognition and treatment of depression and anxiety. Priority will be given to applied research which is practical, has specific endpoints and/or applications and clearly defined pathways to care. This may include:

1. The development, trialling and dissemination of evidence-based, well-evaluated diagnostic and therapeutic recommendations for people with cancer and their families that leads to improved mental health outcomes.
2. Research tailored to the Australian healthcare environment to identify, create and institute improved assessment and robust pathways to care for people with cancer and their families with psychosocial distress that can be broadly applied to a number of settings.
3. Trials of interventions which demonstrate improvement in the mental health of people with cancer and their families and carers in community, hospital and outpatient settings.
4. Other relevant studies which lead to improvement in quality of life for people with depression and cancer.

Research supported by this program must demonstrate a multidisciplinary team approach with collaboration between researchers, consumers, carers, clinicians and stakeholders.”

Examples of research projects that were cofunded by *beyondblue* and Cancer Australia in 2008 include:



**Butow, P** - University of Sydney

*Psychological morbidity, unmet needs, quality of life and patterns of care in migrant cancer patients: The first year*

**Olver, I** - University of Sydney

*Understanding the psychosocial sequelae of surviving testicular cancer*

**Sanson-Fisher, R** - University of Newcastle

*Blood cancer survivors and support persons: A national survey of rural/urban unmet needs and psychological disturbance*

**Schofield, P** - Peter MacCallum Cancer Centre

*A nurse led psychosocial intervention with peer support to reduce psychosocial needs in women with gynaecological cancer*

**Steginga, S** - Cancer Council Queensland

*Improving the Psychosocial Health of People with Cancer and their Carers: A Community-Based Approach*

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-123

OUTCOME 1: Population Health

Topic: SMOKING DURING PREGNANCY

Written Question on Notice

Senator Boyce asked:

As part of this Review it was found that 52.2% of Indigenous mothers smoked during pregnancy. What education measures are being taken to reduce this number, and therefore reduce the number of deaths?

Answer:

In the 2005-06 Budget, \$4.3 million was allocated to a smoking and pregnancy initiative aimed at helping women, particularly Indigenous women, to stop smoking during and after pregnancy by encouraging doctors, midwives and Indigenous health workers to give advice to pregnant women about the damage caused by smoking. Two projects under this initiative have been funded to assist Indigenous women quit smoking during pregnancy - one based in Perth, Western Australia and the other in Katherine, Northern Territory.

A third project under the smoking and pregnancy initiative provides a brief smoking cessation intervention for pregnant women attending public birthing services around Australia that are part of this project. While not specifically targeting Indigenous pregnant women, a large number of pregnant Indigenous women attend public birthing services. This intervention includes an education component as well as a referral to the Quitline for pregnant women and their partners, if they are smokers.

More broadly, in March 2008, a \$14.5 million Indigenous Tobacco Control Initiative (ITCI) was launched as the Government's first step towards closing the gap in smoking rates between the Indigenous and non-Indigenous population within a generation. The ITCI will target all Indigenous Australians who smoke but will have a particular emphasis on young smokers.

As part of the ITCI, four projects have been funded. The first is a culturally appropriate intervention program in the Northern Rivers region of rural New South Wales to address smoking among the pregnant Indigenous women in the region, and includes their friends and family, health service providers and local communities. The second is developing culturally appropriate tobacco education and cessation support focused on local community needs in Northeast Arnhem Land. The third and fourth projects will implement comprehensive smoking cessation and tobacco control programs to reduce smoking prevalence in Indigenous people in south-east Queensland and in western New South Wales, respectively.



The Commonwealth, at the Council of Australian Governments (COAG) meeting on 29 November 2008, announced \$806 million over four years as its contribution to COAG's \$1.6 billion Indigenous Health National Partnership. This includes \$160 million to tackle the key risk factors for chronic diseases in the Indigenous community, such as smoking. COAG also agreed on 28 November 2008 to commit \$872.1 million over six years to a National Partnership Agreement on Preventative Health. The Partnership includes provision for measures aimed at reducing the prevalence of daily smoking.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-001

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING HELPLINE

Written Question on Notice

Senator Hanson-Young asked:

Back in October Estimates, the Department provided me with some figures on how many calls the pregnancy counselling helpline had received between 1 May 2007 and 30 September 2008, which was 5,748 - could you provide me with an update how many calls the Helpline has received since October 1.

Answer:

Between 1 October 2008 and 30 January 2009, the Helpline received 1,435 calls.

Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Total
408	349	336	210	132	1,435

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-002

OUTCOME 1: Population Health

Topic: COST OF CALLS FOR PREGNANCY COUNSELLING HELPLINE

Written Question on Notice

Senator Hanson-Young asked:

Has the average cost per call decreased or increased since the last estimates, in which the Department confirmed was \$185?

Answer:

The average cost of calls to the Helpline for the eight months July 2008 – February 2009 is \$200.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-004

OUTCOME 1: Population Health

Topic: MATERNITY SERVICES REVIEW - PREGNANCY COUNSELLING HELPLINE

Written Question on Notice

Senator Hanson-Young asked:

The Maternity Services Review report gives no indication of any of the information, or the operation of the Helpline that was reviewed. If the Helpline doesn't know what information clients are seeking in course of counselling and information provided, then how can they know if the needs of individual clients were being met or what 'peer and social support' women are seeking?

Answer:

The Maternity Services Review (the Review) considered the National Pregnancy Telephone Counselling Helpline as part of a broad range of issues relevant to maternity services. The Review Report includes a number of recommendations for improving information and support for women in the perinatal period, including establishing a single, integrated pregnancy-related telephone support line for consumers.

The National Pregnancy Support Helpline provider McKesson Pty Ltd routinely provides the Department with data on the operations of the Helpline including information on the reason for the call, types of crisis calls received, non target calls and call outcomes. It also provides client demographic information.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-165

OUTCOME 1: Population Health

Topic: NATIONAL PREVENTATIVE HEALTH TASKFORCE

Hansard Page: CA 18

Senator Barnett asked:

Can you table advice provided to the Minister by the Preventative Health Taskforce on the possible design for a national preventative partnership.

Answer:

The Department of Health and Ageing is unable to table the advice provided to the Minister for Health and Ageing by the Preventative Health Taskforce on the National Partnership Agreement on Preventative Health, as it is policy advice to the Minister.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-118

OUTCOME 1: Population Health

Topic: INDIGENOUS TARGETED HEALTH PROMOTION

Written Question on Notice

Senator Boyce asked:

Regarding the development of Indigenous targeted health promotion activities, when will results be available to more easily identify strategies that will work?

Answer:

The Department of Health and Ageing has a range of initiatives for Indigenous targeted health promotion, in areas such as nutrition, smoking and physical activity, and most have evaluation strategies with varying timelines. In some cases, short term findings shed some light on the impact of activities, but in many cases the impact would need to be assessed over some years to identify approaches likely to deliver sustained outcomes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-173

OUTCOME 1: Population Health

Topic: TOBACCO EXCISE

Hansard Page: CA 57

Senator Xenophon asked:

- a) Has any research been done on the effect last time there was an increase – what that did to the take-up rate or to smoking rates amongst children?
- b) Has any work been done on what an increase of, say, another 50 cents or a dollar on a packet of cigarettes could do to the consumption levels amongst minors?
- c) In particular, it would be interesting to see that against vulnerable groups that are resistant to efforts and still have a high percentage of smoking.
- d) Question on the efficacy of measures in terms of funding programs – what research is there to indicate that a combination of, say, counselling and nicotine replacements therapy works?
- e) Can you tell me where we are in working out what is the best way of getting bang for your buck in getting people to quit smoking?
- f) In particular, I am interested in any work of the Ministerial Council in relation to the South Australian trial.

Answer:

- a) No specific research was undertaken however the Cancer Council Victoria reports that analysis of prices and reported consumption following the reform of tobacco taxes between 1999 and 2001 shows evidence of reduced tobacco consumption corresponding with significant declines in the affordability of cigarettes and other tobacco products, both among adults and among children.

Between 1999 and 2002 there was a significant reduction in the numbers of secondary-school students smoking at least weekly. The numbers smoking large packs declined by 38% and the total numbers of students smoking declined by 24%. Between 1999 and 2005, per capita consumption among secondary-school students fell from 266 cigarettes per year per student in 1999 to 122 cigarettes per year per student in 2005, a decline of 54%<sup>1</sup>.

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<sup>1</sup> Tobacco in Australia: Facts and Issues. Third Edition. Melbourne: Cancer Council Victoria; 2008.

- b) The National Tobacco Strategy 2004-09 notes that research by the World Bank <sup>2,3</sup> concluded that raising tobacco taxes is the single most important step that governments can take to reduce smoking among both adults and young people, particularly in lower socio-economic groups. Price sensitive consumers respond to increases in the price of cigarettes by either quitting or lowering their consumption. On average, a 10% increase in the price of cigarettes results in a 4% reduction in smoking by adults and a 16% reduction in smoking by children. For illustrative purposes, a 50 cent price increase on a pack of cigarettes currently retailed for \$12.00 represents a 4.16% increase on the price and could be expected to produce a 1.64% reduction in adult smoking.

There is evidence to suggest <sup>4,5,6,7,8</sup> that as smoking behaviour becomes more established (as opposed to experimenting with cigarettes) and adolescents increasingly finance their own tobacco purchases (instead of obtaining them through their social networks and from other informal sources) that raising the price of tobacco products, particularly through tax increases, significantly reduces smoking rates among young smokers.

- c) A very detailed analysis of changes in monthly smoking prevalence in response to changes in cigarette prices in each Australian state between February 1991 and December 2006 showed that, compared to people on moderate and high incomes, a higher percentage of people on low incomes stopped smoking in response to increases in the price of cigarettes.<sup>9</sup>

High prices are especially important as a deterrent for young people's uptake, as they tend to have less disposable income; and for adults with low income, even though they are most likely to be smokers. A 10% increase in price across the world in 1995 would have reduced the number of smoking-attributable deaths by a conservative 5 to 16 million, mostly in poor and middle income countries.<sup>10</sup>

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<sup>2</sup> Jha P and Chaloupka F. The Economics of global tobacco control. *BMJ* 2000; 7257:358-61.

<sup>3</sup> Jha P and Chaloupka. *Tobacco Control in Developing Countries*, ed. P.Jha and F. Chaloupka. London: Oxford University Press 2000

<sup>4</sup> Lewit EM and Coate D. The potential for using excise taxes to reduce smoking. *J Health Econ* 1982; 1:121-45

<sup>5</sup> Lewit EM, Coate D and Grossman M. The effects of government regulation on teenage smoking. *Journal of Law and Economics* 1981;24:545-69

<sup>6</sup> Wasserman J, Manning W, Newhouse J and Winkler J. the effects of excise taxes and regulations on cigarette smoking. *J Health Econ* 1991; 101:43-64

<sup>7</sup> Lewit EM, Hyland A, Kerrebrock N and Cummings KM. Price, public policy and smoking in young people. *Tob Control* 1997; 6:17-24

<sup>8</sup> Tauras J and Chaloupka F. Determinants of smoking cessation: an analysis of young adult men and women. Working paper no. 7262. Cambridge MA:National Bureau of Economic Research, 1999.

<sup>9</sup> Siahpush M, Wakefield M, Spittal M, Durkin S and Scollo M. Taxation reduces social disparities in adult smoking prevalence: evidence from Australia, 1991-2006, in submission.

<sup>10</sup> Ranson MK, Jha P, Chaloupka FJ and Nguyen SN. Global and regional estimates of the effectiveness and cost-effectiveness of price increases and other tobacco control policies. *Nicotine Tob Res.* 2002;4:311-19.



- d) Research indicates that Nicotine Replacement Therapy (NRT) increases the rate of long-term quitting by 50 to 70%. All forms of NRT appear to be about as effective as each other, but research is limited on the most recently released products.<sup>11</sup> Studies with long-term follow-up have found that the impact of a single course of NRT persists over time, with NRT users about twice as likely to be quit four years later than those who quit without using NRT.<sup>12</sup> NRT works with or without additional counselling, however counselling does further increase the odds of success.<sup>13 14</sup>
- e) There are two broad aspects to the question of costs and effectiveness of smoking interventions at the population level:
- the cost-effectiveness analysis of smoking cessation compared to other public health or medical interventions; and
  - the cost-effectiveness analysis of different approaches or levels of intensity to smoking cessation.

The value of smoking cessation in comparison to other health interventions is clearly demonstrated in studies from around the world that can be extrapolated to Australia. Interventions that promote cessation of smoking typically cost between hundreds of dollars and several thousand dollars per life year saved, while other medical interventions more typically cost tens of thousands of dollars, making smoking cessation therapies one of the most cost-effective health interventions.<sup>15</sup>

In Australia, consulting firm Applied Economics prepared a report for the Australian Government Department of Health and Ageing in 2003 that compared public health programs to reduce tobacco consumption, coronary heart disease, HIV/AIDS, measles and Hib-related diseases, and road trauma. For tobacco, it was concluded that for government, there was a saving of \$2 for every \$1 spent on tobacco control campaigns. Based on very conservative assumptions (e.g. that Quit Campaigns were responsible for only 10% of the reduction in tobacco use) the estimated present value of overall social benefits was \$8.6 billion, compared to costs of \$176 million.<sup>16</sup>

The cost-effectiveness of differing approaches to smoking cessation has never been estimated for Australia, but overseas research suggests the costs per life year saved vary from a few hundred dollars for media campaigns to several thousand dollars for intensive interventions by health workers.<sup>17</sup> The actual values depend on success rates and smoker characteristics. Since more intense interventions are more often used by more dependent smokers and those with other problems that make quitting harder, these estimates may

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<sup>11</sup> Stead LF, Perera R, Bullen C, Mant D and Lancaster T. Nicotine replacement therapy for smoking cessation. *Cochrane Database of Systematic Reviews* 2008(1): DOI:10.1002/14651858.CD000146.pub3 Available from <http://www.mrw.interscience.wiley.com/cochrane/clsyrev/articles/CD00146/frame.html>

<sup>12</sup> Etter JF. Nicotine replacement therapy for long-term smoking cessation. *Tobacco Control*. 2006; 15:280-5.

<sup>13</sup> Le Foll B and George T. Treatment of tobacco dependence: integrating recent progress into practice. *Canadian Medical Association Journal*. 2007; 177:1373-80.

<sup>14</sup> VicHealth Centre for Tobacco Control. *Tobacco Control: A Blue Chip Investment in Public Health*. Melbourne: The Cancer Council Victoria, 2003. Available from <http://www.vctc.org.au>

<sup>15</sup> Parrott S and Godfrey C. Economics of smoking cessation. *British Medical Journal*. 2004;328:947-9.

<sup>16</sup> Abelson P and Applied Economics. *Returns on Investment in Public Health*. Canberra: Department of Health and Ageing, 2003. Available from [http://www.aodgp.gov.au/internet/main/publishing.nsf/Content/19B2B27E0679B79CA256F190004503C/\\$File/roi\\_eea.pdf](http://www.aodgp.gov.au/internet/main/publishing.nsf/Content/19B2B27E0679B79CA256F190004503C/$File/roi_eea.pdf)

<sup>17</sup> Parrott S, Godfrey C, Raw M, West R and McNeill A. Guidance for commissioners on the cost effectiveness of smoking cessation interventions. *Health Educational Authority*. *Thorax*. 1998; 53:S1-38. Available from [http://thorax.bmj.com/cgi/content/full/53/suppl\\_5/S1](http://thorax.bmj.com/cgi/content/full/53/suppl_5/S1)

overestimate the costs of more intensive approaches were they to be used by ordinary smokers.<sup>18</sup>

*Note: responses to questions (d) and (e) have been taken from Scollo MM, Winstanley MH (editors). Tobacco in Australia: Facts and Issues. Third Edition. Melbourne: Cancer Council Victoria; 2008. Available from [www.TobaccoInAustralia.org.au](http://www.TobaccoInAustralia.org.au)*

- f) In May 2005, the Department of Health and Ageing entered into a contract with the South Australian Department of Health to conduct an evaluation of the subsidised trial of nicotine replacement therapy (NRT) products being undertaken by Quit South Australia. The trial was designed to access smokers on low incomes with an interest in quitting who might otherwise not seek assistance. This evaluation would determine, among other things, whether the NRT contributed significantly to the success (or otherwise) rate; and whether making NRT generally more affordable would be a cost effective method of promoting smoking cessation.

The evaluation consisted of a 3, 6 and 12 month follow-up of those offered NRT (intervention group) and those offered usual counselling (control group), assessing quit rates and cost per quitter. Overall, 70.8% of those eligible for follow-up, ie 929 study participants, were successfully interviewed at 12 months, representing 67.5% of the original sample.

The final report was provided in April 2007. The key results were:

- the level of interest was much higher among those offered NRT in addition to telephone support compared to those offered telephone support alone (n=1000 compared to n=377 respectively);
- the estimated marginal cost per quitter in the intervention group was \$622 (i.e. \$414 in NRT-related expenses and \$208 in counselling-related costs) and for those who quit in the control group, the cost was \$185; and
- the intervention group was significantly more likely to have made a quit attempt and be abstinent at 3 and 6 months but 12 month point prevalence quit rates (the quit rates assume that the 32.5% of participants not reached at 12 months were smokers) were not significantly different.

The overall conclusions were that although those offered NRT were more likely to make a quit attempt, the effect of subsidised NRT on actual quit rates appears limited to the short term. Nevertheless, the NRT offer generated additional demand for the Quitline, prompting 2-3 times as many smokers to call and attracting a group who were more dependent on smoking at baseline. 92% of the NRT group believed the subsidy was a very important incentive to try NRT, and 60% were first-time callers to the Quitline. The results of this trial have been published in the Tobacco Control Journal.<sup>19</sup>

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<sup>18</sup> Godfrey C, Parrott S, Coleman T and Pound E. The cost-effectiveness of the English smoking treatment service: evidence from practice. *Addiction*. 2005; 100:70-83.

<sup>19</sup> Miller CL and Sedivy V. Using a Quitline plus low-cost NRT to help disadvantaged smokers quit. *Tobacco Control*. Published Online First: 8 January 2009. doi:10.1136/tc.2008.026492. <http://tobaccocontrol.bmj.com/cgi/content/abstract/tc.2008.026492v1>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-172

OUTCOME 1: Population Health

Topic: TOBACCO EXCISE

Hansard Page: CA 56

Senator Siewert asked:

- a) My understanding of our level of (tobacco) tax – from levies at the moment is that it is actually now significantly below other OECD countries. Is that correct?
- b) When was the last time it was increased in real terms.

Answer:

- a) The Cancer Council Victoria used data from the Tobacco Atlas<sup>20</sup> and the World Development Indicators<sup>21</sup> database to compare tobacco tax as a percentage of the final price in OECD countries, for countries where data is available, as outlined below:

Country	Income	OECD	Tax as % of final price
France	High	OECD	80.4%
Ireland	High	OECD	78.4%
UK	High	OECD	78.0%
Portugal	High	OECD	77.6%
Turkey	High	OECD	77.0%
Chile	Upper middle		76.4%
Canada	High	OECD	76.3%
Denmark	High	OECD	76.1%
Malta	High		76.1%
Finland	High	OECD	75.6%

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<sup>20</sup> Mackay J, Eriksen M and Shafey O. The Tobacco Atlas, Second Edition. Washington: The American Cancer Society and the Union International Centre Cancer, 2006. Available from [http://www.cancer.org/docroot/AA/content/AA\\_2\\_5\\_9x\\_Tobacco\\_Atlas.asp](http://www.cancer.org/docroot/AA/content/AA_2_5_9x_Tobacco_Atlas.asp)

<sup>21</sup> World Bank. World Development Indicators database, country classification database. New York: World Bank, 2006, Updated July 2006 [viewed 1 October 2006]. Available from <http://web.worldbank.org/WBSITE/EXTERNAL/DATASTATISTICS/O..contentMDK:20421402~pagePK:64133150~piPK:64133175~theSitePK:239419,00.html>

<b>Austria</b>	High	OECD	75.4%
<b>Italy</b>	High	OECD	75.2%
<b>Germany</b>	High	OECD	74.5%
<b>Belgium</b>	High	OECD	74.4%
<b>Slovenia</b>	High		74.2%
<b>Hungary</b>	Upper middle		74.1%
<b>Greece</b>	High	OECD	73.5%
<b>Netherlands</b>	High	OECD	73.1%
<b>Norway</b>	High	OECD	72.6%
<b>Poland</b>	Upper middle		72.3%
<b>Cyprus</b>	High		72.1%
<b>Estonia</b>	Upper middle		71.8%
<b>Romania</b>	Upper middle		71.7%
<b>Spain</b>	High	OECD	71.4%
<b>Croatia</b>	Upper middle		71.1%
<b>Argentina</b>	Upper middle		70.0%
<b>Sweden</b>	High	OECD	69.6%
<b>New Zealand</b>	High	OECD	69.5%
<b>Luxembourg</b>	High	OECD	69.0%
<b>Australia</b>	High	OECD	67.9%
<b>Czech Republic</b>	Upper middle		67.3%
<b>Switzerland</b>	High	OECD	63.3%
<b>Slovak Republic</b>	Upper middle		62.0%
<b>Japan</b>	High	OECD	61.1%
<b>Lithuania</b>	Upper middle		60.9%
<b>Latvia</b>	Upper middle		60.3%
<b>Uruguay</b>	Upper middle		59.0%
<b>South Africa</b>	Upper middle		46.2%

- b) In November 1999, when government reforms to the excise duty were changed from a weight based regime to a 'per stick' rate of duty for tobacco in stick form not exceeding 0.8gms, with all other tobacco products pay duty per kilogram, this resulted in a price increase in real terms of approximately 20%<sup>22</sup>.

<sup>22</sup> Scollo M and Borland R. Taxation reform as a component of tobacco control policy in Australia; Journal: Tobacco Control, World Health Organization Tobacco Control Paper 2004.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-169

OUTCOME 1: Population Health

Topic: APPROVED GRANTS

Hansard Page: CA 31 & 32

Senator Ryan asked:

In your list of approved grants by the department under program 1.3 drug strategy, amongst many Australian groups there is a \$30,000 grant to the New Zealand Police. I was wondering what that might be for.

Answer:

The figure of \$30,000 outlined in the list of approved grants reflects the amount allocated by the Department for potential use on this project. The figure of \$30,000 does not reflect the amount of funding actually contracted with the New Zealand Police.

The Australian Government Department of Health and Ageing provided funding of \$19,230.77 AUD (\$22,500 NZD) to the National Chemical Diversion Congress in 2008. The 2008 Congress was hosted by the New Zealand Police and sponsored by the Department of Health and Ageing. The Department has sponsored the Congress for several years when it has been hosted in cities throughout Australia.

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-167

OUTCOME 1: Population Health

Topic: MEN'S HEALTH AMBASSADORS

Hansard Page: CA 21

Senator Abetz asked:

Can Ms Roxon advise whether she ever met with Mr Marsh prior to her becoming Minister for Health and Ageing and whether she received the document *21 Reasons Why Gender Matters* in September 07?

Answer:

As the Minister has previously made clear, she had met with Warwick Marsh on several occasions in her various previous capacities.

She has also made clear that she had not read the document in question, and had no knowledge of its contents.

The Minister has described the comments in the document as “extremely offensive”, and last year dismissed Warwick Marsh as a result of his failure to repudiate the contents of the document.

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

Additional Budget Estimates 2008-2009, 25 February 2009

Question: E09-133

OUTCOME 1: Population Health

Topic: NALTREXONE IMPLANTS

Hansard Page: CA34 & 35

Senator Siewert asked:

- a) When did the TGA notify the West Australian company exporting naltrexone implants, that under the conditions of their clinical trials licence they were not eligible to export the product?
- b) Is it possible to provide the committee with a list of generic requirements for the process of gaining a licence for clinical trial manufacturing?

Answer:

- a) Go Medical Industries Pty Ltd holds a licence to manufacture naltrexone implants, oral capsules and placebos for use in clinical trials only.  
The Therapeutic Goods Administration (TGA) has issued export permits under S19(1) of the *Therapeutic Goods Act 1989* (the Act) as far back as 2004 which clearly stipulate that export is approved only for clinical trial use in clinical trials conducted in accordance with the International Conference on Harmonisation guidelines.  
After discussions with Go Medical revealed that Go Medical had exported naltrexone implants overseas for purposes other than clinical trial use, the TGA wrote to Go Medical on 7 February 2008 to remind the company of its obligations under the Act.
- b) The process for obtaining such a licence from the TGA is outlined for all stakeholders on the TGA website at [www.tga.gov.au](http://www.tga.gov.au) under the sections entitled “Information for manufacturers” and “Good manufacturing practice for therapeutic goods”. Technical specifics to be met by the applicant are set out in Annex 13 of the *Australian Code of Good Manufacturing Practice For Medicinal Products*, available on the TGA website at [www.tga.gov.au/docs/pdf/gmpcodau.pdf](http://www.tga.gov.au/docs/pdf/gmpcodau.pdf)

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-168

OUTCOME 1: Population Health

Topic: NALTREXONE IMPLANTS

Hansard Page: CA 31

Senator Siewert asked:

- a) What is the extent of other funding being provided by the Department in relation to naltrexone implants?
- b) When was the evaluation report on the trial of Naltrexone implants received by the NHMRC?

Answer:

- a) The Department of Health and Ageing has provided \$344,016 to the University of Western Australia for the following:
  - \$37,480 has been provided for an independent monitoring committee to review the research carried out in *The Randomised double blind placebo controlled clinical trial on Naltrexone implants for the treatment of heroin addiction*, for the period 2004/05 to 2007/08.
  - \$152,536 has been provided for research projects:
    - ultrasound assessments on how the naltrexone implant breaks down over time, for the period 2004/05 to 2005/06;
    - biopsy information on histology of the naltrexone implant, for the period 2004/05 to 2005/06; and
    - report on naltrexone blood levels over a period of time, for the period 2004/05 to 2005/06.
  - \$154,000 was provided through the NHMRC, to expedite the University's clinical trial of the naltrexone implant, for the period 2005/06.
- b) The University of Western Australian submitted the final report of *The Randomised double blind placebo controlled clinical trial on Naltrexone implants for the treatment of heroin addiction* to the National Health and Medical Research Council on 2 October 2008.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-071

OUTCOME 1: Population Health

Topic: AUSTRALIAN HEALTH CARE AGREEMENTS

Written Question on Notice

Senator Boyce asked:

What are the agreed performance targets to be reached by the states in order to receive the chronic disease reward payments being offered to the states under the new agreements?

Answer:

There is one chronic disease target in the National Healthcare Agreement:

- Reduce the age-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate of 7.1 per cent) within 15 years.

No reward payments are attached to this target. States and territories will, however, be required to publicly report on their performance against this target.

In the case of the National Partnership Agreement on Preventive Health, there are no targets relating to the incidence or prevalence of chronic diseases, however, there are targets for the prevalence of lifestyle risk factors known to cause chronic conditions. These are:

- **Healthy weight:**  
Increase in proportion of children and adults at unhealthy weight held at <5% from baseline for each state by 2011; and proportion of children and adults at healthy weight returned to baseline level by 2013.
- **Healthy eating:**  
Increase in mean number of daily serves of fruits and vegetables consumed by children and adults by at least 0.2 for fruits and 0.5 for vegetables from baseline for each state by 2011; and 0.6 for fruits and 1.5 for vegetables by 2013.
- **Physical Activity:**  
Increase in proportion of children participating in at least 60 minutes of moderate physical activity every day from baseline for each state by 5% by 2011; by 15% by 2013; and  
Increase in proportion of adults participating in at least 30 minutes of moderate physical activity on five or more days of the week of 5% from baseline for each state by 2011; 15% from baseline by 2013.

- **Smoking:**  
Reduction in state baseline for proportion of Australians smoking daily commensurate with a 2 percentage point reduction in smoking from 2007 national baseline by 2011; and 3.5 percentage point reduction from 2007 national baseline by 2013.

There are reward payments linked to these lifestyle risk factor targets. Funding to the states and territories for the Healthy Children and Healthy Workers initiatives (\$614.9 million out of the total \$872.1 million available under the National Partnership Agreement) is subject to a facilitation-reward structure.

Under the Agreement, 50% of the transfers for these two initiatives will be made as facilitation payments to enable the states to establish programs to support behavioural change in the social contexts of everyday lives, including pre-schools, schools and workplaces. The remaining 50% (or \$307.5 million) is being made available as reward payments to states that meet the targets specified above – note that states able to attain partial performance against the targets will receive a proportionate reward payment.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-108

OUTCOME 1: Population Health

Topic: OBESITY

Written Question on Notice

Senator Boyce asked:

Changing to primary health care models requires an enormous change in thinking and mindsets and without education, the process of change and acceptance by people that health is their responsibility will take generations to achieve.

- a) What is being done to fund school nurse educators to encourage a healthy lifestyle from a young age?
- b) If there is no funding as yet, what is being done to look at this as an important health education program?

Answer:

- a) There is currently no funding provided by the Australian Government for school nurse educators to encourage healthy lifestyles from a young age. However, under the National Partnership Agreement on Preventive Health agreed by COAG on 29 November 2008, the Commonwealth will transfer to the states and territories \$324.56 million over four years from 1 July 2011-12 for a Healthy Children Initiative. This funding will be provided to deliver a range of programs covering physical activity, healthy eating, and primary and secondary preventions in settings such as child care centres, pre-schools, schools, multi-disciplinary service sites, and children and family centres.
- b) School based nurse educators is a matter for state and territory governments.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-117

OUTCOME 1: Population Health

Topic: NUTRITION

Written Question on Notice

Senator Boyce asked:

- a) Are you aware of the statement by the Dietitians Association of Australia and the Public Health Association regarding the need to redirect funding to nutrition education in Australia?
- b) If so, what is being done regarding this?
- c) What education programs are available to ensure children and adults in communities are aware of the importance of good nutrition?

Answer:

- a) No.

The Department of Health and Ageing is aware of the interest in public health nutrition of both the Dietitians Association of Australia (DAA) and the Public Health Association of Australia (PHAA). These associations recently collaborated to issue a joint policy on Food Security for Aboriginal and Torres Strait Islander Peoples, which was launched at Parliament House 13 January 2009.

The joint policy on Food Security does not specifically call for funding for nutrition education rather it states that 'while nutrition education is an effective strategy for improving diet, the effectiveness of such initiatives are dependent on healthy food being available and accessible'.

b and c)

The importance of good nutrition is highlighted by the National Health and Medical Research Council's (NHMRC) Australian Dietary Guidelines and the *Australian Guide to Healthy Eating*. These Guidelines form the policy basis for nutrition education in Australia and are the tools promoted by Australian governments at federal, state and territory levels.

In partnership with the Department of Health and Ageing, the NHMRC is undertaking a review of national nutrition recommendations including the *Core Food Groups, Australian Dietary Guidelines* (for infants, children, adolescents, adults, older Australians and pregnant and breastfeeding women) and the *Australian Guide to Healthy Eating* publications. The review is expected to be completed by late 2010 when revised Dietary Guidelines and appropriate publications for consumers, health professionals and policy makers will be issued by the NHMRC.

The nutrition recommendations presented in the current Guidelines are incorporated in a variety of public education and awareness raising initiatives addressing healthy lifestyles.

Examples of these programs at a federal level include:

- The *Australian Better Health Initiative (ABHI) MeasureUp* campaign launched on 17 October 2008. The Campaign incorporates television, print media and website mediums and aims to raise awareness of healthy lifestyle choices, focusing on the importance of physical activity and nutrition, as well as the links between lifestyle behaviours and some chronic disease risks. The second phase of the campaign will run from 1 to 29 March 2009.
- The Stephanie Alexander Kitchen Garden program was launched on 21 August 2008. It will provide funding over four years to up to 190 government primary schools to build vegetable gardens, kitchen facilities and improve the food skills of Australian children.
- The *Get Set 4 Life – Habits for Healthy Kids Guide*, launched on 1 July 2008, provides healthy eating information for parents of four year olds receiving the 4 year olds Healthy Kids Check. The check is available from General Practitioners and Practice Nurses to all four year old children around the time of their four year old immunisation.
- The development of *Healthy Eating and Physical Activity Guidelines for Early Childhood Settings* by 30 June 2009. These guidelines will provide evidence-based, practical information and advice to support and promote healthy eating and physical activity in children attending early childhood education and care services (centre based care, family day care and preschools). Complementary resources will also be produced for families and carers of children attending early childhood education and care services to support healthy behaviours at home.
- The expansion of the Australian Breastfeeding Association's helpline to a national toll-free 24 hour service to support breastfeeding as the optimal source of infant nutrition.
- The Healthy Active Australia Community and Schools Grants Program provided funding of \$55.5 million to 510 school and community based organisations nationally, to encourage sustainable physical activity and healthy eating projects in communities and schools.
- The National Healthy Schools Canteen Project is developing a food categorisation system that will guide the selection of food and beverages for sale within school canteens. The development of training resources will assist canteen managers to make appropriate menu choices that encourage the development and reinforcement of healthy eating patterns in students.

The Preventative Health Taskforce has released a discussion paper and is undertaking extensive consultations to develop a National Preventative Health Strategy by June 2009. The need for effective public education and information to improve eating habits was raised in the discussion paper released by the Taskforce in October 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-164

OUTCOME 1: Population Health

Topic: Obesity

Hansard Page: CA 18

Senator Barnett asked:

- a) Could you advise the committee on the obesity rates that you have on a decade-by-decade basis for adults and children going back to 1970.
- b) Could you advise us on the initiatives that have been undertaken to implement that policy since obesity was announced as a national health priority.

Answer:

- a) Obesity statistics in Australia for adults are available from the National Health Survey (NHS) for the following years: 1989-90, 1995, 2001 and 2004-2005. Please refer to Attachment A – Obesity Statistics for Adults. There are no national data available for adults prior to 1989.

Obesity statistics relating to children are available from 1985, 1995 and 2007. Please refer to Attachment B - Obesity Statistics for Children. There are no national data available for children prior to 1985.

- b) During the 2007 election, the Government announced its commitment to make obesity a National Health Priority. In April 2008, Australian Health Ministers' endorsed the decision and obesity was formally announced as a National Health Priority Area (NHPA). Obesity initiatives undertaken or committed by the Australian Government since the announcement are provided in Attachment C.

## ATTACHMENT A

### **Obesity Statistics for Adults (18 years and over)**

*Note: The National Health Survey uses self-reported data to calculate BMI.*

	<b>Overweight % (BMI ≥ 25 &lt; 30)</b>	<b>Obese % (BMI ≥ 30)</b>	<b>Overweight &amp; Obese % (BMI ≥ 25)</b>
<b>2004-05</b>			
Males	42.9	19.0	61.9
Females	28.0	17.0	45.0
Persons	35.5	18.0	53.5
<b>2001</b>			
Males	42.0	15.7	57.7
Females	25.4	17.0	42.4
Persons	33.7	16.3	50.1
<b>1995</b>			
Males	40.1	11.9	51.9
Females	23.9	12.2	36.1
Persons	32.1	12.0	44.1
<b>1989-90</b>			
Males	36.1	8.3	44.4
Females	21.2	9.3	30.6
Persons	28.6	8.8	37.5

*Source: Australian Bureau of Statistics, National Health Surveys 1989-90, 1995, 2001 and 2004-05*

Body Mass Index (BMI) is an index of weight relative to height and is calculated by dividing weight in kilograms by the square of height in meters (kg/m<sup>2</sup>).

According to the World Health Organization (WHO), overweight is defined as a BMI ≥ 25 but ≤ 29.9 and obesity is defined as a BMI ≥ 30.

## **ATTACHMENT B**

### **Obesity Statistics for Children**

*Note: The 2007 National Children's Nutrition and Physical Activity Survey, the 1995 National Health Survey and the 1985 Australian Health and Fitness Surveys used measured height and weight to calculate BMI.*

	<b>Overweight %</b>	<b>Obese %</b>	<b>Overweight &amp; Obese %</b>
<b>2007 National Children's Nutrition and Physical Activity Survey (aged 2-16 years)</b>			
Boys	16.0	5.0	22.0
Girls	18.0	6.0	24.0
Persons	17.0	6.0	23.0
<b>1995 National Nutrition Survey (aged 2 – 18 years)</b>			
Boys	15.0	4.6	19.5
Girls	15.7	5.4	21.1
Persons	15.3	5.0	20.3
<b>1985 Australian Health and Fitness Survey (aged 7 – 15 years)</b>			
Boys	9.3	1.7	11.0
Girls	10.6	1.6	12.3
Persons	10.0	1.7	11.6

**Sources:**

*2007 National Children's Nutrition and Physical Activity Survey;*

*1995 National Nutrition Survey; and*

*Magarey et al (2001) Prevalence of overweight and obesity in Australian children and adolescents: reassessment of 1985 and 1995 data against new standard international definitions. MJA; 174: 561-56.*

Note: There are significant differences in sample design, data collection and processing practices between the surveys which make comparisons between these surveys difficult.



**ATTACHMENT C**

<b>Title</b>	<b>Brief Description</b>	<b>Funding</b>
National Preventative Health Taskforce	The Taskforce will develop a National Preventive Health Strategy to provide a blueprint for tackling the burden of chronic disease currently caused by obesity, tobacco and excessive consumption of alcohol.	\$4.5m over 5 years from 2008-11
Stephanie Alexander Kitchen Garden Program	This program provides grants for up to 190 government schools to build a vegetable garden and kitchen facilities and provide food education to children.	\$12.8m over 4 years from 2008-09
Healthy Kids Check	This health check is for all four year olds to ensure they are fit and ready to start school.	\$25.6m over 4 years from 2008-09
Get Set 4 Life – Habits for Healthy Kids Guide	The guide is provided to parents/carers as part of the Healthy Kids Check for all Australian children at four years of age. The Guide provides practical information on key areas of health and development such as: healthy eating, regular exercise, speech and language, oral health, skin and sun protection, hygiene and sleep.	\$2.9m over 2 years from 2007-08
Healthy Eating and Physical Activity Guidelines for Early Childhood Settings	The guidelines will provide evidence based information and advice to support and promote healthy eating and physical activity in children attending early childhood education.	\$4.5m over 5 years from 2007-08
Learning from successful community initiatives	This initiative will identify and analyse the lessons learned from community initiatives aimed at preventing obesity and share the knowledge gained with new and developing projects.	\$1.7m over 4 years from 2007-08
Healthy Places and Spaces Project	The project will develop a national guide for local planners to encourage healthy built environments.	\$710,000 in 2008-09
The Osborne General Practice Network's Healthy Families for Happy Futures (HFHF)	A lifestyle intervention program in Western Australia for children with weight concerns and their families.	\$235,000 over 4 years from 2008-09
Healthy and Active Australia Community and School Grants	Continued commitment to encourage sustainable physical activity and healthy eating projects in communities and schools across Australia.	\$76.7m over 3 years from 2007-08
NHMRC	Obesity research funding.	2008 - \$23,609,651 2009 - \$37,041,734
GP Super Clinics	GP super clinics will be established in 31 localities across Australia. GP Super Clinics are a key element of the Government's strategy to build a stronger primary health care system, including a greater focus on management of chronic disease, health promotion and illness prevention.	\$275m over 5 years from 2007-2008
Walk to Work and Walk Safely to School Days	Continued commitment to the Pedestrian Council to promote National Walk to Work Day and Walk Safely to School Day. These events are held annually to encourage physical activity and alternative active-	\$0.8m in 2008-09

Title	Brief Description	Funding
	modes of transport for children and adults.	
The Active After Schools Communities program	This program has been expanded to encourage participation in after-school physical activity by providing primary school-aged children with access to free, structured physical activity programs in the after-school timeslot of 3.00pm to 5.30pm.	\$124.4m over 3 years from 2007-08 Australian Sports Commission
Development of Physical Activity Recommendations for children under 5	Physical activity recommendations specifically for children aged 0-5 are being developed to complement the existing children's, adults and older people's recommendations.	\$157,022 in 2007-08
COAG National Partnership Agreement on Preventive Health	<p>1. Healthy Children – Interventions for children 0-16 years of age to increase physical activity and improve nutrition through child care centres, pre-schools, schools and families.</p> <p>2. Healthy Workers – Healthy living programs will be implemented through workplaces and will target nutrition, physical activity, excessive alcohol consumption and tobacco smoking.</p> <p>3. Healthy Communities – Healthy Living programs supporting physical activity, improved nutrition, smoking cessation and excessive alcohol consumption rolled out nationally.</p> <p>4. Industry Partnership – Partnerships with relevant industry and non-government sectors will be established to work cooperatively in reshaping consumer demand and industry supply towards healthy living choices.</p> <p>5. Social Marketing – anti-obesity MeasureUp campaign will be extended by three years and funded to increase its reach and target 'at risk' groups.</p> <p>- transfers to States/Territories for local level activities to support the national MeasureUp message</p>	<p>\$325.5m over 4years from 2011-12</p> <p>\$289.4m over 4 years from 2011-12</p> <p>\$72m over 4 years from 2009-10</p> <p>\$1m over 4 years from 2009-10</p> <p>\$41m over 4years 2009-10</p> <p>\$18m over 4years 2009-10</p>
The National Health Risk Survey Program	Expansion of the National Nutrition and Physical Activity survey to collect nationally representative information on nutrition, physical activity, physical measurements, biomedical data, chronic diseases and their risk factors in adults, children and Indigenous populations.	\$15m over 4 years 2009-10, (in addition to the existing funds of \$10m over 4 yrs committed in the 2007-08 budget)
Lifescrpts	Continuation of this initiative which provides general practitioners with tools and skills to help patients	\$5.5 million over the period 2006-07 to

<b>Title</b>	<b>Brief Description</b>	<b>Funding</b>
	address five common lifestyle risk factors for developing chronic disease: <ol style="list-style-type: none"> <li>1. poor nutrition;</li> <li>2. physical inactivity;</li> <li>3. unhealthy weight;</li> <li>4. smoking; and</li> <li>5. misuse of alcohol.</li> </ol>	2009-10.
COAG reducing the risk of type 2 diabetes-	This initiative includes a new Medicare item for general practitioners to provide risk modification advice to patients in the 40-49 year age group who are at high risk of developing type 2 diabetes. Subsidies will also be provided for high risk patients to complete an accredited lifestyle modification program which will educate them in ways to modify their risk factors.	\$103.4 million, over 4 years from 2007-08

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2009, 25-27 February

Question: E09-003

OUTCOME 1: Population Health

Topic: REVIEW OF THE PREGNANCY COUNSELLING HELPLINE

Written Question on Notice

Senator Hanson-Young asked:

I note that Section 4 of the Maternity Services Review deals specifically with the review of the pregnancy counselling helpline.

- a) What information did the maternity services review request from the Helpline?
- b) Did you review statistics, budget, operation, solicit stakeholder feedback?

Answer:

- a) The Maternity Services Review did not request information from the National Pregnancy Telephone Counselling Helpline provider. The Review, which considered a broad range of issues relating to maternity services, invited submissions from interested individuals or organisations.
- b) The Review invited submissions in relation to any issue relevant to maternity services in Australia. As part of its consideration of information and support for women in the perinatal period, the Review considered the types of calls received by the National Pregnancy Telephone Counselling Helpline and client demographic information.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-051

OUTCOME 1: Population Health

Topic: Bt63 CONTAMINATION

Written Question on Notice

Senator Siewert asked:

- a) Is it FSANZ's position that the states should have been testing for Bt63?
- b) Is it their jurisdiction?
- c) Did FSANZ warn the states of the potential contamination by Bt63?

Answer:

- a) Food Standards Australia New Zealand (FSANZ) does not have a position on whether enforcement agencies in the state and territory jurisdictions should undertake testing for potential non-compliance of foods, where there is no significant risk to public health and safety. Testing for Bt63 rice is a matter for each enforcement agency to determine.
- b) Individual jurisdictions have the authority to decide on enforcement matters.
- c) Yes. FSANZ sent out detailed information to the state and territory food enforcement agencies in August 2008. This information included a background of events, Australian Quarantine and Inspection Service import data, known food safety information, and testing methodology.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-052

OUTCOME 1: Population Health

Topic: IMPORTS OF RICE PRODUCTS

Written Question on Notice

Senator Siewert asked:

When did FSANZ request from Customs the data relating to imports of rice products from January 2006 to June 2007 and what has been done with this information?

Answer:

Food Standards Australia New Zealand (FSANZ) requested information from Customs on 12 June 2007. On 21 June 2007, information on imported rice products was provided to FSANZ. Customs advised FSANZ that passing on Customs information was restricted under its legislation.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-053

OUTCOME 1: Population Health

Topic: Bt63

Written Question on Notice

Senator Siewert asked:

I was informed by FSANZ that the product found in NZ to contain trace amounts of Bt63 was not listed as being imported into Australia but I have been told it is available in a Chinese supermarket. Is FSANZ aware of this?

Answer:

Food Standards Australia New Zealand (FSANZ) has not received any information, anecdotal or otherwise, to confirm that the one product found in New Zealand to contain trace amounts of Bt63 was available in Australia.

FSANZ identified some rice products with a similar brand name to those identified by New Zealand that had been imported to Australia. FSANZ passed on this information to the state and territory food enforcement agencies. The New Zealand Food Safety Authority informed FSANZ that the importer of the failed product in NZ did not have an Australian business, did not export any product to Australia, and that to the Authority's knowledge none of the product was directed to Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-054

OUTCOME 1: Population Health

Topic: FOOD LABELLING LAW

Written Question on Notice

Senator Siewert asked:

To progress food regulation reforms, COAG agreed to examine reforms to the voting arrangements of the Australia and New Zealand Food Regulation Ministerial Council. COAG also agreed to consider options to improve national consistency in the monitoring and enforcement of food standards and options to improve food labelling law and policy in early 2009." Has this examination been completed and if so what are the outcomes?

Answer:

The examination is being progressed but has not been completed.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2008-2009, 25 February 2009

Question: E09-055

OUTCOME 1: Population Health

Topic: COMPLEMENTARY MEDICINES

Written Question on Notice

Senator Siewert asked:

- a) What is being done about reforming the complaints process and available information on weight loss pills, vitamins, herbal remedies and other complementary medicines on which Australians spend more than \$2 billion a year?
- b) Does the TGA intend to use the "Guidelines for evidence to support claims for weight loss" to undertake a post-market review of all listed weight loss product?

Answer:

- a) The Therapeutic Goods Administration (TGA) is aware of various concerns which have been raised about Australia's system for regulating the advertising of therapeutic goods, and the complaints handling process in particular.

There have been a number of reviews of the current advertising regulatory arrangements in Australia. The recommendations from these reviews were considered in developing the proposed advertising model that would have been administered by the Australia New Zealand Therapeutic Products Authority (ANZTPA). Part of this model included strengthening existing advertising controls, such as a wider range of sanctions and penalties to deal with breaches. As negotiations to establish the ANZTPA were postponed in mid-2007, efforts have now been redirected to developing policy options to build on the work undertaken in the context of ANZTPA and to improve Australia's domestic regulatory framework for advertising.

A number of regulatory reforms for therapeutic goods based on the ANZTPA model will be progressed during the Autumn and Spring 2009 Parliamentary Sitting Sessions.

The TGA is currently preparing a range of options in relation to advertising reforms. This includes consideration of the concerns and suggestions currently being raised by various stakeholders and it is anticipated this work will progress into 2010.

- b) The draft document "*Guidelines for Levels and Kinds of Evidence for Listed Medicines with Indications and Claims for Weight Loss*" was placed on the TGA website for public

comment on 6 February 2009. The closing date for comments to be received by the TGA is 3 April 2009.

The aim of the draft guidelines is to provide clarification to sponsors in relation to acceptable evidence for products designed to help consumers achieve weight loss. The guidelines do not consider the broader regulation of weight loss products, nor was this ever intended to be a stand-alone document. At the end of the consultation period, the TGA will analyse and incorporate the comments provided by stakeholders.

The TGA will use this guideline document when it is completed as part of the agreed post market review process that TGA undertakes for listed medicines.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-070

OUTCOME 1: Population Health

Topic: HEALTH PREVENTION NATIONAL PARTNERSHIP

Written Question on Notice

Senator Boyce asked:

Can you provide comprehensive details on the individual elements of the health prevention national partnership, including details on:

- a) What the measure consists of?
- b) When it will be implemented?
- c) How much each measure will cost?
- d) Who will be responsible for implementing it?
- e) What discussions have taken place to date and/or outcomes agreed with state and territory governments and other stakeholders on the implementation of each measure?

Answer:

a, b, c and d)

The National Partnership Agreement on Preventive Health provides \$872.1 million over six years for a range of preventive health activities targeting obesity and overweight, unhealthy diets, physical inactivity, excessive alcohol consumption (including binge drinking) and smoking. All funding is being provided by the Commonwealth Government. The various initiatives funded through the National Partnership are detailed below.

**Healthy Children** (\$325.5 million from 2011–12 to 2015–16)

- State and territory governments will implement a range of interventions for children 0 to 16 years of age to increase physical activity and improve nutrition through child care centres, pre-schools, schools and families. Programs are likely to vary across jurisdictions, and may include intensive programs to support at-risk children and their families in achieving healthy weight; healthy eating and exercise programs in children's settings; investments in capital infrastructure in and around schools to support active commuting; and supporting and expanding breastfeeding programs.

**Healthy Workers** (\$294.4 million from 2011–12 to 2015-16)

- State and territory governments will support employers to implement healthy living programs through workplaces and targeting poor nutrition, physical inactivity, excessive alcohol consumption and tobacco smoking. These programs are likely to include health risk assessments and counselling services and, if required, referral to risk modification programs - (\$289.4 million).
- The Commonwealth Government will support State and Territory Government programs with a national charter, guidelines and awards for excellence in workplace programs - (\$5 million).

**Healthy Communities** (\$72 million from 2009–10 to 2013–2014)

- The Commonwealth Government will fund local government organisations to implement community-based healthy living programs supporting physical activity, improved nutrition, smoking cessation, and reduced alcohol consumption (including binge drinking). The initiative will be targeted to socio-economically disadvantaged areas.

**Industry Partnership** (\$1 million from 2009–10 to 2013–2014)

- The Commonwealth Government will continue its partnerships with relevant industry and non-government sectors, to maintain efforts to work cooperatively in reshaping consumer demand and industry supply towards healthy living choices.

**Social Marketing** (\$120 million from 2009–10 to 2013–2014)

- The Commonwealth Government will continue managing the anti-obesity MeasureUp campaign, which will be extended by three years and funded to increase its reach and to target 'at risk' groups - (\$41 million).
- State and territory governments will support the national level MeasureUp messages by providing locally specific advice and information - (\$18 million).
- The Commonwealth Government will manage a series of national-level anti-smoking social marketing campaigns that will be funded to achieve the critical threshold of Target Audience Rating Points to effect behavioural change and thereby reduce the national smoking rate - (\$61 million over four years).
- State and territory governments will implement local level activities that will support the national anti-smoking messages and will be funded using existing tobacco social marketing funds (funds not specified in the Agreement).

**Enabling Infrastructure** (\$59.2 million from 2009–10 to 2013–14 )

- The Commonwealth will implement the:
  - national preventive health agency, which will provide evidence-based policy advice to Ministers, including by building the evidence through analysis and research - (\$17.6 million).
  - expansion of the Nutrition and Physical Activity Survey to cover adults, children and Indigenous Australians on a five year rotating cycle, and with the ability to collect objective bio-medical measures - (\$15 million).
  - national audit of the preventive health workforce leading to a long term strategy for its improvement - (\$0.5 million).
  - preventive health research fund, to be administered by the preventive health agency and to support policy development - (\$13 million).

- expansion of the Eating Disorders Collaboration to increase its capacity to develop a consistent and comprehensive approach to the prevention, early detection and management of eating disorders - (\$3 million).
  - State and territory governments will manage the expansion of their surveillance capacity for lifestyle risk factors, with emphasis on supporting existing infrastructure - (\$10 million).
- e) The Commonwealth held preliminary discussions with state and territory governments regarding implementation arrangements through the Australian Population Health Development Principal Committee of the Australian Health Ministers Advisory Council in February 2009.

The Commonwealth Government has not yet commenced consultations with non-governmental stakeholders.



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

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

Dear Mr Humphery

**Request for Amendment to Evidence Provided at Additional Estimates 2008 Health and Ageing Hearing**

**Wednesday 25 February 2009: Outcome 1**

I am writing to correct a statement that I made at the 2008 Additional Estimates Hearing of the Senate Community Affairs Committee on 25 February 2009.

Senator Boyce asked the following question:

“What is the budget, then?”

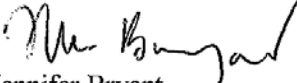
My response was as follows:

“It is around \$1 million more, I think, than has been expended.”

It has been brought to my notice that the response should be amended as follows (changes are underlined):

“The allocation for 2008-09 is \$8.298 million, comprising contributions from the Commonwealth (\$5.778m) and states and territories (\$2.52m). The special account also allows access from unspent funds from 2006-07 and 2007-08 (\$4.8m and \$12.174m respectively).”

Yours sincerely

  
Jennifer Bryant  
First Assistant Secretary

27 May 2009



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

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

Dear Mr Humphery

**Request for Amendment to Evidence Provided at Additional Estimates 2008 Health and Ageing Hearing**

**Wednesday 25 February 2009: Outcome 1**

I am writing to correct a statement that I made at the 2008 Additional Estimates Hearing of the Senate Community Affairs Committee on 25 February 2009.

Senator Boyce asked the following question:

“How much of the funds for that campaign have been expended?”

My response was as follows:

“Total expenditure to date is \$10,681,264.”

It has been brought to my notice that I did not qualify that this figure was the expenditure amount from 1 June 2006 to 31 December 2008 and not the expenditure amount available at 25 February 2009. The response should now be amended as follows (changes are underlined):

“Total expenditure from 1 June 2006 to 31 January 2009 was \$10,974,689.”

Yours sincerely

A handwritten signature in black ink that reads "Cath Peachey".

Cath Peachey  
Assistant Secretary  
Healthy Living Branch  
Population Health Division

27 May 2009

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-057

OUTCOME 2: Access to Pharmaceutical Services

Topic: PHARMACY AGREEMENT

Written Question on Notice

Senator Siewert asked:

- a) Will there be an overall evaluation of the effectiveness of the Pharmacy Agreement in providing outcomes for the community?
- b) How will you know if the agreement is effective?

Answer:

- a) There will not be a formal evaluation of the effectiveness of the Fourth Community Pharmacy Agreement (the Agreement).

However, each of the programs and services under the Agreement will be reviewed, or evaluated, prior to the end of the Agreement. These reviews and evaluations will help determine whether the programs or services should continue.

- b) The evaluations and reviews referred to in answer a) above will assist in determining the effectiveness of the Agreement.



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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-058

OUTCOME 2: Access to Pharmaceutical Services

Topic: AUSTRALIAN COMMUNITY PHARMACY AUTHORITY (ACPA)

Written Question on Notice

Senator Siewert asked:

- a) How many applications has the ACPA considered during the current agreement?
- b) Can you provide details of those applications, including location, whether the application has been rejected or approved by the Secretary or the delegate and the reasons for rejection or approval?
- c) When an application is considered do you consult the relevant local community?
- d) Has any Health Minister exercised their discretion to approve an application over the life of the current agreement?
- e) Can you provide details of those approvals?

Answer:

- a) The ACPA has considered 988 applications against the pharmacy location rules (the Rules) during the current agreement.
- b) A table outlining the recommendations made by the ACPA, by Rule type, is at Attachment A. The table provides summary details of the ACPA's recommendations and the common reasons why applications were not recommended.
- c) In most cases, nearby pharmacists are advised in writing that an application has been received, the type of application and the address of the proposed pharmacy. They are given the opportunity to provide comment about whether the application satisfies the requirements of the Rules based on their local knowledge of the area. These comments are included with the application at the time the ACPA considers it.
- d) Yes.
- e) With reference to part d) Five applications have been approved, one each in Tooradin, Vic (2007); Kingston, Qld (2007); Bateau Bay, NSW (2007); Adelaide Airport, SA (2007); and Kurnell, NSW (2007).

**Total applications considered by the ACPA during the fourth Community Pharmacy Agreement and recommendations by Rule type  
(as at 20 February 2009)**

<b>Rule Applied Under</b>	<b>Total Apps</b>	<b>Recommended</b>	<b>Not Recommended</b>	<b>% of total Appvd Apps</b>	<b>% of all Apps</b>	<b>Common themes in applications not recommended</b>
Rule 101: Within SC or PH	6	1	5	0.80%	1%	Applied under incorrect Rule –re-applied and was recommended
Rule 102: Within rural locality	8	0	8	1.3 %	1%	
Rule 103: Expansion or Contraction	0	0	0	0%	0%	
Rule 104: Short distance (< 1km)	425	37	388	57.5%	43%	Distance > 1km; not > 2yrs prescribed exceptional circum not met; no legal right at time of application
Rule 105: Short distance (1km-1.5km)	38	11	27	4%	4%	Premises not approved for use as pharmacy, legal right
Rule 106: Long distance (> 1.5km)	62	14	47	6.75%	6%	Distance to NAP (> 1.5km) not met
Rule 107: Additional rural pharmacy	16	6	10	1.5%	2%	Distance to NAP (>200m) not met, 2 approved pharmacies in the catchment
Rule 108: Additional urban pharmacy	15	14	1	0.15%	1%	Distance to NAP (>500m) not met and no genuine barrier, catchment not at least 5% growth in each year
Rule 109: Small shopping centre	30	14	16	3%	3%	No lease, distance <500m from NAP, no evidence of approval to operate a pharmacy
Rule 110: Large shopping centre	78	34	44	6%	8%	All: insufficient evidence to demonstrate 30 commercial

						establishments or over 100 commercial establishments for 2 <sup>nd</sup> pharmacy
Rule 111: Private hospital	5	1	4	1%	1%	Legal right – addressed in subsequent application
Rule 112: Large medical centre	38	22	16	2.5%	4%	Insufficient evidence to demonstrate 8 FTE medical practitioners, non-extended hours, no legal right, not within medical centre
Rule 113: New pharmacy (general)	177	129	48	7%	17%	No GP in catchment and /or insufficient catchment info or numbers; <1.5km from NAP; various reasons
Rule 114: New pharmacy (rural)	90	30	61	8.5%	9%	No legal right, not in rural area, approved pharmacy within 10km.
<b>Total</b>	<b>988</b>	313 (31%)	675 (69%)			

**SC or PH** = Shopping Centre or Private Hospital, **NAP** = nearest approved pharmacy, **FTE** = full time equivalent.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-137

OUTCOME 2: Access to Pharmaceutical Services

Topic: INSULIN PUMPS MEASURE

Hansard Page: CA 85

Senator Barnett asked:

Five young people have received the subsidy to date at a cost of \$11,311. And if the other seven applications are approved but not yet paid, how much will that be?

Answer:

As at 13 March 2009, nine applicants have been approved but not yet paid. The total amount to be paid if all of these applications are completed will be \$21,424.00. Six subsidies have now been paid and pumps have been delivered. The total subsidy paid as at 13 March 2009 is \$13,810.95.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-138

OUTCOME 2: Access to Pharmaceutical Services

Topic: INSULIN PUMPS MEASURE

Hansard Page: CA 86

Senator Barnett asked:

There is an additional amount which is in the funding of the consumables that go into those pumps. In year 1 that is \$296,000. On top of that, there is some money for Centrelink, some money for the Department and some money for the Juvenile Diabetes Research Foundation. Mr Dellar - I can detail those (for each year of the measure) for you?

Answer:

The following table provides a breakdown of the funds allocated through this measure to the Juvenile Diabetes Research Foundation (JDRF), Centrelink, Departmental expenditure, consumables and pumps.

<b>Breakdown</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>	<b>2011-12</b>	<b>Total</b>
<b>JDRF Pumps</b>	\$359,000	\$478,000	\$360,000	\$240,000	\$1,437,000
<b>JDRF Admin*</b>	\$121,000	\$121,000	\$121,000	\$121,000	\$484,000
<b>NDSS** (consumables)</b>	\$296,000	\$689,000	\$982,000	\$1,177,000	\$3,144,000
<b>Centrelink</b>	\$115,000	\$5,000	\$3,000	\$2,000	\$125,000
<b>Departmental</b>	\$109,000	\$84,000	\$57,000	\$57,000	\$307,000
<b>Total</b>	\$1,000,000	\$1,377,000	\$1,523,000	\$1,597,000	\$5,497,000

*\*Note: Funding provided to JDRF for Administration is inclusive of GST*

*\*\*Note: NDSS – National Diabetes Services Scheme*

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-139

OUTCOME 2: Access to Pharmaceutical Services

Topic: PROFESSIONAL PROGRAMS UNDER THE FOURTH COMMUNITY  
PHARMACY AGREEMENT

Hansard Page: CA 95

Senator Siewert asked:

Could you give me a list of the professional programs and services that were funded under the Fourth Community Pharmacy Agreement or tell me where I could find this information?

Answer:

The following professional programs and services have been funded under the Fourth Community Pharmacy Agreement:

- Quality Care Pharmacy Program;
- Dose Administration Aids Program;
- Patient Medication Profile Program;
- Diabetes Pilot Program;
- Asthma Pilot Program;
- Research and Development Program;
- Broadband for Health: Pharmacy Program;
- Pharmacy Connectivity Incentive Program;
- Residential Medication Management Review Program;
- Home Medicines Review Program;
- Medication Management Review Facilitator Program;
- Medication Review Accreditation Incentives Program;
- Rural Pharmacy Workforce Program;
- Rural Pharmacist Pre-Registration Incentive Allowance;
- Rural Pharmacy Maintenance, Start-up and Succession Allowances;
- Quality Use of Medicines Maximised for Aboriginal and Torres Strait Islander Peoples;
- Section 100 Pharmacy Support Allowance;
- Aboriginal and Torres Strait Islander Pharmacy Scholarship Scheme; and
- Aboriginal and Torres Strait Islander Pharmacy Assistant Traineeship Scheme.

Information on these professional programs and services is provided on The Pharmacy Guild of Australia website [www.guild.org.au](http://www.guild.org.au)

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-175

OUTCOME 2: Access to Pharmaceutical Services

Topic: CONSUMER MEDICINES INFORMATION

Hansard Page: CA95

Senator Siewert asked:

The latest *Pharmacy News* says: 'A study of the provision of Consumer Medicines Information (CMI) in Australian community pharmacies has found that just six per cent of patients surveyed were given CMIs.' Do you have a plan to deal with this and will it be considered under the next Community Pharmacy Agreement?

Answer:

The Consumer Medicines Information effectiveness project is funded under the Fourth Community Pharmacy Agreement Research and Development Program. This project is funded to the value of \$930,904 (GST exclusive) and is being undertaken by the University of Sydney. The project aims to develop and evaluate viable alternative Consumer Medicines Information formats for prescription-only and pharmacist-only medicines.

The project will:

- assess consumers' needs and expectations for information;
- identify formats currently available in Australia and internationally;
- develop alternative formats for evaluation;
- evaluate these having regard to requirements of presentation, length, content, readability, usability, as well as legality and the effect on consumer interactions and workflow in a representative range of community pharmacy settings;
- seek the views of key stakeholders, such as consumers, pharmacists, prescribers and Consumer Medicines Information writers; and
- establish optimum delivery formats.

The Consumer Medicines Information effectiveness project is due for completion in December 2009.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-126

OUTCOME 4: Aged Care and Population Ageing

Topic: INDIGENOUS AGED CARE PLAN

Written Question on Notice

Senator Boyce asked:

- a) How many grants for capital works have been allocated to improve the infrastructure of flexible Indigenous aged care services under the Indigenous Aged Care Plan?
- b) Would the Department provide a breakdown of those grants?
- c) How many aged care providers and managers have accessed assistance under the Peer and professional Support program for the plan?

Answer:

- a) Two.
- b) A grant of \$800,000 (GST inclusive) has been made to construct additional aged care staff accommodation at the Tjilpi Pampaku Ngara Flexible Aged Care Service at Docker River in the Northern Territory.  
A grant of \$1,000,000 (GST inclusive) has been made to construct aged care staff accommodation at the Mutitjulu Aged Care Service in the Northern Territory.
- c) An integrated model of peer and professional support will provide Indigenous aged care service providers, including those funded under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, with access to a range of services to assist them in building capacity.

Funding arrangements are currently being finalised with new services expected to commence in July 2009.

In the interim the Department will continue to provide additional assistance to those providers experiencing short term difficulties (see QON E09-127 – Emergency Assistance).



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-127

OUTCOME 4: Aged Care and Population Ageing

Topic: CRISIS AGED CARE

Written Question on Notice

Senator Boyce asked:

- a) Would the Department provide details of the emergency assistance program to provide short-term help in a crisis?
- b) How are funds being allocated?

Answer:

a and b)

The emergency assistance program provides short-term support to eligible aged care services which are experiencing difficulties in delivering appropriate and continuing care to residents. Emergency assistance funding is provided to services in need on a case-by-case basis. Funds are allocated by the Department through decision of an appropriate delegate.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-128

OUTCOME 4: Aged Care and Population Ageing

Topic: INDIGENOUS WORKFORCE DEVELOPMENT IN THE NORTHERN  
TERRITORY

Written Question on Notice

Senator Boyce asked:

What is the status of the independent review of the three Government aged care workforce development initiatives in the Northern Territory?

Answer:

The Department has selected an independent consultant which commenced the evaluation of the workforce initiatives at the beginning of March 2009. The evaluation will be completed by the end of June 2010.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Additional Estimates 2008-2009, 25 February 2009

Question: E09-142

OUTCOME 4: Aged Care and Population Ageing

Topic: INDIGENOUS AGED CARE

Written Question on Notice

Senator Humphries asked:

What is the timeframe for the development of the quality framework to set standards for the National Aboriginal and Torres Strait Flexible Aged Care Program?

Answer:

Refer to the answer to QON E09-125.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-150

OUTCOME 4: Aged Care and Population Ageing

Topic: APPLICATIONS FOR RESIDENTIAL AGED CARE PLACES IN THE 2008-09  
AGED CARE APPROVALS ROUND

Hansard Page: CA 67

Senator Cormann asked:

How many regions that had beds available did not actually receive any applications? And also, for which regions have you received fewer applications for beds than what was available?

Answer:

No applications were received for the 24 residential aged care places advertised in the Northern Territory and 60 places advertised for Tasmania's North Western Aged Care Planning Region.

Applicants sought fewer residential aged care places than were advertised in the aged care planning regions detailed in the table below.

State	Region
-------	--------

New South Wales	Mid North Coast
	Nepean
	New England
	Orana Far West

Victoria	Gippsland
----------	-----------

Queensland	Darling Downs
	Fitzroy
	South Coast
	Sunshine Coast

Western Australia	Goldfields, Great Southern, Kimberley, Mid West, Pilbara, Wheatbelt
	Metro North
	Metro South West
	South West

ACT	Australian Capital Territory
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Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-151

OUTCOME 4: Aged Care and Population Ageing

Topic: CAPITAL GRANTS FROM THE 2007-08 APPROVALS ROUND

Hansard Page: CA 70-71

Senator Carol Brown asked:

Are you able to provide information on grants that have been made through the Capital Grants Program state by state or by region for 2007/2008?

Answer:

Each year, the Government makes limited capital grants available through the competitive Aged Care Approvals Round.

These capital grants are allocated across Australia to those applicants which best demonstrate an urgent need for the capital works and a lack of capacity to fund the proposed works from all other sources.

Capital grants allocated in the 2007 Aged Care Approvals Round are listed by state and territory in the attached table ([Attachment A](#)). The 2008-09 Aged Care Approvals Round is currently in progress.

2007 Aged Care Approvals Round  
Capital Grant Allocations

State/Territory	Aged Care Planning Region	Provider Name	Service name and location	Capital Grant
NSW	Central West	Catholic Healthcare Limited	Jemalong Retirement Village Hostel FORBES	\$5,900,000
NSW	Central West	Cowra Retirement Village Ltd	Bilyara Hostel COWRA	\$1,500,000
NSW	Mid North Coast	Great Lakes Nursing Home Incorporated	Great Lakes Nursing Home BULAHDELAH	\$209,900
NSW	Mid North Coast	Stroud Community Lodge Inc	Stroud Community Lodge STROUD	\$250,000
NSW	Mid North Coast	Waratah Respite Centre (Mid North Coast) Inc	Waratah Respite Centre (Mid North Coast) Incorporated COFFS HARBOUR	\$308,000
NSW	New England	Touriandi Inc	Touriandi Lodge BINGARA	\$1,000,000
NSW	Riverina/Murray	Lutheran Aged Care Albury Inc	Dellacourt WEST ALBURY	\$700,000
NSW	Riverina/Murray	Murray Haven Homes Inc	Murray Haven Hostel BARHAM	\$242,000
<b>Total NSW</b>				<b>\$10,109,900</b>
VIC	Hume	Seymour Elderly Citizens Hostel Inc	Karingal Hostel SEYMOUR	\$3,757,000
VIC	Gippsland	Lyrebird Villages for the Aged Inc	Lyrebird Village for the Aged DROUIN	\$4,000,000

State/Territory	Aged Care Planning Region	Provider Name	Service name and location	Capital Grant
VIC	Loddon-Mallee	Tongala & District Memorial Aged Care Service Inc	Koraleigh Nursing Home TONGALA	\$135,000
VIC	Southern Metropolitan	Sacred Heart Mission St Kilda Inc	Sacred Heart Homes - Avonsleigh Terrace Community ST KILDA	\$43,000
VIC	Western Metropolitan	Indochinese Elderly Refugees Association Victoria Inc	Mekong Senior Citizens Hostel KEILOR EAST	\$1,600,000
<b>Total Vic</b>				<b>\$9,535,000</b>
QLD	Brisbane South	North Stradbroke Island Aboriginal & Islander Housing Co-Operative Society Limited	Nareeba Moopi Moopi Pa DUNWICH	\$77,500
QLD	Far North	Cardwell Care Incorporated	Rockingham Cardwell Shire Home for the Aged CARDWELL	\$1,160,450
QLD	Far North	Hope Vale Aboriginal Council	Hopevale Aged Hostel HOPE VALE	\$120,400
QLD	Far North	The Corporation of the Yarrabah Aboriginal Council	Yarrabah Aged Persons Hostel YARRABAH	\$105,200
QLD	Far North	Tully Nursing Home Inc	Tully & District Nursing Home TULLY	\$2,000,000
QLD	North West	Mornington Shire Council	Mornington Island Aged Persons Hostel GIN GIN	\$20,000
QLD	Sunshine Coast	Woombye Care Incorporated	Nangarin Lodge WOOMBYE	\$485,000
<b>Total Qld</b>				<b>\$3,968,550</b>
WA	Kimberley	Halls Creek Peoples Church Incorporated	Halls Creek Peoples Church Frail Aged Hostel HALLS CREEK	\$41,400
WA	Kimberley	Nindilingarri Cultural Health Services Inc	Guwardi Ngadu FITZROY CROSSING	\$112,000



State/Territory	Aged Care Planning Region	Provider Name	Service name and location	Capital Grant
WA	Kimberley	Uniting Church in Australia Frontier Services	Marlgu Village WYNDHAM	\$208,500
WA	Metropolitan East	St Bartholomew's House Inc	James Watson Hostel EAST PERTH	\$7,330,850
<b>Total WA</b>				<b>\$7,692,750</b>
SA	Riverland	Mid Murray Homes for the Aged Inc	Aminya Village Hostel MANNUM	\$254,700
<b>Total SA</b>				<b>\$254,700</b>
TAS	Northern	North East Aminya Hostel Inc	North East Aminya Hostel SCOTTSDALE	\$99,000
TAS	North Western	Tandara Lodge Community Care Inc	Tandara Lodge Hostel SHEFFIELD	\$1,475,000
TAS	Southern	Association for Christian Homes for the Aged Inc	Hawthorn Village Hostel BLACKMANS BAY	\$1,000,000
<b>Total TAS</b>				<b>\$2,574,000</b>
NT	Darwin	Gwalwa Daraniki Association Incorporated	The Juninga Centre NIGHTCLIFF	\$334,400
NT	Darwin	Southern Coss Care (SA) Inc	Southern Cross Darwin - New Service DARWIN	\$6,000,000
<b>Total NT</b>				<b>\$6,334,400</b>
<b>TOTAL</b>				<b>\$40,469,300</b>

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Additional Estimates 2008-2009, 25 February 2009

Question: E09-136

OUTCOME 3: Access to Medical Services

Topic: DIAGNOSTIC IMAGING

Hansard Page: CA 106

Senator Humphries asked:

The number of diagnostic imaging services for the financial year 2008-09 to date?

Answer:

There have been 9,903,385 diagnostic imaging services provided under Medicare for the 2008-09 financial year to the end of January.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Additional Estimates 2008-2009, 25 February 2009

Question: E09-135

OUTCOME 3: Access to Medical Services

Topic: MEDICARE SAFETY NET THRESHOLD

Written Question on Notice

Senator Siewert asked:

With regard to the Medicare Safety Net Threshold why is the threshold the same for individuals, couples and families?

Answer:

The same general or concessional threshold for the Extended Medicare Safety Net (EMSN) applies to both singles and families. This is in recognition that couples and families may need to meet the medical costs for a number of people, whereas an individual only has to pay for their own treatment.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Additional Estimates 2008-2009, 25 February 2009

Question: E09-159

OUTCOME 4: Aged Care and Population Ageing

Topic: ROSDEN PRIVATE NURSING HOME, VICTORIA

Hansard Page: CA 82

Senator Cormann asked:

It would be good if you could check that on notice, because the very firm advice that I have got is that there was a spot visit two months earlier (at Rosden) which no issues were raised.

Answer:

There was no visit to Rosden Private Nursing Home two months before the review audit. The Agency did have a telephone contact with the facility in that period. The previous visit was 20 December 2007.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Additional Estimates 2008-2009, 25 February 2009

Question: E09-125

OUTCOME 4: Aged Care and Population Ageing

Topic: INDIGENOUS AGED CARE

Written Question on Notice

Senator Boyce asked:

What is the timeframe for the development of the quality framework to set standards for the National Aboriginal and Torres Strait Flexible Aged Care Program?

Answer:

It is expected that a draft framework will be in place by mid-2009.

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-140

OUTCOME 4: Aged Care and Population Ageing

Topic: APPROVED PROVIDERS – EXTERNAL ADMINISTRATION

Written Question on Notice

Senator Cormann asked:

- a) How many beds does the half a dozen providers that went into some form of external administration represent?
- b) Can you provide on notice the number of beds that are essentially currently under a cloud as a result of providers going into external administration in 2008.
- c) Could I also ask you for the same information for the period 1 January 2009 to 25 February 2009?
- d) If you could put that information into perspective by comparing it to whatever data you have got in the period since 2000, then that may be able to show whether there is any trend that is out of the ordinary, rather than what is the normal course of business.

Answer:

- a) In the 2008 calendar year four approved providers holding an allocation of places went into external administration and/or had a controller appointed. These providers at the time that the administrator was appointed operated 299 residential aged care places.
- b) Of these 299 residential aged care places, 135 residential aged care places continue to operate. The remainder have ceased to operate, but can be reallocated through the Aged Care Approvals Round process.
- c) In the period 1 January to 25 February 2009, one approved provider, with an allocation of 60 residential aged care places, went into administration but continues to operate.
- d) Between 2000 and 2007, the Department's records indicate that 12 approved providers went into administration.

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-155

OUTCOME 4: Aged Care and Population Ageing

Topic: FINANCIAL HEALTH FIGURES THAT ARE PUBLICLY AVAILABLE

Hansard Page: CA 77

Senator Boyce asked:

From the Additional Estimates hearings of 25 and 27 February for a response to the undertaking that “On notice, I will provide you a summary of all the key data sources and what they say.”

Answer:

The following three organisations have conducted surveys of aged care homes.

*Bentleys MRI*

Bentleys/James Underwood and Associates have conducted a *National Residential Aged Care Survey* each year since 1994-95, except for 2001-02 when the *Review of Pricing Arrangements in Residential Care* conducted a similar survey. The 2007-08 Survey was conducted by just Bentley’s MRI. The Surveys have had a participation rate of about 240-280 services.

Bentleys provide the most detailed annual reports and data sets which can be used in longitudinal analysis of such issues as wages and other operational costs.

Bentleys have not yet published their 2008 Survey report but they have provided the de-identified data sets on the financial and staffing results for the 2007-08 financial year.

*Stewart Brown & Co*

Stewart Brown Aged Care Financial Services conducts a quarterly Aged Care Financial Performance Survey of about 280 aged care homes. Quarterly surveys have been conducted each year since 1997 and the reports are therefore able to provide a longitudinal perspective to their analysis of the data.

The June Survey of each year reports the financial performance over the previous financial year while the quarterly reports on performance for the current financial year to date.

Stewart Brown has provided de-identified Survey data which has been combined with other available data to prepare detailed performance reports for use by the Department.

### *Grant Thornton Australia Ltd*

Grant Thornton conducted a survey of aged care homes in 2008 with the participation of about 700 homes.

This is the first time that Grant Thornton has conducted a survey of aged care homes.

Grant Thornton was asked to provide the de-identified unit record data of their survey to allow the Department of Health and Ageing to examine the representativeness of their survey sample, but they declined to provide that data.

### *Comparison of Findings*

The following Table provides a summary of the main findings of each of the three surveys on the financial performance of the aged care industry.

The Stewart Brown and Bentleys surveys both found that there was a general improvement in financial performance in 2007-08 compared to 2006-07. The 2007-08 general purpose financial reports, which have been provided to the Department of Health and Ageing by all aged care providers, have also reported a general improvement in the financial performance in 2007-08. By contrast, the Grant Thornton survey alone found a substantial deterioration in the financial performance of aged care services in the 2007-08 financial year.



## Findings of the Three Surveys of Residential Aged Care

Measure	Bentleys MRI/James Underwood	Stewart Brown	Grant Thornton
<b>All Services:</b> 2007-08 average EBITDA* per bed per annum	<ul style="list-style-type: none"> <li>• \$4,315 for high care</li> <li>• \$4,963 for low care</li> <li>• <b>\$4,952 for all services</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$3,444 for high care</li> <li>• \$4,308 for low care</li> <li>• <b>\$4,020 for all services</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$3,189 for high care</li> <li>• \$3,331 for low care</li> <li>• \$2,394 for mixed care</li> <li>• <b>\$2,934 for all services</b></li> </ul>
<b>All Services:</b> Increase from 2006-07 to 2007-08 in average EBITDA* per bed	<ul style="list-style-type: none"> <li>• 12% increase for high care</li> <li>• 19% increase for low care</li> <li>• <b>18% increase for all services</b></li> </ul>	<ul style="list-style-type: none"> <li>• 78% increase of for high care</li> <li>• 11% decrease for low care</li> <li>• <b>9% increase for all services</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>9% decrease for all services</b></li> </ul>
<b>Top Quartile:</b> 2007-08 EBITDA* per bed per annum	<ul style="list-style-type: none"> <li>• \$13,838 for high care</li> <li>• \$11,690 for low care</li> <li>• <b>\$12,034 for all services</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$9,492 for high care</li> <li>• \$9,658 for low care</li> <li>• <b>\$9,603 for all services</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$7,247 for high care</li> <li>• \$7,513 for low care</li> <li>• \$5,681 for mixed care</li> <li>• <b>data for all services not published</b></li> </ul>
<b>Top Quartile:</b> Increase from 2006-07 to 2007-08 in average EBITDA* per bed	<ul style="list-style-type: none"> <li>• 10% increase for high care</li> <li>• 15% increase for low care</li> <li>• <b>10% increase for all services</b></li> </ul>	<ul style="list-style-type: none"> <li>• 52% increase for high care</li> <li>• 9% decrease for low care</li> <li>• <b>20% increase for all services</b></li> </ul>	<ul style="list-style-type: none"> <li>• na</li> </ul>

<b>Top Quartile:</b> Average EBITDA* by Ownership	<ul style="list-style-type: none"> <li>• \$9,877 for Not-for-Profit homes in 2006-07.</li> <li>• \$7,552 for For-Profit homes in 2006-07.</li> </ul>	<ul style="list-style-type: none"> <li>• na</li> </ul>	<ul style="list-style-type: none"> <li>• na</li> </ul>
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\***EBITDA** = Earnings before interest, tax, depreciation and amortisation

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-156

OUTCOME 4: Aged Care and Population Ageing

Topic: NURSES' WAGES

Hansard Page: CA 83

Senator Furner asked:

Is there a summary of what might be the average wage that is being paid to AiNs in the aged care industry?

Answer:

The Department of Health of Ageing monitors a number of the various state and federal industrial awards which cover the pay and conditions for aged care personal care workers in each state and territory. The Department does not currently monitor wage rates applying to personal care workers under various enterprise bargaining agreements.

The following table below shows a sample of current adult award rates for each state and territory. The classification ranges are not necessarily comparable from state to state as there is variable scope to individual awards in the range of skills and experience applying to personal care workers. For example, some awards include managerial positions at the maximum classification.

Wages Paid to Personal Care Workers / Assistants 2008		
	Minimum weekly Adult Wage \$	Maximum weekly Adult Wage \$
NSW	600.00	656.60
VIC*	623.30	730.90
QLD	602.10	677.10
SA	586.15	710.15
WA*	596.10	631.40
TAS	575.40	650.10
ACT*	590.40	659.30
NT*	587.70	654.90

\*These figures reflect the most recent wage-setting decisions of the Australian Fair Pay Commission.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-149

OUTCOME 4: Aged Care and Population Ageing

Topic: BED LICENCES SURRENDERED

Hansard Page: CA64-65

Senator Cormann asked:

Can you provide the number of bed licences returned from 1 July 2008 until now (25 February 2009) and also the data from the June 2008 Stocktake? Please provide a breakdown by state and territory and by provider type.

Answer:

The number of provisionally allocated places surrendered from 1 July 2008 to 25 February 2009 was 571 compared to the 16,918 provisionally allocated residential places in existence as at 25 February 2009. In 2007-08, 300 provisionally allocated residential places were surrendered compared to the 19,974 provisionally allocated residential places in existence as at 30 June 2008.

Table A: *Number of provisionally allocated places surrendered from 1 July 2008 to 25 February 2009 by state/territory and provider type*

State / Territory	Not for profit	For profit	Government	<b>Total</b>
Queensland	224			224
New South Wales		39		39
Victoria	10		15	25
South Australia	20			20
Western Australia	220	23		243
ACT	20			20
<b>Total</b>	494	62	15	571

Table B: *Number of provisionally allocated places surrendered in 2007-08 by state/territory and provider type*

State / Territory	Not for profit	For profit	<b>Total</b>
New South Wales	60	11	71
Victoria	7	32	39
Tasmania	47		47
Western Australia	26	20	46
ACT	97		97
<b>Total</b>	237	63	300

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-153

OUTCOME 4: Aged Care and Population Ageing

Topic: HOME CLOSURES – TRANSFER OF PLACES

Hansard Page: CA 74 & 75

Senator Siewert asked:

Can you provide on notice the number of beds where facilities have closed down but have not necessarily gone into liquidation in 2008 and for the period 1 January 2009 to 25 February 2009?

Answer:

From 1 January 2008 to 31 December 2008, 44 residential aged care services closed. These services had collectively operated 1,404 residential aged care places. This is less than one percent of operational residential places.

From 1 January 2009 to 25 February 2009, four residential aged care services closed. These services had collectively operated 173 residential aged care places.

Of these places, 702 have been moved to other services. The remaining places are temporarily off-line while providers are rebuilding (399 places) or are considering their plans (476 places).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-154

OUTCOME 4: Aged Care and Population Ageing

Topic: HOME CLOSURES – TRANSFER OF PLACES

Hansard Page: CA 74 & 75

Senator Cormann asked:

Is the Department able to assure us that all the beds have been transferred that were in any facilities that were closed down but not necessarily gone into liquidation in 2008 and for the period 1 January 2009 to 25 February 2009?

Answer:

From 1 January 2008 to 31 December 2008, 44 residential aged care services closed. These services had collectively operated 1,404 residential aged care places. This is less than one percent of operational residential places.

From 1 January 2009 to 25 February 2009, four residential aged care services closed. These services had collectively operated 173 residential aged care places.

Of these places, 702 have been moved to other services. The remaining places are temporarily off-line while providers are rebuilding (399 places) or are considering their plans (476 places).

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-152

OUTCOME 4: Aged Care and Population Ageing

Topic: PROVISIONALLY ALLOCATED PLACES MORE THAN TWO YEARS OLD

Hansard Page: CA72

Senator Boyce asked:

Is it also possible to get the figures on the number of bed allocations that are out in the market but have not been built for more than two years?

Answer:

The number of residential aged care provisionally allocated places more than two years old that have not been built as at 30 June 2008 (the date of the last Stocktake of Aged Care Places) was 9,694.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-179

OUTCOME 4: Aged Care and Population Ageing

Topic: NUMBER AND LOCATION OF RESIDENTIAL PROVISIONAL ALLOCATIONS  
OLDER THAN FIVE YEARS

Hansard Page: CA 78

Senator Boyce asked:

How many allocations are older than five years? ... It would be good to know where they all are, if that were information that is available, and how many beds each one is?

Answer:

The number of residential aged care provisionally allocated places that were more than five years old as at 31 December 2008 is 390, spread across 16 services located in New South Wales, Victoria, Australian Capital Territory and Western Australia. (Details are provided in Table 1.) Of these 390 places, construction of 312 places in 13 services is either underway or has been completed. Construction has not yet begun in the remaining three services (78 places).

TABLE 1 - Provisionally allocated residential aged care places more than five years old as at 31 December 2008

<b>STATE</b>	<b>AGED CARE PLANNING REGION</b>	<b>NUMBER OF RESIDENTIAL PROVISIONAL ALLOCATIONS 5+ YEARS</b>	<b>CONSTRUCTION UNDERWAY/ COMPLETED?</b>
ACT	ACT	16	YES
NSW	South East Sydney	55	YES
NSW	Far North Coast	40	NO
NSW	Western Sydney	32	YES
NSW	Central Coast	40	YES
VIC	Western Metro	60	YES
VIC	Northern Metro	14	YES
VIC	Southern Metro	15	YES
VIC	Eastern Metro	5	YES
WA	Metropolitan South East	30	NO
WA	South West	30	YES
WA	Pilbara	8	NO
WA	Metropolitan North	45	YES
<b>TOTAL</b>		<b>390</b>	

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-176

OUTCOME 4: Aged Care and Population Ageing

Topic: QUEENSLAND BRAIN INSTITUTE (QBI) PROPOSAL FOR FUNDING –  
CENTRE FOR AGEING DEMENTIA RESEARCH

Hansard Page: CA 83

Senator Furner asked:

I am interested in an application or a grant sought by the Queensland Brain Institute for an ageing dementia research centre. In the application to the minister, a grant was sought for \$17.5 million over five years. I am wondering if someone could provide me with what the status might be on that particular application.

Answer:

Information has been provided to the Minister for Health and Ageing on the Queensland Brain Institute (QBI) Proposal for Funding – Centre for Ageing Dementia Research. The information has been forwarded to the Department of Health and Ageing.

Following a meeting with the QBI in March 2008, the Minister for Ageing wrote to the QBI encouraging it to direct its application to the National Health and Medical Research Council.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-075

OUTCOME 5: Primary Care

Topic: PREVOCATIONAL GENERAL PRACTICE PLACEMENTS PROGRAM (PGPPP)

Written Question on Notice

Senator Boyce asked:

- a) What funding is allocated in each of the years 2009, 2010, 2011 and 2012 to support the prevocational general practice placements program (PGPPP)?
- b) How many PGPPP places will this funding support in each of the above years?

Answer:

- a) Allocations are made on a financial year basis, not a calendar year basis, as follows:

2008- 09	\$20.289m
2009-10	\$13.253m
2010-11	\$13.633m
2011-12	\$14.065m
2012-13	\$14.332 m

- b) These figures are based on nominal 12 week placements.

2008-09	315
2009-10	238
2010-11	245
2011-12	253
2012-13	269

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-076

OUTCOME 5: Primary Care

Topic: PREVOCATIONAL GENERAL PRACTICE PLACEMENTS PROGRAM

Written Question on Notice

Senator Boyce asked:

In the event that the number of applications for PGPPP places exceeds the available number of places, what processes will be put in place to determine the allocation of placements?

Answer:

An assessment process for 2010 placements is being developed with GP stakeholder groups, state and territory representatives, and the PGPPP National Advisory Committee. It aims to prioritise the most effective and suitably located training placements. Current active placements will be prioritised after evaluation against uniform criteria comprised of the following parameters: quality of placement (including the educational imperative); location of placement; and time and participation in the program.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-107

OUTCOME 5: Primary Care

Topic: FUNDING INCENTIVES FOR SPECIALISTS

Written Question on Notice

Senator Boyce asked:

Is there any funding incentive for specialists such as a psychiatrist to relocate from metro to rural and remote WA and set up a private practice, as there is for relocation to outer metro?

Answer:

While there are currently incentives for specialists to move from an inner metropolitan area to an outer metropolitan area, there is currently no incentive available for specialists to relocate from a metropolitan area to a rural or remote area.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-109

OUTCOME 5: Primary Care

Topic: GP TRAINING PLACES

Written Question on Notice

Senator Boyce asked:

What is the budgeted cost to government of each additional GP training place in the health workforce component of the COAG package and how has that cost been calculated?

Answer:

General Practice Education and Training Limited (GPET) is a Commonwealth Company established in 2001. GPET manage the delivery of regionally provided and controlled vocational education and training to general practice registrars enrolled in the Australian General Practice Training program.

The COAG package announced on 29 November 2008 includes 212 GP training places per year from 2011. The average three-year cost of the additional GP training places is \$180,000 which takes into account items such as training infrastructure, resources, supervisors and medical educators etc.

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-112

OUTCOME 5: Primary Care

Topic: GPs PROVIDING AGED CARE SERVICES

Written Question on Notice

Senator Boyce asked:

Do you have figures as to the increased number of GPs providing primary care services to aged care services?

Answer:

Data relating to this query is not available for release by the Department of Health and Ageing.



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2009, 25 February

Question: E09-122

OUTCOME 5: Primary Care

Topic: MATERNITY SERVICES REVIEW

Written Question on Notice

Senator Boyce asked:

- a) In the Maternity Services Review, it states that the number of hospital closures has been the worst for those that have 1-100 births per year, which is often rural areas?
- b) At the October estimates, the department did not support this premise. Can you please provide answers to whether or not there were closures?

Answer:

- a) The *Improving Maternity Services in Australia: The Report of the Maternity services Review* cites data from the Australian Institute of Health and Welfare's report, *Australia's mothers and babies 2006*, that the greatest reduction in the number of hospital and birth centres was for hospitals that saw between 1-100 women giving birth each year. This data does not provide the reason for the reduction and it does not necessarily mean that hospitals have closed.
- b) At the 22 October 2008 Supplementary Budget Estimates hearing, the Department indicated that as a net result, the total number of remote hospitals had increased. The Department took the question about closure of rural and regional hospitals on notice and in response to Question on Notice E08-256, the Department of Health and Ageing provided a table showing that the number of regional and remote public acute hospitals with obstetric/maternity services had fallen from 191 in 2004-05 to 186 in 2006-07. This data is not directly comparable with the data from *Australia's mothers and babies* because the latter is for public as well as private hospitals, and is based on where the mother gave birth, rather than whether the hospital had a specialised obstetric or maternity unit.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2009, 25 February 2009

Question: E09-124

OUTCOME 5: Primary Care

Topic: MATERNITY SERVICES REVIEW

Written Question on Notice

Senator Boyce asked:

As birth is often considered a cultural rite of passage (quote from the Maternity Services Review) what is being done to educate maternity services providers regarding the cultural needs of pregnant women?

Answer:

The Maternity Services Review Report recommends that all professional bodies involved in the education and training of the maternity workforce ensure that cultural awareness training is a core component of their curricula.

The Government will closely consider all the recommendations in the Report.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-148

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Hansard Page: CA 115

Senator Boyce asked:

- a) How many GP organisations or consortia have applied for the clinics?
- b) "...could you tell me their character: three of them were this...?"
- c) "...perhaps you could do it on a state basis...but to the lowest level of detail that would be useful to me and that you feel will not cause you to breach confidentiality."

Answer:

a – c)

As of 12 March 2009 the Department had received 77 applications, through competitive Invitation to Apply processes.

The Department does not provide details of the specific applicants involved in competitive Invitation to Apply processes, including specific numbers of applications received from GP organisations or consortia as this information may inadvertently reveal applicant details which are treated as commercial-in-confidence.

Of the total applications received, approximately 75% were from GP organisations (either General Practice, Divisions of General Practices and Corporate Medical Practices). A majority of the applications received involved more than one partner in either a formal or an informal partnership arrangement.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Additional Estimates 2008-2009, 25 February 2009

Question: E09-111

OUTCOME 5: Primary Care

Topic: AGED CARE ACCESS INITIATIVE

Written Question on Notice

Senator Boyce asked:

What response have you received from Aged Care GPs regarding this initiative?

Answer:

There was some response to the Initiative in the medical press immediately following its announcement. The main issues raised in the press related to the fact that the payments are restricted to GPs working from a Practice Incentive Program accredited practice.

The Department also had an opportunity to consult with GP peak bodies who assisted in the design and setup of the Aged Care Access Initiative.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-114

OUTCOME 5: Primary Care

Topic: AGED CARE GP PANELS INITIATIVE

Written Question on Notice

Senator Boyce asked:

- a) In the decision to close the Aged Care GP Panels Initiative, what consulting was done with GPs and their associated groups regarding this decision?
- b) What evidence do you have from these groups that it was an unsuccessful initiative?

Answer:

- a) The restructure of the Aged Care GP Panels Initiative was informed by a review which had terms of reference to consider the appropriateness, efficiency and effectiveness of the Initiative. The review consulted with a range of stakeholders, including: peak GP and aged care organisations; individual general practitioners; geriatricians; Divisions of General Practice; State Based Organisations; and, Residential Aged Care Facilities.
- b) The review found that the Initiative improved communication between GPs and aged care facilities but did not demonstrate significant success at improving the access for residents of aged care facilities to GP services, and represented only marginal value for money.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-110

OUTCOME 5: Primary Care

Topic: AGED CARE ACCESS INITIATIVE

Written Question on Notice

Senator Boyce asked:

Do you have any evidence of the success of the Aged Care Access Initiative?

Answer:

The Aged Care Access Initiative (the Initiative) commenced on 1 July 2008.

The first payments under the GP incentive component of this Initiative were made to eligible GPs on 26 February 2009. Based on data provided to the Department by Medicare Australia, approximately 3,000 GPs qualified for the first (\$1,000) incentive payment for providing 60 or more services in residential aged care facilities (RACF). Of these GPs, 1,700 also received the second tier (\$1,500) payment for providing 140 or more RACF services.

The allied health component of the Initiative is being delivered through State Based Organisations of General Practice. Progress reports covering the six months from July to December 2008 have recently been received and information on early uptake of the allied health component is being assessed.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-147

OUTCOME 5: Primary Care

Topic: GP SUPER CLINICS

Hansard Page: CA 114

Senator Boyce asked:

- a) Who are the Redcliffe Foundation?
- b) "...the Queensland health department and the Redcliffe City Council are on the board of the foundation that you just mentioned and were also involved in the selection of that foundation." I would be interested to know if those people stayed in the room while the decision was made, if they did, on what basis?
- c) If they did not, how would you account for governance being properly met in that situation?

Answer:

- a) The Redcliffe Hospital Foundation was launched in 2005. The vision of the foundation is 'to enhance the health and well being of [the] community through research, education, support, community partnerships and shared resources'. The Redcliffe Hospital Foundation Board comprises the following members\*:

Dr Boris Chern	District Director Medical Oncology and Palliative Care, Redcliffe-Caboolture Health Service District
Mr Nick Tzimas	Owner, The Golden Ox Restaurant and President of Commerce and Industry Redcliffe Peninsula
Mr Stephen Pronk	Chief Executive Officer of Ai scientific
Ms Mary Montgomery	District Manager for the Redcliffe-Caboolture Health Service District
Mr Mark Zgrajewski	Office of Fair Trading
Mr Ron Jelich	Managing Director of Storm Financial (Five) Pty Ltd
Cr Allan Sutherland	Redcliffe City Council Mayor
Mr Garry Tweedie	Director of Corporate Services for the Redcliffe Caboolture Health Service District
Jennifer Zande	Member of the Redcliffe Foundation

Joel Hudson	Manager of the Redcliffe & Bayside Herald published by Quest Community Newspapers
Mr Rupert McCall	Foundation Ambassador
Hon Lillian van Listenburg MP	Foundation Patron and Member for Redcliffe in the Queensland Government

\*Source: [www.rhfoundation.com.au](http://www.rhfoundation.com.au)

b and c)

The Application Assessment Panel for the selection of the preferred applicant for the Redcliffe GP Super Clinic did not include a member of the Redcliffe City Council.

The Queensland Health representative on the Application Assessment Panel does not have any association with the Redcliffe Hospital or the Redcliffe Hospital Foundation. Appropriate governance of the application assessment process was undertaken through a process whereby all applications were assessed in accordance with the terms and conditions contained in the publicly available Invitation to Apply documentation and the approved Application Assessment Plan.

In order to ensure appropriate probity and transparency all panel members, including the Queensland Health representative, were required to sign a deed of confidentiality and statement of Conflict of Interest declaration – no conflicts of interest were declared. The external independent probity advisors for the GP Super Clinics Program and the Department's internal probity advisors were observers to the Application Assessment Panel meeting. At the meeting, members were asked by the probity advisors to reconfirm that there were no conflicts of interest - no conflicts of interest were declared.

Following the completion of the assessment process, the Application Assessment Panel made a recommendation to the funding delegate who was not a party to the assessment process, for a final decision, regarding the preferred applicant.



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-113

OUTCOME 5: Primary Care

Topic: AGED CARE GENERAL PRACTICE

Written Question on Notice

Senator Boyce asked:

What is being done to encourage medical students and interns to move towards Aged Care General Practice?

Answer:

The Government has two key strategies to encourage greater GP attendance at residential aged care facilities. Firstly the Government is continuing to significantly increase the overall number of GPs in Australia, and secondly this is being complemented by a range of incentives to encourage practising GPs to visit residential aged care facilities. These are significantly increasing the number of GPs available to visit aged care facilities and the remuneration available to those who do.

In November 2008 the Australian Government announced significant increases in the number of GP training places on the Australian General Practice Training (AGPT) program. This investment will fund 75 new places in 2009, 100 new places in 2010 and 212 training place from 2011, boosting the total number of GP training places to over 800 commencing each year from 2011.

The AGPT program is underpinned by the standards and curriculum set by the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine. This should significantly increase the number of new GPs available to attend residential aged care facilities in the future.

For GPs already practising, the Government provides a large number of incentives to encourage them to attend residential aged care facilities.

In the 2008-09 Federal Budget, the Government announced a new program called the *Aged Care Access Initiative* to support primary care services in residential aged care facilities. The program commenced on 1 July 2008.

This new initiative provides financial incentives to GPs to provide increased services to residents in aged care facilities. The Initiative also provides payment for allied health services where these are not covered by Medicare Australia or other Government funding arrangements.

The Australian Government also has a number of initiatives in place to support the provision of after-hours care by GPs, including to aged care facilities. These include the following primary care items on the Medicare Benefits Schedule (MBS) for services provided after-hours:

- the Medicare Benefits Schedule contains a range of items specifically designed to provide incentives for visits to residential aged care facilities (RACF) by general practitioners (GPs);
- consultations at a RACF are remunerated at a rate 80% higher than for other out-of-surgery attendances by GPs (ie home visits, hospital and visits to other institutions);
- after hours attendances at RACFs are rebated at similarly higher levels, to further encourage GPs to maintain the health of their RACF patients; these include items for urgent attendances out of surgery (including to RACFs), which are rebated at \$117.60, or \$138.55 for late night attendances;
- under the Enhanced Primary Care initiative, GPs receive Medicare rebates for providing a range of other health services to people in residential aged care facilities, including:
  - Comprehensive Medical Assessments;
  - preparation of Multidisciplinary Care Plans;
  - participation in Case Conferences; and
  - participation in collaborative Residential Medication Management Reviews.

Additionally the new General Practice After Hours Program aims to support the viability of after-hours GP services. It does this by providing grants to assist with the operating costs, or recurrent expenses, of these services. For example, grant funding is used to meet the cost of incentives for GPs to participate on after-hours rosters, GP on-call allowances, the costs of support staff such as practice nurses, IT and communications, and security systems for after hours visits.

Following the 2008-09 funding round of the Program, a further 100 grants of up to \$100,000 over two years will be offered to support new and existing after hours GP services. A number of these plan to provide services to aged care facilities in their local community.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-059

OUTCOME 6: Rural Health

Topic: OUTREACH PODIATRY FUNDING

Written Question on Notice

Senator Heffernan asked:

I understand that this outreach podiatry funding has been awarded to podiatrists in some rural centres, including Wagga Wagga that already have such a service. Is this true?

Answer:

Under the first funding round of the National Rural and Remote Health Infrastructure Program, Active Foot Clinic Podiatry based in Wagga Wagga, NSW, was approved to receive \$165,726 (GST inclusive) in infrastructure funding to support the delivery of outreach podiatry services to Young, Temora, Cootamundra, Tumut and Lockhart.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-060

OUTCOME 6: Rural Health

Topic: OUTREACH PODIATRY FUNDING

Written Question on Notice

Senator Heffernan asked:

Grants to provide “outreach services” would imply that new clinics would be developed in towns where there is no existing practice or visiting podiatrist rather than funding being used to “top up” what is already there – can you elaborate on the rules for outreach funding?

Answer:

The National Rural and Remote Health Infrastructure Program (NRRHIP) is a competitive grant program established by the Australian Government, as part of the 2008-09 Federal Budget.

Funding under the NRRHIP is available to eligible applicants willing to provide health services to rural and remote communities with populations up to 20,000 to establish new, or to enhance existing health services.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-061

OUTCOME 6: Rural Health

Topic: OUTREACH PODIATRY FUNDING

Written Question on Notice

Senator Heffernan asked:

- a) Can you list the NSW towns near Wagga Wagga (say within 100km), including Wagga Wagga which receive outreach podiatry funding?
- b) How much outreach podiatry funding is provided to those centres?
- c) When did they receive outreach podiatry funding?

Answer:

- a) Wagga Wagga does not receive outreach podiatry funding under the National Rural and Remote Health Infrastructure Program (NRRHIP) as it is not an eligible community. However, a service provider (based in an ineligible community) can receive funding for infrastructure to support the delivery of outreach health services to eligible communities within the region.

Under the first funding round of the NRRHIP, a service provider based in Wagga Wagga has received funding to support the delivery of outreach podiatry services to the following four towns, which are within 100kms of Wagga Wagga:

- Temora;
  - Cootamundra;
  - Tumut;
  - Lockhart; and
  - Young.
- b) As a result of a grant approved under the first round of the NRRHIP, the Australian Government will provide Active Foot Podiatry a total of \$165,726 (GST inclusive) to support the delivery of outreach services to Temora, Cootamundra, Tumut, Lockhart and Young.
  - c) A funding agreement for these services is currently being negotiated.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-062

OUTCOME 6: Rural Health

Topic: OUTREACH PODIATRY FUNDING

Written Question on Notice

Senator Heffernan asked:

Why have some centres in Wagga Wagga region received federal funding when an existing service already exists and towns such as Batlow and Tumut remain without a service?

Answer:

The National Rural and Remote Health Infrastructure Program (NRRHIP) is a competitive grants program that aims to improve access to health services by providing funding to rural and remote communities where the lack of infrastructure is a barrier to the establishment of new, or the enhancement of existing health services.

The Department did not receive an application for funding under either the first or second round of the NRRHIP to support the delivery of podiatry services to Batlow and/or Tumut.

Should an application be submitted for such a service, it would be assessed through the normal processes, with recommendations for funding provided to the delegate, the Minister for Health and Ageing, for consideration.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-091

OUTCOME 6: Rural Health

Topic: DOCTORS IN BUNBURY

Written Question on Notice

Senator Boyce asked:

Why is it that the current areas of unmet need can not be fast tracked so the process of getting doctors to areas such as Bunbury in WA can begin? Currently doctors can practice in adjoining areas but not in Bunbury.

Answer:

This question appears to relate to overseas trained doctors (OTDs). Since 1997, section 19AB of the *Health Insurance Act 1973* (the Act) has generally required OTDs seeking to access the Medicare benefits arrangements to work in a district of workforce shortage (DWS). This restriction is for a minimum period of ten years from the date of first medical registration, or from the date the doctor became a permanent resident.

In relation to general practice services, a DWS is a geographic area in which the general population need for health care is not met. Population needs for health care are deemed to be unmet if a district has less access to medical services than the national average.

To help determine whether a locality is within a DWS, a doctor to population ratio is used. This ratio is based on recent Medicare billing statistics. These statistics use 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. The Medicare billing statistics and the doctor to population ratios are updated on a quarterly basis.

On this basis, Bunbury in Western Australia is currently not considered a DWS and as such, practices in Bunbury are not eligible to engage the services of OTDs seeking to access the Medicare benefits arrangements at this time.

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-093

OUTCOME 6: Rural Health

Topic: OFFICE OF RURAL HEALTH

Written Question on Notice

Senator Boyce asked:

Please provide information on budgeting for this Office?

Answer:

In 2008-09, the Departmental budget for the Office of Rural Health is \$7.97 million.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-097

OUTCOME 6: Rural Health

Topic: PATIENT ASSISTED TRAVEL SCHEMES (PATS)

Written Question on Notice

Senator Boyce asked:

In relation to the October Supplementary Budget Estimates, it was stated that the Health Policy Priorities Principal Committee's PATS Taskforce is examining the recommendations of the Senate Committee's report and will report at the end of 2008.

- a) When will this report be available?
- b) Will the maternity services review also be included in this report?

Answer:

- a) The Health Policy Priorities Principal Committee's PATS Taskforce is yet to finalise its examination of the Senate Committee's report.
- b) The Maternity Services Review Report, released on 21 February 2009, is available for consideration by the PATS Taskforce as part of its deliberations. The Australian Government is currently considering the recommendations contained in the Maternity Services Review Report.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-098

OUTCOME 6: Rural Health

Topic: PATIENT ASSISTED TRAVEL SCHEMES (PATS)

Written Question on Notice

Senator Boyce asked:

At the last Supplementary Budget estimates, it was stated that there was currently an interim taskforce.

- a) Since then, has a finalised taskforce been announced?
- b) If so, who are these members?

Answer:

- a) No.
- b) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-100

OUTCOME 6: Rural Health

Topic: CONSULTANTS

Written Question on Notice

Senator Boyce asked:

- a) In relation to the key groups used for consulting, what specific groups are they?
- b) What budget will this report be coming from, and is there any particular information in relation to this?

Answer:

- a) The Department is consulting with the following rural health stakeholder organisations in relation to the review of Commonwealth funded rural health programs and the review of rural classification systems:
  - National Rural Health Alliance (NRHA);
  - Rural Doctors' Association of Australia (RDAA);
  - Council of Remote Area Nurses of Australia (CRANA);
  - Services for Australian Rural and Remote Allied Health (SARRAH);
  - Rural Health Workforce Australia (RHWA); and
  - Australian Rural Health Education Network (ARHEN).
- b) No specific budget has been allocated to the Office of Rural Health to undertake the review of Commonwealth funded rural health programs.

Senate Community Affairs Committee  
ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO  
Additional Estimates 2008-2009, 25 February 2009

Question: E09-102

OUTCOME 6: Rural Health

Topic: PATIENT ASSISTED TRAVEL SCHEMES (PATS)

Written Question on Notice

Senator Boyce asked:

The Barnett government has recently committed extra funding to support PATS, what is being done to ensure other states also support PATS?

Answer:

As part of the National Healthcare Agreement, states and territories have committed to continue to provide and fund PATS and ensure public patients are aware of how to access the schemes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-103

OUTCOME 6: Rural Health

Topic: PATIENT ASSISTED TRAVEL SCHEMES (PATS)

Written Question on Notice

Senator Boyce asked:

The recent Health and Hospitals Reform Commission Interim Report has stated that there needs to be a national benchmark established and monitored to ensure every rural patient receives the same amount of care and support.

- a) Has the department done any more research as to what rural patients need in relation to PATS?
- b) Has there been any more communication with state governments regarding the need for national benchmarks for PATS?

Answer:

- a) No.
- b) This is an issue for consideration by the Health Policy Priorities Principal Committee of AHMAC through its PATS Taskforce.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-104

OUTCOME 6: Rural Health

Topic: PATIENT ASSISTED TRAVEL SCHEMES (PATS)

Written Question on Notice

Senator Boyce asked:

- a) Are you aware that the average rural patient will sacrifice their treatment due to the trauma associated with organising treatment in metropolitan areas?
- b) If so, what is being done in relation to communication with rural/regional communities so that they are aware every rural patient will receive the same care and support as metro patients?
- c) Do you have feedback from rural patients regarding PATS and the current submission processes? If so, can you provide these in statistical form?

Answer:

- a) The Australian Government is aware of the issues raised by the Senate Community Affairs Committee's report *Highway to Health: Better Access for Rural, Regional and Remote Patients* in relation to treatment decisions by rural patients who have to travel in order to access necessary medical care.
- b) The Australian Government has no funding or policy responsibility for PATS. As part of the new National Healthcare Agreement, states and territories have committed to providing and funding PATS and ensuring public patients are aware of how to access the schemes.
- c) No. The states and territories have policy and administrative responsibility for PATS within their own jurisdictions.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-105

OUTCOME 6: Rural Health

Topic: OFFICE OF RURAL HEALTH

Written Question on Notice

Senator Boyce asked:

What progress has been made by the office of rural health regarding the review of rural health programs?

Answer:

Existing Commonwealth funded rural health programs are being examined against the following themes:

- Theme 1: Improving access to services, including health promotion and prevention;
- Theme 2: Investing more effectively in rural health infrastructure;
- Theme 3: Addressing workforce shortages through better workforce distribution and support;
- Theme 4: Strengthening workforce education and training; and
- Theme 5: Fostering partnerships between the Commonwealth and state and territory governments to improve health outcomes in rural and remote areas.

The review of rural classification systems is a cross-cutting theme.

The Department met with six key rural health stakeholder bodies on 30 September 2008 to discuss progress with the review of rural health programs:

- National Rural Health Alliance (NRHA);
- Rural Doctors' Association of Australia (RDAA);
- Council of Remote Area Nurses of Australia (CRANA);
- Services for Australian Rural and Remote Allied Health (SARRAH);
- Rural Health Workforce Australia (RHWA); and
- Australian Rural Health Education Network (ARHEN).

The Department also conducted bilateral meetings with these stakeholders during October and November 2008.

The Department developed an issues paper, addressing the review themes and setting out some key questions to elicit comments. The issues paper was provided to key rural health stakeholders on 12 December 2008, with responses to the paper received from all six stakeholder organisations by the end of February 2009. Further bilateral discussions were held with the six rural health stakeholder organisations in late February and early March 2009.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-092

OUTCOME 6: Rural Health

Topic: NATIONAL RURAL AND REMOTE HEALTH INFRASTRUCTURE PROGRAM

Written Question on Notice

Senator Boyce asked:

- a) Have fund allocations been finalised in the first and second round of the National Rural and Remote Health Infrastructure Program?
- b) How many applications were received from both rounds?
- c) Has the money been allocated, and you have the information as to the breakdown of the organisation that have received the grants, and a state breakdown as to the allocation of these funds.
- d) Who is on the panel that decided the funding allocation?
- e) What are their individual qualification / experience in rural health?

Answer:

- a) On 28 January 2009, the Minister for Health and Ageing, the Hon Nicola Roxon MP, announced the first 53 projects to be approved under the first funding round, with a value of \$11.9 million (GST exclusive). It is expected that further announcements regarding additional successful projects to be funded under the NRRHIP will be made in the near future.

Applications received as part of the second funding round are currently under assessment.

- b) The first and second funding rounds of the NRRHIP generated a total of 370 applications.
- c) Funds have been allocated for the first 53 successful projects. A breakdown of the organisations that received the grants, which includes a state breakdown of funding, is provided at Attachment A.
- d) The delegate for the NRRHIP is the Minister for Health and Ageing. The Minister makes the decision on funding allocation under the NRRHIP.
- e) The Minister is advised by a national assessment panel, with membership drawn from key stakeholder organisations, including Rural Health Workforce Australia, the Australian General Practice Network and the Australian Local Government Association, as well as relevant areas within the Department with an interest in supporting the establishment of health infrastructure in rural and remote Australia.



<b>Organisation</b>	<b>Project Location</b>	<b>State</b>	<b>Project Title</b>	<b>Project Summary</b>	<b>Total Recommend (GST incl)</b>
Boorowa Street Practice	Young	NSW	Student Equipment Project	Convert and equip consulting room	\$26,778.51
Wallis Street Medical Centre Pty Ltd	Forster	NSW	GP Training Equipment Project	Convert the office / ECG room into a fully equipped clinic room for training to GP Registrars.	\$24,785.20
Bourke Shire Council	Bourke	NSW	Medical Centre Expansion & Refurbishment Project	Refurbish the existing medical centre	\$214,538.50
Batemans Bay Medical Centre	Batemans Bay	NSW	Clinic Extension Project	Build an extension to the existing building with consulting rooms and to provide low cost and secure accommodation on site for short term students/locums.	\$272,209.30
Cooma Medical Trust	Cooma	NSW	Cooma Medical Training Practice Expansion	Expand medical facility to build 6 additional consulting rooms, conference room/library and amenities	\$550,000.00
Caring Medical Management Service Pty Ltd	Denman	NSW	Denman Medical Centre Project	Establish medical centre including construction, external works and fit-outs, landscaping, concreting car park, concrete kerb and guttering.	\$550,000.00
Harden Medical Centre	Harden	NSW	Medical Centre Extension Project	Extension to existing premises for additional consulting rooms to furnish and equip consulting rooms	\$115,502.20
Wakool Shire Council	Barham	NSW	Barham & District Medical Centre Project	Purchase a medical Centre	\$425,700.00
Colymedical Pty Ltd (Murrumbidgee Medical)	Leeton	NSW	Practice Upgrade Project	Update equipment and furnishings with in the Surgery.	\$74,800.00

Murray Shire Council	Moama	NSW	Moama Medical Centre Project	Refurbish and equip existing rooms.	\$82,660.92
Hobkirk Holdings Pty Ltd	Grafton	NSW	Refurbishment and Equipment Project	Refurbish and equip consulting rooms for trainee GP's (these consulting rooms currently used as small waiting rooms) and to improve and expand existing large waiting areas to allow for the patient capacity.	\$12,416.99
Lake Cathie Medical Centre	Lake Cathie	NSW	Infrastructure Project (Stage 2)	Stage 2, Extensions to the new purpose built medical centre including a number of new rooms to accommodate the growth and demand for medical services.	\$550,000.00
Active Foot Clinic Podiatry	Young Temora Cootamundra Tumut Lockhart	NSW	Equipment & Motor Vehicle Upgrade Project	Purchase Podiatry and IT equipment, furnishings and motor vehicles for outreach services.	\$165,726.00
Bega Valley Private Hospital	Bega	NSW	Medical Equipment Upgrade & Expansion Project	Purchase anaesthetic equipment, phaco machine and recovery room trolleys in line with medical equipment up grade.	\$273,984.70
				<b>NSW TOTAL</b>	<b>\$1,700,790.81</b>
Mater Misericordiae Hospital Yeppoon	Yeppoon	QLD	Equipment Upgrade Project	Purchase of a range of equipment to replace outdated units that are no longer fully functional (electric beds, nurse call system, air-conditioning units) and the replacement of a section of roofing.	\$194,713.20
Carpentaria Shire Council	Normanton	QLD	Family Centre Normanton Project	Refurbish a residential property purchased to a standard appropriate for the delivery of family centred clinical/primary health services and provide the necessary clinical infrastructure.	\$323,378.00
KARDS Chinchilla Pty Ltd	Chinchilla	QLD	Chinchilla Medical Centre Extension Project	Provide a multi-tenanted health precinct that promotes the sustainable delivery of various community based health services in Chinchilla.	\$297,000.00
Coopers Plains Dental Surgery	Emerald	QLD	Mayfair Ridge Dental Project	Double the number of dental services available by construction/establishment of a new private dental facility in Emerald to service the rapid population growth caused by the mining industry.	\$533,854.19
Diamantina Shire Council	Bedouroe Birdsville	QLD	Specialist Equipment Project	Acquire specialist equipment, X-ray machines, heart monitoring and I Stat machine and infrastructure upgrade	\$308,123.20

Our Favourite Physio	Mareeba	QLD	Real Time Ultrasound and Treatment Beds Project	Upgrade and enhance private Physiotherapy Services to Mareeba and surrounding districts through the provision of new quality equipment	\$23,248.50
The Doctor House	Mareeba	QLD	GP Training in the Tropics Project	Purchase of additional medical and office equipment.	\$51,618.60
<b>QLD TOTAL</b>					<b>\$1,731,935.69</b>
Nganampa Health Council	Alice Springs	SA	Mobile Dental Service Provision	Replace ageing equipment in mobile dental surgery used in remote South Australia.	\$275,000.00
Roxby Downs Rehabilitation Centre	Roxy Downs	SA	Physiotherapy Equipment Upgrade Project	Purchase of rehabilitation equipment	\$22,096.80
Keith & District Hospital Inc	Keith	SA	Hill Wing Refurbishment Project	Stage 1 of a 2 stage redevelopment of a vacant wing of the hospital to establish a multi-disciplinary ambulatory care centre (Keith Health Hub). Stage 1 includes building works, furniture and equipment fit-out.	\$550,000.00
Leonie Martin Speech Pathologist	Kadina	SA	Practice Upgrade Project	Minor refurbishment and the purchase of equipment and resources to help develop the speech pathologist practice in Kadina.	\$17,216.32
Two Wells Medical Clinic	Two Wells	SA	Equipment Upgrade Project	Upgrade medical equipment and fit out a consulting room for use by medical students	\$94,354.10
<b>SA TOTAL</b>					<b>\$958,667.22</b>
Smithton Medical Services Pty Ltd	Smithton	TAS	Medical Teaching Equipment Upgrade Project	Provide a fully equipped consulting room solely for the use of Medical Students in the Practice.	\$11,278.96
Leven Medical Services Pty Ltd	Penguin	TAS	Medical Teaching Equipment Upgrade	Purchase of new equipment that will provide expanded Health services and help deliver quality medical education to students and GP registrars.	\$10,442.30
Huon Valley Council	Dover	TAS	Upgrade of Geeveston Medical Centre & Esperance Multi-purpose Health Centre	Upgrade of infrastructure to underpin the provision of sustainable medical services to the towns of Geeveston and Dover for the long term.	\$412,200.80

Derwent Valley Medical Centre	New Norfolk	TAS	Medical Teaching and Allied Health Infrastructure Project	Construction and fit out of dedicated teaching facilities to enable junior doctors and medical students to work in close proximity to the teaching doctor and allied health team.	\$488,680.50
Tandara Lodge Community Care Inc	Sheffield	TAS	Kentish Health Clinic Expansion Project	Construct an additional two consulting/treatment rooms adjoining the existing clinic building to expand current allied health services.	\$140,935.30
Anne Street Medical Services	George Town	TAS	Medical Teaching Infrastructure Upgrade	145 square metre addition to facility - teaching room, one doctors consulting room, extension of treatment area which will free up a doctors consulting room that is being used as a treatment room and an observation room.	\$351,784.44
				<b>TAS TOTAL</b>	<b>\$1,415,322.30</b>
Foster Medical Centre	Foster	VIC	Medical centre expansion and workforce development strategy	Construct new wing onto medical centre containing purpose built consulting rooms and student accommodation.	\$550,000.00
Mallacoota Medical Centre	Mallacoota	VIC	Medical Equipment Upgrade Project	Funding for equipment to fit our new emergency room, including set up, medical and X-Ray equipment upgrade to enable training of medical students and improve service delivery.	\$55,440.00
Ovens Medical Group	Wangaratta	VIC	Practice Upgrade Project	Extend and refurbish the existing Ovens Medical Group Premises involving both Capital Works and Equipment Purchase.	\$550,000.00
Vitality Rehab Pty Ltd	Hamilton	VIC	Podiatry Services Project	Obtain equipment which would enable full time podiatry services in the region as apposed to sub contracting a podiatrist.	\$14,217.50
Riddell Country Practice	Riddells Creek	VIC	Building Extension & Equipment Upgrade Project	Building extension and upgrade of equipment the will facilitate the training of medical students and registrars and enhance GP and Allied Health services.	\$164,507.20
Maffra Medical Group	Maffra	VIC	Practice Extension & Upgrade Project	Renovating and refurbishing existing building for visiting medical students and allied health professionals and upgrading IT services.	\$389,306.95
Yackandandah Bush Nursing Hospital Inc	Yackandandah	VIC	Equipment Upgrade Project	Purchase additional equipment	\$38,875.10

Murray Valley Aboriginal Co-operative	Robinvale	VIC	Robinvale Indigenous Health Promotion Centre	Building upon the current service model by extending the existing facility to increase the availability of health promotion and allied health services.	\$286,000.00
Woodend Medical Centre Pty Ltd	Woodend	VIC	Improving Access to Primary Health Care Services	Improve access to GPs & allied Health Professionals by upgrading facilities to meet current demand and through GP/Register training.	\$550,000.00
Bendigo Community Health Services Inc (City of Bendigo)	Elmore	VIC	Elmore Primary Health Service Project	Demolish and rebuild allied health unit at Elmore.	\$506,368.50
Cunninghame Arm Medical Centre	Lakes Entrance	VIC	Primary Care Education Centre Project	Establish a consulting room for each of GP Registrar, PGPPP doctor and medical students on full-year placement in the practice, and a waiting room/patient lounge for patients attending for consultation with these staff.	\$416,103.39
Karuna-maya Medicine Tree	Jan Juc	VIC	Registrar Consulting Room Equipment Project	Purchase additional medical and office equipment	\$18,490.19
Maryvale Private Hospital Pty Ltd	Maryvale	VIC	Theatre Equipment Upgrade Project	Update Endoscopic, Gynaecological and Orthopaedic telescopes, monitors, cameras and associated equipment.	\$275,000.00
Nagambie Hospital Inc	Nagambie	VIC	Community Health Centre Project	Construction of community health centre co-located at Nagambie Hospital	\$550,000.00
				<b>VIC TOTAL</b>	<b>\$4,364,308.83</b>
Ord Valley Aboriginal Health Service	Kununurra	WA	Health Education and Promotion Unit / Allied Health Service Offices Project	Develop a Health Education and Promotion Unit to be co-located with Allied Health offices carrying out complementary functions (e.g. a Clinical Dietician, Paediatric Nutrition Educator, Renal Nurse and Mental Health/ Counselling Services).	\$550,000.00
Moora Health Centre	Moora	WA	Health Centre Refurbishment Project	Refurbish premises to enlarge an existing room and create one more room under the current roof structure. To fit-out the new room with the required office equipment and extend the current telecommunications system.	\$72,799.95

Country Audiology & Hearing Services	Esperance	WA	Esperance Audiology Project	Improvement of Accessibility & Diversification of Audiology Services through equipment acquisition.	\$132,077.96
Esperance Podiatry	Esperance	WA	Equipment Upgrade Project	Purchase equipment and computer for podiatry service.	\$39,136.00
Shire of Goomalling	Goomalling	WA	Medical Practice Equipment Upgrade Project	Purchase of equipment upgrade - CAAD, ECG Machine, Video conferencing equipment used to consult with specialist.	\$55,000.00
Shire of Wongan-Ballidu	Wongan Hills	WA	Wongan Hills Community Health Centre Project	Construction and outfit of a multi use community health facility.	\$550,000.00
Wyalkatchem Medical Centre	Wyalkatchem	WA	Wyalkatchem Medical Centre Project	Equipment and furnishings for new medical centre	\$111,118.33
				<b>WA TOTAL</b>	<b>\$1,510,132.23</b>

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-101

OUTCOME 6: Rural Health

Topic: PATIENT ASSISTED TRAVEL

Written Question on Notice

Senator Boyce asked:

At the National Rural Health Workforce Roundtable there were discussions and input from the Health Minister regarding options for rural health care, in particular PATS. Since this roundtable in 2008, what is being done to assist rural patients' transportation, particularly in relation to cross border issues when accessing other state's services?

Answer:

As part of the National Healthcare Agreement, states and territories have committed to continue to provide and fund Patient Assistance Travel Schemes and ensure public patients are aware of how to access the schemes.

Cross border adjustments are a matter for negotiation between jurisdictions. Mechanisms are in place between states and territories to adjust for costs incurred where admitted patient services are provided to eligible persons who are residents of another state. Agreements may also be entered into to adjust for costs of non-admitted services.

The states, territories and the Commonwealth are continuing to work together to consider the recommendations of the Senate Community Affairs Committee report on PATS.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE  
HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 27 February 2009

Question: E09-116

OUTCOME 8: Indigenous Health

Topic: PROVISION OF CULTURALLY APPROPRIATE HEALTH SERVICES IN  
NARROGIN REGION

Written Question on Notice

Senator Boyce asked:

What is being done to fund and develop culturally appropriate health services?

Answer:

- In the 2008/09 financial year the Department of Health and Ageing will provide \$2,917,706 (GST Exclusive) funding for a range of culturally appropriate health services in Narrogin.
- Narrogin is located in the Wheatbelt region 192 km southeast of Perth. The Indigenous population is 307 (7.2 per cent of the total population).
- The Department has funded the South West Aboriginal Medical Service (SWAMS) \$135,000 to deliver social and emotional wellbeing services to the Noongar Community in the Narrogin area. A full time social worker commenced in Narrogin on 8 December 2008 and as of 3 March had seen 49 clients. An Indigenous family support worker commenced employment in Narrogin on 3 February 2009.
- The Department has funded the Wheatbelt Aboriginal Health Service (WAHS) \$1,645,361 to deliver primary care to Indigenous people living in the Wheatbelt region. This includes visits by Aboriginal Health Workers and a health promotion officer to Narrogin.
- The Western Australian Country Health Service's Rural Counselling Support Service (RCSS) will receive \$398,594. Since January 2008 counsellors (1.4 FTE) and mental health first aid officers (0.4 FTE) have been based in Narrogin.
- The Injury Control Council of WA will receive \$100,000 under the National Suicide Prevention Strategy to deliver the Building a Suicide-Safe South West program. The program provides education and training to families, service providers and the broader community about indicators of suicide, how to reduce the shame of talking about these issues, and how to help people contemplating suicide.
- The Great Southern GP Network received \$480,330 funding from the Australian Government to provide "Bringing Them Home" counselling and Link-Up services in the Great Southern region. From July to January 2009 there were 12 Indigenous clients in the Narrogin area with 39 occasions of service provided.



- The Government is also providing \$158,421 funding to the Great Southern GP Network to provide social and emotional well being services in Narrogin. This service provides a psychologist with cultural awareness training and experience in working with Aboriginal people. Between July and December 2008, there were ten occasions of service to five clients in the Narrogin area, five of whom identified as Indigenous.
- The Government is working closely with the Western Australian Government and other commonwealth agencies to address the needs of the Indigenous community in the region including improved cooperation between local Indigenous people and service providers; identifying the gaps in service provision and assisting to build community capacity.
- The Department is funding a pilot project with the Aboriginal Health Council of WA to develop a national cultural safety training package for National Aboriginal Community Controlled Health Organisation (NACCHO) affiliates. From 2009/10 organisations will be able to access cultural safety training on a fee for service basis from all NACCHO affiliates.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 27 February 2009

Question: E09-119

OUTCOME 8: Indigenous Health

Topic: HEALTHY FOR LIFE PROGRAM

Written Question on Notice

Senator Boyce asked:

- a) In relation to the *Healthy for Life* program, there seems to be a large marketing strategy, but what about a communication strategy in relation to cultural and language barriers?
- b) Can you please explain what is being done to ensure all communities with different dialects are able to understand the message regarding health?

Answer:

- a) The *Healthy for Life* program is designed to allow health services to step back and review their current service delivery in child and maternal health, chronic disease care, and where appropriate, men's health care, to identify priority action areas for improvement.

*Healthy for Life* services are provided with funding from the Commonwealth Government to implement the *Healthy for Life* program. *Healthy for Life* services are required to develop strategies to improve their service delivery in child and maternal health, chronic disease care, and where appropriate, men's health. In developing these strategies *Healthy for Life* services take into consideration the cultural and linguistic barriers and adapt their strategies accordingly.

The Department of Health and Ageing will be convening a *Healthy for Life and New Directions Mothers and Babies Services* Conference in June 2009. This will provide a culturally appropriate forum for all participating services to come together to share information about program implementation (through small and large group discussions). *Healthy for Life* services can use this as an opportunity to raise cultural and language barriers and source information from their peers on their experiences, any issues encountered and potential solutions.

- b) Given the wide cultural and linguistic variations among Aboriginal and Torres Strait Islander peoples across Australia, it is neither possible nor appropriate to use a single communication tool. As such, the primary health care services participating in the *Healthy for Life* program engage a diverse range of local and external expertise to undertake health promotion and service delivery activities, using communication methods best suited to their local environment and communities.

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

Additional Estimates 2008-2009, 27 February 2009

Question: E09-141

OUTCOME 8: Indigenous Health

Topic: CHILD HEALTH CHECKS

Hansard Page: CA 43

Senator Humphries asked:

Regarding the way in which health issues have shown up in the later child health checks that are being conducted, are there changes in the patterns of health complaints or illness that are showing up in these trends? Please provide a picture of what trends are happening.

Answer:

An analysis has been undertaken of Child Health Checks over the period July 2007 to December 2008 and no pattern in the rate of major health conditions is evident.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Cross Portfolio Indigenous Issues, 27 February 2009

Question: E09-120

OUTCOME 8: Indigenous Health

Topic: RHEUMATIC FEVER STRATEGY

Written Question on Notice

Senator Boyce asked:

- a) Has a decision been made regarding a release date for the paper from the Rheumatic Heart Disease Working Group?
- b) If so, will this be released for all members of the public to view?
- c) What is the main focus of this paper in relation to reducing the number of Indigenous with Rheumatic Fever?
- d) What options are available regarding reducing numbers?
- e) If it has not yet been released, when should we expect something to be released?

Answer:

- a) The paper developed by the Rheumatic Heart Disease Working Group is being considered by the Australian Health Ministers' Advisory Council – Child Health and Wellbeing Subcommittee. A decision regarding a release date for the paper has not yet been made.
- b) Not applicable.
- c) Until the paper is formally endorsed and a decision made on its release, it would not be appropriate to respond on specific content.
- d) As per c).
- e) Prior to release, it is expected that the Child Health and Wellbeing Subcommittee will provide advice on the paper to the Australian Population Health Development Principal Committee (APHDPC) for consideration at its next meeting in May 2009. Following consideration by the APHDPC the paper will be referred to the Australian Health Ministers' Advisory Council.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-145

OUTCOME 9: Private Health

Topic: PROSTHESES LIST

Hansard Page: CA130

Senator Cormann asked:

- a) How many items on the prostheses list are subject to a gap payment in December 2007, July 2008 and February 2009?
- b) What is the maximum gap payment on lists for December 2007, July 2008 and February 2009?

Answer:

a and b)

The table that follows shows how many gap items were listed on the December 2007, July 2008 and February 2009 Prostheses Lists. It also shows the highest gap amount and the average gap amount for the respective prostheses lists.

<b>Cycle</b>	<b>Total Items on the Prostheses List</b>	<b>Total Items with a Gap on the Prostheses List</b>	<b>Highest Gap Amount</b>	<b>Average Gap Amount</b> (of items listed with a gap)
<b>December 2007</b>	9159	1035	\$4,595	\$384.43
<b>July 2008</b>	9304	1462	\$7,125	\$409.18
<b>February 2009</b>	9493	1754	\$7,125	\$416.93

Notes:

1. The Prostheses and Devices Committee strives to ensure that at least one no-gap prosthesis is available for each hospital procedure listed on the Medicare Benefits Schedule associated with the implantation of a prosthesis. This ensures that patients do not incur out of pocket expenses in relation to those prostheses.
2. While items may be listed with a gap on the prostheses list, the gap may not actually be charged.
3. The (same) item on the February 2009 and the July 2008 prostheses lists, with the highest gap amount of \$7,125, was used on three occasions in the 12 months ending 30 June 2008 (most recent utilisation data available).
  - For the February 2009 list, there were 31 other items in the same sub-group, of which 12 had gaps and 19 had no gaps.
4. The data above only relates to Part A of the prostheses list as no items on Part B of the list (human tissue) can be listed with a gap.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-163

OUTCOME 10: Health System Capacity and Quality

Topic: eHEALTH

Hansard Page: CA 137

Senator Boyce asked:

Can I ask one more question and then I will put the rest on notice. In relation to current staffing at National eHealth Transition Authority (NEHTA), how many are full-time permanent staff? Can I have full-time permanent, part-time permanent, consultancies – everybody who is having input.

Answer:

NEHTA reported its total headcount for staff as of 11 March 2009 was 191 employees.

The 191 employees are classified as:

- Full-time Permanent 148
- Part-Time Permanent 13
- Contractors 30

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-072

OUTCOME 11: Mental Health

Topic: THE NATIONAL SURVEY OF MENTAL HEALTH AND WELLBEING

Written Question on Notice

Senator Boyce asked:

An Australian Bureau of Statistics Survey published in October last year entitled 'The National Survey of Mental Health and Wellbeing' reported that there were more than two million mentally ill Australians who were not getting adequate treatment for their illness. 60 percent of people with a mental health disorder do not seek any treatment.

- a) What is the Department's view as to why these Australians are not getting adequate treatment?
- b) Is the failure of these Australians to seek treatment due to a lack of services, or is there an overwhelming increase in the number of Australians experiencing mental illness?

Answer:

a and b)

The 2007 National Survey of Mental Health and Wellbeing is the second major epidemiological survey of its kind undertaken in Australia, with the first conducted in 1997. The 1997 survey provided the first evidence of the prevalence of mental illness in the Australian population ('1 in 5' Australians) and directed government initiatives in mental health, particularly the focus on primary care.

The 2007 survey found that one in five (20%) Australian adults experience mental illness in any year. This figure is remarkably similar to the prevalence found in 1997. The survey clearly shows that there has not been an overwhelming increase in the overall number of Australians experiencing mental illness, but rather that the prevalence of mental disorders has remained relatively stable in the Australian population.

In terms of actual service use, the survey found that one in three (34.9%) people with a 12-month mental disorder used health services for their mental health problems in the previous 12 months. This is equivalent to 1.1 million Australians seeking help for their mental health problems during this period. Conversely, 65.1% or 2.1 million people with 12-month mental disorders did not use any health services for their mental health problems.

The data from the 2007 survey shows that general practitioners continue to be the most commonly consulted health professional for people seeking help for their mental health problems. However, patterns of service use appear to be changing. Compared to the 1997 survey, a greater proportion of people with mental disorders are now seeing mental health professionals, in particular, the proportion of people seeing psychologists has doubled. This is likely to be due to the introduction of Medicare rebates for mental health services under the Better Access to Psychiatrists, Psychologists and General Practitioners, which not only introduced expanded items to remunerate general practitioners providing mental health care, but also introduced new Medicare Benefits Schedule items for psychologists.

People who used services for their mental health problems were also asked about their needs for services - if their needs had been met and, if they did not use services and if there were types of help they needed but had not received. The types of help covered were information, counselling, medication, skills training and social interventions. A key finding of the survey is that around 90% of people experiencing mental disorders who did not use services reported that they did not need any form of services. Whereas, people with mental disorders who received services generally felt their needs had been met.

The survey also found that 58.6% of people with affective disorders used services, whereas only 37.8% of those with anxiety disorders used services. Affective disorders include depression, which has been a focus of various initiatives, in particular *beyondblue*, over the last decade.

The importance of mental health literacy and stigma as barriers to health care has been long known. These data support the notion that these are key to improving treated prevalence. Not only do people need to be able to recognise that the problems they have are mental health problems, but they need also to be aware that there are effective ways to treat the various mental disorders, and that these services are available and affordable.

The Australian Bureau of Statistics is to release a confidentialised unit record file (CURF) on CD-ROM and an expanded CURF through its Remote Access Data Laboratory (RADL) in April 2009. This will be an important source of information allowing analysis of some of the more complex relationships, including the interplay between mental illness and service use.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-074

OUTCOME 11: Mental Health

Topic: HEADSPACE

Written Question on Notice

Senator Boyce asked:

- a) What proportion of the \$35.6 million recently provided to Headspace will go to creating services in new areas?
- b) Please provide a list of proposed or established new sites?
- c) Can the Department give a breakdown of how the \$35.6 million will be spent?

Answer:

a - c)

\$35.6 million has been allocated to the headspace project for the financial years July 2009-10 to 2011-12. This level of funding maintains the current annual funding provided to headspace. The Government has yet to start negotiations on a funding agreement for this period. Once these negotiations are finalised it will be possible to answer these questions in detail.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2008-2009, 25 February 2009

Question: E09-160

OUTCOME 11: Mental Health

Topic: LIFE Website

Senator Scullion asked:

- a) How many hits have you had on the website in the last 12 months?
- b) Who is maintaining the website and how much funding is allocated for it?

Answer:

- a) The LIFE website [www.livingisforeveryone.com.au](http://www.livingisforeveryone.com.au) went live on 22 July 2008 and since then has recorded 23,582 visits and 74,399 page views.

The website also provides an access point for electronic copies of the LIFE Framework which is the strategic framework for the National Suicide Prevention Strategy. The LIFE Framework consists of three parts, the Framework, LIFE Research and Evidence Document, and a set of 24 fact sheets.

The LIFE Framework webpage has generated 3,221 page views and the LIFE Factsheets webpage has generated 3,391 page views. The LIFE Framework PDF has been downloaded 2,244 times and the LIFE Research and Evidence Document has been downloaded 1,520 times. LIFE Factsheets can be downloaded separately or as a complete set: the complete set has been downloaded 1,561 times and individually the 24 fact sheets have generated a cumulative total of more than 13,000 downloads.

The majority of visits to the website come from inside Australia however website hits have also been recorded from more than 100 other countries and territories including USA, UK, Canada, Malaysia, Korea and New Zealand.

This data is current as of 3 March 2009 and was generated by Google Analytics web statistics software and Ignition Suite Content Management System software.

- b) Crisis Support Services (CSS) is maintaining the LIFE website as a component of the LIFE Communications project. CSS were selected through a select tender process carried out in early 2007.

Funding for the website hosting and maintenance component of the project for 2008-09 totals \$92,674. This includes costs associated with the employment of a website administration manager, as well as additional web development to build an extranet for the Australian Suicide Prevention Advisory Council (ASPAC) members due for completion in late March 2009.

The LIFE website is part of a wider communications project to improve the effectiveness of suicide prevention activities in Australia by providing access to the latest information and shared learnings from projects in prevention, intervention and postvention. The project also aims to facilitate clear and effective communication channels across a broad range of suicide prevention stakeholders in Australia. In addition to the hosting and maintenance of the LIFE website, activities under the LIFE Communications project include but are not limited to:

- A range of marketing activities to promote the website and LIFE resources;
- Sourcing and promotion of the most recent relevant research, reports, reviews and evaluations;
- Quarterly publication of LIFE News; and
- Profiling evidence-based suicide prevention projects via LIFE News and the LIFE website.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-115

OUTCOME 11: Mental Health

Topic: NARROGIN SUICIDES

Written Question on Notice

Senator Boyce asked:

- a) Are you aware of the large number of indigenous suicides in Narrogin, Western Australia?
- b) If so, what is being done to investigate why there have been six suicides and four suicide attempts in this one town?

Answer:

- a) The department is aware of the situation in Narrogin and continues to be represented at the ongoing Narrogin Interagency Reference Group which last met on 3 February 2009. This group comprises representatives from the Narrogin community and local state agencies. The department is coordinating its efforts with the community through the Reference Group, Aboriginal community controlled health sector and WA Health to ensure effective delivery of services. The Australian Government, through the Department of Health and Ageing is funding a range of interventions in the Narrogin region including:
  - Funding of \$135,000 (GST ex) in 2008-09 to the South West Aboriginal Medical Service Aboriginal Corporation (SWAMS) to employ a social worker and a family support worker to work within the Narrogin region.
  - The Injury Control Council of WA (ICCWA), working in collaboration with Lifeline WA and the Narrogin Aboriginal Reference Group, will receive \$100,000 in 2008-09 under the National Suicide Prevention Strategy to deliver the “Building a Suicide Safe South West” program.
  - The Great Southern GP Network (GSGPN) received Australian Government funding (\$158,421) in 2008-09 through the ‘Better Outcomes in Mental Health’ program (Access to Allied Psychological Services) for services across the Great Southern region including Narrogin.
  - The Great Southern GP Network (GSGPN) will also receive \$528,363 (GST Inclusive) from the Australian Government in 2008-09 to provide “Bringing Them Home” counselling and Link-Up services in the Great Southern region.

- The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) is also providing 200,000 (\$70,000 in 2008-09, \$130,000 in 2009-10) from the Indigenous Communities Strategic Initiatives Program (ICSI) to support the WA government Department of Indigenous Affairs (DIA) to address these priorities.
- b) Over 2008 there were eight reported suicides in Narrogin, including six from the Aboriginal community. The department understands that families of the six deceased Aboriginal men have requested a coronial inquiry into the deaths. A more formal request for coronial inquiry into the eight suicides was made to WA Coroner Alastair Hope on 29 July 2008 by the then WA Shadow Mental Health Minister, The Hon. Helen Morton MLC., (currently the Parliamentary Secretary to the State Minister for Mental Health). A status update on the progress of this request was received by the Department on 3 March 2009 with advice that no decision has been made on whether to investigate the deaths at this stage.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-078

OUTCOME 12: Health Workforce Capacity

Topic: NATIONAL INDIGENOUS HEALTH WORKFORCE TRAINING

Written Question on Notice

Senator Boyce asked:

As part of the \$19 million National Indigenous Health Workforce Training plan, the department is currently working with states and territories and a number of different groups to communicate support to Indigenous groups. Can you provide examples of what types of support are available?

Answer:

Part of the \$19 million National Indigenous Health Workforce Training Plan provides funding to support Indigenous groups to mentor and support Indigenous doctors, nurses and students. This work is being undertaken by the Australian Indigenous Doctors Association (AIDA) and Congress of Aboriginal and Torres Strait Islander Nurses (CATSIN).

The Training Plan also provides for the establishment of a National Aboriginal and Torres Strait Islander Health Worker Association to foster professional education and development for Aboriginal and Torres Strait Islander Health Workers, and provide them with appropriate representation, advocacy, advice, support and mentoring.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-079

OUTCOME 12: Health Workforce Capacity

Topic: NATIONAL INDIGENOUS HEALTH WORKFORCE TRAINING

Written Question on Notice

Senator Boyce asked:

What is being done for Indigenous students with cultural/language barriers, to encourage them to take up the training?

Answer:

The Department of Education, Employment and Workplace Relations has a number of programs targeting this issue:

- Language, Literacy, Numeracy Program (LLNP) - The program seeks to improve clients' language, literacy and/or numeracy with the expectation that such improvements will enable them to participate more effectively in training or in the labour force and lead to greater gains for society in the longer term. Training is tailored to the needs of the students; and
- Workplace English Language and Literacy Program (WELL) - The main aim of the WELL Program is to assist organisations to train workers in English language, literacy and numeracy skills. In delivering training to Indigenous students, WELL projects use a consultative committee with relevant Indigenous representation to manage the project. Projects are delivered on site, in the workplace or community where students are surrounded by other Indigenous students and the design and delivery is flexible to meet learner needs.

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-080

OUTCOME 12: Health Workforce Capacity

Topic: NATIONAL INDIGENOUS HEALTH WORKFORCE TRAINING

Written Question on Notice

Senator Boyce asked:

Can we have the figures as to the number of Indigenous Australians taking up training compared to the previous 5 years.

Answer:

This data is collected by the Department of Education, Employment and Workforce Relations (DEEWR) and can be found on the following DEEWR website:  
[http://www.dest.gov.au/sectors/higher\\_education/publications\\_resources/statistics/publications\\_higher\\_education\\_statistics\\_collections.htm](http://www.dest.gov.au/sectors/higher_education/publications_resources/statistics/publications_higher_education_statistics_collections.htm)



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2008-2009, 25 February 2009

Question: E09-081

OUTCOME 12: Health Workforce Capacity

Topic: OVERSEAS TRAINED HEALTH PROFESSIONALS

Written Question on Notice

Senator Boyce asked:

- a) Can you please outline the Government's key programs for the recruitment of overseas-trained nurses, doctors and other allied health professionals and what is the cost to Government of each of these programs?
- b) Can you provide numbers in terms of nurses, doctors, and other allied health professionals recruited under the programs for each year over the past 4 years?

Answer:

- a) The International Recruitment Strategy (IRS), an Australian Government administered program to place overseas trained doctors (OTDs) in rural, remote and other areas of workforce shortage, commenced in 2004. As at 6 March 2009, 821 OTDs have been placed in rural, remote and other areas of workforce shortage.

The Australian Government has committed \$4,384,000.00 in the 2008-09 financial year to support the continued maintenance of the IRS.

- b) Placements under the IRS by calendar year since 2005 can be broken down as follows:  
2005: 183 placements  
2006: 143 placements  
2007: 192 placements  
2008: 237 placements

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2008-2009, 25 February 2009

Question: E09-082

OUTCOME 12: Health Workforce Capacity

Topic: OVERSEAS TRAINED HEALTH PROFESSIONALS

Written Question on Notice

Senator Boyce asked:

- a) Is the government collecting information about the career destinations of overseas health professionals relocating to Australia?
- b) Can you provide numbers about career destinations broken down in terms of private and public hospital as well as geographical location?
- c) What ability does the government have to direct these workers to an area with shortages in health staff?

Answer:

- a) This information is not being collected.
- b) This information is not collected.
- c) Section 19AB of the *Health Insurance Act 1973* (restricted access to Medicare provider numbers), is the key mechanism allowing the Australian Government to influence the distribution of the medical workforce for those practitioners seeking to work in a private setting. Section 19AB of the Act requires overseas trained doctors to work in a district of workforce shortage for a minimum period of ten years from the date of their first medical registration, or from the date the doctor became a permanent resident.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2008-2009, 25 February 2009

Question: E09-083

OUTCOME 12: Health Workforce Capacity

Topic: OVERSEAS TRAINED HEALTH PROFESSIONALS

Written Question on Notice

Senator Boyce asked:

Does the Government have a target for the amount of overseas trained health Professionals that relocate to Australia each year, and if so, what is it and has the government been meeting it?

Answer:

The Australian Government does not have set targets for the number of overseas trained health professionals that relocate to Australia each year. The Australian Government works with recruitment agencies under the International Recruitment Strategy to place overseas trained doctors in rural, remote and other areas of workforce shortage.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2008-2009, 25 February 2009

Question: E09-084

OUTCOME 12: Health Workforce Capacity

Topic: OVERSEAS TRAINED HEALTH PROFESSIONALS

Written Question on Notice

Senator Boyce asked:

What interaction is there between the State government programs to recruit overseas trained health professionals and the Commonwealth efforts?

Answer:

The Commonwealth does not directly recruit or employ overseas trained health professionals; however the Commonwealth has responsibility for the supply and training of general practitioners. As part of its overall responsibility in the health system, the Commonwealth has facilitated the COAG nationally consistent assessment process for overseas trained doctors through funding to the Australian Medical Council, the Royal Australian College of General Practitioners and state and territory medical registration boards. The nationally consistent assessment processes apply to all overseas trained doctors including both general practitioners and doctors recruited by state governments.

Under the COAG health workforce reform package the Commonwealth is investing \$1.1 billion in training more doctors, nurses and other health professionals. This workforce package includes support for an International Recruitment Program for all health professionals. This will be co-ordinated through a new National Workforce Agency and will enable a co-ordinated recruitment effort across the jurisdictions.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-086

OUTCOME 12: Health Workforce Capacity

Topic: NURSE SHORTAGES

Written Question on Notice

Senator Boyce asked:

The Council of Deans of Nursing and Midwifery have warned that growing the number of university places won't fix the problem and that there needs to be a growth in clinical places.

- a) What is the Government's response to the profession's criticism and what action is being taken to fix this problem?
- b) What additional programs is the Government considering to address nurse shortages?

Answer:

a and b)

The National Partnership Agreement on Hospital and Health Workforce Reform is aimed at improving health workforce capacity, efficiency and productivity primarily through improving clinical training; facilitating more efficient workforce utilisation; improving international recruitment efforts; and effective and accurate planning of health workforce requirements.

The Commonwealth and the states have also committed to a reform package of \$1.6 billion – comprising \$1.1 billion of Commonwealth funding and \$540 million in state funding. This will provide \$500 million in additional Commonwealth funding for undergraduate clinical training.

The Australian Government has committed \$39.4 million to bringing back 8,750 nurses into our hospital and aged care systems.

The Australian Government is investing in the important long term boosting of the nursing workforce by committing \$99.5 million to increase the number of Commonwealth supported undergraduate nursing places. This has led to 1,094 new Commonwealth supported higher education places in the national priority area of nursing made available from 2009.

The Australian Government has also increased the number of scholarships available to nurses, which includes an additional 36 (20 Full Time Equivalent) Nurse Practitioner Scholarships awarded in December 2008.

The Chief Nurse and Midwifery Officer is advising the Minister on all issues relating to Australia's 200,000-strong nursing workforce.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-094

OUTCOME 12: Health Workforce Capacity

Topic: OFFICE OF RURAL HEALTH

Written Question on Notice

Senator Fifield asked:

- a) What major programs have been established for education and promotion of a rural health workforce?
- b) Do you have statistics as to the success of the program so far? If so, please provide.

Answer:

- a) The Rural Clinical Schools Program, the University Departments of Rural Health Program, the Rural Undergraduate Support and Coordination Program, the John Flynn Placement Program and the Rural Pathway of the Australian General Practice Training (AGPT) program are currently the major Australian Government educational initiatives designed to enhance the sustainability of the rural medical workforce.
- b) The two main principles that underlie these programs are that students from a rural background and those who are exposed to rural areas during their degree will be more likely to choose a rural career upon graduation. The Department's analysis of published research has found that students from rural areas are more likely to practice rurally. Numerous Australian studies since 1991 have consistently shown that rural students are around 2.5 to 3 times more likely to work rurally. Overseas studies show similar results.

The pathway structure of the AGPT program was established to ensure the distribution of GP registrars across the country. This has been achieved with GP Registrars on the Rural Pathway undertaking the majority of their vocational education and training in rural and remote areas of Australia. About 40% of registrars in any one year of training will train in rural Australia. In addition, General Pathway registrars are required to undertake a six month placement in a rural area.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-087

OUTCOME 12: Health Workforce Capacity

Topic: NURSING

Written Question on Notice

Senator Boyce asked:

During the Supplementary Budget Estimates, I placed a question on notice regarding how many people have taken up the offer of \$6000 to go back to nursing. I was informed that the Department of Health and Ageing will compile an end of year report on the take up of nurses for 2008.

- a) Can the Government now provide the numbers of people taking up the offer of \$6000 to this committee?
- b) Will the Government consider making these payments tax free?

Answer:

- a) To 31 December 2008, there have been 266 nurses return to the public sector and 44 nurses return to the private sector totalling 310 nurses under this program.
- b) The Government is not considering making these payments tax free.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-088

OUTCOME 12: Health Workforce Capacity

Topic: NURSES BACK INTO THE WORKFORCE

Written Question on Notice

Senator Boyce asked:

Given that the Australian Nursing and Midwifery Council has noted that Nurses simply do not want to go back to the profession, when will the Government end this program?

Answer:

The Australian Government is aware that there is a workforce shortage. While take up has been slower than originally expected almost 500 nurses have come back to work under this program. The Australian Government has no plan to end this program. The Bringing Nurses Back into the Workforce program is funded to run for five years until 2013-14.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-048

OUTCOME 12: Health Workforce Capacity

Topic: RURAL CLINICAL SCHOOLS

Written Question on Notice

Senator Fifield asked:

An independent evaluation of the Rural Clinical Schools program was due to be completed by October 2008.

- a) How did this evaluation process take into account new Rural Clinical Schools applicants, for whom access to this funding program was frozen (when the evaluation was announced)?
- b) What is the normal timeline for funding under this program?
- c) Did this evaluation look into a possible widening of the funding program to take into account new applicants?
- d) Are you able to advise if/when the evaluation process has been/will be completed?
- e) If so, when will the findings of this process be available to the aforementioned applicants?

Answer:

- a) The evaluation looked at the effectiveness of the current Rural Clinical Schools Program in relation to its national implementation and reach. Assessment and consideration of applications to participate in the program were not part of the terms of reference for the evaluation.
- b) There is no standard timeline for considering funding applications.
- c) Yes. The views and comments from participating universities were considered.
- d) The evaluation process has been completed.
- e) The findings will be released when the Minister has fully considered the recommendations of the evaluation.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-180

OUTCOME 12: Health Workforce Capacity

Topic: HEALTH WORKFORCE NATIONAL PARTNERSHIP

Senator Carol Brown asked:

Could you detail the Commonwealth's Contribution to the Health Workforce National Partnership

Answer:

The Commonwealth will contribute \$1.1 billion over four years to the National Partnership on Hospital and Health Workforce Reform for workforce enablers. This is the largest investment in the health workforce ever made by the Australian government.

The Commonwealth's contribution includes:

- \$496.47 million for undergraduate clinical training subsidies;
- \$86.23 million for post graduate clinical training;
- \$28 million to improve supervision capacity;
- \$48.48 million for simulated learning environments;
- \$63 million for an international recruitment program;
- \$71 million for workforce redesign strategies;
- \$5.5 million for a workforce planning statistical database; and
- \$125 million to establish a national health workforce agency.

As part of the \$1.1 billion, the Commonwealth will provide \$175.6 million for investment in capital infrastructure, including innovative clinical teaching and training initiatives and expansion of training through the Rural Clinical Schools Program.

The national health workforce agency will implement the majority of workforce initiatives under the National Partnership Agreement to produce more effective, streamlined and integrated clinical training arrangements and to support workforce planning and development initiatives.

Details regarding the above workforce initiatives are contained in the National Partnership on Hospital and Health Workforce Reform available at:  
[www.coag.gov.au/intergov\\_agreements/federal\\_financial\\_relations/index.cfm](http://www.coag.gov.au/intergov_agreements/federal_financial_relations/index.cfm)

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-085

OUTCOME 12: Health Workforce Capacity

Topic: NURSE SHORTAGES

Written Question on Notice

Senator Boyce asked:

The Australian reported on the 15th of December 2008 that the Government's plan to allocate more nursing places to universities has been unsuccessful - only 200 of the extra 500 places have been taken up. What action is the Government taking to meet this target?

Answer:

For the 500 places to commence in mid-2008, eligible proposals were received for 90 places. The funding for the 410 unallocated places (and additional ongoing funding) was used to provide for a further 170 new ongoing places to commence in 2009, providing for more nurses than would have occurred through a single intake of 500 students. This resulted in capacity to fund 1,170 ongoing places for 2009, of which 1,094 have now been funded.

The Australian Government is investing \$175.6 million over four years in capital infrastructure to expand teaching and training especially at major regional hospitals.

Funding will also be provided to train approximately 18,000 nurse supervisors, 5,000 allied health and other supervisors and 7,000 medical supervisors.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-077

OUTCOME 12: Health Workforce Capacity

Topic: UNDERGRADUATE CLINICAL TRAINING

Written Question on Notice

Senator Boyce asked:

- a) How will the \$500 million additional funding for undergraduate clinical training be allocated?
- b) Will this new funding be predicated on any requirement for any individual university to change their current clinical training arrangements?
- c) What plans does the Department have to address the concerns about the ratio of supervisors to students?

Answer:

- a) Discussions and workshops with stakeholders have commenced on the model for financing clinical training subsidies. Stakeholders will continue to be consulted in considerable detail over the coming months to ensure that the current arrangements for clinical training are not compromised while the new arrangements are put into place. It is anticipated the final funding model will be agreed to by Health Ministers.
- b) No. The universities indicate that the current system works well most of the time. However, there is a need to provide additional high quality and coordinated clinical training to accommodate the growing numbers of students across Australia.
- c) As part of the COAG health workforce reform package, funding is provided for increasing clinical supervision capacity and competence for undergraduate health training. This includes specific Commonwealth and state and territory funding to support the training of additional supervisors across the nursing, medical and allied health disciplines.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-143

OUTCOME 13: Acute Care

Topic: MEDICARE DENTAL SCHEME IN TASMANIA

Hansard Page: CA 97

Senator Abetz asked:

Were they (dentists) told that no Medicare benefits will be payable for any dental services provided after 30 June 2008?

Answer:

Yes. Following the Ministerial Determination that was made on 13 March 2008, a notice was sent to dentists in March 2008, advising the arrangements for the withdrawal of the Medicare dental items for people with chronic conditions and complex care needs, from the Medicare Benefits Schedule (MBS).

The notice advised that:

- Patients who had already commenced treatment under Medicare dental items 85011-87777 were able to continue to receive Medicare benefits for dental services provided up to and including 30 June 2008;
- The Medicare dental items were to be closed to new patients after 30 March 2008; and
- No Medicare benefits were to be payable for any dental services provided under items 85011-87777 after 30 June 2008.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-144

OUTCOME 13: Acute Care

Topic: MEDICARE DENTAL SCHEME IN TASMANIA

Hansard Page: CA 98

Senator Abetz asked:

(Regarding information provided to dentists) do you not take responsibility and share that responsibility of the dentist misadvising patients about their entitlements because of your misadvice?

Answer:

The advice provided in the notice sent to dentists in March 2008 was correct at the time the notice was sent. The Determination to close the scheme was made on 13 March 2008. It remained in effect until disallowed by the Senate on 19 June 2008.

Following the disallowance on 19 June 2008, dentists and doctors were advised through letters to the Australian Dental Association, Australian Dental Prosthetist Association, Australian General Practice Network, Australian Medical Association, Royal Australian College of General Practitioners, and the Rural Doctors Association of Australia on 30 June 2008, about the arrangements for the continuation of the scheme. This included advice that from 19 June 2008, all eligible patients again had access to the chronic disease dental items (85011-87777), and that the scheme would not close, as originally planned, on 30 June 2008.

The advice also provided Medicare Australia contact information to dental practitioners to clarify any issues of eligibility for their patients.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-121

OUTCOME 13: Acute Care

Topic: MATERNITY SERVICES

Written Question on Notice

Senator Boyce asked:

Has data for the 07/08 period been released regarding the number of closures of obstetric/maternity services?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-068

OUTCOME 13: Acute Care

Topic: ACTIVITY BASED FUNDING

Written Question on Notice

Senator Boyce asked:

How and when will activity based funding for hospitals be implemented?

Answer:

The Activity Based Funding initiative, which is a component of the National Partnership Agreement on Hospital and Health Workforce Reform, will be implemented according to the processes and timetable set out in Schedule A of the National Partnership Agreement, which is available at:

[www.coag.gov.au/intergov\\_agreements/federal\\_financial\\_relations/docs/national\\_partnership/national\\_partnership\\_on\\_hospital\\_and\\_health\\_workforce\\_reform.pdf](http://www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/national_partnership/national_partnership_on_hospital_and_health_workforce_reform.pdf)

The development of detailed implementation plans is being oversighted by a group of senior Commonwealth and state officials and is underway.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-069

OUTCOME 13: Acute Care

Topic: ACTIVITY BASED FUNDING

Written Question on Notice

Senator Boyce asked:

- a) Under new activity based funding arrangements, will individual hospitals continue to receive global funding allocations to cover generic activities such as teaching and research?
- b) If not, how will you ensure that hospitals are able to continue to undertake these activities?

Answer:

- a) The Activity Based Funding initiative, which is a component of the National Partnership Agreement on Hospital and Health Workforce Reform, will be implemented according to the processes and timetable set out in Schedule A of the National Partnership Agreement, which is available at:  
[www.coag.gov.au/intergov\\_agreements/federal\\_financial\\_relations/docs/national\\_partnership/national\\_partnership\\_on\\_hospital\\_and\\_health\\_workforce\\_reform.pdf](http://www.coag.gov.au/intergov_agreements/federal_financial_relations/docs/national_partnership/national_partnership_on_hospital_and_health_workforce_reform.pdf)

The schedule includes the following as an output required by the end of 2010-11:

Implement funding strategies for training, research and development and other activities not directly related to treatment of individual patients.

It is therefore envisaged that training and research will continue to be undertaken in hospitals, but the manner of funding such activity – for example, global allocations – will be considered once this work is undertaken.

- b) N/A.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-064

OUTCOME 13: Acute Care

Topic: AUSTRALIAN HEALTH CARE AGREEMENTS

Written Question on Notice

Senator Boyce asked:

In terms of matching funding from the State governments under the package:

- a) Do you have details of what matching funding the Commonwealth is requesting from State governments for every measure in the package?
- b) What has each individual state and territory government agreed, to date, to provide in terms of matching funding in respect of each measure in the package?

Answer:

- a) There are no requirements for states and territories to provide matching funding under the new National Healthcare Agreement. The National Healthcare Agreement forms a schedule to the Intergovernmental Agreement on Federal Financial Relations. Financial or input controls are not a feature of this Agreement. Instead there are accountability requirements that focus on outcomes achieved. Progress against outcomes will be determined by the COAG Reform Council through an annual report to COAG.
- b) While there are no matching requirements for National Partnership Agreements, states and territories have agreed to co-invest in a number of National Partnership areas as follows.
  - States and territories will contribute \$539.2 million over four years for undergraduate clinical training as part of the \$3 billion Hospital and Health Workforce National Partnership;
  - States and territories have agreed to invest \$772 million as their contribution to the Indigenous 'Closing the Gap' National Partnership with the Commonwealth contributing \$805.5 million; and
  - Funding of \$218 million will be 50:50 cost shared between the Commonwealth and the states and territories to enable the National E-Health Transition Authority to continue its existing work program over the period July 2009 - June 2012.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-066

OUTCOME 13: Acute Care

Topic: PERFORMANCE REPORTING (AHCAs)

Written Question on Notice

Senator Boyce asked:

- a) Please provide the full list of performance measure/indicators (and supporting definitions and descriptions) that has been agreed between the Commonwealth and State Governments that will form the accountability and reporting framework for all components of health care funding under the new agreement?
- b) When will this new performance reporting regime commence?
- c) How often will performance reports be required to be provided by the states to the Commonwealth?
- d) What information from these performance reports will be made publicly available, when and how often?

Answer:

- a) A list of all the progress measures and outputs in the National Healthcare Agreement is provided at Attachment A. A description and brief rationale for each of the indicators is provided at Attachment B.

In addition, COAG agreed to nine performance benchmarks that are included in the National Healthcare Agreement as follows:

- Reduce the aged-adjusted prevalence rate for Type 2 diabetes to 2000 levels (equivalent to a national prevalence rate<sup>23</sup> of 7.1 per cent) within 15 years.
- By 2018, reduce the national smoking rate to 10 per cent of the population and halve the indigenous smoking rate.
- By 2017, increase by five percentage points the proportion of Australian adults and Australian children at a healthy body weight, over the 2009 baseline.
- Within five years implement a nationally consistent approach to activity-based funding for public hospital services, which also reflects the Community Service Obligation for small and regional hospital services.
- By 2012-13, 80 per cent of emergency department presentations are seen within clinically recommended triage times as recommended by the Australian College of Emergency Medicine.

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<sup>23</sup> For 25 years and over.

- The rate of Staphylococcus aureus (including MRSA) bacterium is no more than 2.0 per 10,000 occupied bed days for acute care public hospitals by 2011-12 in each state and territory.
- By 2014-15, improve the provision of primary care and reduce the proportion of potentially preventable hospital admissions by 7.6 per cent over the 2006-07 baseline to 8.5 per cent of total hospital admissions.
- Close the life expectancy gap for Indigenous Australians within a generation.
- Halve the mortality gap for Indigenous children under five within a decade.

The Department of the Treasury (the Treasury) has responsibility for the details of the performance reporting regime. The Treasury has provided the following responses to parts b) to d).

- b) The performance reporting regime commenced on 1 January 2009, with the commencement of the *Intergovernmental Agreement on Federal Financial Relations*.

Performance information in respect of the education and training sectors will be on a calendar year basis, commencing with performance information for 2008, and for all other sectors will be on a financial year basis, commencing with performance information for 2008-09. The 2008 and 2008-09 reports will establish benchmarks against which progress in reform and improvements in service delivery can be measured.

The National Healthcare Agreement includes the performance indicators and benchmarks which form the basis of the new performance reporting regime for the healthcare sector.

- c) Performance indicators will be compiled annually by the Steering Committee for the Review of Government Service Provision based on data collected by various data collection agencies and other experts. These indicators will then be forwarded to the independent COAG Reform Council, which will compile a report on the performance of all governments in achieving the mutually-agreed objectives set out in National Agreements and supporting National Partnerships.
- d) The COAG Reform Council will publish the performance data relating to National Agreements, and National Partnerships to the extent that they support the objectives in National Agreements, along with a comparative analysis of this performance information that:-
- (i) focuses on the high-level National Agreement performance indicators;
  - (ii) highlights examples of good practice;
  - (iii) highlights contextual differences between jurisdictions which are relevant to interpreting the data; and
  - (iv) reflects COAG's intention to outline transparently the contribution of both levels of government to achieving performance benchmarks and to achieving continuous improvement against the outcomes, outputs and performance indicators.

The COAG Reform Council will report annually on each of the National Agreements.

## Outcomes, Progress Measures and Outputs in the National Healthcare Agreement

Outcome	Progress Measure	Output
<b>Prevention</b>		
<p>Children are born and remain healthy.</p> <p>Australians have access to the support, care and education they need to make healthy choices.</p> <p>Australians manage the key risk factors that contribute to ill health.</p>	<p>Proportion of babies born of low birth weight.</p> <p>Incidence/prevalence of important preventable diseases.</p> <p>Risk factor prevalence.</p>	<p>Immunisation rates for vaccines in the national schedule.</p> <p>Cancer screening rates (breast, cervical, bowel).</p> <p>Proportion of children with 4<sup>th</sup> year developmental health check.</p>
<b>Primary and community health</b>		
<p>The primary healthcare needs of all Australians are met effectively through timely and quality care in the community.</p> <p>People with complex care needs can access comprehensive, integrated and coordinated services.</p>	<p>Access to general practitioners, dental and other primary healthcare professionals.</p> <p>Proportion of diabetics with HbA1c below 7 per cent.</p> <p>Life expectancy (including the gap between Indigenous and non-Indigenous).</p> <p>Infant/young child mortality rate (including the gap between Indigenous and non-Indigenous).</p> <p>Potentially avoidable deaths.</p> <p>Treated prevalence rates for mental illness.</p> <p>Selected potentially preventable hospitalisations.</p> <p>Selected potentially avoidable general practitioner type presentations to emergency departments.</p>	<p>Number of primary care services per 1,000 population (by location).</p> <p>Number of mental health services.</p> <p>Proportion of people with selected chronic disease whose care is planned (asthma, diabetes, mental health).</p> <p>Number of women with at least one antenatal visit in the first trimester of pregnancy.</p>
<b>Hospital and related care</b>		
<p>Australians receive high quality hospital and hospital related care that is appropriate and timely.</p>	<p>Waiting times for services.</p> <p>Selected adverse events in acute and sub-acute care settings.</p> <p>Unplanned/unexpected readmissions within 28 days of selected surgical admissions.</p> <p>Survival of people diagnosed with cancer (5 year relative rate).</p>	<p>Rates of services provided by public and private hospitals per 1000 weighted population by patient type.</p>

Outcome	Progress Measure	Output
<b>Aged care</b>		
Older Australians receive high quality, affordable health and aged care services that are appropriate to their needs and enable choice and seamless, timely transitions within and across sectors.	Residential and community aged care services per 1,000 population aged 70+ years. Selected adverse events in residential care.	Number of older people receiving aged care services by type (in the community and residential settings). Number aged care assessments conducted. Number of younger people with disabilities using residential, CACP and EACH aged care services. Number of people 65+ receiving sub-acute and rehabilitation services. Number hospital patient days by those eligible and waiting for residential aged care.
<b>Patient Experience</b>		
All Australians experience best practice care suited to their needs and circumstances informed by high quality health information. Patients experience seamless and safe care when transferring between settings.	Nationally comparative information that indicates levels of patient satisfaction around key aspects of care they received.	
<b>Social Inclusion and Indigenous Health</b>		
Indigenous Australians and those living in rural and remote areas or on low incomes achieve health outcomes comparable to the broader population.	Age standardised mortality. Access to services by type of service compared to need. Teenage birth rate. Hospitalisation for injury and poisoning. Children's hearing loss.	Indigenous Australians in the health workforce.
<b>Sustainability</b>		
Australians have a sustainable health system that can respond and adapt to future needs.	Net growth in health workforce (doctors, nurses, midwives, dental practitioners, pharmacists). Allocation of health and aged care expenditure. Cost per case mix-adjusted separation for both acute and non acute care episodes.	Number of accredited/filled clinical training positions.

## COAG HEALTH REFORM

### Performance Indicators in the National Healthcare Agreement

Prevention	Description
Proportion of babies born of low birth weight.	The incidence of low birthweight among babies. Low birthweight is associated with increased risk of poor health and death during infancy and increased prevalence of a number of chronic diseases in adulthood. Low birthweight is a particular issue for Indigenous communities.
Incidence/prevalence of important preventable diseases.	The number of new cases of (mostly) preventable disease is a key indicator of the health of Australians. The indicator includes Sexually Transmitted Infections and Blood Borne Viruses (such as HIV and Chlamydia), end stage renal disease and mostly avoidable cancers such as lung, bowel and breast cancers.
Risk factor prevalence.	Measures key risk factors for preventable disease, including obesity, smoking, the risk of long term harm from alcohol and unprotected anal intercourse with casual male partners.
Immunisation rates for vaccines in the national schedule.	Measures the rates of vaccinations as set out by the National Immunisation Program. Vaccinations are a critical component of the preventative health program.
Cancer screening rates (breast, cervical, bowel).	Screening rates for breast, cervical and bowel cancer for people within national target groups. Mortality from all three cancers has been shown to be significantly reduced by regular screening.
Proportion of children with 4th year developmental health check.	Early health intervention, especially for children from disadvantaged communities, has been shown to have a large impact on health outcomes.
Primary and Community Health	Description
Access to GPs, dental and other primary health care professionals.	Measures access to primary care practitioners, including waiting times and those that have deferred treatment due to financial barriers including out of pocket costs.
Proportion of diabetics with HbA1c below 7 per cent.	A level of glycosylated haemoglobin below 7% is a marker of the successful management of diabetes, and correlates with improved outcomes for the diabetic patient. Recent results from the UK have shown the effectiveness of monitoring this measure in diabetes management.
Life expectancy (including gap between Indigenous & non-Indigenous).	Relative Indigenous life expectancy is a key component of the 'Closing the Gap' agenda. It is a measure of the number of years persons could expect to live if they experienced mortality rates at each age that are currently experienced by the total population.
Infant/young child mortality rate (including gap between Indigenous & non-Indigenous).	Mortality rates for infants and children aged less than 5 years. This a key measure in the 'Closing the Gap' agenda.

Potentially avoidable deaths.	Deaths are classified as 'avoidable' if they could have potentially been avoided through the activities of the health and related sectors, including hospitals. Examples include certain preventable cancers such as lung cancers, deaths due to treatment complications, ischaemic heart disease and stroke. Deaths from treatment complication and other adverse events in hospital are included.
Treated prevalence rates for mental illness.	Proportion of people with mental illness who are receiving mental health care services.
Selected potentially preventable hospitalisations.	Measures the effectiveness, timeliness and adequacy of non-hospital care, including population health, primary care and outpatient services, in preventing hospitalisations for particular conditions.
Selected potentially avoidable GP type presentations to emergency departments.	Attendances at public hospital emergency departments that could have potentially been avoided through the provision of appropriate non-hospital services in the community.
Number of primary care services per 1,000 population (by location).	Measures the number of specialist, dental, optometry and GP types services provided per 1,000 population.
Number of mental health services.	Measures the number of public and private mental health services provided.
Proportion of people with selected chronic disease whose care is planned (asthma, diabetes, mental health).	Care plans allow people with chronic conditions to properly manage their illness. Appropriate management reduces demand on the health system by preventing the deterioration of health due to poorly managed chronic disease.
Number of women with at least one antenatal visit in the first trimester of pregnancy.	Good antenatal care is associated with positive health outcomes for mothers and babies. In addition, accessing antenatal care in the first trimester can indicate 'connectedness' of the population with the health sector.
<b>Hospital and Related Care</b>	<b>Description</b>
Waiting times for services.	Measures waiting times for elective surgery, emergency departments, waiting time for admission following emergency department care ("access block"), and radiotherapy and chemotherapy specialists.
Selected adverse events in acute and sub-acute care settings.	Key measure of quality and safety in the hospital system. Includes adverse drug events, staphylococcus aureus infections (including MRSA or "superbugs"), falls resulting in patient harm, pressure ulcers and intentional self-harm.
Unplanned/unexpected readmissions within 28 days of selected surgical admissions.	Unplanned return to hospital may indicate ineffective care pre-discharge, post-discharge and/or during the transition between acute and community-based care.
Survival of people diagnosed with cancer (5 year relative rate).	Cancer is responsible for 19% of the burden of disease. The quality and availability of hospital and related care contributes to the rate of survival following diagnosis with cancer.
Rates of services provided by public and private hospitals per 1,000 weighted population by patient type.	Measures the number of services carried out in the hospital system. Includes overnight separations, outpatient occasions of service, non-acute separations and differential access to key hospital procedures for Indigenous and non-Indigenous people.



Aged Care	Description
Residential and community aged care services per 1,000 population aged 70+ years.	Monitors the availability of aged care per 1,000 older population.
Selected adverse events in residential care.	Measure of quality and safety in the aged care system. Includes Staphylococcus aureus infections (including MRSA or "superbugs"), falls resulting in harm and pressure ulcers.
Number of older people receiving aged care services by type (in the community and residential settings).	Output measuring total aged care services provided to the community.
Number aged care assessments conducted.	Number of aged care assessments conducted under the Aged Care Assessment Program (ACAP).
Number of younger people with disabilities using residential, CACP and EACH aged care services.	Output measure of the number of younger people with disabilities who are permanent residents of residential aged care facilities or using services funded under the Aged Care Act 1997.
Number of people 65+ receiving sub-acute and rehabilitation services.	Output measure of the number of people 65+ receiving sub-acute and rehabilitation services in hospitals.
Number hospital patient days by those eligible and waiting for residential aged care.	Measures the number of hospital days used by Long Stay Older Patients (LSOPs). These are patients who are 65+, have been assessed post all treatment (acute, sub-acute and rehabilitation) by an ACAT as being eligible for residential or packaged care and are unable to return to the community, and who no longer require in-patient acute or sub-acute care (including rehabilitation).

Patient Experience	Description
Nationally comparative information that indicates levels of patient satisfaction around key aspects of care they received.	The way health services are delivered is a key component of their quality. A patient experience survey that enables patients' and their families' experiences with the health system to be monitored. Will cover such issues as being treated with respect and dignity, transitions between sectors, emotional support and level of physical comfort provided.
Social Inclusion and Indigenous Health	Description
Age standardised mortality.	Measures the mortality rate by disease. The age structure of a population influences mortality rates, with older populations tending to have higher mortality rates. Removing the effect of ageing on mortality rates allows us to analyse the effect of other factors (such as access to healthcare) on mortality rates. Achieving the 'Closing the gap' targets requires monitoring mortality rates for different diseases so that results can be compared and problems addressed.
Access to services by type of service compared to need.	Measures the level of access to health care for Indigenous people compared to their need for health care. On average Indigenous people tend to access the health system at similar rates to the non-Indigenous population, however their need for care is much greater (reflecting the very high healthcare needs of Indigenous people compared to non-Indigenous).
Teenage birth rate.	Maternal age is an important risk factor for obstetric and perinatal outcomes.
Hospitalisation for injury and poisoning.	The number of hospital separations with a principal diagnosis of injury and poisoning for Aboriginal and Torres Strait Islander people. Indigenous people experience greater rates of hospitalisations for injury and poisoning than other Australians.
Children's hearing loss.	This measures rates of hearing loss and chronic otitis media among children.
Indigenous Australians in the health workforce.	Proportion of Indigenous Australians employed as doctors, nurses, midwives, dental practitioners and pharmacists. Indigenous Health workers can make services more accessible to other Indigenous Australians.

Sustainability	Description
Net growth in health workforce (doctors, nurses, midwives, dental practitioners, pharmacists).	This measure allows assessment of whether the number of new entrants into the workforce is sufficient to replace the existing workforce and those exiting the workforce such as through retirement.
Allocation of health and aged care expenditure.	Measures how health expenditure is being allocated in the system, including public health expenditure and research and development.
Cost per case mix-adjusted separation for both acute & non acute care episodes.	This figure allows a comparison of cost per hospital separation, in public and private hospitals, and is therefore a measure of efficiency.
Number of accredited/filled clinical training positions.	Number of accredited and filled clinical training positions by profession (GPs, medical specialist, nursing, dental, pharmacy), and by undergraduate/graduate status.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-067

OUTCOME 13: Acute Care

Topic: HOSPITAL BEDS (AHCAs)

Written Question on Notice

Senator Boyce asked:

- a) Will the Commonwealth be monitoring the growth in the number of hospital beds under the agreement?
- b) If not, why not?

Answer:

- a) Schedule A of the National Healthcare Agreement provides that the Commonwealth and states and territories will continue to provide the required data for a number of National Minimum Data Sets (NMDS). These NMDS are used for a number of reports that currently include the number of hospital beds.
- b) Not applicable.

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

Additional Estimates 2008-2009, 25 February 2009

Question: E09-146

OUTCOME 13: Acute Care

Topic: NSW PRIVATE HOSPITALS CHARGED FOR BLOOD PRODUCTS

Hansard Page: CA 125

Senator Cormann asked:

Does the Commonwealth Government have the power to legislate to prevent the New South Wales Government from imposing a charge on private hospitals for the provision of blood and blood products?

Answer:

The Commonwealth's strong preference is to resolve this issue by discussion and agreement with New South Wales, consistent with the collaborative nature of the National Blood Agreement, rather than to take unilateral legislative action, but that option cannot be ruled out.



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

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

Dear Mr Humphery

**Request for Amendment to Evidence Provided at Additional Estimates Hearing,  
date 25<sup>th</sup> February 2009 : Outcome 14 Biosecurity and Emergency Response**

I am writing to correct a statement that I made at the Additional Estimates Hearing of the Senate Community Affairs Committee on 25 February 2009.

Senator Siewert asked the following question:

“The new provisions that are coming in are specifically just around biosecurity threats and not about the other emergency response?”

My response was as follows:

“That is right. The section 18A exemption-the TGA exemption-is to allow the department to stockpile things, but there is another provision that seeks to not have those biosecurity elements tabled.”

It has been brought to my notice that in fact this answer was incorrect. The response should now be amended as follows (changes are underlined):

“The existing section 18A exemption-the TGA exemption-is to allow the department to stockpile medicines which are not approved for use in Australia. The new provisions will allow stockpiling of medical devices, and there is another provision that seeks to not have either of those elements tabled.”

Yours sincerely

A handwritten signature in black ink, appearing to read 'Cath Halbert'.

Cath Halbert  
First Assistant Secretary  
Office of Health Protection  
11 March 2009



**Australian Government**  
**Australian Sports**  
**Anti-Doping Authority**

5 Tennant Street Fyshwick ACT 2609, PO Box 345 Curtin ACT 2605  
T 13 000 ASADA F +61 2 6222 4201 E asada@asada.gov.au  
www.asada.gov.au ABN 91 592 527 503

30 March 2009  
Our ref : 2009/87



Mr Elton Humphery  
Secretary  
Senate Community Affairs Committee  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

Dear Mr Humphery

Two matters raised at the Additional Estimates Hearings of the Senate Community Affairs Committee on 25 February 2009 require clarification.

First, Senator Mason made reference to the absence of any reference in the 2007-08 Annual Report of the Australian Sports Anti-Doping Authority (ASADA) to an Own Motion Investigation by the Privacy Commissioner.

This is to confirm that, as soon as practicable, I will be issuing the following addendum to page 48 of ASADA's 2007-08 Annual Report under **External Scrutiny – Significant Developments**:

*On 16 April 2008 the Assistant Privacy Commissioner advised ASADA that he had decided to conduct an Own Motion Investigation based on media reports that ASADA may have interfered with the privacy of a number of individuals by disclosing the personal information of athletes and support personnel to Medicare Australia.*

*As at the end of 2007-08, the Own Motion Investigation had not been finalised.*

Second, Senator Bernardi asked me whether ASADA had “any further involvement in the AFL’s drug policy or any contribution to the changes they announced, I think, late last year”. I replied that ASADA had not. My response was based on my impression that Senator Bernardi’s question was directed towards whether ASADA had provided detailed input into and/or clearance of the final design and implementation plans for the Australian Football League’s (AFL’s) revised Illicit Drugs Policy.

However, at the invitation of the Chief Executive Officer of the AFL, in December 2007 I provided general comment to Mr Demetriou on some broad issues relevant to the AFL’s considerations. These included thoughts on the appropriate number of tests,

holiday testing, random versus target testing, independent provider versus club based testing , the role of technical standards and procedures for sample provision.

I trust this clarifies my evidence.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'R Ings', with a stylized flourish at the end.

Richard Ings  
Chair



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-130

OUTCOME 15: Sport

Topic: TAEKWONDO

Hansard Page: CA 54

Senator Bernardi asked:

How many individuals are involved with Taekwondo Australia as members or affiliates or however they like to be described?

Answer:

According to Taekwondo Australia's 2007/08 Annual Report there were 16,452 registered members of Taekwondo Australia.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-131

OUTCOME 15: Sport

Topic: MEETING WITH TAEKWONDO AUSTRALIA

Hansard Page: CA 55

Senator Bernardi asked:

On what date in December 2008 did the Minister meet with Taekwondo Australia?

Answer:

1 December 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-132

OUTCOME 15: Sport

Topic: UNIVERSITY SPORT

Hansard Page: CA 55

Senator Lundy asked:

Are you able to reflect on the—and I am happy for you to take this on notice—the dollar value of the contribution universities have made in the past to development of elite athletes in this country and how that was impacted upon as a result of VSU?

Answer:

Prior to the Voluntary Student Unionism (VSU) being implemented, in May 2005, Australian University Sport (AUS) conducted a member census regarding the university sport system and current status for areas including staffing, sporting clubs, sports programs, expenditure and facilities. According to the AUS Census, in 2004, the total estimated spend on sport program funding was \$51.4 million, while the income universities received from the amenities fees was estimated at \$65 million. In addition to the program funding, there was \$2.4 million spent by university sporting bodies on uniforms and equipment and \$18.8 million spent on facilities, including maintenance and debt servicing.

The Commission understands that comparative data has not been reproduced post VSU, however, in late 2007 AUS and the Australasian Campus Union Managers Association commissioned a VSU Impact Study. The Study did not distinguish between elite, sub-elite and recreational sport participants.

According to the Study a net amount of \$167 million was lost to the Sport and Student Services areas in 2007 as a result of the introduction of VSU legislation (passed in 2005, first implemented on campuses in 2006). The Study estimated that \$55.1 million per annum had been dedicated to sport.

AUS has reported that subsidies for athletes attending World University Games events reduced significantly in 2007. AUS estimated that \$6 million to \$8 million per annum was lost to elite sport across the University sector as a result of VSU legislation.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-174

OUTCOME 15: Sport

Topic: REDEVELOPMENT OF GLADSTONE HOCKEY GROUNDS

Written Question on notice

Senator Heffernan asked:

I refer to Labor's election campaign commitment to provide \$200,000 to redevelop Gladstone hockey grounds.

- a) Has any money been paid for the project and what was the money for?
- b) Is there money still outstanding or has the project been completed?

Answer:

a and b)

The Australian Government made a commitment to provide \$200,000 to the Gladstone Hockey Association for the upgrade of hockey fields. \$100,000 will be provided in 2008-09 and \$100,000 in 2009-10. The Department of Health and Ageing is administering this funding.

The Department is continuing to pursue project plans and a budget from the Association for this project. Once this project information is received, the Department will negotiate a funding agreement with the Association and funding will be provided according to the delivery of agreed milestones.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-129

OUTCOME 15: Sport

Topic: CRITERIA FOR AUSTRALIAN SPORTS COMMISSION GRANTS

Hansard Page: CA 49

Senator Fifield asked:

So is it possible for the criteria and the rationale for each of those funding decisions to be made available to the committee?

Answer:

The Australian Sports Commission (Commission) undertakes a coordinated assessment process to ensure that all eligible national sporting organisations are assessed for funding in a consistent and transparent manner. This Commission's National Pathways Planning process included consultation with sports on potential projects for funding and took into account the subsequent changes in the overall financial position of a number of national sporting organisations as a result of the global financial crisis.

The Commission Board at its meeting on 5 February 2009 approved grants to national sporting organisations with a demonstrated history of international achievement and capacity to continue this success into the future. In the case of Netball Australia and Athletics Australia, both of these organisations are in a particular stage of development and required support to assist their commercial growth. This support will ultimately contribute to the capacity of these organisations to achieve future international success. The support for development of the women in the Paralympic sport program as part of the Arafura International Sport Conference has made an investment into the future of women's sport as an important part of the Oceania Paralympic movement.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-170

OUTCOME 15: Sport

Topic: CRAWFORD REVIEW

Hansard Page: CA 46

Senator Fifield asked:

Would you be able to provide what the total expenses are to date of the panel members including daily allowance, travel allowance, flight expenses, those sorts of things.

Answer:

As at the end of February 2009, total expenses incurred by the Department of Health and Ageing for Independent Sport Panel members is \$58,964.00.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2008-2009, 25 February 2009

Question: E09-171

OUTCOME 15: Sport

Topic: CRAWFORD REVIEW

Hansard Page: CA 52

Senator Fifield asked:

- a) Have each of the, I think, 80 national sporting organisations met with at least one member of the independent panel?
- b) Could you provide a breakdown of each of the national sport organisations who have met with one or more members of the panel, and a list of each organisation who has met with a panel member.

Answer:

- a) 90 national sporting organisations have been contacted by the Independent Sport Panel (the Panel) to contribute. Of these, 33 have met with the Panel and 37 have provided a submission.
- b) A list of the national sporting organisations and other organisations that have met with the Panel is at Attachment A.

**National Sporting Organisation that have met with the Panel**

*Orienteering Australia*  
*Boxing Australia Incorporated*  
*Hockey Australia*  
*Australian Paralympic Committee*  
*Netball Australia*  
*Australian Football League*  
*Equestrian Australia*  
*Football Federation of Australia*  
*Australian Volleyball Federation*  
*Rowing Australia\**  
*Yachting Australia\**  
*Cycling Australia\**  
*Australian Canoeing\**  
*Athletics Australia\**  
*Swimming Australia\**  
*Surf Lifesaving Australia*  
*Australian University Sports*  
*Australian Rugby Union*  
*Australian Little Athletics*  
*Bowls Australia*  
*Softball Australia*  
*Gymnastics Australia*  
*Badminton Australia*  
*AUSRAPID*  
*Golf Australia*  
*Cricket Australia*  
*Tennis Australia*  
*Basketball Australia*  
*Australian Baseball Federation*  
*Australian Athletes with a Disability*  
*Australian Ice Racing*  
*Transplant Australia*  
*Confederation of Australian Motor Sport Ltd (CAMS)*

\* The six National Sporting Organisations - Rowing Australia, Yachting Australia, Cycling Australia, Australian Canoeing, Athletics Australia and Swimming Australia - were represented as the Coalition of Australian Olympic Sports.

**State and Territory Ministers for Sport and Recreation who have met with the Panel**

Terry Waldron, MLA, Minister for Sport and Recreation, Racing and Gaming, WA  
The Hon Michael Wright MP Minister for Recreation, Sport and Racing, South Australia  
Michelle O'Byrne, Minister for Sport and Recreation, Tasmania  
Mr Karl Rio Hampton MLA Minister for Sport and Recreation, Northern Territory  
The Hon Kevin Greene, MP Minister for Sport and Recreation, NSW



### **Other Organisations that have met with the Panel**

ACT Academy of Sport  
Australian Athletics Alliance  
Australian Olympic Committee  
Australian State Sports Federation Alliance  
Australian Sports Foundation  
Australian Sports Anti Doping Authority  
Australia New Zealand Sports Law Association  
Australian Sports Commission  
Australian Commonwealth Games Association  
Confederation of Australian Sports  
Commonwealth Scientific and Industrial Research Organisation  
East Arnhem Shire Council  
NSW Institute of Sport  
New South Wales Department of the Arts, Sport and Recreation  
NSW Sports Federation  
Nyoongar Sport Association  
Office of Sport and Recreation, NT  
Office of Recreation and Sport, SA  
Professional Golfers Association Australia  
Service Skills Australia  
South Australian Institute of Sport  
South Australian Cricket Association  
Sport and Recreation Tasmania  
Sports Australia Hall of Fame  
Tasmanian Institute of Sport  
Victorian Institute of Sport  
Western Australia Institute of Sport  
Western Australia Department of Sport and Recreation  
Western Australia Sports Federation  
West Arnhem Shire Council