Community Affairs
Legislation Committee

Examination of Budget Estimates 2005-2006

Additional Information Received

VOLUME 4

Outcomes: whole of portfolio,
Outcomes 1, 2, 3, 4, 5, 6, 8, 9, 10, 11

HEALTH AND AGEING PORTFOLIO

NOVEMBER 2005

Note: Where published reports, etc have been provided in response to questions, they have not been included in the Additional Information volume in order to conserve resources.

ADDITIONAL INFORMATION RELATING TO THE EXAMINATION OF BUDGET EXPENDITURE FOR 2005-2006

Included in this volume are answers to written questions on notice and tabled papers relating to the budget estimates hearings on 1 & 2 June 2005

HEALTH AND AGEING PORTFOLIO

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Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-007

OUTCOME: Whole of Portfolio

Topic: AWA's

Written Question on Notice

Senator Carr asked:

(a) How many staff are covered by Australian Workplace Agreements (AWAs) in your Agency/Department?
(b) Can you provide a break down of AWA's by gender and by classification?
(c) Can you tell me how many of the staff on AWA's are paid more than the band for their classification under the certified agreement?
(d) Why were these staff not simply promoted to a higher classification?

Answer:

Department

(a) 481 staff were on AWAs as at 30 June 2005.

(b) See below table.

Level	**Female**	**Male**	**Total**
Senior Executive Band 3	1	2	3
Senior Executive Band 2	3	9	12
Senior Executive Band 1	38	21	59
Chief Medical Officer	0	1	1
Medical Officer Class 6	1	1	2
Medical Officer Class 5	4	10	14
Senior Principal Research Scientist	1	1	2
Executive Level 2 (or equivalent)	191	187	378
Executive Level 1 (or equivalent)	2	4	6
APS Level 1 to 6 (or equivalent)	4	0	4
Total	**245**	**236**	**481**

(c) 40 staff.

(d) Where staff are paid either an allowance to bring their pay above the band for their classification, or they are paid salary above the band, a decision on a case by case basis is made having regard to market forces, departmental priorities, performance and technical skills or particular expertise.

Agencies

(a-d) Agencies details are provided at Attachment A.

Agencies

Agency	**(a) How many staff in your agency are covered by AWA's?**	**(b) Breakdown of AWA's by classification and gender**	**(c) How many of the staff on AWA's are paid more than the band width for their classification under the certified agreement?**	**(d) Why were these staff not simply promoted to a higher classification?**
Aged Care Standards and Accreditation Agency Limited (ACSAA)	None	n/a	n/a	n/a
Australian Institute of Health and Welfare (AIHW)	4	Female – 2 Male – 2 SES Band 1 – 4	None	n/a
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)	12	Female – 3 Male – 9 SES Band 1 – 3 Executive Level 2 – 6 Executive Level 1 – 2 APS Level 6 – 1	8	• Not appropriate to create/ allocate additional SES Band 1 positions; • Salary paid recognises achievement of agency specific project outcomes, which may be short term or non ongoing; and/or • Salary paid necessary to attract and retain specific skills and abilities in a specialised market place.
Food Standards Australia New Zealand (FSANZ)	28	Female – 13 Male – 15 SES – 4 Executive Level 2 – 20 Executive Level 1 – 1 APS Level 1-6 – 3	2	Preferred administrative process to enable a pay rate above the maximum certified agreement salary to recruit and retain highly qualified staff.
General Practice Education and Training Limited (GPET)	None	n/a	n/a	n/a
National Blood Authority (NBA)	9	Female – 4 Male – 5 SES Band 1 – 3 Executive Level 2 – 3 Executive Level 1 – 2 APS Level 5 – 1	4	The work remains within the National Blood Authority's work level standards for the particular classification.
National Institute of Clinical Studies (NICS)	Staff at the NICS have individual contracts, not AWA's.	n/a	n/a	n/a

Agencies (continued)

Agency	(a) How many staff in your agency are covered by AWA's?	(b) Breakdown of AWA's by classification and gender	(c) How many of the staff on AWA's are paid more than the band width for their classification under the certified agreement?	(d) Why were these staff not simply promoted to a higher classification?
Private Health Insurance Administration Council (PHIAC)	PHIAC staff are not covered by AWA's. Instead they are employed under a 3-year renewable contract which ascribes to the APS Values and Code of Conduct. Salary levels are equal to those set out in the Department of Health and Ageing Certified Agreement.	n/a	n/a	n/a
Private Health Insurance Ombudsman (PHIO)	None	n/a	n/a	n/a
Professional Services Review (PSR)	11	Female – 5 Male – 6 SES Band 1 – 1 Executive Level 2 – 3 Executive Level 1 – 5 APS Level 5 – 1 APS Level 4 – 1	1	Short-term incentive to retain skills.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-008

OUTCOME: Whole of Portfolio

Topic: PERFORMANCE PAY UNDER CERTIFIED AGREEMENT

Written Question on Notice.

Senator Carr asked:

(a) Is performance pay available under your Department/Agencies certified agreement?

(b) If not how many staff in your Department/Agency are eligible for performance based pay?

Answer:

Department

(a) No.

(b) As at 30 June 2005, 487 non Senior Executive Service (SES) staff may be eligible for performance pay through an Australian Workplace Agreements (AWA).

Agencies

(a-b) Agencies responses are provided in Attachment A.

Agencies

Agency	(a) Is performance pay available under your agency's certified agreement?	(b) If not, how many staff in your agency are eligible for performance pay?
Aged Care Standards and Accreditation Agency Limited (ACSAA)	The ACSAA does not have a certified agreement.	13
Australian Institute of Health and Welfare (AIHW)	No	4
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)	No	10
Food Standards Australia New Zealand (FSANZ)	No	26
General Practice Education and Training Limited (GPET)	GPET does not have a certified agreement.	All staff are eligible for performance pay.
National Blood Authority (NBA)	No	4
National Institute of Clinical Studies (NICS)	NICS does not have a certified agreement.	The CEO of the Institute is the only person eligible for performance pay.
Private Health Insurance Administration Council (PHIAC)	PHIAC does not have a certified agreement.	All staff are eligible for performance pay.
Private Health Insurance Ombudsman (PHIO)	No	None
Professional Services Review (PSR)	No	6

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-009

OUTCOME: Whole of Portfolio

Topic: PERFORMANCE PAY

Written Question on Notice

Senator Carr asked:

Please provide a breakdown of performance pay awarded for this financial year to date including the following details:

(a) How many staff have received performance pay?
(b) What levels are those staff at?
(c) What gender, a breakdown please?
(d) How much has each staff member received?
(e) When did they receive it?
(f) What was the rationale for the awarding of performance pay in each instance?
(g) Did the Department/Agency head receive performance pay?
(h) How much?
(i) When?
(j) On what grounds?

Answer:

Department

(a) A total of 408 staff members received performance pay during the 2004-2005 financial year. (This numbers relates to performance results for the 2003-2004 assessment year.)

(b - c) See table below.

Classification	Male	Female	Total
Senior Executive Service (SES)	48	48	96
Non SES (Executive Level (EL)2, EL1, equivalents)	159	153	312
Totals	**207**	**201**	**408**

(d) The aggregate totals for staff are as follows:
Total paid SES $ 829,322.61
Total paid Non SES $1,372,909.43

(e) Most payments were made in September 2004, on completion of the annual performance development assessment.

(f) Compliance with the requirements of the department's Performance Development Scheme.

(g - j) It is inappropriate for the department to provide information in respect of these items.

Agencies

(a - e) Agency details are provided at Attachment A.

(f) All performance pay decisions are based on achievement against agreed performance criteria.

(g - j) The following agency heads received performance payments in the 2004-05 financial year: Chief Executive Officer, Aged Care Standards and Accreditation Agency; Director, Australian Institute of Health and Welfare; General Manager, National Blood Authority; and Chief Executive Officer, Private Health Insurance Administration Council.

Performance payments are made in accordance with the Performance Remuneration Guidelines issued by the Remuneration Tribunal from time to time. The details of agency heads performance pay is confidential, and cannot be separately reported. Performance payments made to agency heads are included, however, in the total figures provided in part (d) of Attachment A.

Agencies

Name of Agency	(a) How many staff have received performance pay?	(b) What levels are those staff at?	(c) What gender, a breakdown please?	(d) How much has each staff member received?	(e) When did they receive it?
Aged Care Standards and Accreditation Agency Limited (ACSAA)	13	Senior management, management and executive support.	Female – 8 Male – 5	The total amount paid in the financial year was $80,322.	June 2005
Australian Institute of Health and Welfare (AIHW)	4	SES	Female – 2 Male – 2	Because of the small number of staff covered, this information is not supplied for privacy reasons.	21 October 2004
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)	4	SES Band 1 – 1 EL2 – 2 EL1 - 1	Female – 1 Male – 3	The total amount paid in the financial year was $32,000.	Payments were made in August and September of 2004 and March and May of 2005.
Food Standards Australia New Zealand (FSANZ)	29	SES Band 2 – 1 SES Band 1 – 4 EL2 – 24	Female – 12 Male – 17	The total amount paid in the financial year was $153,000.	October 2004.
General Practice Education and Training Limited (GPET)	2	Approximately equivalent to: EL2 – 1 APS4 – 1	Female – 1 Male – 1	The total amount paid in the financial year was $6,000.	Payments were made in July and November of 2004.
National Blood Authority (NBA)	4	Given the number of staff involved, there would be a significant likelihood of breach of privacy if a breakdown were provided.	Given the number of staff involved, there would be a significant likelihood of breach of privacy if a breakdown were provided.	The total amount paid in the financial year (excluding performance pay paid to the General Manager) was $27,086.	Performance payments are paid following the completion of the assessment of agreed performance levels agreed in the individual performance agreement.
National Institute of Clinical Studies (NICS)	None	n/a	n/a	n/a	n/a

Agencies (continued)

Name of Agency	(a) How many staff have received performance pay?	(b) What levels are those staff at?	(c) What gender, a breakdown please?	(d) How much has each staff member received?	(e) When did they receive it?
Private Health Insurance Administration Council (PHIAC)	7	EL2 – 3 EL1 – 2 APS 6 – 2	Female – 3 Male – 4	The total amount paid in the financial year was $60,772.	25 August 2004.
Private Health Insurance Ombudsman (PHIO)	None	n/a	n/a	n/a	n/a
Professional Services Review (PSR)	5	SES Band 1 – 1 EL2 – 3 EL1 – 1	Female – 2 Male – 3	The total amount paid in the financial year was $35,345.	August 2004.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-010

OUTCOME: Whole of Portfolio

Topic: LEGAL SERVICES EXPENDITURE

Written Question on Notice

Senator Ludwig asked:

a) What amount did the department and all agencies spend during the financial year 2004-2005 on outsourced legal practitioners (including private firms, individuals, the Australian Government Solicitor and any others)?
b) What was the budgeted amount for outsourced legal practitioners in 2004-2005 for the department and all agencies?
c) What amount did the department and all agencies spend on internal legal services in 2004-2005? (Provide an estimate if exact amount is unavailable).
d) Does the department and all agencies have an in-house legal section?
e) If so, what was the 2004-2005 actual cost of this section?
f) What was the budgeted amount for this section in 2004-2005?
g) What is the budget amount for this section in 2005-2006?
h) What is the total projected expenditure on legal services for 2005-2006 for the department and all agencies?

Answer:

(a) The department and all its agencies spent $8,610,267 (GST exclusive) on outsourced legal practitioners for the year 2004-2005.

(b) The budgeted amount for outsourced legal practitioners for the department and all its agencies in 2004–2005 was $8,759,395

(c) The department and all its agencies spent $8,199,271 on internal legal services for 2004–2005.

(d) Yes, the department does have an in-house legal branch and the following agencies also have an in-house legal section;
- Australian Radiation Protection and Nuclear Safety Agency (ARPANSA);
- Foods Standard Australia New Zealand (FSANZ); and
- National Blood Authority (NBA).

(e) The actual cost of the department and agencies in-house legal sections was $8,199,271 for 2004-2005.

(f) The budgeted amount for the department and its agencies in-house legal branch for 2004-2005 was $9,015,398.

(g) The budgeted amount for the department and all its agencies in-house legal section for 2005-2006 is $9,157,737.

(h) The department and its agencies projected expenditure on legal services for 2005-2006 is $17,518,592.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-011

OUTCOME: Whole of Portfolio

Topic: LEGAL SERVICES EXPENDITURE

Written Question on Notice

Senator Ludwig asked:

a) Which organisations or individuals were contracted to provide legal services to the department and all agencies in 2004-2005?

b) In each instance where organisations or individuals were contracted to provide legal services to the department and all agencies, how much was each organisation or individual paid for these services?

Answer:

a) The Australian Government Solicitor, Phillips Fox, Blake Dawson Waldron, Clayton Utz, Corrs Chambers Westgarth, Tress Cox Lawyers , Middleton Lawyers, Gaden Lawyers, Minter Ellison, Dale Boucher Solicitor and Consultant and Goodmans were contracted to provide legal services to the department and its agencies in 2004-2005.

b) The amount of expenditure for the above organisations or individuals who provided legal services to the department and its agencies for 2004-2005 is as follows;

Australian Government Solicitor	$1,967,692
Phillips Fox	$2,062,774
Blake Dawson Waldron	$180,247
Clayton Utz	$1,688,570
Corrs Chambers Westgarth	$990,113
Tress Cox Lawyers	$25,649
Middelton Lawyers	$11,365
Gaden Lawyers	$2,022
Minter Ellison	$1,620,044
Dale Boucher Solicitor and Consultant	$6,200
Goodmans	$905

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-012

OUTCOME: Whole of Portfolio

Topic: LEGAL SERVICES EXPENDITURE

Written Question on Notice

Senator Ludwig asked:

a) Does the department and all agencies use an open tendering or select tendering process (as described in the Commonwealth Procurement Guidelines, p 42) when procuring legal services?
b) If a select tendering process is used: (i) which method of select tendering is used and (ii) which firms or individuals are currently eligible to tender for legal services?
c) If a multi-use list is used: (i) which firms or individuals are currently on that list and (ii) when was the list last opened for applications?

Answer:

a) Legal services to the department and its agencies are procured primarily through a panel arrangement which was established in 2002, following an open approach to the market. As the current legal service panel is due to expire in December 2005, the department is again preparing (pursuant to sections 8.67 and 8.68 of the Commonwealth Procurement Guidelines) an open approach to the market for the provision of legal services. However, the Professional Services Review uses an open tendering process. The department and its agencies also use some direct sourcing procurements.

b) (i) The Private Health Insurance Administration Council (PHIAC) uses a select tendering process through a preferred suppliers list.

b) (ii) Membership of the preferred suppliers list for PHIAC is as follows:

- Australian Government Solicitor;
- Phillips Fox;
- Blake Dawson Waldron; and
- Clayton Utz.

c) (i) A panel firm list is used by the department and some of its agencies as described in a) above. Membership of the current department's legal services panel is as follows:

- Australian Government Solicitor
- Phillips Fox;
- Blake Dawson Waldron; and
- Clayton Utz.

c) (ii) The list is due for review in December 2005.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-013

OUTCOME: Whole of Portfolio

Topic: LEGAL SERVICES EXPENDITURE

Written Question on Notice

Senator Ludwig asked:

In 2004-2005 did the department and all agencies obtain any legal services using a direct sourcing procurement process? If so, provide details including the name of the provider, the work involved and the cost?

Answer:

The department's Legal Services Deed of Standing Offer reserves the option to acquire services from other legal service providers. This option is used when the required technical knowledge, skills and expertise in a particular area of law cannot be sourced from a member of the department's panel providers. In addition, a number of smaller agencies use a direct sourcing procurement process for legal services.

The department and its agencies have directly sourced legal services as described below:

Name	**Work Involved**	**Total Cost**
Corrs Chambers Westgarth	Work involving complex procurements.	$990,113
Tress Cox Lawyers	Advice in relation to the National Industrial Chemical Notification and Assessment Schemes (NICNAS).	$25,649
Australian Government Solicitor	The Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) used this provider for work on trademark and copyright issues; human resources issues; large scale litigation; business name protection; and advice on ARPANS Act and other regulations. The National Blood Authority (NBA) also used this provider for legal advice on the Plasma Fractionisation Agreement.	$57,095
Phillips Fox	The NBA used this firm for work in drafting a number of agreements, for advice, negotiation and drafting of a new NBA lease; and in relation to the posting of contracts on NBA website.	$153,182
Gaden Lawyers	For specialist legal advice	$2,022
Middleton Lawyers	For specialist legal advice	$11,365
Goodmans	Specialist legal advice on the Cangene Vaccinia Immune Globulin (VIG)	$905
Dale Boucher Solicitor and Consultant	Specialist legal advice	$6,200

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-014

OUTCOME: Whole of Portfolio

Topic: LEGAL SERVICES EXPENDITURE

Written Question on Notice

Senator Ludwig asked:

In 2004-2005 did the department and all agencies procure any legal services under the thresholds required for 'covered procurements' (within the meaning of 8.6 of the Commonwealth Procurement guidelines)? If so, provide details including the name of the provider, the work involved and the cost.

Answer:

Yes, the department and its agencies did procure legal services under the thresholds required for 'covered procurements' as described below;

Name of Provider	**Total Cost of individual projects under $80,000**
Australian Government Solicitor	$1,527,123
Blake Dawson Waldron	$180,247
Corrs Chambers Westgarth	$569,152
Phillips Fox	$1,391,944
Clayton Utz	$1,223,393
Tress Cox Lawyers	$25,649
Middleton Lawyers	$11,365
Gaden Lawyers	$2,022
Dale Boucher	$6,200
Goodmans	$905

The above costs relate to a large number of individual projects under the $80,000 reporting threshold. Details of the individual purchases have not been included due to the number of transactions and the amount of departmental resources that would be required to itemise each transaction.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-015

OUTCOME: Whole of Portfolio

Topic: LEGAL SERVICES EXPENDITURE

Written Question on Notice

Senator Ludwig asked:

In 2004-2005 did the department and all agencies contract any legal firms to provide services other than legal services (such as consulting, conduct of policy reviews, etc)? If so, provide details including the name of the firm, the project involved and the cost of the contract.

Answer:

The department and its agencies contracted legal firms to provide services other than legal services for 2004-2005 as follows;

Name of the legal firm	**Project Involved**	**Amount paid (Including GST)**
Tress Cox Lawyers	Reviewing and advice on various memorandums, legislation, policy and procedures for the National Industrial Chemicals Notification and Assessment Scheme.	$28,212
Ernst & Young, Office of General Counsel, ACT	Probity advice for Radiation Oncology Financial advice for Radiation Oncology.	$6,491 $6,029 $1,633
Phillips Fox Lawyers	Evaluation of the Health Insurance Act as it relates to pathology services and to identify different options for compliance regimes for regulating pathology.	$235,129
Clayton Utz	Training course on “Fundamentals of the law of contract”.	$772
Australian Government Solicitor	Training Course.	$1,282

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-237

OUTCOME: Whole of Portfolio

Topic: STAFF SURVEY

Hansard Page: CA 21

Senator Moore asked:

Can we get a copy of the most recent staff survey?

I
Answer:

The 2004 Staff Survey was conducted on 5 May 2004, a copy of this survey is enclosed.

[Note: the attachment has not been included in the electronic/printed volume]

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-235

OUTCOME: Whole of Portfolio

Topic: PROVISION OF ESTIMATES DATA TO DEPARTMENT OF FINANCE FOR PEFO

Hansard Page: CA 49

Senator Evans asked:

1. When did you start your work on Pre-Election Economic and Fiscal Outlook (PEFO)?
2. In terms of the Medicare safety net, to the best of your knowledge it worked in the normal way in that you advised finance.
3. Can you get me the date you commenced work on the PEFO task and the date you sent to Finance the draft estimates, with particular reference to the Medicare Safety Net?

Answer:

1. The Department of Finance and Administration (DoFA) sent out information to all Australian Government agencies on 21 June 2004 reminding agencies of the timeframes around preparing estimates for the PEFO document. The Department of Health and Ageing had already commenced work in preparation for Mid-Year Economic and Fiscal Outlook (MYEFO). This work was subsequently overtaken by the PEFO process when the election was called.

2. Yes. All information for PEFO was coordinated by the Department's Portfolio Strategies Division seeking input throughout the Department and sent to the Department of Finance and Administration.

3. Work commenced in the Department in preparation for an estimates update (MYEFO or PEFO) on 22 June 2004. Work commenced with regard to the extended Medicare safety net estimates on 6 August 2004. The draft estimates on the extended Medicare safety net were sent to the Department of Finance and Administration on 13 August 2004.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-238

OUTCOME: Whole of Portfolio

Topic: FUNDING TRANSFERRED FROM PRACTICE INCENTIVES PROGRAM TO FUND CHRONIC DISEASE MBS ITEM

Hansard Page: CA 150

Senator Moore Asked:

I would imagine that the answers for this one would be very similar but I would like to get them on record. They are to do with the National Integrated Diabetes Program. The program was initiated and has been reauthorised and has funding of $44.2million over four years. Can you explain to me how the money has been transferred, if the money has been transferred?

Answer:

The following table was handed to Senator Moore at the close of the hearings.

Source of funds transferred from the Practice Incentives Program to part fund the new Chronic Disease Management MBS items.

Bill 1 Administrative – Alternative Funding for General Practice Services							
	2004-05	**2005-06**	**2006-07**	**2007-08**	**2008-09**	**4 year Total 2004-05 to 2007-08**	**4 year total 2005-06 to 2008-09**
	$m	**$m**	**$m**	**$m**	**$m**	**$m**	**$m**
PIP/GPII base	1.4	2.5	5.0	5.7	5.7	14.6	18.9
Cervical Screening	0.0	0.0	3.5	4.9	4.9	8.4	13.3
Diabetes	5.3	5.5	13.2	17.3	17.3	41.3	53.3
Asthma	4.9	5.4	7.2	7.4	7.4	24.9	27.4
Mental Health	12.1	11.1	24.0	25.2	25.2	72.4	85.5
Sub-total	23.6	24.6	52.9	60.5	60.5	161.6*	198.4

(totals may not add due to rounding)

* This amount ($161.6 miilion over four years) was transferred at 2004-05 Additional Estimates. (This includes MBS, Department of Veterans' Affairs, Health Insurance Commission and Departmental costs associated with introducing the new items).

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-055

OUTCOME 1: Population Health

Topic: PREGNANCY SERVICES

Written Question on Notice

Senator Nettle asked:

Has the department been directed by the Minister for Health and Ageing to undertake research into the provision and availability of services for the termination of a pregnancy, and/or pregnancy counselling services? If so, please provide details.

Answer:

No.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-056

OUTCOME 1: Population Health

Topic: PREGNANCY SERVICES

Written Question on Notice

Senator Nettle asked:

What is the amount of funding provided to the following organisations for pregnancy counselling services in 2005-06:

(a) The Australian Federation of Pregnancy Support Services;
(b) Sexual Health and Family Planning Australia;
(c) Working Women's Health; and
(d) Australian Episcopal Conference of the Roman Catholic Church.

Answer:

The following funds are expected to be paid in 2005-06 to these organisations subject to them meeting the requirements of their funding agreements:

(a) The Australian Federation of Pregnancy Support Services - $250,980;
(b) Sexual Health and Family Planning Australia - $102,368;
(c) Working Women's Health - $116,372; and
(d) Australian Episcopal Conference of the Roman Catholic Church - $939,040.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-057

OUTCOME 1: Population Health

Topic: PREGNANCY SERVICES

Written Question on Notice

Senator Nettle asked:

In response to question on notice 325 (reported in Senate Hansard 10 May 2005 pp246-266) the department advised that it was gathering information from states and territories and professional associations about accreditation requirements that may apply to counselling and women seeking abortion. At whose direction is the department gathering this information and for what purpose? Has the department received the information? If so, what has it done with the information?

Answer:

The Department is gathering this information in order to provide further information in response to question on notice 325 from Senator Boswell on 31 January 2005, which asked, in part, "Are abortion clinics subject to any form of government accreditation relating to counselling and abortion procedures." This process is not yet completed.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-094

OUTCOME 1: Population Health

Topic: PAN PHARMACEUTICALS - ADVERSE EVENTS

Hansard Page: CA 36-37 – 2 June

Senator Allison asked:

(a) With regard to the 62 reports of adverse events or reactions attributed to Pan Pharmaceuticals, can I confirm how many of those 62 adverse reactions reported can with certainty be attributed to Pan?

(b) There is one on the list which refers to Rocaltrol. Is it not the case that this is definitely not a product manufactured by Pan?

Answer:

(a) As advised in the answer to Senate Question on Notice no. 370 of 8 March 2005, there is following review a revised list of 66 serious adverse events involving products possibly manufactured by Pan Pharmaceuticals. Of the 66 serious adverse events, there were 21 serious adverse events where at least one suspected drug was a product whose manufacture by Pan Pharmaceuticals was confirmed by batch number or by reason of Pan being the sole manufacturer. Amongst those 21 serious adverse events, there were two separate and temporally distinct serious adverse events, with report numbers 186846 and 187070 that occurred in one subject. The same product, confirmed by batch number to have been made by Pan Pharmaceuticals, was suspected of causing both serious adverse events. Thus, there were 21 serious adverse events, which occurred in 20 subjects, in which at least one suspected drug was confirmed to have been made by Pan Pharmaceuticals.

(b) In the adverse drug reaction report 186333, both Allegron and Rocaltrol were suspected. Some batches of the antidepressant Allegron had been made by Pan Pharmaceuticals and thus the suspected Allegron may have been manufactured by Pan Pharmaceuticals. Rocaltrol was not made by Pan Pharmaceuticals.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2005, 1 & 2 June 2005

Question: E05-095

OUTCOME 1: Population Health

Topic: PAN PHARMACEUTICALS - ADVERSE EVENTS

Hansard Page: CA 37 – 2 June

Senator Allison asked:

(a) Is there a new list of reports of adverse events or reactions attributed to Pan Pharmaceuticals, which can be provided to the Committee?

(b) Is it not the case that none of the 24 reports relating to organ damage were found to have been certain or even probable by the Adverse Drug Reactions Advisory Committee? Is that a fair reading of the report?

(c) In fact, isn't it the case that only two of those reports have batch numbers that confirm with any certainty that the product manufactured by Pan was involved?

(d) And can you confirm that those two reactions were an allergic reaction and one for hypertension?

(e) Is it also the case that only three of the 62 reports did not involve any complementary medicine products at all but only pharmaceutical drugs?

Answer:

(a) A revised list is provided in Attachment 1. Reports 185699 and 186329 have been removed as details of the cases were highly suggestive they were duplicates of reports 185461 and 185846. Six reports of serious adverse events have been added: 176532, 177648, 185521, 185683, 185540 and 186193. Copies of the computer generated 'public case details' for each of these six added reports are provided in Attachment 2.

(b) It is correct that in none of the 24 reports classified as describing organ damage was a suspected product graded as being a certain or probable cause of the reaction. With the revision to a total of 66 serious adverse events, there are now 26 adverse events classified as describing organ damage. In one of the added reports (185521), the association between the adverse event and the product was considered probable.

(c) There were six reports within the subset of 26 reports of organ damage where batch numbers confirm that a product manufactured by Pan Pharmaceuticals was involved. These reports were: 185378 (arrhythmia), 186074 (acute renal failure), 185724 (abdominal pain), 185761 (miscarriage), 189566 (miscarriage) and 192503 (retinopathy).

(d) None of the six serious adverse events involving a product confirmed as having been made by Pan Pharmaceuticals and listed in the 'organ damage' subset described hypertension or an allergic reaction.

(e) Four of the 66 reports involved prescription medicines possibly made by Pan Pharmaceuticals as a suspected medicine. These were:
177648 Allegron
185679 Allegron (Zocor also suspected)
183038 Allegron (Tramal SR also suspected)
186333 Allegron (Rocaltrol also suspected).

Five of the 66 reports involved over-the-counter medicines not considered to be complementary medicines and possibly made by Pan Pharmaceuticals as suspected medicines. These were:
186326 Chemworld Cold & Flu Relief day & night
186327 Chemworld Cold & Flu Relief day & night
183675 Coldguard Cold & Flu Non drowsy
185461 Home Brand paracetamol
185761 Home Brand paracetamol (Nature's Way product also suspected).

All the other suspected products possibly manufactured by Pan Pharmaceuticals would usually be regarded as complementary medicines – vitamin and mineral supplements have been categorised with complementary medicines for the above analysis.

ATTACHMENT 1
6 PAGES

Organ damage						
ADR No	Serious ADR	Date ADR occurred	Date ADR reported	Suspected medicines - possibly Pan	Other suspected medicines	Other medicines
176530	Menorrhagia	6/06/2002	11/06/2002	Inner health plus dairy free	Vitamin B complex, Intestamine	
177405	Uterine haemorrhage		8/07/2002	Evening primrose oil	Black cohosh	
180822	Vision impaired	12/10/2002	18/12/2002	Bio-organics glucosamine sulfate		Astrix, Panadeine Forte, Cenovis Multivite, Vit C, Zinc, Caltrate
182052	Hepatitis	12/11/2002	24/01/2003	Herbs of Gold Fat Burner		Periactin
182808	Atrial flutter		12/02/2003	Natural nutrition fingerprint botanicals varicose veins horsechestnut		
183366	Epistaxis/H'tension	10/12/2002	30/01/2003	Dietary fatblaster		tenormin, zoloft
185245	Ocular inflammation	19/03/2003	22/04/2003	Glucosamine -Chondroitin	Celebrex	
185336	Hepatitis	9/02/2002	22/04/2003	Wyld for Women		
185378	Arrhythmia	22/03/2004	30/04/2003	Co-enzyme Q		lanoxin
185380	Vision altered	22/04/2003	1/05/2003	Moodlift with SAME		Mobic, Baclofen, Panadeine Forte
185382	Hepatitis	22/04/2003	2/05/2003	Herbs of Gold Fish oil		Micardis, Insulin NOS
185482	Miscarriage	21/03/2003	2/05/2003	Nature's Own Travel Well Anti-Nausea Formula		
185521	Hallucination	4/03/2003	5/05/2003	Omega-3 Marine Triglycerides		
185540	Hallucination	18/04/2003	5/05/2003	Nature's Own Zinc & C		
185724	Abdominal pain	6/02/2003	10/05/2003	Horny Goat Weed Plus		
185761	Miscarriage	1/03/2003	8/05/2003	Home Brand Paracetamol, Nature's Way Pregnancy & Breast-feeding		
185824	Miscarriage		13/05/2003	Natural nutrition Mega potency Womens Multivitamin		
185846	Hepatitis	14/04/2003	13/05/2003	Evening primrose oil,	Garlic, Cranberry, Sleep ezy,Whole body tonic, Ginko biloba, calcium NOS, Magnesium NOS	

186074	Acute renal failure	23/04/2003	21/05/2003	Dietary fatblaster,Wyld for women	Frusemide, Ramipril	
186193	Amnesia	15/12/2002	23/05/2003	Natural Nutrition Immune Support		
186244	Pulmonary embolus	24/04/2003	27/05/2003	Bio-organics glucosamine sulfate, Nature's Own omego-3 fish oil		Policosanol
186333	Renal impairment	13/11/2002	23/05/2003	Allegron	Rocaltrol	Atacard, Zocor, Valium
187093	Epistaxis	20/11/2002	14/05/2003	Cenovis Cod-Liver oil		
187100	Jaundice	19/04/2003	2/05/2003	Eyevite		
189566	Miscarriage	5/03/2003	15/08/2003	Nature's Way Pregnancy & Breast-feeding	Ventolin	
192503	Retinopathy		26/11/2002	Provexcv, Mela-cal,Mel-Vita, Vitality for Life Fibrewise	Quinine, Cell-wise	

Allergy

ADR No	Serious ADR	Date ADR oc	Date ADR re	Suspected medicines - possibly Pan	Other suspected medicines	Other medicines
183675	Dermatitis allergic	1/03/2003	4/03/2003	Coldguard Cold & Flu Non-drowsy		Microgynon
184444	Rash	14/03/2003	27/03/2003	Wyld for Women		
184717	Allergic reaction	1/02/2003	8/04/2003	Nutralife joint food		
185461	Anaphylaxis	22/04/2003	22/05/2003	Home Brand Paracetamol		Bisolvon
185686	Rash	18/04/2003	7/05/2003	Microgenics Natural Fish Oil		
185759	Oedema	15/12/2002	8/05/2003	Nature's Own Omega Fish Oil		Renitec, Enalapril, Allopurinol, Aspirin, Indapamide, Sulindac, Fish Oil
186048	Rash		19/05/2003	Golden Glow Super One-a-day		Premarin, Caltrate, Magnesium
186987	Allergic reaction		16/06/2003	Myadec, Bio-organics standardised Valerian	Bio-organics Anxiety Eze	
187084	Asthma/hospitalised	14/01/2003	14/05/2003	Wyld for Women		
185638	hypersensitivity	8/02/2003	7/05/2003	Bio-Organics Cranberry		Alprim, Oroxine, Premarin, Coversyl

Other

ADR No	Serious ADR	Date ADR oc	Date ADR re	Suspected medicines - possibly Pan	Other suspected medicines	Other medicines
176532	prothrombin increased	not reported	11/06/2002	Bio-Organics Co-Enzyme Q10	Warfarin	
177648	Gingival bleeding	1/05/2002	5/08/2002	Allegron		
179426	Pain increased	27/09/2002	29/09/2002	Microgenics Thermo Slim		
181005	Balance disorder	28/10/2002	24/12/2002	Horny Goat Weed Plus		Cartia
183038	Serotonin syndrome	19/08/2002	6/02/2003	Allegron	Tramal SR	Hypericum, Celebrex
185465	Disorientation	13/10/2002	2/05/2003	Nature's Own Travel Well Anti-Nausea Formula		Celebrex, Hydralazine hydrochloride
185560	Amnesia		7/05/2003	Bio Organics Super Potency Nerve Relaxer		
185679	Paranoia	15/08/2002	7/05/2003	Allegron	Zocor	Coversyl, Iscover
185957	Hallucination	in 2002	16/05/2003	Panlabs shark cartilage, Panlabs Omega-3 fishoil, Panlabs Evening primrose oil		
189187	Anxiety	15/06/2002	5/08/2003	Nutralife Super Calcium Complete		
185338	Mania	17/03/2003	1/05/2003	Cenovis Easy Sleep Valarian		
185464	Hypotension		2/05/2003	Nature's Own Omega-3 Fish Oil		
185508	Dizziness		6/05/2003	Vitaplex	Nature's Own Vitamin B6	Stemetil, Tazac
185592	Vomiting	17/11/2002	8/05/2003	Australian Naturalcare Products Vitamin E, Australian Naturalcare Products Super B 50	Australian Naturalcare Products Vitamin C	Avapro
185597	Disorientation		2/05/2003	Bio-Organics Arthri-Eze with EPO		Celebrex
185640	Mania	21/03/2003	7/05/2003	Glucosamine plus		Diazepam
185774	Agitation	1/04/2003	12/05/2003	Microgenics Natural Fish Oil 1000		
185777	Convulsion	11/01/2003	8/05/2003	Natural Nutrition Magnesium Megacomplex		

185820	Confusion	10/04/2003	12/05/2003	Natural Nutrition Herbiotic Health Guardian		
185843	Disorientation	28/04/2003	13/05/2003	Bio-Organics Cranberry		Tritace, Zoloft
186003	Abnormal behaviour	3/04/2003	15/05/2003	Natural Nutrition Men's Mega Multivitamin with Selenium	Bio-Organics Ultrasorb Brahmi Phytosome	Sandomigran, Losec
186008	Migraine		16/05/2003	Advanced Hair Studio Serenoa		
186041	Convulsion	28/03/2003	19/05/2003	Cenovis Cod-liver Oil	Ultrasorb Brahmi Phytosome	
186326	Euphoria	-	28/04/2003	Chemworld Cold & Flu Relief day & Night		
186327	Hallucination	26/04/2003	28/05/2003	Chemworld Cold & Flu Relief day & Night		
186846	Hallucination	2002 to report date	12/06/2003	sequence of 187070	multiple Pan products see 187070	
186982	- hepatic enzymes	to 04-2004	16/06/2003	Mel-Vita, Mela-Cal, Provexcv	Cell-Wise	
187070	Hallucination	2002 to repor	12/06/2003	Panlabs shark cartilage, Panlabs Omega-3 fishoil, Panlabs Evening primrose oil,Natural alternative Flaxseed oil plus lecithin, Pan Aloe vera concentrate, Cenovis Evening primrose oil, Nature's Own Guaranteed 100% Natural Valerian, Panlabs Co-enzyme Q, Pan Propolis, Pan L-lysine, Pan Liver Tonic, Pan Flaxseed Oil, Pan Echinacea Complex, Pan Livatone, Pan Folic Acid 400 mcg plus Vitamine B12 Fizzy, Pan Royal Jelly, Pan Calcium & Magnesium, Pan L-carnitine, B Group + C Effervescent tablets, Women's multi Pan Pharmaceuticals, Super Co-enzyme Q, Natural Nutrition Grape Seed Plus Mega	Naturally Herbal Siberian Ginseng 1000, Brewer's Yeast, Evening primrose oil	
187094	Hallucination	27/04/2003	16/05/2003	Golden Glow Vitamin A 2500IU		

187103	Dehydration	24/04/2003	20/05/2003	Metagenic Brahmi		Insulin NOS,

ATTACHMENT 2
7 PAGES

THERAPEUTIC GOODS ADMINISTRATION
Public Case Detail

Date Range: 1 Jan 1960 To 31 Dec 2059 Case Range: 176532 To 176532 Unclear causality excluded GM medicines Only

Report Details:

Case Number: 176532 **Seq:** 1
Reported: 11/06/2002
Hospitalisation:
Onset Date:
Outcome: Recovered

Gender: M
Weight:
Age:
DOB:
Causality: Causality possible

Reaction Details:

Preferred Term	Severity	Report Description	Treatment
Prothrombin level decreased			Required a visit to doctor.

Medicine Details:

WARFARIN SODIUM (Interaction) **Reason:**
0.0
Batch: **Started:** L TERM **Stopped:**

BIO-ORGANICS CO-ENZYME Q10 (Interaction) **Reason:**
50.0 Milligram Daily
Batch: **Started:** **Stopped:**

Laboratory Investigations:

Date	Type	Range	Date Tested	Result	Details

Additional Information:

THERAPEUTIC GOODS ADMINISTRATION
Public Case Detail

Date Range: 1 Jan 1960 To 31 Dec 2059 Case Range: 177648 To 177648 Unclear causality excluded GM medicines Only

Report Details:

Case Number: 177648 **Seq:** 1
Reported: 05/08/2002
Hospitalisation:
Onset Date: 01/05/2002
Outcome: Recovered

Gender: F
Weight: 59.00
Age: 45
DOB: 11/07/1956
Causality: Causality probable

Reaction Details:

Preferred Term	Severity	Report Description	Treatment
Gingival bleeding			

Medicine Details:

ALLEGRON (Suspected) **Reason:**
25.0 Milligram Daily
Batch: **Started:** **Stopped:**

Laboratory Investigations:

Date	Type	Range	Date Tested	Result	Details

Additional Information:

THERAPEUTIC GOODS ADMINISTRATION
Public Case Detail

Date Range: 1 Jan 1960 To 31 Dec 2059 Case Range: 185521 To 185521 Unclear causality excluded GM medicines Only

Report Details:

Case Number: 185521 **Seq:** 1 **Gender:** F
Reported: 05/05/2003 **Weight:** 0.00
Hospitalisation: **Age:** 76
Onset Date: 04/03/2003 **DOB:** 27/05/1926
Outcome: Recovered 02/05/2003 **Causality:** Causality probable

Reaction Details:

Preferred Term	Severity	Report Description	Treatment
Hallucination	Required Visit to Doctor	2 epiodes of hallucination.	

Medicine Details:

OMEGA-3 MARINE TRIGLYCERIDES (Suspected) **Reason:**
Tablet 3.0 Gram Daily Oral
Batch: **Started:** **Stopped:**

Laboratory Investigations:

Date	Type	Range	Date Tested	Result	Details

Additional Information:

Reaction occurred after dose was increased to TDS/daily.

THERAPEUTIC GOODS ADMINISTRATION
Public Case Detail

Date Range: 1 Jan 1960 To 31 Dec 2059 Case Range: 185683 To 185683 Unclear causality excluded GM medicines Only
Terms: Tradenames:

Report Details:

Case Number: 185683 **Seq:** 1
Reported: 07/05/2003
Hospitalisation:
Onset Date: 08/02/2003
Outcome: Recovered 22/02/2003

Gender: F
Weight: 0.00
Age: 53
DOB: 18/08/1949
Causality: Causality possible

Reaction Details:

Preferred Term	Severity	Report Description	Treatment
Hypersensitivity		Large itchy welts all over body	Steroid treatment and antihistamines.
Pruritus		Large itchy welts all over body	

Medicine Details:

Bio-Organics Cranberry (Suspected) **Reason:**
Capsule Oral
Batch: **Started:** **Stopped:**

Laboratory Investigations:

Date	Type	Range	Date Tested	Result	Details

Additional Information:

Patient was also taking Alprim, oroxine, premarin, Coversyl.

THERAPEUTIC GOODS ADMINISTRATION
Public Case Detail

Date Range: 1 Jan 1960 To 31 Dec 2059 Case Range: 185540 To 185540 Unclear causality excluded GM medicines Only

Report Details:

Case Number: 185540 **Seq:** 1
Reported: 05/05/2003
Hospitalisation:
Onset Date: 18/04/2003
Outcome: Recovered 20/04/2003

Gender: M
Weight: 0.00
Age: 9Y
DOB:
Causality: Causality possible

Reaction Details:

Preferred Term	Severity	Report Description	Treatment
Hallucination		Hallucinations and vomiting.	
Vomiting		Hallucinations and vomiting.	

Medicine Details:

Nature's Own Zinc & C (Suspected) **Reason:** Ac upr resp inf,mult,unsp stes
Dose Unspecified
Batch: **Started:** 18/04/2003 **Stopped:** 20/04/2003 0

Laboratory Investigations:

Date	Type	Range	Date Tested	Result	Details

Additional Information:

THERAPEUTIC GOODS ADMINISTRATION
Public Case Detail

Date Range: 1 Jan 1960 To 31 Dec 2059 Case Range: 186193 To 186193 Unclear causality excluded GM medicines Only

Report Details:

Case Number: 186193 **Seq:** 1
Reported: 23/05/2003
Hospitalisation:
Onset Date: 15/12/2002
Outcome: Unknown

Gender: F
Weight: 76.00
Age: 52
DOB: 01/11/1950
Causality: Causality possible

Reaction Details:

Preferred Term	Severity	Report Description	Treatment
Amnesia	Required Visit to Doctor		
Coordination abnormal	Required Visit to Doctor		
Disturbance in attention	Required Visit to Doctor		
Fatigue	Required Visit to Doctor		
Lethargy	Required Visit to Doctor		

Medicine Details:

NATURAL NUTRITION IMMUNE SUPPORT (Suspected) **Reason:**

Tablet 2.0 Dose Unspecified Daily Oral

Batch: **Started:** 02/12/2002 **Stopped:** 22/12/2002

Laboratory Investigations:

Date	Type	Range	Date Tested	Result	Details

Additional Information:

Possible postural hypotension and chronic post-viral fatigue syndome.

THERAPEUTIC GOODS ADMINISTRATION
Public Case Detail

Date Range: 1 Jan 1960 To 31 Dec 2059 Case Range: 186193 To 186193 Unclear causality excluded GM medicines Only

Report Details:

Case Number: 186193 **Seq:** 1 **Gender:** F
Reported: 23/05/2003 **Weight:** 76.00
Hospitalisation: **Age:** 52
Onset Date: 15/12/2002 **DOB:** 01/11/1950
Outcome: Unknown **Causality:** Causality possible

Reaction Details:

Preferred Term	Severity	Report Description	Treatment
Palpitations	Required Visit to Doctor		
Somnolence	Required Visit to Doctor		
Dizziness	Required Visit to Doctor	Feeling dizzy upon standing, fatigue, affected concentration span and short term memory.	

Medicine Details:

Laboratory Investigations:

Additional Information:

Possible postural hypotension and chronic post-viral fatigue syndome.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-096

OUTCOME 1: Population Health

Topic: PAN PHARMACEUTICALS - ADVERSE EVENTS

Hansard Page: CA 38 – 2 June

Senator Allison asked:

(a) Is it not the case that, in more than 50% of the cases cited, people were also taking pharmaceutical drugs, not just complementary medicines – in other words, antidepressants, COX-2 inhibitors, blood pressure medications and anti-inflammatories? Can you confirm that?

(b) Is there a document that would be useful to the Committee in understanding which of these are likely to cause adverse reactions in combination with others?

Answer:

(a) There were five reports (185245, 186074, 186333, 189566 and 192503) where a prescription or conventional over-the-counter (OTC) medicine was graded as 'suspected' in addition to the medicine that may have been manufactured by Pan Pharmaceuticals. There was one report where a product that may have been manufactured by Pan Pharmaceuticals was assessed as possibly interacting with warfarin sodium which is a prescription medicine. There were two reports (183038 and 185679) in which prescription or conventional OTC medicines were graded as 'suspected' drugs in addition to the medicine that may have been manufactured by Pan Pharmaceuticals and other prescription or conventional OTC medicines were graded as 'other' drugs. There were 23 reports where prescription or OTC medicines were graded as 'other' medicines, but not as 'suspected' medicines. Thus, in a total of 31 of the 66 reports (47%), the patient was taking one or more prescription or conventional OTC medicines but in the great majority of cases those medicines were graded as 'other' and not 'suspected' or 'interacting' medicines.

(b) When an Adverse Drug Reactions report is being reviewed, medicines listed by the reporter are graded as 'suspected', 'interacting' or 'other' on the basis of the timing of the event in relation to consumption of the medicine. For example, if a medicine was taken at the time an event occurred and was then ceased and the patient then recovered it would be considered as 'suspected'. If the medicine was commenced after the event or if the patient had taken a medicine prior to, and continued to take the medicine during and after recovery from the event, it would generally be considered not to be involved in causing the event and would be graded as an 'other' medicine.

Events consistent with an interaction (e.g. unwanted effects of a medicine in a patient who had previously taken that medicine uneventfully, occurring without a change in dosage regimen for that medicine, but following the start of use of another medicine) are allocated to ‘interacting’.

A guide issued by the World Health Organization’s Collaborating Centre for International Drug Monitoring used for database entry by the Therapeutic Goods Administration (TGA) provides for medicines to be coded as S (suspected), O (other) or I (interacting).

It has been the long-standing practice of the Adverse Drug Reactions Advisory Committee (ADRAC) to code drugs as ‘interacting’ if there is clear evidence from the literature that the drugs are known to interact in a manner consistent with the observed effect, or there is evidence within the clinical details of the report that an interaction has occurred and is the most plausible explanation for the reaction.

There is a Standard Operating Procedure at the Adverse Drug Reactions Unit, TGA which requires the assessor of a report to consider the following:

“If an interaction is proposed, can a mechanism be proposed? Has such an interaction been described previously (ADRAC reports, literature)? If the reaction is not well known, please attach outcome of research to the report for the information of the Committee.”

As a consequence, the medicines mentioned in some reports will be coded as ‘interacting’ only when the advice of ADRAC is to that effect.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-140

OUTCOME 1: Population Health

Topic: TRENDS & DATA ON TOBACCO ADVERTISING

Hansard Page: CA 9

Senator Allison asked:

(1) Has the number of complaints received in relation to tobacco advertising changed over the past 5 years (trends and data)?

(2) Would it be possible to get a breakdown of the nature of the complaints over the last 5 years?

(3) How many cases of incidental advertising have there been in the last 12 months?

Answer:

(1) Yes, there has been a decline in the number of complaints per year from 2000 to October 2005.

(2) Yes, see attached table "Summary of Complaints Received".

(3) Within the last 12 months the department has investigated two matters that came under the incidental/accidental exemption.

Summary of complaints received from 2000 to October 2005 in relation to the *Tobacco Advertising Prohibition Act 1992*

	Posters/ Brochures/ Catalogues	Newspaper/ Magazine/ Articles	Retail (shops/nightclubs)	Internet/ Emails	Media (TV, Radio, Cinema)	Displays	Other	TOTAL
2000	11	19	14	15	3	6	5	73
2001	3	9	3	4	1	1	1	22
2002	0	12	3	1	2	0	1	19
2003	0	8	2	0	5	1	1	17
2004	0	1	3	0	1	0	0	5
2005*	1	2	0	3	1	0	0	7

* From January 2000 to October 2005

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-136

OUTCOME 1: Population Health
Topic: COUNTRY OF ORIGIN LABELLING

Hansard Page: CA 54 – 2 June

Senator Forshaw asked:

Could Food Standards Australia New Zealand (FSANZ) comment on the proposed arrangements with comparable countries or economies – such as the US, Europe, Canada and the UK – as to how the current and the new proposal in a new régime would compare to the requirements in those places.

Answer:

A number of Australia's trading partners have Country of Origin Labelling (CoOL) regulations for foods, but there is considerable variation in the requirements of individual countries, making direct comparison difficult

CoOL applies across a greater range of products on a vertical commodity basis in the other jurisdictions, than it does in Australia. Those requirements differ from commodity to commodity, and, as is the case with some commodities in the United Kingdom (UK), are not mandatory. CoOL is not yet mandatory across the board in the United States of America (USA), and in Canada CoOL is generally mandatory for imported products, but variously voluntary or mandatory on certain produce across the range.

UK /European Union (EU) and Codex Alimentarius Commission (Codex)

The CoOL requirements of the UK and the European Union (EU) reflect, in general, the requirements of the provisions of the Codex Alimentarius Commission General Standard for the Labelling of Pre-packaged foods. Section 4.5 of the Codex General Standard for Labelling of Pre-Packaged Products provides that:

- The country of origin should be declared if its omission would mislead or deceive the consumer.

- When a food undergoes processing in a second country, which changes its nature, the country in which the processing is performed shall be considered to be the country of origin for the purposes of labelling. Codex does make specific provision for CoOL for fresh fruit and vegetables and vertical commodity based standards exist for specified commodities such as avocados, bananas, baby corn and so forth.

There are, however, certain commodities for the UK and the EU for which there is mandatory CoOL, on a vertical or commodity basis. Such commodities include beef, fruit and vegetables, fish, olive oil, eggs, poultry meat, honey and certain 'regional' products – such as

those from a particular production area. Certified logos are allowed for some of those products.

Within the commodity standards there are a number of different requirements for how CoOL is to be declared. For beef, there are requirements to declare the country of birth, rearing, slaughter and cutting (where applicable) whereas for poultry, it is only required that CoOL be declared where the product originates from outside the EU.

The Codex Committee on food labelling is currently considering whether to approve new work, proposed by the delegation of the UK and supported by Malaysia and Switzerland, on an amendment to the *General Standard for the Labelling of Prepackaged Foods* in order to amend the provisions for CoOL.

The Food Standards Agency (FSA) of the UK is pressing for changes to EU legislation to require origin labelling on a wider range of foods and for clear rules on the use of terms like 'produce of ...'. The FSA is putting the case for more origin labelling vigorously at international levels, particularly through the Codex Committee on Food Labelling.
In the meantime, the FSA has produced guidance on the interpretation of the existing rules to ensure they address the issues that are of most concern to consumers and with a view to encouraging increased voluntary declarations.

USA

CoOL is only mandatory for imported foods under the *Tariff Act 1930*. Country of origin claims are regulated by the Federal Trade Commission and the US Customs Service as part of the general trade regulation, rather than by the Food and Drug Administration as part of general food regulation. The law requires that a country of origin statement be conspicuous. If a domestic firm's name and address is declared as the firm responsible for distributing the product, then the country of origin statement must appear in close proximity to the name and address and be at least comparable in letter size.

The *Farm Security and Rural Investment Act of 2002*, more commonly known as the 2002 Farm Bill, requires mandatory CoOL for beef, pork, fish, perishable agriculture commodities and peanut products produced in the US by 30 September 2004. However, the Senate has since approved an omnibus appropriations bill containing a two-year moratorium on mandatory CoOL for products produced in the US. This would have delayed mandatory CoOL on US produce until 30 September 2006, however in mid-May 2005, the House Appropriations Committee in the US introduced a fiscal bill to delay mandatory CoOL beyond the September 2006 deadline. That has delayed mandatory CoOL on meat, fresh produce and peanuts, although mandatory CoOL on seafood took effect in April 2005.

Some trade associations (beef, pork, and seafood producers along with food retailers and wholesalers) opposed to mandatory CoOL are joining forces to craft a cost effective voluntary program that would provide consumers with CoOL information.

It is understood that in October 2005 it was announced that there will be an additional two-year delay – until 30 September 2008 – of mandatory country-of-origin labelling for meat, fresh produce and peanuts. Mandatory CoOL for seafood took effect last April and will remain in place.

Canada

The Canadian system of CoOL is broadly similar in structure to the EU/UK model. CoOL is mandatory for various products on a commodity-by-commodity basis ie. a 'vertical' standard. The following is not an exhaustive description, but merely an example of how CoOL operates and differs on a commodity basis

For fresh fruit and vegetables, imported produce must bear specific labelling such as 'Product of', 'Produce of', 'Grown in' or 'Country of Origin', followed by the name of the country of origin of the produce, or other words which clearly indicate the country in which the produce was grown. The declarations are subject to specific legibility requirements, with font size prescriptions based on the surface area of the label on the container of produce.

For certain commodities, such as honey produced in Canada, it is compulsory to use the words, 'product of Canada', whereas imported honey may simply bear the declaration 'Imported'.

Conversely, for foods such as processed fruits and vegetables when these are imported, the country where the product was packed must be shown clearly and conspicuously on the label, either as a part of the name and address of the foreign operator or as a separate declaration indicating the origin of the product. Where these products are completely prepared in Canada from fruits and vegetables grown and processed in Canada, indicating 'Product of Canada/ Produit du Canada' is optional for the purposes of marketing in Canada and export.

Where these products are wholly manufactured outside Canada, the declaration of the country of origin is mandatory, whether the goods are sold in their original containers or repackaged in Canada. The country of origin can be declared as part of the name and address of the foreign packer (processor) or as a separate declaration. Therefore a product is 'wholly manufactured in a country other than Canada…' when it has not undergone any processing in Canada and its nature remains the same. Repackaging and labelling a product does not change the nature of the product.

For fish the name of the country of origin must be clearly identified on the label of any fish or fish product imported into Canada. The wording 'Product of' must be used to clearly identify the name of the country of origin. For domestic products, the declaration 'Product of Canada' is not required, however it can be shown on the label, as appropriate.

Australia/New Zealand

Under the current transitional standard of the Australia New Zealand Food Standards Code (the Code), for packaged products, other than fruit juices, spirits and wines (NZ only) CoOL is mandatory. With the exception of fruit/orange juices, purees, spirits wines (which have special requirements relating to non-Australian ingredients), the requirements apply horizontally across all packaged products. Those requirements are set out in the Comparative Table in the answer to Question: E05-135. The word 'imported' is currently not permitted, except where a food contains both local and imported ingredients.

For certain unpackaged commodities, such as fruit, vegetables, nuts and fish, produce other than of Australian and New Zealand origin must indicate either the country of origin or state that the food is imported. The declaration may be made on the food, or on display in connection with the food. The latter declaration must be in at least 9mm type.

Country of origin is mandatory in Australia, but voluntary in New Zealand, except for wines (see Comparative Table in answer to Question: E05-135).

In Proposal P292, FSANZ proposed imposing mandatory CoOL on all packaged foods, and certain unpackaged foods, regardless of origin. FSANZ proposed allowing the use of the word 'imported' for whole packaged foods, as well as retaining its use where ingredients of a whole food are both local and imported. FSANZ also proposed allowing the labelling requirements to be satisfied by a representation of the country of origin, which would permit certified logos and symbols. The overriding consideration, however, is that the representation must not be misleading or deceptive, and where the phrases 'made in' or 'product of' are used, then the manufacturer or retailer must comply with the requirements of the *Trade Practices Act 1974* (Commonwealth) or the *Fair Trading Act 1986* (New Zealand).

Fruit/orange juices, purees, spirits and wines will no longer have special treatment, those measures being discriminatory and potentially in breach of Australia's international obligations.

For certain unpackaged produce (fish, fruit and vegetables [includes nuts]) it was proposed that all produce, including that of Australian or New Zealand origin, be covered by the standard. FSANZ has proposed that the declaration may be made on the produce, on display in connection with the produce - but with no prescription as to font size. FSANZ has proposed that the information may be provided to the consumer on request – consistent with the fashion in which unpackaged produce is dealt with else where in the Code regarding mandatory information.

FSANZ received extensive feedback following its call for public submissions and found that while there was support for certain of the proposed initiatives, other aspects of the proposal, such as providing CoOL information to the purchaser on request were not supported by consumers, producers, industry and the retail sector.

FSANZ re-worked these aspects of the project following a further round of consultation. FSANZ subsequently made recommendations to the Ministerial Council The Ministerial Council accepted the recommendations. They are set out below:

- All packaged foods must carry a statement that identifies where the food was made, produced, manufactured or packed for retail sale.
- A range of statements is allowed consistent with those allowed under trade practices law.
- Requirements for unpackaged foods have been extended to processed fish, fruit, vegetables and nuts and to fresh and preserved pork.
- The 'on request' option has been dropped in favour of providing the CoOL information on a label attached to the food or on a sign associated with the display of the food. The sign is to be in 9mm print.
- CoOL declarations are to be consistent with the legibility standard in the Code.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-216

OUTCOME 2: Medicines and Medical Services

Topic: MEDICARE SAFETY NET

Hansard page CA21

Senator Evans asked:

Estimates for the Medicare safety net were revised at the Pre-Election Economic and Fiscal Outlook (PEFO) on the basis of more recent information on out-of-pocket costs. What was the movement in out-of-pocket costs shown by the 2003 calendar year data used for the PEFO estimates compared to the 2001 calendar year data used previously?

Answer:

Out of hospital out-of-pocket costs increased by 39% from calendar year 2001 to 2003.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-217

OUTCOME 2: Medicines and Medical Services

Topic: MEDICARE SAFETY NET

Hansard Page: CA 23

Senator Evans asked:

What data is contained in the weekly reports on the Medicare safety net provided to the Department by the Health Insurance Commission?

Answer:

Data recorded in the weekly Medicare safety net report evolved during 2004. Since July 2004, the weekly Medicare safety net report has contained the following data:

- Number of singles who have lodged claims for Medicare, presented by:

  (a) concessional status, with out-of-pocket expenses of $300 or more;
  (b) all other singles, with out-of-pocket expenses of $700 or more; and
  (c) total number of singles.

- Number of families who have lodged claims for Medicare, presented by:

  (a) Registered concessional families, with out-of-pocket expenses of $300 or more;
  (b) Registered Family Tax Benefit (A) Families with out-of-pocket expenses of $300 or more;
  (c) all other Registered Families with out-of-pocket expenses of $700 or more; and
  (d) total number of registered families.

- Total number of claiming units.

- For each of the groups above, the following is also reported:

  (1) total number of services for which claims have been lodged;
  (2) number of patients (singles and individuals in families) with out-of-pocket expenses;
  (3) total number of services for which Medicare rebates have been paid;
  (4) total amount of out-of-pocket expenses;
  (3) standard benefit costs;
  (4) Extended Medicare Safety Net benefit amount;
  (5) total benefits paid;
  (6) percentage of services provided by general practitioners (GPs) and specialists;
  (7) percentage of out-of-pocket expenses attributable to GPs and specialists;
  (8) average out-of-pocket expenses per single and family; and
  (9) total numbers of families registered for the safety net.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-220

OUTCOME 2: Medicines and Medical Services

Topic: MEDICARE SAFETY NET

Hansard page CA28-29

Senator Evans asked:

(a) By what percentage was expenditure on the Medicare safety net exceeding estimates at the end of May 2004?
(b) What was actual safety net expenditure in June 2004?
(c) By how much did safety net expenditure in June 2004 exceed estimates?

Answer:

(a) 4.5% ($0.4 million).
(b) $10.7 million.
(c) $6.1 million.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-222

OUTCOME 2: Medicines and Medical Services

Topic: MEDICARE SAFETY NET

Hansard page CA34

Senator Moore asked:

Have out-of-pocket costs for obstetrics flattened out now, or are they still increasing?

Answer:

Following the introduction of the Extended Medicare Safety Net in March 2004, there was evidence of fee increases in two obstetric out-of-hospital items: Items 16500 and 105 for antenatal attendances.

Investigation, and discussion with the medical profession, revealed that these increases were the result of out-of-pocket costs existing prior to the introduction of the safety net, being claimed under Medicare for the first time. These were not new out-of-pocket costs.

In September 2004, the Government introduced a new item (15999) for the planning and management of a pregnancy in the out-of-hospital phase. Fees claimed under the new item have stabilised at an average of about $1100 - $1200 since November 2004, with an increase of only 3% since the introduction of this item.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-224

OUTCOME 2: Medicines and Medical Services

Topic: MEDICARE SAFETY NET

Hansard page CA38

Senator Evans asked:

Were the statistics on the Medicare safety net contained in the Minister's press release of 28 June 2004 consistent with advice provided by the department at that time?

Answer:

Yes.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-112

OUTCOME 2: Medicines and medical services

Topic: EXTENDED MEDICARE SAFETY NET

Written Question on Notice

Senator McLucas asked:

Please provide the following breakdown of recipients of rebates under the extended Medicare safety net (EMSN) under the current thresholds for each year since the 2004 calendar year and the 2003-04 financial year (i.e. provide these on a yearly basis, both in calendar and financial year terms):

(a) For the lower threshold, please provide the numbers of people who have accessed extended Medicare safety net rebates as:

(i) Concession cardholders: Please provide this number in terms of 'claiming units'; individuals; and families.
(ii) Family Tax Benefit (FTB) (A) recipients: Please provide this number in terms of 'claiming units'; individuals; and families.

(b) For the lower threshold, please provide the numbers of people who have accessed extended Medicare safety net rebates. Please provide this number in terms of 'claiming units'; families; and individuals.

Answer:

(a) Statistics on the recipients under the extended Medicare safety net are only available on a calendar year basis. The extended Medicare safety net commenced on 12 March 2004 and covers services rendered from 1 January 2004.

Table 1 below shows the number of people who received additional benefits in respect of services received and claimed in the 2004 calendar year.

Table 1: Recipients of extended Medicare safety net benefits - 2004

Patient category	**Number**
• Higher threshold	257,645
• Lower threshold (Concession or FTB(A))	694,498
Total	**952,143**

A significant proportion of families fall into both concessional and FTB(A) categories. To avoid double-counting, these families are counted towards only one category, resulting in the other category being significantly underestimated. Therefore, the department does not disaggregate the claiming units or report the categories separately.

(b) A total of 694,498 people received extended Medicare safety net benefits in respect of services received and claimed in the 2004 calendar year. The department cannot disaggregate this number into singles and families.

Notes to the statistics
Where the patient does not pay the total fee charged by the doctor prior to submitting their account to Medicare for reimbursement through a 'pay doctor cheque', Medicare Australia (formerly the Health Insurance Commission) is unable to verify, for safety net purposes, that the total charge has been paid. This is regarded as an unsubstantiated claim. Proof of payment of the full amount charged, results in a substantiated claim. The number of people in the table who have received a benefit under the safety net includes only those patients who substantiated their claims and presented a subsequent claim to Medicare Australia. Note that this number is not equivalent to the number of people reaching the thresholds.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-113

OUTCOME 2: Medicines and Medical Services

Topic: EXTENDED MEDICARE SAFETY NET

Written Question on Notice

Senator McLucas asked:

Please provide the following breakdown of estimates of recipients of rebates under the extended Medicare safety net under the thresholds which will apply after 1 January 2006, for each year from the 2005 calendar year and the 2004-05 financial year (i.e. provide these on a yearly basis, both in calendar and financial year terms):

(a) For the lower threshold, please provide the numbers of people that are estimated to access extended Medicare safety net rebates as:

i. Concession cardholders: please provide this number in terms of 'claiming units'; individuals; and families;

ii. Family Tax Benefit (A) recipients: please provide this number in terms of 'claiming units'; individuals; and families.

(b) For the lower threshold, please provide the numbers of people that are estimated will access extended Medicare safety net rebates. Please provide this number in terms of 'claiming units', families and individuals.

Answer:

It is possible for a family unit to be eligible for the lower threshold as either concession cardholders or Family Tax Benefit Part A (FTB(A)) recipients. A significant proportion of families fall into both concessional and FTB(A) categories. To avoid double-counting, these families are counted towards only one category, resulting in the other category being significantly underestimated. Therefore, the department does not disaggregate the categories.

Estimates of numbers of recipients are only done on a whole-of-calendar-year basis, reflecting administration of the program. It is not possible to estimate beneficiaries on a financial year basis.

The following table shows estimates of extended Medicare safety net recipients for the thresholds that will apply from 1 January 2006. The 2005 calendar year is not shown as the new thresholds do not apply to any recipients of services in 2005.

Table: Estimates of extended Medicare safety net recipients 2006-2009

Thresholds	**Beneficiaries by calendar year**			
	2006	**2007**	**2008**	**2009**
Beneficiaries under $500 Threshold	361,000	404,000	443,000	485,000
Beneficiaries under $1000 Threshold	191,000	214,000	235,000	257,000
Total claiming units	**552,000**	**618,000**	**678,000**	**742,000**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-114

OUTCOME 2: Medicines and Medical Services

Topic: EXTENDED MEDICARE SAFETY NET

Written Question on Notice

Senator McLucas asked:

Please provide a breakdown of the actual out-of-pocket costs in the 2001 and 2003 dataset and the increase in the out-of-pocket costs from the 2001 dataset and the 2003 dataset for the following subsets: (These datasets were referred to in the Estimates hearing (p.CA21 Wednesday 1 June 2005) and in a Question on notice referred to in this hearing):

(a) Total out-of-pocket costs;

(b) Total out-of-pocket costs for GP attendances;

(c) Total out-of-pocket costs for all specialists;

(d) Total out-of-pocket costs for obstetricians;

(e) Total out-of-pocket costs for all subsets as presented in the March 2005 Quarter Medicare Statistics Average Patient Contribution Per Service – Out of Hospital Services Only – Patient Billed Services in Table B5 and Patient Billed and Bulk Billed Services in Table B6.

Answer:

(a) to (d) Statistics on aggregate patient contributions for non-hospital patient billed services in 2001 and 2003, are presented in the attached table:

MEDICARE - AGGREGATE PATIENT CONTRIBUTIONS
NON-HOSPITAL PATIENT BILLED SERVICES
BY BROAD TYPE OF SERVICE GROUP
CALENDAR YEARS 2001 AND 2003

BROAD TYPE OF SERVICE GROUP	AGGREGATE PAT CONTRIBUTIONS		
	2001	2003	% CHANGE
NON-REF (GP) ATTEND -			
GP/VRGP ATTEND	240,699,308	379,755,069	57.8%
GP/EPC ATTEND	62,137	106,395	71.2%
OMP ATTEND	22,562,326	31,898,329	41.4%
TOT NON-REF (GP) ATTEND	263,323,771	411,759,792	56.4%
SPEC ATTEND	239,748,291	320,251,227	33.6%
OBSTETRICS	16,563,594	19,841,034	19.8%
ANAESTHETICS	2,465,670	2,858,144	15.9%
PATHOLOGY	39,858,965	43,724,775	9.7%
DIAG IMAGING	156,643,275	207,911,843	32.7%
OPERATIONS	41,614,859	51,905,053	24.7%
OPTOMETRY	1,662,923	1,761,356	5.9%
OTHER	53,469,763	73,865,175	38.1%
TOTAL	815,351,111	1,133,878,399	39.1%

(e) Statistics on the average patient contribution per service for non-hospital patient billed services, for the March quarter 2005, are as follows:

MEDICARE - AVERAGE PATIENT CONTRIBUTION PER SERVICE
NON-HOSPITAL PATIENT BILLED SERVICES ONLY
BY BROAD TYPE OF SERVICE GROUP
MARCH QUARTER 2005

BROAD TYPE OF SERVICE GROUP	AVGE PAT CONT PER SERVICE MARCH QTR 2005
NON-REF ATTENDANCES	
GP/VRGP ATTEND	$ 14.84
GP/EPC ATTEND	$ 9.54
OMP ATTEND	$ 28.44
TOT NON-REF EXCL PRACTICE NURSE	$ 15.38
PRACTICE NURSE	$ 0.83
TOT NON-REF INCL PRACTICE NURSE	$ 15.30
SPEC ATTEND	$ 33.06
OBSTETRICS	$ 52.63
ANAESTHETICS	$ 71.67
PATHOLOGY (a)	$ 11.82
DIAG IMAGING	$ 51.42
OPERATIONS	$ 31.58
OPTOMETRY	$ 11.15
OTHER	$ 27.79
TOTAL (a)	$ 24.43

(a) Pathology statistics relate to average patient contributions per test not per service.

MEDICARE - AVERAGE PATIENT CONTRIBUTION PER SERVICE
NON-HOSPITAL PATIENT & BULK BILLED SERVICES ONLY
BY BROAD TYPE OF SERVICE GROUP
MARCH QUARTER 2005

BROAD TYPE OF SERVICE GROUP	AVGE PAT CONT PER SERVICE MARCH QTR 2005
NON-REF ATTENDANCES	
GP/VRGP ATTEND	$ 3.91
GP/EPC ATTEND	$ 0.13
OMP ATTEND	$ 5.84
TOT NON-REF EXCL PRACTICE NURSE	$ 3.98
PRACTICE NURSE	$ 0.04
TOT NON-REF INCL PRACTICE NURSE	$ 3.86
SPEC ATTEND	$ 22.66
OBSTETRICS	$ 39.54
ANAESTHETICS	$ 19.95
PATHOLOGY (a)	$ 0.78
DIAG IMAGING	$ 18.41
OPERATIONS	$ 11.55
OPTOMETRY	$ 0.37
OTHER	$ 13.12
TOTAL (a)	$ 6.20

(a) Pathology statistics relate to average patient contributions per test not per service.

Notes to tables

These statistics only relate to services rendered on a 'fee-for-service' basis for which Medicare benefits were paid in the processing years in question. Excluded are details of services to public patients in hospital, to Veterans' Affairs patients and through other publicly funded programs.

The average patient contributions per service in (d) have been computed as fees charged, less benefits paid, divided by the number of services. For pathology, the calculation is on a per test basis and not on a per service basis, with a consequent flow through to 'total'. The introduction of Pathology Patient Episode Initiation items into the Medicare Benefits Schedule in 1992 has resulted in over 20 million extra services being claimed on Medicare in recent years, with no change in coverage. It has been a long standing practice to compute pathology co-payments on a per test basis rather than a per service to maintain the time series, to the extent possible, back to 1984.

It is not possible to compute accurate statistics on the average patient contribution per service for in-patient services since the Medicare payment system does not contain data on supplementary payments by health funds.

Question: E05-115

OUTCOME 2: Medicines and medical services

Topic: EXTENDED MEDICARE SAFETY NET

Written Question on Notice

Senator McLucas asked:

(a) Please provide the dates on which advice on the extended Medicare safety net was sent to the Minister's Office from 1 April 2004 to 31 October 2004. Please provide details on the forms which this advice took.

(b) Please provide the dates on which advice on the extended Medicare safety net was provided to the Secretary and other Senior Executive Service officers of the department from 1 April 2004 to 31 October 2004. Please provide the forms which this advice took.

Answer:

(a) Advice about the extended Medicare safety net was provided on an ongoing basis; and took such forms as verbal advice, emails, Current Issues Briefs, Question Time Briefs (QTBs), media releases, and separate advice from Medicare Australia (formerly the Health Insurance Commission).

(b) Some of the briefings described at (a) above are circulated as a matter of routine to members of the Executive and senior departmental staff.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-215

OUTCOME 2: Medicines and Medical Services

Topic: MEDICARE EXTENDED SAFETY NET

Written Question on Notice

Senator Evans asked:

Of the one million people to miss out on safety net benefits in 2006 due to the increase in thresholds, how many are ruled out by the concessional threshold, and how many by the general threshold?

Answer:

The Department of Health and Ageing estimates that of the one million people estimated to no longer qualify for extended Medicare safety net benefits in 2006 due to changes in the thresholds, approximately 800,000 would be excluded under the lower threshold of $500, and 200,000 under the higher threshold of $1,000.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-218

OUTCOME 2: Access to Medicare

Topic: EXTENDED MEDICARE SAFETY NET

Written Question on Notice

Senator Evans asked:

How many times and on what dates were reports on implementation of the safety net sent to the Minister?

Answer:

Advice on implementation of the safety net was provided on an almost daily basis in the initial period of implementation of the Strengthening Medicare package. Thereafter, advice was provided on a regular (approximately weekly) basis, and more or less frequently as required on specific implementation issues. This advice was provided in such forms as verbal advice, emails, Current Issues Briefs (CIBs), Question Time Briefs (QTBs), media releases and separate advice from Medicare Australia (formerly the Health Insurance Commission).

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-221

OUTCOME 2: Medicines and medical services

Topic: EXTENDED MEDICARE SAFETY NET

Hansard Page: CA 30-31

Senator Evans asked:

(a) When precisely in July or August 2004 did the Department realise that estimates for the safety net would have to be revised?

(b) What is the date of the first briefing Ms Blazow saw that indicated that monthly safety net cash flows were exceeding the estimates?

Answer:

(a) When the July expenditure figures became available in early August, and continued growth in outlays was apparent, it was agreed within the department that a revision of the various underlying assumptions of the safety net cost model was needed. This work commenced on 6 August 2004.

(b) As advised at the Budget Estimates 2005-2006 Hearings of the Senate Community Affairs Legislation Committee on 1 June 2005, Ms Blazow believes she became aware in late July 2004 that there was a discrepancy between the estimates and the cash flows for the extended Medicare safety net.

Question: E05-223

OUTCOME 2: Medicines and Medical Services

Topic: EXTENDED MEDICARE SAFETY NET

Written Question on Notice

Senator Evans asked:

(a) When was the first piece of written advice produced that indicated Medicare safety net costs were exceeding expectations and that this may have been due to higher than expected numbers of family registrations?

(b) On what date did the department receive information from HIC on May cash flows for the Medicare safety net?

(c) When did officers of the department first discuss the issue of Medicare safety net cash flows exceeding estimates with other departments such as Finance, PM&C and Treasury, and what was the nature of that interaction and any joint work that might have been done?

(d) On what date did the department receive Medicare safety net cash flow figures for July 2004?

(e) (i) On what date (approximately August 2004) did the department provide Finance with the information needed to update the estimates for the Medicare safety net for PEFO?

(ii) Was that the first time any such information had been provided?

Answer:

(a) From the time when the extended Medicare safety net commenced (in March 2004), different pieces of information gradually became available which had the potential, either individually or when taken together, to affect Medicare safety net expenditure. It was not one piece of information in isolation that alerted the department to the need to revise safety net expenditure estimates, but their combination together with monthly expenditure data (particularly July 2004 data).

These pieces of information included:

- the numbers of families registering for the extended Medicare safety net;
- the distribution of individuals and families between the concessional and Family Tax Benefit Part A groupings (lower threshold), and the general population (higher threshold);
- the numbers of individuals and families who were reaching the relevant thresholds;

- for those qualifying at each threshold, the expected and actual level of eligible out of pocket costs;
- rates of substantiation of possible safety net claims; and
- an understanding of how estimated annual expenditure would be distributed across the course of the calendar year i.e. converted to a monthly cashflow.

While the department became aware that there was a deviation between the estimates and actual expenditure when the June expenditure figures were made available, it was not immediately apparent whether this was due to a change in one of the model inputs (such as family registration rates), a variation in predicted monthly cashflows, or a more fundamental modelling issue.

When the July expenditure figures became available in early August, and continued growth in outlays was apparent, it was agreed within the Department that a revision of the various underlying assumptions of the safety net cost model was needed. By then the variation in some of the model's key inputs was more clear, such as continuing high rates of family registration and a greater than expected substantiation of claims against the safety net.

A fundamental revision of the safety net model was undertaken in early to mid August using the range of parameters described above, and where possible, based on the actual experience of the safety net to that time (eg substantiation rates, family registrations). It was only when this detailed model revision was undertaken and all these components came together that the likely extent of the impact on expenditure estimates was known.

(b) The department received May 2004 cash flow information on the extended Medicare safety net from Medicare Australia on 3 June 2004.

(c) The department first discussed expenditure exceeding estimates with the Department of Finance and Administration in August as part of the process of agreeing revised costings for the estimates update. There were no formal discussions with other departments at that time.

(d) The department received July 2004 cash flow information on the extended Medicare safety net from Medicare Australia on 2 August 2004.

(e)

(i) Following the update of the extended Medicare safety net model in August, the Department of Health and Ageing forwarded information on the proposed estimates variation to the Department of Finance and Administration on 13 August 2004. There was some follow up discussion between officers on model assumptions and methodology at that time. The formal estimates variation was agreed and entered into the Department of Finance and Administration's budget management system on 2 September 2004.

(ii) Yes.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-226

OUTCOME 2: Access to Medicare

Topic: EXTENDED MEDICARE SAFETY NET

Written Question on Notice

Senator Evans asked:

(a) An article in the Herald-Sun in July 2004 alleged that Health Insurance Commission (HIC) had identified problems relating to changed billing practices among doctors, which showed a blow-out to $1.4 million in the scheme in Victoria in June alone. Had the department discussed concerns about safety net costs with HIC at that time?

(b) When did the department become aware of the issue with obstetrics and increased Medicare safety net costs?

(c) Was the department discussing the issue about obstetrics and the safety net with other departments in June 2004?

(d) On what date did the department first receive information from HIC that costs for obstetrics had risen unexpectedly?

(e) Did HIC at any stage provide the department with a document that dealt with the question of changed billing practices and its impact on the safety net, and if so, on what date?

(f) When did the department, in conjunction with HIC, begin monitoring costs for obstetrics and a basket of other items in connection with concerns about safety net costs?

Answer:

(a) No. The department had discussions with Medicare Australia (formerly the Health Insurance Commission) in relation to the billing practices in obstetrics, but not about safety net costs.

(b) In May 2004, the department became aware that a small proportion of obstetricians may have changed their billing practices following the introduction of the safety net.

(c) No.

(d) The department began to extract data on the billing practices of obstetricians and the increase in safety net expenditure in this area in June 2004.

(e) The department is not aware of any such document having been provided.

(f) The department commenced monitoring of Medicare Benefits Schedule items (including some obstetrics items) in relation to the safety net from June 2004, when sufficient data became available. The items in the 'basket' were selected not because of specific concerns about safety net costs, but because they were considered a reasonable sample of items where safety net impacts – if any – would be identifiable. In July and August 2004, the department, in consultation with Medicare Australia (formerly the Health Insurance Commission), undertook more detailed analysis of billing of some obstetrics items. This monitoring activity continues to be undertaken on a regular basis with the types of services monitored being updated as necessary.

Question: E05-227

OUTCOME 2: Medicines and Medical Services

Topic: EXTENDED MEDICARE SAFETY NET

Hansard Page: CA 48-54

Senator Evans asked:

(a) Is there any formal record of the department advising Finance about a greater than expected expenditure on the Medicare safety net outside the Pre-election Economic and Fiscal Outlook (PEFO) process?

(b) On what date did the Executive get advice that PEFO indicated a substantial cost increase for the Medicare safety net?

(c) (i) Was a revised estimate of Medicare safety net costs produced inside the Department in late August prior to the beginning of the PEFO process?

(ii) If so, on what date and what results were generated?

(iii) Were any results of this process provided to the Minister's office, and if so, on what date?

(d) Were any results provided to other departments, and if so, on what date?

Answer:

(a) No.

(b) The Executive was aware of the likely estimates revision in late August and was advised when the Department of Finance and Administration (DoFA) agreed the costings and entered the revised estimates into its budget management system on 2 September 2004.

(c) (i) Work commenced in the department in preparation for an estimates update (Mid-Year Economic and Fiscal Outlook (MYEFO) or PEFO) on 22 June 2004. Work commenced with regard to the Medicare safety net estimates on 6 August 2004.

(ii) On 13 August 2004, a revised model was provided to DoFA which produced a preliminary estimates variation that became the basis for the final estimates update recorded in PEFO.

(iii) The draft estimate of the likely revision for the extended Medicare safety net was not finalised and agreed with DoFA until 2 September 2004, after the caretaker period commenced. The Minister's office was not advised by the department of the outcome of this process.

(d) A revised model was provided to DoFA on 13 August 2004. No results were provided to other departments prior to publication of the PEFO.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-065

OUTCOME 2: Medicines and Medical Services

Topic: HOW MANY PBS SCRIPTS WERE FILLED JANUARY TO MAY 2005

Written Question on Notice

Senator Nettle asked:

(a) How many scripts were filled on the PBS between 1 January 2005 and 31 May 2005?

(b) What are the figures for the corresponding period in 2004?

Answer:

(a) Between 1 January 2005 and 31 May 2005, the Health Insurance Commission (HIC) processed 67,232,708 scripts.

(b) Between 1 January 2004 and 31 May 2004, the HIC processed 67,665,677 scripts.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-067

OUTCOME 2: Medicines and Medical Services

Topic: AUSTRALIA-UNITED STATES FREE TRADE AGREEMENT

Written Question on Notice

Senator Nettle asked:

What action has the department taken to implement the independent review mechanism required under the Australia-United States Free Trade Agreement?

Answer:

In February 2005, the Australian Government released a statement detailing the operation of the independent review (IR). This can be found at www.health.gov.au/ausfta.

The IR mechanism is in place and able to accept requests for reviews following the March 2005 meeting of the Pharmaceutical Benefits Advisory Committee (PBAC). To date, no reviews have been requested.

An interim convenor was appointed to oversee the IR process, pending the appointment of a permanent convenor.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-064

OUTCOME 2: Medicines and Medical Services

Topic: MEDICARE BENEFITS SCHEDULE

Written Question on Notice

Senator Nettle asked:

Has the department conducted consultations with members of the medical profession about changing the regulations regarding Medicare Benefits Schedule item numbers 16525 and 35643 in the past 12 months? If so, please provide details.

Answer:

In the past 12 months, the Department of Health and Ageing has not conducted consultations with members of the medical profession about changing the regulations regarding Medicare Benefits Schedule (MBS) items 16525 and 35643.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-073

OUTCOME 2: Medicines and Medical Services

Topic: MEDICARE BENEFITS SCHEDULE

Written Question on Notice

Senator Nettle asked:

What are the implications for pregnancy providers of pregnancy termination services that do not use general anaesthesia?

Answer:

Pregnancy termination services do not always require a general anaesthetic. The requirement for anaesthesia is a matter for the doctor's clinical judgement, taking into account the individual circumstances of the patient and practising in accordance with acceptable medical practice and standards and relevant legislation.

Questions of clinical practice arising in relation to terminations are matters for state and territory health authorities and appropriate professional medical authorities. Therefore, if a medical practitioner does not practice in compliance with the state or territory legislation, it would be up to the relevant medical board to undertake any further action.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-093

OUTCOME 2: Medicines and Medical Services

Topic: MEDICARE BENEFITS SCHEDULE

Written Question on Notice

Senator Nettle asked:

Is the department aware that insurance agencies are advising providers to charge up front fees for termination services?

Answer:

No, the department is not aware of any such practice.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-122

OUTCOME 2: Medicines and Medical Services

Topic: MATTHEWS REPORT

Written Question on Notice

Senator McLucas asked:

(a) When was the decision made not to take action on the Matthews Report on wholesalers' margins?
(b) Who made this decision?

Answer:

(a) The "*Report of the Review of the Arrangements for the Wholesaling of Pharmaceuticals under the Pharmaceutical Benefits Scheme*" (Matthews report) has informed discussions with the Pharmacy Guild of Australia on the Fourth Community Pharmacy Agreement.

(b) See above.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE
HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-132

OUTCOME 2: Medicines and Medical Services

Topic: PHARMACEUTICAL BENEFITS SCHEME- BUDGET ESTIMATES

Written Question on Notice

Senator McLucas asked:

(a) What formal or informal role does the pharmaceuticals industry have in the preparation of estimates? Does this include or exclude generic manufacturers?
(b) Please outline whether this involves regular meetings, updates or requirements to provide information regarding specific drugs and their patent life, particularly with regard to those in major therapeutic groupings eg Statins and SSRIs
(c) What formal or informal role has the pharmaceuticals industry had in the preparation of estimates for the benchmark pricing savings measure, announced during the election and re-costed by the department earlier this year? Has this included or excluded generic manufacturers?

Answer:

(a) The pharmaceutical industry does not have any formal or informal role in the preparation of budget estimates for the Pharmaceutical Benefits Scheme (PBS).

However, consultation may occur with, or information may be provided to, the pharmaceutical industry regarding implementation of a new policy measure.

(b) There is no requirement for the pharmaceutical industry to provide information regarding patents for any drug or drug group for the purposes of preparation of budget estimates.

(c) After the 12.5% price reduction policy was announced during the election campaign in October 2004, the Government consulted with pharmaceutical industry groups, including Medicines Australia (representing pharmaceutical manufacturers), the Generic Medicines Industry Association (representing generic medicine manufacturers), the Pharmacy Guild of Australia (representing community pharmacies) and the National Pharmaceutical Services Association (representing pharmaceutical wholesalers) about this policy. Their views were taken into account in developing the final Budget measure.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-133

OUTCOME 2: Medicines and Medical Services

Topic: PHARMACUETICAL BENEFITS SCHEME - BUDGET ESTIMATES

Written Question on Notice

Senator McLucas asked:

Following from the Hansard Wednesday 1 June 2005, P.CA83: if the department is able to collect information regarding patents and generics which has been required to cost the election savings measure mentioned above, is there a reason why this information cannot be applied to cost the PBS estimates more accurately, particularly with a view to including major drug groupings movement from patent to generic?

Answer:

The PBS forward estimates project future expenditure based on an analysis of trends in the use of drugs. They also incorporate new information, such as estimated expenditure for major new listings. The projections take into account historical price reductions for PBS medicines. However, the forward estimates do not include adjustments to anticipate possible specific events. If a change of a magnitude which warrants an adjustment occurs, the estimates are revised accordingly.

In the case of the 12.5% price reduction, the expected savings have been reflected in the forward estimates because it is a specific Budget savings measure. A price reduction of this type had not been imposed previously, and thus was not represented in the model. The pharmaceutical industry was consulted about implementation of the policy and their input was taken into account in relation to the operation of the measure, the drugs and drug groups likely to be affected, and the amount of the savings overall. The estimated savings take into account savings that may have occurred in the absence of the measure, and also anticipate future patent expiries in some major groups of drugs.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-207

OUTCOME 2: Medicines & Medical Services

Topic: 10% WHOLESALER MARGIN

Hansard Page: CA 66

Senator Forshaw asked:

(a) What is the legal basis of the current 10% margin that I understand the PBS pays to the wholesalers?
(b) What is the historical, authoritative basis to it?

Answer:

(a) The Government does not currently make any payments direct to wholesalers.

The *National Health Act 1953* (the Act) defines the 'approved price to pharmacists' (APP) for PBS medicines, as

> *'… the amount that the manufacturer of the pharmaceutical benefit and the Minister agree, from time to time, is to be taken to be, for the purposes of this Part, the appropriate maximum price for sales of the pharmaceutical benefit to approved pharmacists.'*

To date, the APP has incorporated, or made allowance for, an amount to take account of the distribution or wholesale costs in the supply of pharmaceutical benefits to pharmacists (the wholesale margin). The wholesale margin has been factored into the APP since the relevant provisions first appeared in the Act.

The proportion of allocated funding made available to wholesalers and manufacturers is determined by normal commercial arrangements between pharmacists, wholesalers and manufacturers of medicines.

(b) See (a) above.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-043

OUTCOME 2: Medicines and Medical Services

Topic: ABORTION PROVIDER AUDIT

Written Question on Notice

Senator Harradine asked:

In question E05-090 there was mention of an HIC audit of abortion providers. Please provide a copy of the audit report or reports.

Answer:

Medicare Australia (formerly the Health Insurance Commission) has advised that providers of termination services have not been specifically identified for audit.

Question E05-090 was referring to specific investigations of some providers in regard to the appropriateness of billing practices.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-214

OUTCOME 2: Medicines and Medical Services

Topic: FORWARD ESTIMATES OF PBS EXPENDITURE

Hansard Page: CA 95-6

Senator Moore asked:

(a) Provide forward estimates of PBS expenditure in real, rather than nominal, terms.
(b) Provide those estimates with the effect of 2005-06 Budget measures (savings and spends) removed.

Answer:

	Fwd. Est. 2004-05 $'000	Fwd. Est. 2005-06 $'000	Fwd. Est. 2006-07 $'000	Fwd. Est. 2007-08 $'000	Fwd. Est. 2008-09 $'000
Net result as at Budget 05-06 (In real terms[1])	**$6,037,884**	**$6,214,703**	**$6,502,109**	**$6,976,278**	**$7,547,396**
Net result as at Budget 05-06 – measures removed (In real terms[1])	**$6,037,884**	**$6,081,597**	**$6,314,877**	**$6,757,749**	**$7,299,303**

[1] These figures are deflated using the Non-farm Gross Domestic Product (GDP) Implicit price deflator forecasts obtained from the Department of Finance.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-128

OUTCOME 2: Access to Medicare

Topic: PHARMACY AGREEMENT

Written question on notice

Senator McLucas asked:

(a) Did the Minister request Woolworths to commission the ACIL Tasman report?
(b) When was this done?
(c) When did the Minister receive a copy of this report?
(d) When did the Department first become aware of this report?
(e) When did the Department first receive a copy of this report?
(f) Was any Commonwealth funding provided towards this report?

Answer:

(a) The Department does not know whether the Minister requested Woolworths to commission the report. This is a question for the Minister for Health and Ageing.
(b) See above.
(c) The report was forwarded to the Minister by Woolworths on 7 March 2005.
(d) The Department became aware of the report on or about the 23 March 2005.
(e) The report was received in the Department on 23 March 2005.
(f) No.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-044

OUTCOME 2: Medicines and Medical Services

Topic: MEDICAL PRACTITIONER BILLING REQUIREMENTS

Written Question on Notice

Senator Harradine asked:

In answer to question E05-091 the Department discussed medical practitioners who may have contravened billing requirements under the Health Insurance Act. Are practitioners found to have contravened billing requirements obliged to repay the Medicare funds they have fraudulently obtained? If not, why not?

Answer:

Medicare Australia (formerly known as the Health Insurance Commission) has provided the following information:

"Medicare Australia has a range of programs in place to identify and intervene with doctors, pharmacists and patients who fraudulently or inappropriately claim for Medicare or Pharmaceutical benefits.

These range from investigation to the provision of advice, or education, or processes under the Professional Services Review scheme, to assist providers to better understand and comply with requirements of the Medicare Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS).

Medicare Australia will investigate fraud against MBS/PBS and where sufficient evidence is obtained, refer the matter to the Commonwealth Director of Public Prosecution for criminal prosecution.

Where there is insufficient evidence to support criminal prosecution, Medicare Australia will use a range of interventions and/or will seek recovery of inappropriately claimed benefits.

Recovery of benefits may also be an option available to the Director of Professional Services Review, the Determining Authority, or as an outcome of a conviction for fraud."

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-166

OUTCOME 3: Aged Care and Population Ageing

Topic: HADDINGTON NURSING HOME

Written Question on Notice

Senator McLucas asked:

(a) Has the Department received any complaints about the treatment of a resident or residents in Haddington Nursing Home in NSW over the past four years?

(b) If so, how many?

(c) What action did the Department take in response to those complaints?

(d) Have any spot checks been undertaken in this facility since 2000?

Answer:

(a) Yes.

(b) The Aged Care Complaints Resolution Scheme has received two complaints and four information calls in relation to Haddington Nursing Home. Both complaints were lodged by the same complainant and relate to the same care recipient.

(c) Both complaints were finalised via a determination by an Aged Care Complaints Resolution Committee.

(d) Yes.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-167

OUTCOME 3: Aged Care and Population Ageing

Topic: MECHANICAL LIFTS

Written Question on Notice

Senator McLucas asked:

Are there any regulations for mechanical lifts to be installed in nursing homes for residents with high care needs? If not, how are staff expected to lift residents and move them around?

Answer:

The Aged Care Principles (made under subsection 96 - 1 (1) of the *Aged Care Act 1997*), Quality of Care Principles, Schedule 1 - Specified care and services for residential care services - require approved providers to provide goods to assist staff to move residents. This includes mechanical devices for lifting residents, stretchers and trolleys.

The Accreditation Standards also require approved providers to supply and maintain equipment that is fit for its purpose, consistent with the care needs of residents and to ensure that staff are trained in its use.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-173

OUTCOME 3: Aged Care and Population Ageing

Topic: RESIDENTIAL ALLOCATIONS - HIGH CARE / LOW CARE ALLOCATIONS

Written Question on Notice

Senator McLucas asked:

(a) How many high care applications were received on a state by state basis for the last five years? (Please provide in table form).
(b) How many high care approvals were granted over the last five years by: provider; places; state? (Please provide in table form).
(c) How many low care applications were received on a state by state basis for the last five years? (Please provide in table form).
(d) How many low care approvals were granted over the last five years by: provider; places; state? (Please provide in table form).

Answer:

(a) and (c)

Applications for residential aged care places are complex and respond to an invitation to apply for a number of residential aged care places, not a number of high or low level care places. The applications contain a mix of data, including the maximum and minimum number of high and low care places sought. It is not therefore feasible to answer the question in the manner requested.

(b) and (d)

This information is available to download on the Department's website, at:

1999-2002
http://www.ageing.health.gov.au/archive/arcindex.htm

and

2003-2005
http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Aged+Care+Approvals+Round-1

Note: 2000 data was not recorded in a form that can be easily accessed for these purposes.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-177

OUTCOME 3: Aged Care and Population Ageing

Topic: RESIDENTIAL ALLOCATIONS - CONCESSIONAL RESIDENT RATIO

Written Question on Notice

Senator McLucas asked:

(a) Please provide the number (and proportion) of concessional residents for whom a supplement of more than 40% is paid?

(b) Please provide the number (and proportion) for whom a supplement of 40% or less is paid?

(c) Please provide the number (and proportion) for whom an assisted supplement is paid?

(d) How much is in the Forward Estimates for 2004-05 for these three categories?

(e) How much was paid out in 2003-04 for these three categories?

Answer:

(a) In March 2005, the higher rate of concessional supplement, which is paid to a residential care provider when more than 40% of residents are concessional residents, was paid in respect of 40,896 residents, or 70%[1] of concessional and assisted residents.

(b) In March 2005, the lower rate of concessional supplement, which is paid to a residential care provider when less than 40% of residents are concessional residents, was paid in respect of 12,015 residents, or 20.6%[1] of concessional and assisted residents.

(c) A different rate of concessional supplement is paid to assisted residents who are a subset of the concessional resident supplement cohort. In March 2005, a concessional supplement was paid in respect of 4,993 assisted residents, or 8.5%[1] of the concessional resident supplement cohort.

(d) Aged care payments are made under a Special Appropriation. There is no separate provision for these categories. All payments are made where appropriate.

(e) Total amount paid for these three categories in 2003-04 was $234,403,713.

[1] A concessional resident supplement is not paid in respect of all concessional and assisted residents eg. the supplement is not payable for residents having a classification level of S8.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-179

OUTCOME 3: Aged Care and Population Ageing

Topic: RESIDENTIAL ALLOCATIONS - GLEN EIRA COUNCIL LAND

Written Question on Notice

Senator McLucas asked:

a) Does the allocation of 101 aged care beds to Kiwi Dale Pty Ltd in the Southern Metro Region in the 2004 Approval Round comply with Government's requirement of 'bed readiness'?

b) Were there any other applications for those places in that Aged Care Planning Region that were completely 'bed ready' but that the Government rejected? If so, who applied for those places and why were those applications rejected?

Answer:

a) Judgements on which services are allocated places in the Aged Care Approvals Round are based on an assessment against 13 criteria, of which making places operational in a timely manner ('bed readiness') is one. To be successful, applicants must be judged to be suitable and to best meet the needs of the aged care planning region at that time.

b) Details about other applicants and applications for residential aged care places in the Southern Metropolitan region of Victoria is protected information and release is prohibited under section 86-2 of the *Aged Care Act 1997*.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-172

OUTCOME 3: Aged Care and Population Ageing

Topic: RESIDENTIAL ALLOCATIONS - REVOKED AND SURRENDERED PLACES

Written Question on Notice

Senator McLucas asked:

In relation to the answer E05–125 (from February 2005 Senate Estimates) please provide:

(a) The age of each of the 41 revoked provisional places (ie. how long each place was provisional prior to being revoked).

(b) The reasons for revoking those places.

(c) The age of each of the 1,058 surrendered provisional places (i.e. how long each place was provisional prior to being surrendered).

(d) The reasons why providers surrendered those places.

Answer:

(a) & (b) See Table 1.

Table 1: Provisionally allocated places revoked.

Provisional places revoked			
2003-04	2002-03	Age when revoked (months)	Reason for being revoked
36		32	Failure to make satisfactory progress.
	5	28	Revoked by sanction.

(c) The number of surrendered provisional places has been revised from 1,058 to 1,071. The figure 1,058 was provided in response to Question E05-125 and has now been revised to 1,071. The age of the 1,071 surrendered provisional places is set out in Tables 2 to 6.

Table 2: Provisionally allocated places surrendered by approved providers in 2003-04.

Provisional places surrendered 2003-04	Age when surrendered (months)
7	14
80	20
50	21
13	22
1	23
10	26
50	32
12	36
8	47
5	49

Table 3: Provisionally allocated places surrendered by approved providers in 2002-03.

Provisional places surrendered 2002-03	Age when surrendered (months)
1	3
12	7
65	11
20	13
10	16
17	19
20	21
49	22
14	23
20	24
20	27
20	57

Table 4: Provisionally allocated places surrendered by approved providers in 2001-02.

Provisional places surrendered 2001-02	Age when surrendered (months)
35	16
12	17
8	41
43	43
2	44
43	46
32	56

Table 5: Provisionally allocated places surrendered by approved providers in 2000-01.

Provisional places surrendered 2000-01	Age when surrendered (months)
50	2
12	3
15	10
30	12
60	16
90	33
14	36
25	49
30	61

Table 6: Provisionally allocated places surrendered by approved providers in 1999-2000.

Provisional places surrendered 1999-2000	Age when surrendered (months)
66	19

(d) The reasons why providers surrendered those places include:

- financial reasons, land availability, changes to business priorities, sale of the service and lack of development/planning approval.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-175

OUTCOME 3: Aged Care and Population Ageing

Topic: RESIDENTIAL ALLOCATIONS - HIGH VERSUS LOW CARE ALLOCATIONS

Written Question on Notice

Senator McLucas asked:

(a) According to the most recent data, how many residents in aged care are classified as high care, and how many as low care?

(b) What is the proportion of high care residents, and the proportion of low care residents?

Answer:

(a) As at March 2005, there were 148,343 permanent residents in Residential Aged Care Services. Of these, 97,202 were subsidised as high care, 47,840 as low care and 3,301 were not yet appraised.

(b) As at March 2005, 65.5% of residents were funded as high care, 32.2% were funded as low care and 2.2% had not been appraised.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-180

OUTCOME 3: Aged Care and Population Ageing

Topic: COMPETITIVE TENDERING PROCESS IN COMMUNITY CARE SERVICES

Written Question on Notice

Senator McLucas asked:

Does the Department have any research or evidence identifying benefits in using competitive tendering for community services over the standard grant model?

- If so, please provide this information.
- If not, why did the Department choose competitive tendering for the National Respite for Carers Program, Commonwealth Carelink Program and other community care programs?

Answer:

The National Respite for Carers Program and the Commonwealth Carelink Program are grants programs with funding applied for through an open competitive Request for Application (RFA), not a tendering, process.

The Department, as a Financial Management and Accountability (FMA) Act Agency, is obliged to promote the efficient, effective and ethical use of public money, including where this involves funding programs. In line with this, as part of the RFA, the Department sought open, competitive applications from interested organisations, so that all organisations who considered they had the capability and capacity could apply for funding and could compete on an equal basis. The open approach was considered the fairest and most transparent way of allocating funds.

Organisations normally apply for funding under Australian Government Community Care programs through open competitive RFA processes.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-187

OUTCOME 3: Aged Care and Population Ageing

Topic: CONTINENCE AIDS ASSISTANCE SCHEME

Hansard Page: CA 110

Senator Humphries asked:

What are the average utilisation rates?

Answer:

In 2003-04, 18,000 clients registered with the Continence Aids Assistance Scheme and 84% utilised their full allocation.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-192

OUTCOME 3: Aged Care and Population Ageing

ADMINISTRATIVE APPEALS TRIBUNAL (AAT) APPEAL FOR CHELSEA MANOR (VIC)

Hansard Pages: CA 119

Senator Moore asked:

(a) How many Resident Classification Scale (RCS) decisions end up being referred to the AAT?

(b) How much did it (ie. the AAT appeal concerning Chelsea Manor) cost the Department in terms of core legal costs?

Answer:

(a) Since the RCS began in 1997 to June 2005, the AAT has heard seven appeals from approved providers against RCS decisions.

(b) The Department's legal costs for the matter of *Desilva Health Care Pty Ltd v Secretary, Department of Health and Ageing* concerning Chelsea Manor were $27,331.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-193

OUTCOME 3: Aged Care and Population Ageing

Topic: ADMINISTRATIVE APPEALS TRIBUNAL APPEAL FOR CHELSEA MANOR (VIC)

Hansard Pages: CA 119 - 121

Senator Forshaw asked:

(a) When did the case conclude?

(b) How long was the full case?

(c) Has the department been presented with a bill from Phillips Fox?

(d) Were progress payments sought for work done?

(e) What levels of classification were involved (6 to 7)?

(f) Is the resident now classified at the higher level?

Answer:

(a) 23 May 2005.

(b) Legal preparations began on 15 October 2004.

(c) Yes.

(d) Yes.

(e) Yes.

(f) Yes.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-199

OUTCOME 3: Aged Care and Population Ageing

Topic: YOUNGER PEOPLE IN NURSING HOMES

Hansard Page: CA 126

Senator Barnett asked:

Please clarify the breakdown from the various states of that group you are talking about, the young people - breakdown by state/territory of the number of people in residential aged care under 65 years of age, with a further breakdown of people aged under 50 years and 50 to 64 years in those states/territories where the cell sizes are not small.

Answer:

Table: Persons aged under 65 in residential aged care by jurisdiction
(March 2005, permanent residents only)

State	Under 50	Aged 50-64	Under 65
NSW	399	1,910	2,309
VIC	214	1,318	1,532
QLD	228	1,119	1,347
SA	71	396	467
WA	60	413	473
TAS	21	138	159
NT	14	52	66
ACT	x	45	45
Australia	1,007	5,391	6,398

Note: The small number of residents in some cells makes them potentially identifiable. These figures are not included to protect the privacy of the individuals concerned. These cells are not included in the totals.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-200

OUTCOME 3: Aged Care and Population Ageing

Topic: AGED CARE WORKFORCE CENSUS FORMS

Hansard Page: CA 130

Senator Moore asked:

(a) How many Workforce Census forms were sent out?

(b) How many were returned?

Answer:

(a) A survey form was sent to all 2,881 aged care facilities registered with the Department at the time of the census. Six questionnaires for employees were also sent to each of the 2,881 facilities (a total of 17,286 questionnaires).

(b) Useable survey forms were received from 1,746 respondents representing 1,801 facilities (due to co-location of facilities, some responses covered several facilities on the original list).

A total of 6,788 useable employee questionnaires were received.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-201

OUTCOME 3: Aged Care and Population Ageing

Topic: COMMUNITY CARE QUALITY REPORTING FORMS – COMMUNITY AGED CARE PACKAGES, EXTENDED AGED CARE AT HOME AND NATIONAL RESPITE FOR CARERS PROGRAM

Hansard Page: CA 135 & CA 136

Senator Moore asked:

(a) Are the reporting arrangements and the reports the same for each of those identified programs?

(b) Can we see copies of the new form now that is it being implemented?

(c) Can we be provided with an information kit?

Answer:

(a) Yes.

(b) & (c)

This information is available to download on the Department's website at www.health.gov.au/quality-reporting

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-202

OUTCOME 3: Aged Care and Population Ageing

Topic: COMPETITIVE TENDERING - NRCP, CCP, CISP

Hansard Page: CA 137-138 – 2 June

Senator Moore asked:

(a) These particular programs had not been tendered before? I know that within the range of services there are some that are tenders, some that are grants. I am just seeking to know people's familiarity with systems and whether this is the first time this tender process was used in this way?

(b) Can you also let me know if you have kept stats on how many organisations requested help in going through the process?

Answer:

(a) The National Respite for Carers Program, the Commonwealth Carelink Program and the Carer Information and Support Program are grants programs and involve Request for Application (RFA) processes rather than tender processes. Organisations normally apply for funding under Australian Government community care programs through open competitive RFA processes.

(b) A break down of the statistics has not been compiled on how many organisations asked for help in going through the process.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-176

OUTCOME 3: Aged Care and Population Ageing

Topic: CHARLA LODGE AGED CARE HOSTEL (SOUTH AUSTRALIA)

Written Question on Notice

Senator McLucas asked:

(a) Is the Department aware that Charla Lodge Hostel in South Australia is going to close down?

(b) What involvement will the Department have in finding the residents new places?

(c) What arrangements are being made for residents of Charla Lodge to find alternative housing?

(d) Will they be relocated nearby?

(e) If residents move to a different Aged Care Planning Region, will the Region they are currently in receive an additional 18 places in the next Approval Round?

Answer:

(a) to (e)

The Department has confirmed with the Chief Executive Officer of the service that it is not closing.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-183

OUTCOME 3: Aged Care and Population Ageing

Topic: INDIGENOUS AGED CARE

Written Question on Notice

Senator McLucas asked:

(a) Have any indigenous residential aged care services failed to meet accreditation standards this year? If so, which ones?

(b) What action did the Department take to ensure that these services were supported?

(c) What costs were involved in supporting these services for example, travel costs for consultants to visit the facility?

(d) Can this information be provided on a state by state basis?

(e) How many indigenous residential aged care services failed to meet accreditation standards in 2003, 2004 and 2005?

Answer:

(a) In 2005 the Aged Care Standards and Accreditation Agency (the agency) found non-compliance in three Indigenous residential aged care homes. The homes were:
  - Booroongen Djugen Aboriginal Corporation, Kempsey, NSW
  - Fred Leftwich Rest Home, Cairns , QLD
  - Mornington Island Aged Persons Hostel, Mornington Island, QLD.

(b) The agency, which is responsible for the monitoring and assessment of homes against accreditation standards, has conducted support contact visits at each home to assist the homes to meet their accreditation requirements.

(c) The Department provided up to $92,000 in 2004-05 to a consultant to assist the Mornington Island Aged Persons Hostel to meet its accreditation requirements.

(d) Booroongen Dj Djugen Aboriginal Corporation, Kempsey, NSW
Fred Leftwich Rest Home, Cairns , QLD
Mornington Island Aged Persons Hostel, Mornington Island, QLD

(e) 2003: 9 failed to meet some accreditation outcomes but after concentrated remedial activities all retained accreditation.
2004: 5 failed to meet some accreditation outcomes but after concentrated remedial activities all retained accreditation.
2005: see part (a).

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-191

OUTCOME 3: Aged Care and Population Ageing

Topic: CONSULTATION ON LONGER TERM REFORM

Hansard Page: CA 118 – 2 June

Senator Faulkner asked:

How will the $1.3 million be spent? Provide the process plan and costs.

Answer:

The following is the indicative budget for the consultations:

Item	Cost
Development of Discussion Paper	$400,000
Distribution of Discussion Paper	$150,000
Analysis of Submissions	$300,000
Public Consultations	$300,000
Further development of Government policy following the consultations	$150,000
Total:	$1,300,000

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2004-2005, 1 & 2 June 2005

Question: E05-194

OUTCOME 3: Aged Care and Population Ageing

Topic: BUDGET INITIATIVES FOR RESPITE CARE

Hansard page CA122

Senator Moore asked:

(a) Is there an evaluation structure in this process yet?

(b) If there is any further information about this scheme and how you are consulting and so on, can we get that?

Answer:

(a) An evaluation framework will be developed to ascertain the effectiveness of this new budget measure.

(b) The implementation plan for this measure is being developed, including the consultative arrangements.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-195

OUTCOME 3: Aged Care and Population Ageing

Topic: RESPITE CARE - OVERNIGHT COTTAGE RESPITE

Hansard Page: CA 123 – 2 June

Senator Moore asked:

(a) How did the department determine the amount of funding?

(b) How will the respite be made available?

(c) How will the department ensure that respite is available in areas of need?

Answer:

(a) This measure was announced on 1 October 2004 as part of the Australian Government's election commitment *Recognising Senior Australians - their needs and their carers*.

(b) Arrangements are under consideration.

(c) Analysis of currently available data.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-197

OUTCOME 3: Aged Care and Population Ageing

Topic: RESPITE CARE - SENIOR AUSTRALIANS

Hansard Page: CA 123

Senator Moore asked:

(a) How did the Department determine the amount of funding?

(b) How will the respite be made available?

(c) How will the Department ensure that respite is available in areas of need?

Answer:

(a) This measure was announced on 1 October 2004 as part of the Government's election commitment Recognising Senior Australians – their needs and their carers. The amount of funding was based on this commitment.

(b) Details are yet to be determined. The Department is examining options for implementation.

(c) The Department will draw on available data to assess areas of need.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-196

OUTCOME 3: Aged Care and Population Ageing

Topic: RESPITE CARE - RESIDENTAL RESPITE FUND INCREASE

Hansard Page: CA 123 – 2 June

Senator Moore asked:

(a) How did the department determine the amount of funding?

(b) How will the respite be made available?

(c) How will the department ensure that respite is available in areas of need?

Answer:

(a) This measure was announced on 1 October 2004 as part of the Australian Government's election commitment *Recognising Senior Australians - their needs and their carers*.

(b) & (c)

The funding provides an increased subsidy for existing respite places where utilisation in a home exceeds 70% of beds available for respite.

The need for respite places is considered by Aged Care Planning Committees established in each state and territory.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-198

OUTCOME 3: Aged Care and Population Ageing

Topic: RATIO OF AGED CARE PLACES - COMMUNITY AGED CARE PLACES

Hansard Page: CA 124 – 2 June

Senator Barnett asked:

In terms of the totality, in the response back, rather than just the residential aged care places, can we get a response on the community aged care places and the totality of the places that the government has provided over the past years, what we are providing now and the projections for the next years.

Answer:

Table 1: Total Number of Operational Residential Aged Care Places and Community Aged Care Packages at 30 June 1995-2004

Year	Residential	Community Aged Care Packages	Total
1995	134,810	2,542	137,352
1996	136,851	4,431	141,282
1997	139,058	6,124	145,182
1998	139,917	10,046	149,963
1999	141,698	13,896	155,594
2000	142,342	18,308	160,650
2001	144,013	24,629	168,642
2002	146,268	26,425	172,693
2003	150,786	27,850	178,636
2004	156,056	29,779	185,835

Notes: 1995-2002 data taken from Australian Institute of Health and Welfare, Canberra: "Residential aged care in Australia 2001-02. A statistical overview." Note: From 1999, data includes places and packages provided by Multi-Purpose Services and flexible places under the Aboriginal and Torres Strait Islander Aged Care Strategy.

2003 and 2004 data taken from Department of Health and Ageing Stocktakes of Aged Care Places at 30 June each year. This data includes flexible care places, namely: Extended Aged Care at Home, Multipurpose Services, places allocated under the National Aboriginal and Torres Strait Islander Aged Care Strategy, plus permanently allocated Innovative Care for 2004 only.

Table 2: Places to be allocated 2005–2007

Year	Residential	Community Care	Total
2005	5,224	5,869	11,093
2006 (indicative)	3,100	3,093	6,193
2007 (indicative)	4,199	2,167	6,366

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-203

OUTCOME 3: Aged Care and Population Ageing

Topic: FUNDING FOR INDIGENOUS AGED CARE IN QLD

Hansard Page: CA 138

Senator Moore asked:

Is the report from Aged Care Qld a public document? Can it be released?

Answer:

A copy of the report is attached.

Final report for Department of Health and Ageing Training and Resource Officer for Indigenous Support (TROIACS)

This is the final report for two years funding for the TROIACS position through Aged Care Program Support from Department of Health and Ageing. This report is comprised of the final quarter acquittal and a summary of the previous two years funding. The acquittal for the final quarter is in the form of a work plan which has been revised with completion dates or revised with rational explaining alterations. The overall summary of previous two years funding is outlined by results written in dot points under the project objectives as headings.

Indigenous Aged Care Services continue to meet accreditation requirements, continuously improve and build sustainable systems

- All Indigenous residential services funded under resident classification scale that are "at risk" of not maintaining accreditation due to social, cultural, workforce turnover, key personnel turnover and other factors such as, geographic location. Currently there are three services at high risk, with the remaining eight services at medium risk.
- All residential services funded under resident classification scale are currently accredited, within minimal non-compliance noted during support contact. Where non-compliance has been noted, issues have been addressed urgently or plan to address is currently in place.

Community Aged Care packages continue to improve the quality of service offered and are positioned to meet accountability quality requirements once these have been determined and implemented.

- Provided most Aboriginal and Torres Strait Islander community aged care services with generic policies and procedures
- Next stage is ensure all Indigenous community aged care package services have generic policies and procedures then assist to adapt these document and processes to suit the individual organisation, local cultural practices and social circumstances.

A self supporting and independent network of Indigenous Aged Care Services is developed in Queensland.

- Overall the past two years TROIACS has organised nineteen teleconferences. Organisation of the teleconferences includes, contact each service provider, developing and agenda and distributing prior to meeting then emailing a list of contact phone numbers and contact names. During each meeting TROIACS assisted with chairing, took minutes and provided education on certain topics, specifically industrial relations updates, regulatory compliance, contemporary care practices and better practices.

To provide high quality training, support, advice and referral to Indigenous aged care services throughout Queensland

- See other training objectives for more information in regards to training.
- Support, advice and referral is offered constantly via telephone contact and on site visits. Support consist of counseling to non-Indigenous key personnel to understand cross-cultural issues associated with living and working within Indigenous community, Aboriginal and Torres Strait Islander social issues and professional isolation. Support is also offered to Indigenous service providers in dealing with cross-cultural issues associated with mainstream regulatory requirements, and social issues. Support also occurs for overall staff and management in line with organizational culture and understanding their role within community development. Advice and referral is given in relation to care, professional and regulatory issues. Thirty-three of the Aboriginal and Torres Strait Islander aged care services have accessed this service.
- Advertised items for loan within TROIACS resource library to all Aboriginal and Torres Strait Islander Aged Care Services, with some uptake. Have sent resources on service providers request or when TROIACS identifies a need.

To work with government departments and relevant industry groups to service the needs of the sector

- Liaison with the management Aged Care Standards Agency Queensland office to ensure appropriate support from aged care assessor. After much negotiation there is now at least one appropriate aged care assessors who is either Aboriginal and/or Torres Strait Islander or has adequate Aboriginal and Torres Strait Islander cultural experience to conduct desk top, site audits and support contacts for each Aboriginal and Torres Strait Islander residential aged care service funded under residential subsidy scale. Have negotiated to provide further professional development for assessors about Aboriginal and Torres Strait Islander aged care and overall culture, awaiting a presenter.
- Working with Division of General Practice, local doctors and Aboriginal and Torres Strait Islander aged care providers to promote use of enhanced primary health care Medicare items.
- Investigating possible training funds for community aged care providers workforce through Department of Employment, Science and Training, and Department Workplace Relations.
- Accessed Area Consultative Committee to plan possible aged care service provision within Aboriginal and Torres Strait Islander community development
- Working with Queensland Health on a local and regional level to coordinate aged care services

- Working with Office of Aboriginal and Torres Strait Islander Health funded health centers on a local and regional level to coordinate aged care services

To access aged care training and individual support needs of the Indigenous aged care staff in implementing best practice models

- Assess to education on Indigenous palliative care in June 2004 through Queensland Health facilities and rural and remote training centre videoconferencing facilities.
- Still developing culturally specific training video, have recently purchased the video software to complete.

To plan, deliver and evaluate training specifically for Indigenous aged care services

- Dependant upon training needs, TROIACS plans and delivers training with evaluation after in order to change training session. This has been progressively over the two year period. Education materials are available within the policy and procedure manual.
- Some of the evaluation concepts that arise are: simplifying language used within material, that is simple English, minimal jargon and where appropriate interpret into local language/Creole; and use competency and demonstration based training.
- Some consideration when planning included scheduling training around and within work routine, use competency based training with enough flexibility to work around cultural issues.
- Examples of education provided include: strategic and financial management education for board of directors Inala Elders; orientation and overall aged care training to key personnel at Inala Elders, Ngooderi House, Ny-Ku Byun Hostel, Fred Leftwich Rest Home, Jimbelunga Nursing Centre and Kukatjar Place. Education provided for staff ranges from clean wound dressings – continuous improvement for Jimbelunga Nursing Centre, Kuba Natha Aged Person Hostel, Kukatjar Place and Hopevale Aged Person Hostel.

To empower Indigenous service providers to provide appropriate training to staff and to implement systems to improve retention rates for staff

- Assist both residential and community aged care packages to access aged care certificates and higher qualifications through regional registered training organisations or via Indigenous specific registered training organisation where appropriate.
- Developed a detailed submission through aged care workers support program for further qualifications for all Aboriginal and Torres Strait Islander Residential and flexible aged care services throughout Queensland. The submission is aimed at upskilling current employee and

increasing the pool of staff by providing certificate III qualifications for newly appointed, and Community Development Employment Program (CDEP) workers.

- Currently assisting project manager for aged care education, Department of Education and Training to implement secondary school vocation education with certificate qualifications within some Indigenous communities.

To provide information about contemporary care practices

- During alternate Queensland Aboriginal and Torres Strait Islander (QATSIACN) monthly meetings contemporary care and better practice guidelines are discussed. Some issues that arise are cultural implications. This information is then distributed in hard copy to each member, as a resource for services which were on line and for those who were unable to attend the teleconference.

Attachment for TROIACS final quarterly report for second year.
Revised Workplan for January – June 2004 and addition of actions for June to September 2004

Activity	Outcome	Other Parties Involved (if any)	Proposed Timetable and progress to date	Date Completed
Catch up on filing and documentation	Clear and efficient information systems		**April 2004** - Have completed 70% of development of information system, have yet to complete electronic database for resource list	**May 2004**
Review culturally appropriate Policy and Procedure Manual and training tools, such as video and posters	Promote self-determination, community ownership and improve understanding and application of Western management models/concepts.	QATSIACN	**June 2004**	**June 2004** – need to distribute CD Roms
QATSIACN meetings, organization; minute taking and completing proposed actions.	See terms of reference	DHA and QATSIACN	**May, June, July and August 2004**	**May 2004** – Completed one more outstanding item **June 2004** - completed
Completion of Aboriginal and Torres Strait Islander Community Aged Care Package agreement	Culturally appropriate and relevant resources	Wujal Wujal, and NPA Community Options	**April 2004**	Awaiting photos
Review of Aboriginal and Torres Strait Islander residential aged care agreement	Culturally appropriate and relevant resources		**April 2004**	**June 2004**
Organise telelink with Aboriginal and Torres Strait Islander aged care assessors	Discuss availability for Aboriginal and Torres Strait Islander services and any cultural issues	Aboriginal and Torres Strait Islander aged care assessors	**March 2004**	Due to unavailability of other Aboriginal and Torres Strait Islander assessors. However, have accessed rural and remote assessors telelinks with Aged Care Standards Agency and feedback from assessors in relation to accreditation mark II.

Attachment for TROIACS final quarterly report for second year.
Revised Workplan for January – June 2004 and addition of actions for June to September 2004

Activity	Outcome	Other Parties Involved (if any)	Proposed Timetable	Date Completed
Visit Yarrabah Aged Person Hostel	Provide TROIACS based upon current needs. Provide resources to RN in order to simplify polices and procedures and promote effective communication between RN and management.	Yarrabah Aged Person Hostel	**June 2004**	**May 2004 –** Tried to recruit a permanent registered nurse, not successful have been using agency and casual RN. Requires more assistance with human resources,
Visit Fred Leftwich Rest Home	Provide TROIACS based upon current needs. Assist with the recruitment of new staff. Improve communication between staff, operational management and strategic management.	Fred Leftwich Rest Home	**June 2004**	**May 2004** – Developed a new communication tool for staff and registered nurse promote continuity of care and assessment. Assistance provided in relation to improving staffing level, have received funding from Aboriginal Hostels Limited and allocated some new staff and positions, however still not adequate. Currently trying to improve occupancy level. New RN requires orientation.

Attachment for TROIACS final quarterly report for second year.
Revised Workplan for January – June 2004 and addition of actions for June to September 2004

Activity	Outcome	Other Parties Involved (if any)	Proposed Timetable	Date Completed
Visit Ngooderi House	Provide TROIACS based upon current needs. Orientation and intense training for manager. Improve retention of staff by offering intense education and improving community links. Recommence Aged and Community Service Certificate III. Review of audit tools. Development of Human resource and all policies and procedures. Continued update of information systems, that is indexing and numbering of documents, polices and procedures.	Ngooderi House	**July 2004**	
Visit Inala Elders	Provide TROIACS based upon current needs. Orientation for new co-ordinator and assistance with communication and education with board of management. Conduct gap analysis.	Inala Elders	**May 2004**	**May 2004** – Provided orientation to new coordinator, however turned over within a month of probation. Spoke with governing body re: financial management and recruitment of new coordinator. Given assistance with recruitment. Assisted with subsidy claim. Still require assistance with orientation of newly appointed coordinator and continued development/revision of policies and procedures. Also have some assistance from local council in regards to financial systems.

Attachment for TROIACS final quarterly report for second year.
Revised Workplan for January – June 2004 and addition of actions for June to September 2004

Activity	Outcome	Other Parties Involved (if any)	Proposed Timetable	Date Completed
Visit Georgina Hostel	Provide TROIACS based upon current needs. Requesting culturally appropriate information and teaching aids	Georgina Hostel	**June 2004**	**May 2004 –** given phone support in regards to culturally specific dementia care, will continue to provide assistance in policy and procedure review and implementation of quality.
Visit Nareeba Moopi Moopi Pa Hostel	Provide TROIACS based upon current needs. Assist with palliative care education sessions.	Nareeba Moopi Moopi Pa	**June 2004**	**May 2004 –** telephone communication. Have appointed an expert manager, and have enrolled staff in aged care certificate III.
Visit Outer Island CACP	Provide TROIACS based upon current needs. Train new co-ordinator. Develop human resource management policies and procedures, especially for monitoring staff on Outer Islands. Input quality into generic policies and procedures to meet CACP and HACC standards.	Outer Island CACP	**June 2004**	May 2004 – phone contact with new coordinator. Office now located on Thursday Island within auspicing organisations office. Provided resources with development of policies and procedures, requires further education in regards to same.
Visit Palm Island Aged Person Hostel	Provide TROIACS based upon current needs. Train staff and management in quality management systems and assist with the development and implementation of culturally appropriate quality management systems.	Palm Island	**July 2004**	

Attachment for TROIACS final quarterly report for second year.
Revised Workplan for January – June 2004 and addition of actions for June to September 2004

Activity	Outcome	Other Parties Involved (if any)	Proposed Timetable and progress to date	Date Completed
Organise cultural awareness training for the Aged Care Standards and Accreditation Agency	Improve quality of support and auditing for ATSI residential aged care services	ATSI assessors, QATSIACN, and relevant ATSI research practitioner	**June 2004** - Have meet with Aged Care Standards Agency and am sourcing ATSI research practitioner, still searching.	
Develop a more detailed submission outlining ATSI aged care issues in relation to pricing review outcomes, ATSI aged strategy review and recommendations after inaugural National ATSI aged care service providers conference 2003.	To highlight the necessity for more detailed review into ATSI aged, such as a culturally appropriate financial benchmarking exercise.	QATSIACN	**September 2004 –** still researching and awaiting financial statement from each Aboriginal and Torres Strait Islander provider	
Follow up relevant Aboriginal and Torres Strait Islander research projects	Improve self-determination; community ownership; identify better practice; valid current issues; and predict future trends/needs.	Blue Care, AIATSIS, University of Queensland, Indigenous Health Research Program The Queensland Institute of Medical Research, CRCAH	**September 2004** - Currently negotiating to become a part of research agenda for national ATSI research collaboration at CRCAH. With prospects of research with UQ.	
Prioritise resource purchases in line with budget	Ensure culturally appropriate contemporary resources within loaning library.		**March 2004**	**March 2004**
Visit NPA Community Options	Provide TROIACS based upon current needs. Review human resource policies and procedures. Input quality into generic policies and procedures to meet CACP and HACC standards.	NPA Community Options	**June 2004**	**May 2004** – phone contact to provide assistance in relation to policies and procedures, sent resources.

Attachment for TROIACS final quarterly report for second year.
Revised Workplan for January – June 2004 and addition of actions for June to September 2004

Activity	Outcome	Other Parties Involved (if any)	Proposed Timetable	Date Completed
Visit Dija Meta Aged Person Hostel	Provide TROIACS based upon current needs. Training of newly appointed quality assurance staff. Tape educational videos and assist with the establishment of newly allocated places.	Dija Meta Aged Person Hostel	**June 2004**	**March 2004 –** Organise time for taping video training tools; reallocation of position description has meant quality person has not needed to be trained. Provide assistance during planning stages of allocation of places.
Visit Jimbelunga Nursing Centre	Provide TROIACS based upon current needs. Assist with the ongoing monitoring, adaptation of the generic policies and procedures. Provide education of staff in the review process.	Jimbelunga Nursing Centre	**June 2004**	**June 2004** – Phone contact, requesting education for staff in line with aged care program support guidelines, application pending. In the process of review of generic policies and procedures, assistance given where necessary.
Visit Hopevale Aged Person Hostel	Provide TROIACS based upon current needs. Support manager through network and supply resources when necessary.	Hopevale Aged Person Hostel	**June 2004**	**April 2004** – face to face contact and assistance with networking with other Indigenous service provider. Discuss staff education needs. **May 2004** – given phone contact, application for aged care worker support pending in regards to staff education needs.

Attachment for TROIACS final quarterly report for second year.
Revised Workplan for January – June 2004 and addition of actions for June to September 2004

Activity	Outcome	Other Parties Involved (if any)	Proposed Timetable and progress to date	Date Completed
Visit Kuba Natha Place	Provide TROIACS based upon current needs. Assist with recruitment of manager and strategies to improve staff retention and manager retention.	Kuba Natha Place	**May 2004**	**May 2004** – telephone contact with new manager. Have continued difficulties with staff retention, however has started aged and community services certificate III with some staff.
Complete quarterly report	Acquittal of outcomes and finances for DHA.	ACQ	**April 2004** **July 2004**	**April 2004** – proposed workplan agreed upon between ACQ and DHA July
Develop submission for further funding for TROIACS position	Continue to provide TROIACS based upon current and future needs	Aged Care Queensland	**May 2004**	**July 2004** – with release of last quarter with 3rd quarter, second year report, the funding was able to last until past July 2004, when the 4th quarter of second year and final report was due. Submission has been developed in line with this final report.
Visit Shalom Elders Village	Provide TROIACS based upon current needs. Formalise management systems and input quality monitoring systems.	Shalom Elders Village	**May 2004** – Visit originally postponed due to weather and public holiday, have rescheduled for **July 2004**	
Phone contact Aukurun Council	Provide TROIACS based upon current needs. Assist with establishment of CACP program	Aukurun Council	**March 2004**	**March 2004** – Sent policies and procedure and establishment guidelines to assist with the establish of CACPs program.
Visit Ny-Ku Byun	Provide TROIACS based upon current needs and cultural awareness training. Monitor manager and access to specialised nursing for review of high care residents	Ny-Ku Byun Hostel	**May 2004** – Postponed will visit in August 2004	

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-190

OUTCOME 3: Aged Care and Population Ageing

Topic: CAMPBELL RESEARCH CONSULTING

Hansard Page: CA 118 – 2 June

Senator Forshaw asked:

How much will the evaluation cost?

(a) What budget has been allocated to this care accreditation evaluation?

(b) Provide a breakdown at this stage of costs covering the allocation towards the consultancy service and departmental costs in servicing and analysing.

Answer:

(a) $1,445,048.10

(b) Consultancy costs: $1,279,048.10
Departmental costs: $166,000.00

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-204

OUTCOME 3: Aged Care and Population Ageing

Topic: GOLD COAST HOMESTEAD (QLD) - SOUTHPORT NURSING HOME

Hansard Page: CA 139 – 2 June

Senator Forshaw asked:

(a) What were the initial problems with certification?

(b) What is its current status?

(c) Provide comment in the context of facilities that meet future building requirements but do not get any priority of allocation over those that still need to be assessed?

(d) Provide an explanation on the two facilities regarding the basis on which current decisions are taken about the allocation of places?

Answer:

(a) Gold Coast Homestead Nursing Centre was assessed for certification as a new building on 15 March 2005. The service failed to achieve the required score for Section 1, Fire Safety and the required overall score due to non-compliance with performance requirements of the Building Code of Australia.

(b) Gold Coast Homestead was reassessed on 17 May 2005 after additional works were carried out and the delegate has approved the service for certification.

(c) Judgements on which services are allocated places in the Aged Care Approvals Round are based on an assessment against 13 criteria. To be successful, applicants must be judged to be suitable and to best meet the needs of the aged care planning region.

(d) All applications for aged care places are assessed in accordance with the requirements of the *Aged Care Act 1997*. The process is competitive and the overriding factor in the decision making process is that the allocation of places should best meet the needs of the aged care community in the particular region.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2004-2005, 17 February 2005

Question: Revised E05-125

OUTCOME 3: Enhanced Quality of Life for Older Australians

Topic: PROVISIONALLY ALLOCATED AGED CARE PLACES

Written Question on Notice

Senator McLucas asked:

(a) How many provisional aged care places by Aged Care Planning Region were returned to the Department from aged care providers over the past one year, two years, three years, four years and more than five years?

(b) How many provisional aged care places by Aged Care Planning Region were revoked by the Department from aged care providers over the past one year, two years, three years, four years and more than five years?

Answer:

(a) Table 1 at Attachment A shows the surrender of provisionally allocated places by approved providers under section 15.6 of the *Aged Care Act 1997* (the Act).

(b) Table 2 at Attachment A shows the revocation of provisionally allocated places by the Department under section 15.4 of the Act.

Attachment A

Table 1: Provisionally allocated places surrendered by approved providers.

	Provisional Places Surrendered				
	2003-04	2002-03	2001-02	2000-01	1999-2000
NSW Southern Highlands	10				
NSW Northern Sydney	1			25	
NSW Central Coast	25	60	68		
NSW Hunter				12	
NSW South East Sydney	58				
NSW Riverina/Murray		5	27		
NSW Inner West		20		14	
NSW Mid North Coast		2		40	
NSW Illawarra		3			
NSW Orana/Far West			10		
NSW South West Sydney			20		
VIC Loddon Mallee	26	20			
VIC Southern Metropolitan	84	30			
VIC Western Metropolitan		15			
VIC Eastern Metropolitan	13				
VIC Northern Metropolitan				105	
VIC Hume	7				
QLD – Sunshine Coast				50	
SA Metropolitan North		44			
SA Riverland		15			
TAS Southern Region	12		50		
TAS Northern Region		20			
WA South West Region				30	
WA Metro East Region		20			
WA Wheatbelt Region		14			
NT Darwin Region				50	66

Table 2: Provisionally allocated places revoked by the Department of Health and Ageing.

	Provisional Places Revoked				
	2003-04	2002-03	2001-02	2000-01	1999-2000
ACT-ACT Planning Region	36				
VIC Southern Metropolitan		5			

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-169

OUTCOME 3: Aged Care and Population Ageing

Topic: DEMENTIA – TRAINING FOR CARERS

Written Question on Notice

Senator McLucas asked:

(a) How did the department determine the amount of funding allocated in the Budget to train workers? What is the assessment of need?

(b) How will the training be made available and implemented?

(c) How much will be allocated to each state/territory?

(d) How will the department ensure that training is available in areas of need?

Answer:

(a) This measure was announced on 1 October 2004 as part of the Australian Government's election commitment *Dementia – A National Health Priority*. The amount of funding was based on this commitment.

(b) Training will be made available through expansion of existing dementia training initiatives and competitive processes targeting particular components and groups needing dementia training.

(c) No decision about allocation of funding has yet been made by the government.

(d) Allocation will be based on need and implementation review.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-170

OUTCOME 3: Aged Care and Population Ageing

Topic: DEMENTIA – NATIONAL HEALTH PRIORITY

Written Question on Notice

Senator McLucas asked:

Please provide the specific funding activities and the forward estimates for each program that is part of the $52.2 million for *Dementia – National Health Priority*.

Answer:

The $70.5 million package announced in the 2005 Budget for *Dementia – a National Health Priority* is in the process of being allocated to specific programs and projects. These programs will be undertaken under three key areas:

- Dementia Research and Innovation - $26 million over five years;
- Dementia and Improved Care - $21 million over five years; and
- Dementia Prevention & Early Intervention - $21.8 million over five years.

The balance of the funding will be used to provide increased peak body funding for Alzheimer's Australia, and for program evaluation and administration.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-171

OUTCOME 3: Aged Care and Population Ageing

Topic: RESPITE AND DEMENTIA RESEARCH

Written Question on Notice

Senator McLucas asked:

Is the Government funding any research into respite needs and dementia?
If so, please outline the projects, funding source and project status.
If not, why not?

Answer:

Specific funding for Dementia services research was provided in the 2005 Budget under the measure *Dementia – A National Health Priority*, and is in the process of being allocated.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-188

OUTCOME 3: Aged Care and Population Ageing

Topic: VAUCLUSE NURSING HOME (NSW)

Hansard Page: CA 115 – 2 June

Senator Forshaw asked:

(a) If you are permitted to provide the Committee with an answer, is the department aware of any ministerial meetings early this year with parties to the potential sale of the Vaucluse Nursing Home?

(b) Were there any departmental representatives involved in the meetings? Was the department involved in any way with meetings around the potential sale?

Answer:

(a) and (b)

The department has not attended any meetings with Vaucluse Nursing Home involving the Minister.

Question: E05-184

OUTCOME 3: Aged Care and Population Ageing

Topic: INDIGENOUS AGED CARE

Written Question on Notice

Senator McLucas asked:

(a) What is the Department's current strategy for supporting indigenous aged care services to ensure their success and sustainability?

(b) Are there any specific measures?

(c) If not, why not?

Answer:

(a) to (c)

People from Aboriginal and Torres Strait Islander communities are able to access residential and community aged care services in one of three ways:

- Under the *Aged Care Act 1997* both residential and community aged care services are provided for all Australians. This includes multi-purpose services located in rural and remote areas and Aboriginal and Torres Strait Islander specific services located throughout Australia. Each year new aged care places are made available throughout Australia through the Aged Care Approvals Program, the majority of which are allocated through annual Aged Care Approvals Rounds. In each round a number of key issues may be identified. In recent years, one of these has been improving access for people with special needs, including people from Aboriginal and Torres Strait Islander communities. With this particular focus, all applicants are required to demonstrate how they will provide appropriate care to individual care recipients with special needs.

- Under the *National Aboriginal and Torres Strait Islander Aged Care Strategy* residential and community aged care services are available specifically for older people from Aboriginal and Torres Strait Islander communities. These flexible services were introduced in response to the particular aged care needs of Aboriginal and Torres Strait Islander communities. Aged care services under the strategy receive a notional 'cashed out' average amount for the care types and number of places they provide. This means that payments are not directly linked to occupancy, enabling services to manage fluctuating levels of need.

In 2004-05, the 30 services funded under the strategy, received a total of $12.65 million in funding. This includes 'cashed out' place funding, new viability supplement, new Conditional Adjustment Payment and an increased Concessional Supplement. In the 2004 Budget, $10.3 million over four years was made available for eligible services operating under the strategy, in recognition of the additional costs of operating small services in remote locations.

- Under the *Home and Community Care Act 1985*, community aged care services are available for Aboriginal and Torres Strait Islander people in their own homes and communities. This program is administered by the states/territories though around 60% of the funding is supplied by the Australian Government.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-189

OUTCOME 3: Aged Care and Population Ageing

Topic: STOCKTAKE OF AGED CARE PLACES

Hansard Page: CA 116 – 2 June

Senator Forshaw asked:

Can we put in a 'pre-order' of stocktake figures for June 2005 in line with figures provided in answer to February 2005 Question on Notice E05-121 and E05-122 (allocated and operational ratios by planning region).

Answer:

The stocktake figures for June 2005 will be forwarded to the committee.

Total Allocated Places by State / Territory

as at 30 June 2005

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL PLACES
NSW	31,758	31,903	**63,661**	11,297	173	**75,131**
VIC	21,957	26,072	**48,029**	8,454	150	**56,633**
QLD	14,755	16,971	**31,726**	5,344	106	**37,176**
SA	8,199	8,470	**16,669**	2,996	90	**19,755**
WA	7,244	8,647	**15,891**	2,792	50	**18,733**
TAS	2,477	2,317	**4,794**	947	20	**5,761**
NT	339	245	**584**	645	-	**1,229**
ACT	849	1,192	**2,041**	466	10	**2,517**
Australia	87,578	95,817	**183,395**	32,941	599	**216,935**

Total Allocated Ratio by State / Territory

as at 30 June 2005

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL PLACES
NSW	48.1	48.3	**96.4**	17.1	0.3	**113.7**
VIC	45.2	53.6	**98.8**	17.4	0.3	**116.5**
QLD	44.1	50.8	**94.9**	16.0	0.3	**111.2**
SA	47.8	49.4	**97.2**	17.5	0.5	**115.2**
WA	44.2	52.7	**96.9**	17.0	0.3	**114.2**
TAS	49.8	46.6	**96.3**	19.0	0.4	**115.8**
NT	68.9	49.8	**118.7**	131.0	-	**249.7**
ACT	39.3	55.2	**94.6**	21.6	0.5	**116.7**
Australia	46.3	50.6	**96.9**	17.4	0.3	**114.6**

Note: Tables include flexible care places: Transition Care (TC), Extended Aged Care at Home (EACH), Multipurpose Services (MPS), permanently allocated Innovative Care places and places under the National Aboriginal and Torres Strait Islander Aged Care Strategy. EACH places are attributed as community care while MPS, Innovative Care and Aboriginal and Torres Strait Islander flexible care places are attributed as high care, low care and community care packages.

State / Territory	Aged Care Planning Region	30 June 2005 - Total allocated places						30 June 2005 - Total allocated ratio					
		HIGH	LOW	RESI	Community Care	Transition Care	TOTAL PLACES	HIGH	LOW	RESI	Community Care	Transition Care	TOTAL
NSW	Central Coast	1,668	2,118	3,786	741	-	**4,527**	40.4	51.3	**91.7**	18.0	-	**109.7**
	Central West	816	941	1,757	296	-	**2,053**	46.0	53.0	**99.0**	16.7	-	**115.7**
	Far North Coast	1,423	1,819	3,242	620	-	**3,862**	39.6	50.6	**90.1**	17.2	-	**107.4**
	Hunter	2,702	3,021	5,723	966	-	**6,689**	43.7	48.9	**92.6**	15.6	-	**108.3**
	Illawarra	1,659	2,120	3,779	765	-	**4,544**	39.4	50.4	**89.8**	18.2	-	**108.0**
	Inner West	3,278	1,662	4,940	796	-	**5,736**	79.9	40.5	**120.4**	19.4	-	**139.7**
	Mid North Coast	1,586	2,119	3,705	711	-	**4,416**	39.3	52.6	**91.9**	17.6	-	**109.5**
	Nepean	1,251	907	2,158	359	-	**2,517**	61.3	44.4	**105.7**	17.6	-	**123.3**
	New England	824	949	1,773	333	-	**2,106**	44.7	51.5	**96.1**	18.1	-	**114.2**
	Northern Sydney	4,658	4,281	8,939	1,174	-	**10,113**	56.2	51.6	**107.8**	14.2	-	**122.0**
	Orana Far West	570	913	1,483	360	-	**1,843**	37.7	60.4	**98.1**	23.8	-	**122.0**
	Riverina/Murray	1,115	1,396	2,511	479	-	**2,990**	40.2	50.3	**90.5**	17.3	-	**107.7**
	South East Sydney	3,790	3,600	7,390	1,522	-	**8,912**	45.9	43.6	**89.4**	18.4	-	**107.8**
	South West Sydney	2,767	2,688	5,455	1,027	-	**6,482**	46.4	45.0	**91.4**	17.2	-	**108.6**
	Southern Highlands	797	1,300	2,097	346	-	**2,443**	36.1	58.9	**95.0**	15.7	-	**110.7**
	Western Sydney	2,854	2,069	4,923	802	-	**5,725**	55.5	40.2	**95.7**	15.6	-	**111.3**
NEW SOUTH WALES TOTAL		31,758	31,903	63,661	11,297	173	**75,131**	48.1	48.3	**96.4**	17.1	0.3	**113.7**
VIC	Barwon-South Western	1,818	2,194	4,012	760	-	**4,772**	44.7	54.0	**98.7**	18.7	-	**117.5**
	Eastern Metro	4,326	5,280	9,606	1,500	-	**11,106**	44.4	54.2	**98.6**	15.4	-	**114.0**
	Gippsland	1,211	1,501	2,712	488	-	**3,200**	43.0	53.3	**96.3**	17.3	-	**113.7**
	Grampians	1,006	1,213	2,219	447	-	**2,666**	43.5	52.5	**96.0**	19.3	-	**115.4**
	Hume	1,189	1,480	2,669	515	-	**3,184**	44.7	55.3	**99.9**	19.2	-	**119.1**
	Loddon-Mallee	1,359	1,774	3,133	587	-	**3,720**	41.0	53.6	**94.6**	17.7	-	**112.4**
	Northern Metro	3,352	3,517	6,869	1,283	-	**8,152**	48.6	51.0	**99.7**	18.6	-	**118.3**
	Southern Metro	5,414	6,291	11,705	1,923	-	**13,628**	46.0	53.4	**99.4**	16.3	-	**115.7**
	Western Metro	2,282	2,822	5,104	951	-	**6,055**	45.5	56.3	**101.8**	19.0	-	**120.8**
VICTORIA TOTAL		21,957	26,072	**48,029**	8,454	150	**56,633**	45.2	53.6	**98.8**	17.4	0.3	**116.5**
QLD	Brisbane North	2,170	2,110	4,280	595	-	**4,875**	53.5	52.0	**105.4**	14.7	-	**120.1**
	Brisbane South	2,720	2,783	5,503	764	-	**6,267**	49.6	50.8	**100.4**	13.9	-	**114.3**

State / Territory	Aged Care Planning Region	30 June 2005 - Total allocated places HIGH	LOW	RESI	Community Care	Transition Care	TOTAL PLACES	30 June 2005 - Total allocated ratio HIGH	LOW	RESI	Community Care	Transition Care	TOTAL
	Cabool	1,116	1,257	2,373	323	-	**2,696**	43.8	49.3	**93.2**	12.7	-	**105.8**
	Central West	63	49	112	61	-	**173**	63.7	49.5	**113.2**	61.7	-	**174.9**
	Darling Downs	990	1,148	2,138	382	-	**2,520**	44.6	51.7	**96.3**	17.2	-	**113.6**
	Far North	613	818	1,431	399	-	**1,830**	37.8	50.4	**88.2**	24.6	-	**112.8**
	Fitzroy	663	794	1,457	292	-	**1,749**	45.8	54.9	**100.7**	20.2	-	**120.9**
	Logan River Valley	533	822	1,355	277	-	**1,632**	36.4	56.1	**92.4**	18.9	-	**111.3**
	Mackay	364	437	801	171	-	**972**	41.9	50.3	**92.1**	19.7	-	**111.8**
	North West	59	78	137	99	-	**236**	39.5	52.3	**91.8**	66.4	-	**158.2**
	Northern	764	792	1,556	258	-	**1,814**	49.7	51.6	**101.3**	16.8	-	**118.1**
	South Coast	1,785	2,088	3,873	574	-	**4,447**	40.7	47.6	**88.3**	13.1	-	**101.4**
	South West	74	149	223	97	-	**320**	36.3	73.1	**109.4**	47.6	-	**156.9**
	Sunshine Coast	1,361	1,728	3,089	481	-	**3,570**	37.7	47.8	**85.5**	13.3	-	**98.8**
	West Moreton	491	718	1,209	178	-	**1,387**	38.9	56.9	**95.8**	14.1	-	**109.9**
	Wide Bay	989	1,200	2,189	393	-	**2,582**	40.1	48.6	**88.7**	15.9	-	**104.6**
QUEENSLAND TOTAL		14,755	16,971	**31,726**	5,344	106	**37,176**	44.1	50.8	**94.9**	16.0	0.3	**111.2**
SA	Eyre Peninsula	109	185	294	83	-	**377**	31.1	52.7	**83.8**	23.7	-	**107.5**
	Hills, Mallee & Southern	555	628	1,183	235	-	**1,418**	44.0	49.8	**93.8**	18.6	-	**112.4**
	Metropolitan East	2,301	1,888	4,189	465	-	**4,654**	65.7	53.9	**119.7**	13.3	-	**133.0**
	Metropolitan North	1,356	1,096	2,452	383	-	**2,835**	55.7	45.0	**100.7**	15.7	-	**116.4**
	Metropolitan South	1,701	1,777	3,478	693	-	**4,171**	43.9	45.9	**89.9**	17.9	-	**107.8**
	Metropolitan West	1,244	1,296	2,540	533	-	**3,073**	42.7	44.5	**87.2**	18.3	-	**105.4**
	Mid North	69	227	296	67	-	**363**	19.6	64.5	**84.1**	19.0	-	**103.2**
	Riverland	146	238	384	83	-	**467**	32.0	52.1	**84.1**	18.2	-	**102.2**
	South East	189	358	547	104	-	**651**	30.5	57.7	**88.2**	16.8	-	**105.0**
	Whyalla, Flinders & Far North	138	203	341	128	-	**469**	36.1	53.2	**89.3**	33.5	-	**122.8**
	Yorke, Lower North & Barossa	391	574	965	222	-	**1,187**	38.9	57.0	**95.9**	22.1	-	**117.9**
SOUTH AUSTRALIA TOTAL		8,199	8,470	**16,669**	2,996	90	**19,755**	47.8	49.4	**97.2**	17.5	0.5	**115.2**
WA	Goldfields	148	134	282	60	-	**342**	60.3	54.6	**115.0**	24.5	-	**139.4**
	Great Southern	290	402	692	140	-	**832**	40.9	56.7	**97.5**	19.7	-	**117.3**
	Kimberley	68	92	160	60	-	**220**	63.3	85.6	**148.8**	55.8	-	**204.7**
	Metropolitan East	1,218	1,353	2,571	441	-	**3,012**	49.0	54.4	**103.3**	17.7	-	**121.1**
	Metropolitan North	1,697	2,339	4,036	665	-	**4,701**	40.1	55.3	**95.4**	15.7	-	**111.1**
	Metropolitan South East	1,599	1,442	3,041	493	-	**3,534**	58.3	52.6	**110.9**	18.0	-	**128.9**
	Metropolitan South West	1,423	1,773	3,196	493	-	**3,689**	38.5	47.9	**86.4**	13.3	-	**99.7**
	Mid West	150	201	351	97	-	**448**	32.7	43.8	**76.4**	21.1	-	**97.5**

State / Territory	Aged Care Planning Region	30 June 2005 - Total allocated places						30 June 2005 - Total allocated ratio					
		HIGH	LOW	RESI	Community Care	Transition Care	TOTAL PLACES	HIGH	LOW	RESI	Community Care	Transition Care	TOTAL
	Pilbara	30	53	83	50	-	**133**	48.8	86.2	**135.0**	81.3	-	**216.3**
	South West	472	669	1,141	185	-	**1,326**	40.2	56.9	**97.1**	15.7	-	**112.8**
	Wheatbelt	149	189	338	108	-	**446**	31.2	39.6	**70.7**	22.6	-	**93.3**
WESTERN AUSTRALIA TOTAL		7,244	8,647	**15,891**	2,792	50	**18,733**	44.2	52.7	**96.9**	17.0	0.3	**114.2**
TAS	North Western	498	530	1,028	197	-	**1,225**	43.7	46.5	**90.1**	17.3	-	**107.4**
	Northern	802	590	1,392	310	-	**1,702**	56.0	41.2	**97.2**	21.6	-	**118.8**
	Southern	1,177	1,197	2,374	440	-	**2,814**	49.0	49.8	**98.8**	18.3	-	**117.1**
TASMANIA TOTAL		2,477	2,317	**4,794**	947	20	**5,761**	49.8	46.6	**96.3**	19.0	0.4	**115.8**
NT	Alice Springs	110	56	166	188	-	**354**	114.7	58.4	**173.1**	196.0	-	**369.1**
	Barkly	17	2	19	38	-	**57**	146.6	17.2	**163.8**	327.6	-	**491.4**
	Darwin	180	140	320	272	-	**592**	54.4	42.3	**96.7**	82.2	-	**178.9**
	East Arnhem	5	6	11	72	-	**83**	36.5	43.8	**80.3**	525.5	-	**605.8**
	Katherine	27	41	68	75	-	**143**	67.3	102.2	**169.6**	187.0	-	**356.6**
NORTHERN TERRITORY TOTAL		339	245	**584**	645	-	**1,229**	68.9	49.8	**118.7**	131.0	-	**249.7**
ACT	Australian Capital Territory	849	1,192	2,041	466	-	**2,507**	39.3	55.2	**94.6**	21.6	-	**116.2**
AUSTRALIAN CAPITAL TERRITORY TOTAL		849	1,192	**2,041**	466	10	**2,517**	39.3	55.2	**94.6**	21.6	0.5	**116.7**
AUSTRALIA TOTAL		87,578	95,817	**183,395**	32,941	599	**216,935**	46.3	50.6	**96.9**	17.4	0.3	**114.6**

Total Allocated Places by Service Type as at 30 June 2005

Mainstream allocated places
(residential and community care places under the Aged Care Act 1997)

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL
NSW	31,238	31,635	**62,873**	10,579	-	**73,452**
VIC	21,762	25,938	**47,700**	7,893	-	**55,593**
QLD	14,558	16,826	**31,384**	4,957	-	**36,341**
SA	8,055	8,293	**16,348**	2,786	-	**19,134**
WA	6,967	8,309	**15,276**	2,518	-	**17,794**
TAS	2,423	2,282	**4,705**	849	-	**5,554**
NT	294	191	**485**	539	-	**1,024**
ACT	849	1,192	**2,041**	416	-	**2,457**
Australia	86,146	94,666	**180,812**	30,537	-	**211,349**

National Aboriginal and Torres Strait Islander Aged Care Strategy allocated places (not allocated under the Aged Care Act 1997)

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL
NSW	6	15	**21**	34	-	**55**
VIC	15	10	**25**	69	-	**94**
QLD	41	32	**73**	6	-	**79**
SA	58	42	**100**	45	-	**145**
WA	6	8	**14**	2	-	**16**
TAS	-	-	**-**	41	-	**41**
NT	45	54	**99**	66	-	**165**
ACT	-	-	**-**	-	-	**-**
Australia	171	161	**332**	263	-	**595**

Multipurpose allocated places

(flexible places under the Aged Care Act 1997)

State/ territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL
NSW	514	253	**767**	73	-	**840**
VIC	180	124	**304**	14	-	**318**
QLD	156	113	**269**	92	-	**361**
SA	86	135	**221**	10	-	**231**
WA	250	304	**554**	117	-	**671**
TAS	54	35	**89**	7	-	**96**
NT	-	-	**-**	-	-	**-**
ACT	-	-	**-**	-	-	**-**
Australia	1,240	964	**2,204**	313	-	**2,517**

Extended Aged Care at Home (EACH) allocated places

(flexible places under the Aged Care Act 1997)

*All EACH places are attributed as Community Care as from 30 June 2004.

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL
NSW	-	-	**-**	611	-	**611**
VIC	-	-	**-**	478	-	**478**
QLD	-	-	**-**	289	-	**289**
SA	-	-	**-**	155	-	**155**
WA	-	-	**-**	155	-	**155**
TAS	-	-	**-**	50	-	**50**
NT	-	-	**-**	40	-	**40**
ACT	-	-	**-**	50	-	**50**
Australia	-	-	**-**	**1,828**	-	**1,828**

Innovative Care allocated places
(flexible places under the Aged Care Act 1997)

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL
NSW	-	-	-	-	-	-
VIC	-	-	-	-	-	-
QLD	-	-	-	-	-	-
SA	-	-	-	-	-	-
WA	21	26	**47**	-	-	**47**
TAS	-	-	-	-	-	-
NT	-	-	-	-	-	-
ACT	-	-	-	-	-	-
Australia	21	26	**47**	-	-	**47**

Transition Care (TC) allocated places
(flexible places under the Aged Care Act 1997)

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL
NSW	-	-	-	-	173	**173**
VIC	-	-	-	-	150	**150**
QLD	-	-	-	-	106	**106**
SA	-	-	-	-	90	**90**
WA	-	-	-	-	50	**50**
TAS	-	-	-	-	20	**20**
NT	-	-	-	-	-	-
ACT	-	-	-	-	10	**10**
Australia	-	-	-	-	**599**	**599**

Total Operational Places by State / Territory

as at 30 June 2005

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL PLACES
NSW	29,693	25,910	**55,603**	11,237	-	**66,840**
VIC	18,981	22,056	**41,037**	8,409	-	**49,446**
QLD	13,129	15,348	**28,477**	5,213	-	**33,690**
SA	7,746	7,894	**15,640**	2,996	-	**18,636**
WA	6,353	7,621	**13,974**	2,708	-	**16,682**
TAS	2,255	2,094	**4,349**	946	-	**5,295**
NT	306	223	**529**	613	-	**1,142**
ACT	638	918	**1,556**	466	-	**2,022**
Australia	**79,101**	**82,064**	**161,165**	**32,588**	**-**	**193,753**

Total Operational Ratio by State / Territory

as at 30 June 2005

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL PLACES
NSW	44.9	39.2	**84.2**	17.0	-	**101.2**
VIC	39.1	45.4	**84.4**	17.3	-	**101.7**
QLD	39.3	45.9	**85.2**	15.6	-	**100.8**
SA	45.2	46.0	**91.2**	17.5	-	**108.7**
WA	38.7	46.5	**85.2**	16.5	-	**101.7**
TAS	45.3	42.1	**87.4**	19.0	-	**106.4**
NT	62.2	45.3	**107.5**	124.5	-	**232.0**
ACT	29.6	42.5	**72.1**	21.6	-	**93.7**
Australia	41.8	43.4	**85.1**	17.2	-	**102.4**

Note: Tables include flexible care places: Transition Care (TC), Extended Aged Care at Home (EACH), Multipurpose Services (MPS), permanently allocated Innovative Care places and places under the National Aboriginal and Torres Strait Islander Aged Care Strategy. EACH places are attributed as community care while MPS, Innovative Care and Aboriginal and Torres Strait Islander flexible care places are attributed as high care, low care and community care packages.

State / Territory	Aged Care Planning Region	30 June 2005 - Total operational places HIGH	LOW	RESI	Community Care	Transition Care	TOTAL PLACES	30 June 2005 - Total operational ratio HIGH	LOW	RESI	Community Care	Transition Care	TOTAL PLACES
NSW	Central Coast	1,543	1,443	2,986	741	-	**3,727**	37.4	35.0	**72.4**	18.0	-	**90.3**
	Central West	794	897	1,691	284	-	**1,975**	44.7	50.5	**95.3**	16.0	-	**111.3**
	Far North Coast	1,278	1,507	2,785	615	-	**3,400**	35.5	41.9	**77.4**	17.1	-	**94.5**
	Hunter	2,480	2,578	5,058	966	-	**6,024**	40.1	41.7	**81.9**	15.6	-	**97.5**
	Illawarra	1,409	1,476	2,885	765	-	**3,650**	33.5	35.1	**68.6**	18.2	-	**86.7**
	Inner West	3,127	1,458	4,585	754	-	**5,339**	76.2	35.5	**111.7**	18.4	-	**130.1**
	Mid North Coast	1,300	1,683	2,983	711	-	**3,694**	32.2	41.7	**74.0**	17.6	-	**91.6**
	Nepean	1,229	712	1,941	359	-	**2,300**	60.2	34.9	**95.1**	17.6	-	**112.7**
	New England	740	870	1,610	333	-	**1,943**	40.1	47.2	**87.3**	18.1	-	**105.3**
	Northern Sydney	4,517	3,952	8,469	1,174	-	**9,643**	54.5	47.7	**102.1**	14.2	-	**116.3**
	Orana Far West	536	809	1,345	359	-	**1,704**	35.5	53.5	**89.0**	23.8	-	**112.8**
	Riverina/Murray	980	1,244	2,224	479	-	**2,703**	35.3	44.8	**80.1**	17.3	-	**97.4**
	South East Sydney	3,537	2,401	5,938	1,522	-	**7,460**	42.8	29.1	**71.9**	18.4	-	**90.3**
	South West Sydney	2,717	2,100	4,817	1,027	-	**5,844**	45.5	35.2	**80.7**	17.2	-	**97.9**
	Southern Highlands	704	1,062	1,766	346	-	**2,112**	31.9	48.1	**80.0**	15.7	-	**95.7**
	Western Sydney	2,802	1,718	4,520	802	-	**5,322**	54.5	33.4	**87.9**	15.6	-	**103.4**
NEW SOUTH WALES TOTAL		29,693	25,910	**55,603**	11,237	-	**66,840**	44.9	39.2	**84.2**	17.0	-	**101.2**
VIC	Barwon-South Western	1,633	1,865	3,498	760	-	**4,258**	40.2	45.9	**86.1**	18.7	-	**104.8**
	Eastern Metro	3,723	4,598	8,321	1,500	-	**9,821**	38.2	47.2	**85.4**	15.4	-	**100.8**
	Gippsland	943	1,329	2,272	488	-	**2,760**	33.5	47.2	**80.7**	17.3	-	**98.1**
	Grampians	921	1,104	2,025	447	-	**2,472**	39.9	47.8	**87.7**	19.3	-	**107.0**
	Hume	1,064	1,281	2,345	480	-	**2,825**	39.7	47.8	**87.6**	17.9	-	**105.5**
	Loddon-Mallee	1,313	1,570	2,883	587	-	**3,470**	39.7	47.4	**87.1**	17.7	-	**104.8**
	Northern Metro	2,891	2,844	5,735	1,283	-	**7,018**	41.9	41.3	**83.2**	18.6	-	**101.8**
	Southern Metro	4,655	5,222	9,877	1,913	-	**11,790**	39.5	44.3	**83.8**	16.2	-	**100.1**
	Western Metro	1,838	2,243	4,081	951	-	**5,032**	36.7	44.7	**81.4**	19.0	-	**100.4**
VICTORIA TOTAL		18,981	22,056	**41,037**	8,409	-	**49,446**	39.1	45.4	**84.4**	17.3	-	**101.7**
QLD	Brisbane North	2,019	1,980	3,999	595	-	**4,594**	49.7	48.8	**98.5**	14.7	-	**113.2**
	Brisbane South	2,467	2,552	5,019	764	-	**5,783**	45.0	46.5	**91.5**	13.9	-	**105.5**
	Cabool	978	1,113	2,091	323	-	**2,414**	38.4	43.7	**82.1**	12.7	-	**94.8**
	Central West	63	49	112	61	-	**173**	63.7	49.5	**113.2**	61.7	-	**174.9**
	Darling Downs	951	1,119	2,070	372	-	**2,442**	42.9	50.4	**93.3**	16.8	-	**110.0**
	Far North	608	779	1,387	394	-	**1,781**	37.5	48.0	**85.5**	24.3	-	**109.8**
	Fitzroy	560	742	1,302	277	-	**1,579**	38.7	51.3	**90.0**	19.1	-	**109.1**

State / Territory	Aged Care Planning Region	30 June 2005 - Total operational places						30 June 2005 - Total operational ratio					
		HIGH	LOW	RESI	Community Care	Transition Care	TOTAL PLACES	HIGH	LOW	RESI	Community Care	Transition Care	TOTAL PLACES
	Logan River Valley	380	544	924	248	-	**1,172**	25.9	37.1	**63.0**	16.9	-	**79.9**
	Mackay	350	389	739	171	-	**910**	40.3	44.7	**85.0**	19.7	-	**104.7**
	North West	46	78	124	94	-	**218**	30.8	52.3	**83.1**	63.0	-	**146.1**
	Northern	689	779	1,468	258	-	**1,726**	44.9	50.7	**95.6**	16.8	-	**112.4**
	South Coast	1,421	1,817	3,238	557	-	**3,795**	32.4	41.4	**73.9**	12.7	-	**86.6**
	South West	72	149	221	97	-	**318**	35.3	73.1	**108.4**	47.6	-	**156.0**
	Sunshine Coast	1,158	1,510	2,668	461	-	**3,129**	32.0	41.8	**73.8**	12.8	-	**86.6**
	West Moreton	481	675	1,156	168	-	**1,324**	38.1	53.5	**91.6**	13.3	-	**104.9**
	Wide Bay	886	1,073	1,959	373	-	**2,332**	35.9	43.5	**79.4**	15.1	-	**94.5**
QUEENSLAND TOTAL		13,129	15,348	**28,477**	5,213	-	**33,690**	39.3	45.9	**85.2**	15.6	-	**100.8**
SA	Eyre Peninsula	103	185	288	83	-	**371**	29.4	52.7	**82.1**	23.7	-	**105.8**
	Hills, Mallee & Southern	485	568	1,053	235	-	**1,288**	38.4	45.0	**83.5**	18.6	-	**102.1**
	Metropolitan East	2,280	1,878	4,158	465	-	**4,623**	65.1	53.7	**118.8**	13.3	-	**132.1**
	Metropolitan North	1,151	974	2,125	383	-	**2,508**	47.3	40.0	**87.2**	15.7	-	**103.0**
	Metropolitan South	1,593	1,617	3,210	693	-	**3,903**	41.2	41.8	**82.9**	17.9	-	**100.8**
	Metropolitan West	1,234	1,162	2,396	533	-	**2,929**	42.3	39.9	**82.2**	18.3	-	**100.5**
	Mid North	65	214	279	67	-	**346**	18.5	60.8	**79.3**	19.0	-	**98.4**
	Riverland	146	238	384	83	-	**467**	32.0	52.1	**84.1**	18.2	-	**102.2**
	South East	177	297	474	104	-	**578**	28.5	47.9	**76.4**	16.8	-	**93.2**
	Whyalla, Flinders & Far North	133	195	328	128	-	**456**	34.8	51.1	**85.9**	33.5	-	**119.4**
	Yorke, Lower North & Barossa	379	566	945	222	-	**1,167**	37.7	56.2	**93.9**	22.1	-	**116.0**
SOUTH AUSTRALIA TOTAL		7,746	7,894	**15,640**	2,996	-	**18,636**	45.2	46.0	**91.2**	17.5	-	**108.7**
WA	Goldfields	124	134	258	60	-	**318**	50.6	54.6	**105.2**	24.5	-	**129.6**
	Great Southern	275	346	621	127	-	**748**	38.8	48.8	**87.5**	17.9	-	**105.4**
	Kimberley	56	82	138	53	-	**191**	52.1	76.3	**128.4**	49.3	-	**177.7**
	Metropolitan East	1,164	1,280	2,444	436	-	**2,880**	46.8	51.4	**98.2**	17.5	-	**115.7**
	Metropolitan North	1,426	1,910	3,336	645	-	**3,981**	33.7	45.1	**78.8**	15.2	-	**94.1**
	Metropolitan South East	1,480	1,354	2,834	488	-	**3,322**	54.0	49.4	**103.3**	17.8	-	**121.1**
	Metropolitan South West	1,126	1,562	2,688	488	-	**3,176**	30.4	42.2	**72.7**	13.2	-	**85.8**
	Mid West	145	190	335	97	-	**432**	31.6	41.4	**72.9**	21.1	-	**94.0**
	Pilbara	30	20	50	50	-	**100**	48.8	32.5	**81.3**	81.3	-	**162.6**
	South West	406	573	979	185	-	**1,164**	34.5	48.8	**83.3**	15.7	-	**99.0**
	Wheatbelt	121	170	291	79	-	**370**	25.3	35.6	**60.9**	16.5	-	**77.4**

State / Territory	Aged Care Planning Region	30 June 2005 - Total operational places						30 June 2005 - Total operational ratio					
		HIGH	LOW	RESI	Community Care	Transition Care	TOTAL PLACES	HIGH	LOW	RESI	Community Care	Transition Care	TOTAL PLACES
WESTERN AUSTRALIA TOTAL		6,353	7,621	**13,974**	2,708	-	**16,682**	38.7	46.5	**85.2**	16.5	-	**101.7**
TAS	North Western	488	454	942	197	-	**1,139**	42.8	39.8	**82.6**	17.3	-	**99.9**
	Northern	695	571	1,266	309	-	**1,575**	48.5	39.9	**88.4**	21.6	-	**109.9**
	Southern	1,072	1,069	2,141	440	-	**2,581**	44.6	44.5	**89.1**	18.3	-	**107.4**
TASMANIA TOTAL		2,255	2,094	**4,349**	946	-	**5,295**	45.3	42.1	**87.4**	19.0	-	**106.4**
NT	Alice Springs	100	56	156	183	-	**339**	104.3	58.4	**162.7**	190.8	-	**353.5**
	Barkly	17	2	19	38	-	**57**	146.6	17.2	**163.8**	327.6	-	**491.4**
	Darwin	157	123	280	272	-	**552**	47.4	37.2	**84.6**	82.2	-	**166.8**
	East Arnhem	5	6	11	65	-	**76**	36.5	43.8	**80.3**	474.5	-	**554.7**
	Katherine	27	36	63	55	-	**118**	67.3	89.8	**157.1**	137.2	-	**294.3**
NORTHERN TERRITORY TOTAL		306	223	**529**	613	-	**1,142**	62.2	45.3	**107.5**	124.5	-	**232.0**
ACT	Australian Capital Territory	638	918	1,556	466	-	**2,022**	29.6	42.5	**72.1**	21.6	-	**93.7**
AUSTRALIAN CAPITAL TERRITORY TOTAL		638	918	**1,556**	466	-	**2,022**	29.6	42.5	**72.1**	21.6	-	**93.7**
AUSTRALIA TOTAL		79,101	82,064	**161,165**	32,588	-	**193,753**	41.8	43.4	**85.1**	17.2	-	**102.4**

Total Operational Places by Service Type as at 30 June 2005

Mainstream operational places
(residential and community care places under the Aged Care Act 1997)

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL
NSW	29,326	25,701	**55,027**	10,579	-	**65,606**
VIC	18,786	21,922	**40,708**	7,863	-	**48,571**
QLD	12,961	15,212	**28,173**	4,930	-	**33,103**
SA	7,602	7,717	**15,319**	2,786	-	**18,105**
WA	6,111	7,307	**13,418**	2,476	-	**15,894**
TAS	2,208	2,062	**4,270**	849	-	**5,119**
NT	261	169	**430**	527	-	**957**
ACT	638	918	**1,556**	416	-	**1,972**
Australia	77,893	81,008	**158,901**	30,426	-	**189,327**

National Aboriginal and Torres Strait Islander Aged Care Strategy operational places (not allocated under the Aged Care Act 1997)

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL
NSW	6	15	**21**	34	-	**55**
VIC	15	10	**25**	69	-	**94**
QLD	41	32	**73**	6	-	**79**
SA	58	42	**100**	45	-	**145**
WA	6	8	**14**	2	-	**16**
TAS	-	-	-	41	-	**41**
NT	45	54	**99**	46	-	**145**
ACT	-	-	-	-	-	-
Australia	171	161	**332**	243	-	**575**

Multipurpose Services (MPS) operational places
(flexible places under the Aged Care Act 1997)

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL
NSW	361	194	**555**	60	-	**615**
VIC	180	124	**304**	14	-	**318**
QLD	127	104	**231**	82	-	**313**
SA	86	135	**221**	10	-	**231**
WA	220	291	**511**	75	-	**586**
TAS	47	32	**79**	6	-	**85**
NT	-	-	-	-	-	-
ACT	-	-	-	-	-	-
Australia	1,021	880	**1,901**	247	-	**2,148**

Extended Aged Care at Home (EACH) operational places

(flexible places under the Aged Care Act 1997)

*All EACH places are attributed as Community Care as from 30 June 2004.

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL
NSW	-	-	-	564	-	**564**
VIC	-	-	-	463	-	**463**
QLD	-	-	-	195	-	**195**
SA	-	-	-	155	-	**155**
WA	-	-	-	155	-	**155**
TAS	-	-	-	50	-	**50**
NT	-	-	-	40	-	**40**
ACT	-	-	-	50	-	**50**
Australia	-	-	-	**1,672**	-	**1,672**

Innovative Care operational places

(flexible places under the Aged Care Act 1997)

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL
NSW	-	-	-	-	-	-
VIC	-	-	-	-	-	-
QLD	-	-	-	-	-	-
SA	-	-	-	-	-	-
WA	16	15	**31**	-	-	**31**
TAS	-	-	-	-	-	-
NT	-	-	-	-	-	-
ACT	-	-	-	-	-	-
Australia	16	15	**31**	-	-	**31**

Transition Care operational places

(flexible places under the Aged Care Act 1997)

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL
NSW	-	-	-	-	-	-
VIC	-	-	-	-	-	-
QLD	-	-	-	-	-	-
SA	-	-	-	-	-	-
WA	-	-	-	-	-	-
TAS	-	-	-	-	-	-
NT	-	-	-	-	-	-
ACT	-	-	-	-	-	-
Australia	-	-	-	-	-	-

Offline places by State / Territory

as at 30 June 2005

State / Territory	High care	Low care	Total Residential	Community Care	Transition Care	TOTAL PLACES	% of Total
NSW	637	348	**985**	-	-	**985**	**39.4%**
VIC	331	536	**867**	-	-	**867**	**34.6%**
QLD	197	93	**290**	7	-	**297**	**11.8%**
SA	47	10	**57**	-	-	**57**	**2.3%**
WA	127	153	**280**	-	-	**280**	**11.2%**
TAS	-	1	**1**	-	-	**1**	**0.0%**
NT	-	-	**-**	-	-	**-**	**0.0%**
ACT	8	10	**18**	-	-	**18**	**0.7%**
Australia	1,347	1,151	**2,498**	7	-	**2,505**	**100.0%**

Note: Table includes flexible care places: Extended Aged Care at Home (EACH), Multipurpose Services (MPS), permanently allocated Innovative Care places and places under the National Aboriginal and Torres Strait Islander Aged Care Strategy EACH places are attributed as community care while MPS, Innovative Care and Aboriginal and Torres Strait Islander flexible care places are attributed as high care, low care and community care packages.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-063

OUTCOME 4: Primary Care

Topic: MEDICARE BENEFITS SCHEDULE PAYMENTS

Written Question on Notice

Senator Nettle asked:

What proportion of payments (as a percentage of total fees) to General Practitioners under the Medical Benefits Schedule paid in 2004-05 were paid as a flat payment (eg, the practice incentive payments)?

Answer:

In 2004-05, benefits paid under the Medicare Benefits Schedule (MBS) for unreferred attendances and the bulk billing incentives totalled $3.64 billion. Practice Incentive Program and General Practice Immunisation Incentives payments as a proportion of MBS benefits paid for unreferred attendances and the bulk billing incentives was 7.8%.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-062

OUTCOME 4: Primary Care

Topic: ALTERNATIVE PAYMENTS SYSTEMS FOR FEE-FOR-SERVICE UNDER MEDICARE

Written Question on Notice

Senator Nettle asked:

What research has the department undertaken into alternative payment systems for fee-for-service under Medicare?

Answer:

The department continually works to stay abreast of developments in the health systems of other nations where there may be benefits for Australia. For example, the department hosted a policy seminar on primary care initiatives in 2004 which included an examination of the New Zealand experience with alternative funding systems.

Innovation in primary care, including funding arrangements and systems is an area that is also supported under the Primary Health Care Research Evaluation and Development Strategy that is funded by the Australian Government.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-149

OUTCOME 4: Primary Care

Topic: GP WORKFORCE NUMBERS

Hansard Page: CA 148

Senator Moore asked:

(a) Does the Department collect data on Full-time Equivalent GPs and population ratios for all Australia - or just on GPs and population.

(b) Do you have the population numbers as well?

(c) How about statistical local areas?

(d) The Minister's decision doesn't relate to that, does it?

(e) Can we get the information and the rationale around the information in the same answer?

Answer:

(a) The Department collects data on Full-time Equivalent (FTE) GPs and population ratios for Australia.

(b) Yes, the Department has population numbers.

(c) The smallest geographical area for which the Department routinely produces statistics is the Commonwealth Electoral Division (CED).

(d) The Minister has stated that the smallest geographical area for which the Department will routinely produce statistics is the CED. This advice relates to both public and parliamentary requests for small area data.

(e) See Attachment A for CED Estimated Resident Population (ERP) to GP FTE ratios. Rationale for the information is discussed at (d).

Attachment A

Commonwealth Electoral Division Estimated Resident Population to GP Full-time Equivalent ratios, 2003-04

CED 2004	ERP to FTE Ratio
Adelaide	821
Aston	1,334
Ballarat	1,511
Banks	1,295
Barker	1,393
Barton	1,319
Bass	1,349
Batman	1,225
Bendigo	1,500
Bennelong	1,244
Berowra	1,258
Blair	1,471
Blaxland	1,070
Bonner	1,451
Boothby	1,186
Bowman	1,453
Braddon	1,453
Bradfield	1,260
Brand	1,667
Brisbane	993
Bruce	1,069
Calare	1,461
Calwell	1,700
Canberra	1,711
Canning	1,783
Capricornia	1,599
Casey	1,845
Charlton	1,735
Chifley	1,222
Chisholm	1,120
Cook	1,298
Corangamite	1,630
Corio	1,383
Cowan	1,622
Cowper	1,483
Cunningham	1,265
Curtin	1,018
Dawson	1,373
Deakin	1,458
Denison	996

CED 2004	ERP to FTE Ratio
Dickson	1,652
Dobell	1,486
Dunkley	1,465
Eden-Monaro	2,093
Fadden	1,498
Fairfax	1,137
Farrer	1,857
Fisher	1,123
Flinders	1,980
Forde	1,505
Forrest	1,578
Fowler	1,126
Franklin	1,582
Fraser	1,570
Fremantle	1,494
Gellibrand	1,375
Gilmore	1,589
Gippsland	1,318
Goldstein	1,220
Gorton	1,829
Grayndler	1,088
Greenway	1,510
Grey	1,229
Griffith	1,078
Groom	1,491
Gwydir	1,555
Hasluck	1,763
Herbert	1,648
Higgins	1,011
Hindmarsh	1,319
Hinkler	1,323
Holt	1,833
Hotham	1,441
Hughes	1,679
Hume	1,744
Hunter	1,754
Indi	1,460
Isaacs	1,520
Jagajaga	1,411
Kalgoorlie	2,088
Kennedy	1,764
Kingsford Smith	1,256
Kingston	1,640
Kooyong	1,364
La Trobe	1,918
Lalor	1,991

CED 2004	ERP to FTE Ratio
Leichhardt	1,479
Lilley	1,330
Lindsay	1,545
Lingiari	2,861
Longman	1,509
Lowe	1,162
Lyne	1,354
Lyons	1,703
Macarthur	1,392
Mackellar	1,540
Macquarie	1,680
Makin	1,918
Mallee	1,450
Maranoa	1,351
Maribyrnong	1,235
Mayo	1,322
Mcewen	1,611
Mcmillan	1,436
Mcpherson	1,440
Melbourne	723
Melbourne Ports	1,091
Menzies	1,427
Mitchell	1,313
Moncrieff	1,116
Moore	1,483
Moreton	1,640
Murray	1,650
New England	1,755
Newcastle	1,288
North Sydney	1,442
O'Connor	1,610
Oxley	1,584
Page	1,589
Parkes	1,640
Parramatta	1,233
Paterson	1,583
Pearce	1,910
Perth	1,113
Petrie	1,380
Port Adelaide	1,322
Prospect	1,165
Rankin	1,458
Reid	1,221
Richmond	1,314
Riverina	1,818
Robertson	1,240

CED 2004	ERP to FTE Ratio
Ryan	1,415
Scullin	1,493
Shortland	1,607
Solomon	2,155
Stirling	1,491
Sturt	1,215
Swan	1,561
Sydney	925
Tangney	1,307
Throsby	1,500
Wakefield	1,328
Wannon	1,479
Warringah	1,354
Watson	1,083
Wentworth	1,189
Werriwa	1,699
Wide Bay	1,267
Wills	1,226

Notes
Electorate information is based on boundaries for the 2004 CEDs and, where possible, the ERP for each CED as at 30 June 2003, as calculated by the Australian Bureau of Statistics (ABS). Significant changes to the CED boundaries and population occurred in a number of states. Data in this report should not be compared to previous data published at an electorate level which uses superseded CED boundaries and population figures. These figures can not be aggregated to state and national totals. State and national information for each financial year is based on the mean ERP for each reference period and is derived from ABS Australian Demographic Statistics 3101.0 Table 4.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2004-2005, 1 June 2005

Question: E05-150

OUTCOME 5: Rural Health Care

Topic: RURAL HEALTH STRATEGY

Hansard Page: CA 115

Senator Moore asked:

(a) Can the Department provide an interim response on the timeframe required to answer part (b)?
(b) Can the Department provide a breakdown of how the $830 million funding over four years for the Rural Health Strategy was allocated during the first year (for the financial year 2004-05)? Which program, and how that funding was allocated and spent?

Answer:

(a) Details of the Rural Health Strategy programs including a list of programs, how the funding was allocated and what funding was expended, was expected to be provided on Monday 15 August 2005. The Department was unable to meet the deadline due to the necessity to access finalised end of financial year information.
(b) Details of the breakdown of the allocation and spending of the $830 million funding over four years for the Rural Health Strategy during the first year (for the financial year 2004-05) is at Attachment A.

Attachment A

RURAL HEALTH STRATEGY QUESTION ON NOTICE

	Measure Title	2004-05 Total Allocation ($m)	2004-05 Total Expenditure ($m)
1	New General Practitioner Registrars	37.474	29.453
2	Rural Primary Health Program (RHS, MAHS and Projects)	52.973	52.973
3	Workforce Support for Rural General Practitioners	2.846	2.805
4	Rural Specialist Support Program	16.106	16.106
5	Additional University Departments of Rural Health	5.286	5.286
6	Rural Clinical Schools	42.336	42.336
7	HECS Reimbursement (revised FEs)	3.495	2.096
8	Scholarships for Medical Students to Practice in Rural Areas (MRBS)	10.012	10.012
9	Enhanced Rural Australian Medical Undergraduate Scholarships (RAMUS)	2.127	2.127
10	*Rural Private Access Program	11.031	6.713
11	Aged Care-Adjustment Grants for Small Rural Facilities (Viability and Capital Grants)	9.954	9.830
	TOTAL	**193.640**	**179.737**

*$4.362 has been rephased ($2.137 to 2005-06 and $2.225 to 2006-07)

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-206

OUTCOME 6: Hearing Services

Topic: FUNDING FOR THE NATIONAL ACOUSTICS LABORATORY

Hansard Page: CA 111 – 1 June

Senator Crossin asked:

Regarding the funding for the National Acoustics Laboratory, in the PBS it says that in 2005-06 you will be providing the laboratory with funding to enable it to continue its research on hearing issues facing Aboriginal and Torres Strait Islander people. Can you tell me what your priority areas are for this research?

Answer:

The focus of research undertaken by the National Acoustics Laboratory (NAL) is to prevent hearing loss, or to improve the habilitation or rehabilitation of individuals with hearing loss.

The NAL conducts research that is specifically targeted towards improving the hearing status of Aboriginal and Torres Strait Islander people. The priority areas for research to be undertaken in 2005-06 relating to Aboriginal and Torres Strait Islander people are:

- detection, diagnosis and remediation of auditory processing disorders;
- improved bone-conduction hearing device; and
- improved fitting procedures for conductive hearing loss.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-108

OUTCOME 8: Private Health

Topic: PROSTHESES AMENDMENTS TO THE NATIONAL HEALTH ACT

Written Question on Notice

Senator McLucas asked:

(a) The Explanatory Memorandum to the Prostheses Bill identified savings of $4.3 million in 05/06 and $20.6 million in 06/07. How were these savings calculated?

(b) Were the projected savings based on current expenditure or projected expenditure?

Answer:

(a) Projected savings from changes to prostheses arrangements flow from the increased competition on the price of prostheses and the more rigorous evaluation of new products that the new arrangements are expected to bring. The cost of prostheses has an impact on health fund benefit outlays, which in turn feed into the premiums to which the private health insurance rebate is linked. Savings to Government from the new arrangements reflect expected reductions in projected private health insurance rebate expenditure.

The indicative level of savings was calculated using the average growth in benefit outlays on prostheses for the period 1998-99 to 2002-2003[2] as a baseline, then modelling how these growth trends would be affected by the new arrangements. The expected impact on future growth in the price of prostheses varied depending on the product grouping, related to the number of expected new listings in a year, and the number of comparative products on the Schedule.

(b) The indicative savings reflect expected reductions in projected private health insurance rebate expenditure across the forward estimates period.

[2] Data for 2001-2002 was excluded as this year was atypical due to the expiration of waiting periods for many members following the large membership increases in private health cover recorded in mid-2000.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-089

OUTCOME 9: Health System Capacity and Quality

Topic: HEALTHCONNECT PUBLIC CONFIDENCE

Written Question on Notice

Senator Stott Despoja asked:

Does the government agree that a transparent implementation process with ready access to information is likely to boost public confidence in the Health*Connect* system?

Answer:

Yes, the Department of Health and Ageing agrees that a transparent implementation process with ready access to information is likely to boost public confidence in the Health*Connect* system.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-152

OUTCOME 9: Health System Capacity and Quality

Topic: BETTER OUTCOMES FOR MENTAL HEALTH PROGRAM

Hansard Page: CA 123 – 1 June

Senator Moore asked:

What is the expenditure on the Better Outcomes in Mental Health Care Program over the last three years to the end of 2004-05, including the psychiatric helpline for General Practitioners (GPs)?

Answer:

The total expenditure for the Better Outcomes in Mental Health Care Program from 2002-03 to 2004-05 was $61.3 million. This included expenditure of $2.5 million on the GP Psychiatric Support service which commenced in 2003-04.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 2 November 2005

Question: E05-229

OUTCOME 9: Health System Capacity and Quality

Topic: eHEALTH Broadband for Health

Hansard Page: CA 127 – 1 June

Senator Moore asked:

(a) Once we get the data on how much money has been spent on getting medical practices of different kinds on broadband, can we do that by state and RRMA as well?

(b) How many internet service providers have been announced out of this program?

(c) Number of qualified providers by state and RRMA.

Answer:

(a) Different Kinds of Medical Practices on Broadband by state and RRMA as at 30 June 2005 and the amount spent:

A total of 6,421 eligible health service providers of the following types have received the Broadband for Health subsidy:

PIP Registered Practices: 2,125
Other Practices: 328
Aboriginal Health Services: 72 (Does not include those that are PIP accredited.)
Community Pharmacies: 3,882

The tables below specifies 'Total Expenditure to 30 June 2005' on Broadband for Health subsidies.

PIP Accredited Practices:

States	Numbers	Approvals
ACT	27	$39,806.49
NSW	745	$1,159,524.17
NT	23	$69,650.91
QLD	374	$614,401.69
SA	291	$536,933.61
TAS	70	$117,523.88
VIC	454	$653,181.20
WA	141	$240,539.48
TOTAL	**2,125**	**$3,431,561.43**

***Aboriginal Community Controlled Health Services:**

States	Numbers	Approvals
ACT	1	$1,671.33
NSW	10	$12,295.40
NT	30	$122,668.88
QLD	7	$14,544.15
SA	3	$3,741.13
TAS	4	$8,136.20
VIC	3	$3,504.80
WA	14	$43,415.34
TOTAL	**72**	**$209,977.23**

*Does not include ACCHSs that are also PIP accredited.

Other (Non PIP Accredited Practices or ACCHSs)

States	Numbers	Approvals
ACT	4	$5,814.56
NSW	123	$182,287.47
NT	6	$11,889.93
QLD	81	$118,057.32
SA	17	$24,259.57
TAS	7	$9,718.13
VIC	51	$66,812.67
WA	39	$58,905.01
TOTAL	**328**	**$477,744.66**

All Practices:

States	Numbers	Approvals
ACT	32	$47,292.38
NSW	878	$1,354,107.04
NT	59	$204,209.72
QLD	462	$747,003.16
SA	325	$580,033.11
TAS	81	$135,378.21
VIC	508	$723,498.67
WA	194	$342,859.83
TOTAL	**2,539**	**$4,134,382.12**

All Pharmacies:

States	Numbers	Approvals
ACT	51	$62,126.30
NSW	1,320	$1,707,720.46
NT	24	$35,883.43
QLD	703	$960,348.70
SA	365	$497,789.67
TAS	95	$131,470.81
VIC	962	$1,298,020.88
WA	362	$519,575.24
TOTAL	**3,882**	**$5,212,935.49**

All Practices:

RRMA	Numbers	Approvals
RRMA 1	1,476	$2,087,363.73
RRMA 2	222	$332,226.34
RRMA 3	158	$217,944.29
RRMA 4	188	$279,111.76
RRMA 5	366	$847,546.51
RRMA 6	57	$163,344.46
RRMA 7	72	$206,845.03
TOTAL	**2,539**	**$4,134,382.12**

All Pharmacies:

RRMA	Numbers	Approvals
RRMA 1	2,599	3,435,566.62
RRMA 2	284	369,791.84
RRMA 3	222	284,272.47
RRMA 4	239	316,525.84
RRMA 5	468	695,442.95
RRMA 6	31	46,921.95
RRMA 7	39	64,413.82
TOTAL	**3,882**	**$5,212,935.49**

(b) As of 30 June 2005 there were 57 qualified service providers and seven authorised on-sellers. 4 providers are currently being assessed. Over 150 different broadband service options are currently available on the program.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 2 November 2005

Question: E05-230

OUTCOME 9: Health System Capacity and Quality

Topic: eHEALTH Broadband for Health

Hansard Page: CA 130

Senator Moore asked:

Please provide the Broadband for Health figures for general practices, Aboriginal community controlled health services, and for pharmacies by states and RRMAs?

Answer:

Broadband for Health Figures as at 30 June 2005 by state

The tables below specify 'Total Expenditure to 30 June 2005. It is not possible to provide this breakdown for total expenditure to date based on the current data collation methods.

PIP Accredited Practices:

States	Numbers	Approvals
ACT	27	$39,806.49
NSW	745	$1,159,524.17
NT	23	$69,650.91
QLD	374	$614,401.69
SA	291	$536,933.61
TAS	70	$117,523.88
VIC	454	$653,181.20
WA	141	$240,539.48
TOTAL	**2,125**	**$3,431,561.43**

***Aboriginal Community Controlled Health Services:**

States	Numbers	Approvals
ACT	1	$1,671.33
NSW	10	$12,295.40
NT	30	$122,668.88
QLD	7	$14,544.15
SA	3	$3,741.13
TAS	4	$8,136.20
VIC	3	$3,504.80
WA	14	$43,415.34
TOTAL	**72**	**$209,977.23**

*Does not include ACCHSs that are also PIP accredited.

Other (Non PIP Accredited Practices or ACCHSs)

States	Numbers	Approvals
ACT	4	$5,814.56
NSW	123	$182,287.47
NT	6	$11,889.93
QLD	81	$118,057.32
SA	17	$24,259.57
TAS	7	$9,718.13
VIC	51	$66,812.67
WA	39	$58,905.01
TOTAL	**328**	**$477,744.66**

** To be eligible for the Broadband for Health program, these practices must achieve at least $4,000 worth of activity within RRMA 1 or RRMA 2 areas.

All Practices:

States	Numbers	Approvals
ACT	32	$47,292.38
NSW	878	$1,354,107.04
NT	59	$204,209.72
QLD	462	$747,003.16
SA	325	$580,033.11
TAS	81	$135,378.21
VIC	508	$723,498.67
WA	194	$342,859.83
TOTAL	**2,539**	**$4,134,382.12**

All Pharmacies:

States	Numbers	Approvals
ACT	51	$62,126.30
NSW	1,320	$1,707,720.46
NT	24	$35,883.43
QLD	703	$960,348.70
SA	365	$497,789.67
TAS	95	$131,470.81
VIC	962	$1,298,020.88
WA	362	$519,575.24
TOTAL	**3,882**	**$5,212,935.49**

Broadband for Health Figures as at 30 June 2005 by RRMA

All Practices:

RRMA	Numbers	Approvals
RRMA 1	1,476	$2,087,363.73
RRMA 2	222	$332,226.34
RRMA 3	158	$217,944.29
RRMA 4	188	$279,111.76
RRMA 5	366	$847,546.51
RRMA 6	57	$163,344.46
RRMA 7	72	$206,845.03
TOTAL	**2,539**	**$4,134,382.12**

All Pharmacies:

RRMA	Numbers	Approvals
RRMA 1	2,599	3,435,566.62
RRMA 2	284	369,791.84
RRMA 3	222	284,272.47
RRMA 4	239	316,525.84
RRMA 5	468	695,442.95
RRMA 6	31	46,921.95
RRMA 7	39	64,413.82
TOTAL	**3,882**	**$5,212,935.49**

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-06, 1 & 2 June 2005

Question: E05-231

OUTCOME 9: Health System Capacity and Quality

Topic: eHEALTH BROADBAND FOR HEALTH

Hansard Page: CA 125

Senator Moore asked:

Please provide the total number of claims (as at 30 June 2005) that have been processed by the Health Insurance Commission, together with the number of outstanding claims, all by state and RRMA.

Answer:

The total number of claims received and processed by Medicare Australia (formally the Health Insurance Commission), by State, for the period up to 30 June 2005 is:

PIP Accredited Practices:

States	Number	Amount
ACT	27	$39,806.49
NSW	745	$1,159,524.17
NT	23	$69,650.91
QLD	374	$614,401.69
SA	291	$536,933.61
TAS	70	$117,523.88
VIC	454	$653,181.20
WA	141	$240,539.48
TOTAL	**2,125**	**$3,431,561.43**

***Aboriginal Community Controlled Health Services (ACCHSs):**

States	Number	Amount
ACT	1	$1,671.33
NSW	10	$12,295.40
NT	30	$122,668.88
QLD	7	$14,544.15
SA	3	$3,741.13
TAS	4	$8,136.20
VIC	3	$3,504.80
WA	14	$43,415.34
TOTAL	**72**	**$209,977.23**

*Does not include ACCHSs that are also PIP accredited.

Other: (Non PIP Accredited Practices or ACCHSs)

States	Numbers	Approvals
ACT	4	$5,814.56
NSW	123	$182,287.47
NT	6	$11,889.93
QLD	81	$118,057.32
SA	17	$24,259.57
TAS	7	$9,718.13
VIC	51	$66,812.67
WA	39	$58,905.01
TOTAL	**328**	**$477,744.66**

****Exceptional:**

States	Numbers	Approvals
ACT	0	$0.00
NSW	0	$0.00
NT	0	$0.00
QLD	0	$0.00
SA	14	$15,098.80
TAS	0	$0.00
VIC	0	$0.00
WA	0	$0.00
TOTAL	**14**	**$15,098.80**

** Royal Flying Doctor Service

All Practices:

States	Number	Amount
ACT	32	$47,292.38
NSW	878	$1,354,107.04
NT	59	$204,209.72
QLD	462	$747,003.16
SA	325	$580,033.11
TAS	81	$135,378.21
VIC	508	$723,498.67
WA	194	$342,859.83
TOTAL	**2,539**	**$4,134,382.12**

All Pharmacies:

States	Number	Amount
ACT	51	$62,126.30
NSW	1,320	$1,707,720.46
NT	24	$35,883.43
QLD	703	$960,348.70
SA	365	$497,789.67
TAS	95	$131,470.81
VIC	962	$1,298,020.88
WA	362	$519,575.24
TOTAL	**3,882**	**$5,212,935.49**

The total number of claims received and processed by Medicare Australia, by RRMA, for the period up to 30 June 2005 is:

All Practices:

RRMA	Number	Amount
RRMA 1	1,476	$2,087,363.73
RRMA 2	222	$332,226.34
RRMA 3	158	$217,944.29
RRMA 4	188	$279,111.76
RRMA 5	366	$847,546.51
RRMA 6	57	$163,344.46
RRMA 7	72	$206,845.03
TOTAL	**2,539**	**$4,134,382.12**

All Pharmacies:

RRMA	Numbers	Amount
RRMA 1	2,599	3,435,566.62
RRMA 2	284	369,791.84
RRMA 3	222	284,272.47
RRMA 4	239	316,525.84
RRMA 5	468	695,442.95
RRMA 6	31	46,921.95
RRMA 7	39	64,413.82
TOTAL	**3,882**	**$5,212,935.49**

This reflects the spread of general practice and community pharmacy across different RRMA zones.

Medicare Australia have finalised the processing of the Pharmacy subsidies for last financial year. They currently have around half a dozen subsidy claim forms to process that relate to last financial year that were not processed earlier due to various technical difficulties.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-232

OUTCOME 9: Health System Capacity and Quality

Topic: eHEALTH Broadband for Health

Hansard Page: CA 126 – 1 June

Senator Forshaw asked:

Given the eligibility criteria for Broadband for Health, can you give me the total number of claims that have been assessed on an exception basis and those that have been rejected and why?

Answer:

Claims assessed on an exception basis

As at 3 June 2005, a total of 156 claims had been assessed on an exception basis, comprised of 137 claims, for qualified broadband services, and 19 claims for ISDN-hybrid services in remote areas.

Reasons for rejecting exceptional circumstances claims

There have been thirteen exceptional circumstances claims rejected as follows:

- ten otherwise eligible organisations submitted claims for non-qualified broadband services with insufficient security and bandwidth features. These organisations were encouraged to move to a qualified broadband service or provider, or to encourage their broadband provider to have their services qualified under the program; and
- three exceptional circumstances claims were submitted by medical specialists. Applications, from specialists, in RRMAs 4-7 were referred to the Higher Bandwidth Incentive Scheme (HiBIS) managed by Department of Communications, Information Technology and the Arts.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-026

OUTCOME 11: Health and Medical Research

Topic: REVIEWS OF THE *PROHIBITION OF HUMAN CLONING ACT 2002* AND THE *RESEARCH INVOLVING HUMAN EMBRYOS ACT 2002*.

Written Question on Notice

Senator Stott Despoja asked:

The review of the *Research Involving Human Embryos Act* and the *Prohibition of Human Cloning Act* was due to commence as soon as possible after 19 December 2004 and be completed by 19 December 2005, what has been the delay in the commencement of this review?

(a) Almost six months of the review period has elapsed, how much time is required to ensure that this review fulfils its quite broad objectives, including consultation with the states and consideration of community standards?

(b) When can we expect the review to commence?

(c) What needs to happen before the review can commence?

(d) Has the government made any provisional appointments for a review panel?

(e) How many members will the review panel contain?

(f) Has the Council of Australian Governments (COAG) made any decisions on membership of the review panel?

(g) When is the next COAG meeting when this could be discussed?

Answer:

The Minister for Ageing sought the agreement of each relevant state and territory minister to the appointment of suitably qualified persons to undertake the reviews of the legislation, as is required by the *Prohibition of Human Cloning Act 2002.*

(a) The Legislation Review Committee is required to meet its terms of reference within the time available.

(b) & (c) The Hon Julie Bishop, MP appointed the Legislation Review Committee on 17 June 2005. The reviews commenced on that day.

(d) & (e) The Legislation Review Committee has six members:

- Justice John Lockhart AO QC, a retired Federal Court Judge (NSW);
- Associate Professor Ian Kerridge, a clinical ethicist (NSW);
- Professor Barry Marshall, a specialist gastroenterologist and community advocate (WA);
- Professor Loane Skene, a lawyer and ethicist (VIC);
- Professor Peter Schofield, a neuroscientist (NSW); and
- Associate Professor Pamela McCombe, a clinical neurologist (QLD).

(f) State and territories were consulted on membership of the Legislative Review Committee as required by the legislation. There was no requirement for COAG to consider this matter.

(g) Unknown.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-027

OUTCOME 11: Health and Medical Research

Topic: UN's SIXTH COMMITTEE RESOLUTION ON HUMAN CLONING

Written Question on Notice

Senator Stott Despoja asked:

The Department of Health and Ageing (DoHA) and the National Health and Medical Research Council (NHMRC), along with several other government departments, were involved in an inter-departmental meeting on 10 February 2005 to discuss the UN's Sixth Committee resolution on human cloning:

(a) Was the NHMRC and DoHA consulted throughout the UN debate on human cloning?

(b) Considering the Council of Australian Governments agreement that led to the Federal legislation prohibiting human cloning, should the states have been consulted on this issue? If not, why not?

Answer:

(a) Yes.

(b) Australia's vote in favour of the non-binding political declaration on human cloning passed by the United Nations General Assembly on 8 March 2005 is consistent with Australian domestic legislation. There was no requirement to consult with the states or territories on this issue prior to the vote.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-028

OUTCOME 11: Health and Medical Research

Topic: RESOLUTION ON HUMAN CLONING

Written Question on Notice

Senator Stott Despoja asked:

Section 3 of the National Health and Medical Research Council (NHMRC) Act states, *"It is the intention of the Parliament that, to the extent that it is practicable to do so, the Council should adopt a policy of public consultation in relation to individual and public health matters being considered by it from time to time."* Considering this, did the NHMRC consult any public organisations regarding the resolution on human cloning prior to the discussions? If not, why not?

Answer:

The resolution and vote at the United Nations on human cloning was an Australian Government matter and did not require any consultation by the NHMRC.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-029

OUTCOME 11: Health and Medical Research

Topic: RESOLUTION ON HUMAN CLONING

Written Question on Notice

Senator Stott Despoja asked:

In response to a question on notice, DFAT stated that, *"It is up to each State to interpret the provisions of the [UN] resolution."* Does Australia currently have an official interpretation of the resolution? If not, why not? Will the absence of an official interpretation impact on the process or outcomes of the impending review?

Answer:

No. The terms of reference for the reviews do not require consideration of the UN resolution.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-030

OUTCOME 11: Health and Medical Research

Topic: SUNSET CLAUSE OF THE RESEARCH INVOLVING

Written Question on Notice

Senator Stott Despoja asked:

At the meeting on 10 February 2005 was there discussion of extending the sunset clause (S.46) of the *Research Involving Human Embryos Act*, beyond 5 April 2005? If yes, had the National Health and Medical Research Council consulted with the states or the biotechnology sector about this prior to this meeting or after it?

Answer:

No.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-050

OUTCOME 11: Health and Medical Research

Topic: LICENSING COMMITTEE

Written Question on Notice

Senator Harradine asked:

Please provide a copy of the Licensing Committee's draft or finalised discussion paper on the definition of an embryo.

Answer:

A draft paper is being developed by a subcommittee of the Licensing Committee.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-053

OUTCOME 11: Health and Medical Research

Topic: LICENSING COMMITTEE

Written Question on Notice

Senator Harradine asked:

Has the Australian Stem Cell Centre (ASCC) applied for a license from the National Health and Medical Research Council (NHMRC) Licensing Committee? If so, were there delays or difficulties in granting a license and why? If not, why would the ASCC be so concerned about the committee's processes?

Answer:

No.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-052

OUTCOME 11: Health and Medical Research

Topic: LICENSING COMMITTEE

Written Question on Notice

Senator Harradine asked:

Are you aware that the Australian Stem Cell Centre (ASCC) wants to restrict the workings of the National Health and Medical Research Council (NHMRC) Licensing Committee so that it has a fixed time-frame and a more restricted range of issues it can consider when examining license applications? How would the ASCC proposals impact on the work of the committee?

Answer:

The NHMRC Licensing Committee assesses applications for a licence to use excess assisted reproductive technology embryos in research strictly in accordance with the provisions of the *Research Involving Human Embryos Act 2002*.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-049

OUTCOME 11: Health and Medical Research

Topic: LICENSING COMMITTEE

Written Question on Notice

Senator Harradine asked:

Please provide copies of the minutes of the meetings of the Licensing Committee, for all meetings since copies were last provided.

Answer:

The last minutes of the Licensing Committee provided were those for 2 and 3 December 2004. Since that meeting the Licensing Committee has met on:

- 7 February 2005 (as a teleconference)
- 1 and 2 March 2005
- 1 June 2005.

The minutes of the meetings held during February and March 2005 are attached.

The minutes from the 1 June 2005 meeting are yet to be cleared by the Licensing Committee.

Australian Government
National Health and Medical Research Council

NHMRC LICENSING COMMITTEE

Minutes of the Teleconference of 7 February 2005

Present Licensing Committee	**Secretariat**
Jock Findlay (Chair) Helen Szoke Bryan Campbell Peter Illingworth Don Chalmers Graham Kay Christopher Newell Julia Nicholls	Greg Ash from (12.50pm) Phil Hoskin Neil Dwyer (Legal Services) Martin Boling Alison Mackerras Jennifer Simpson Celia Jobson

Meeting convened at 12.33pm

Teleconference contact = 6289 8000

No apologies were received: all committee members were present. The Chair reminded members that Dr Megan Best was no longer a member.

The Chair reminded members of their responsibilities for confidentiality and conflict of interest.

Agenda

1. Licence Application 309700

The Chair proposed and the meeting agreed that the order of proceeding would be a report from Alison Mackerras, followed by comments from the Working Party members.

Alison flagged that the one item outstanding is a need to get HREC approval of final versions of consent documents through the applicant.
Peter Illingworth noted he is satisfied that all issues had been resolved the application should be issued.

The Chair then opened the business to Committee members for them to address any concerns.

(a) Consent documents
There was some discussion about these documents and concern that they should use language consistent with other licences issued.

The Committee agreed that the consent forms should specifically note:

- that the applicant will receive financial consideration for training other scientists;
- that donors will not receive any financial reward for their decision to allow the excess embryos to be used for training; and
- advice that the embryo will be discarded at end of training – remove the wording 'this training is destructive'

The Committee agreed to make these changes and suggested the revised documents be offered to the applicant for acceptance.

The Committee noted that the consent for declaration for training has a statement that embryos are excess which duplicates the original declaration by the couple.

The Chief Inspector advised the Committee that a check of the consent protocols and procedures during a recent records audit inspection of the applicant (309700) had been very impressive. This advice was welcomed by the Committee.

(b) Determination of application

Sections 21(3)(a)(i) and 21(3)(a)(ii)

The Committee was satisfied, subject to the changes noted above, that the application met the requirements of appropriate protocols are in place to enable proper consent to be obtained before excess ART embryos are used under the licence, and to enable compliance with any restrictions on consent.

Section 21(3)(b)

The Committee was satisfied that appropriate protocols are in place to ensure that embryos that will be damaged or destroyed were created before 5 April 2002.

Section 21(3)(c)

The Committee noted the need to record when HREC approval is received.

In deciding whether to issue the licence the Committee considered the following:

- Restricting the number of embryos (Section 21 (4)(a))
    - ➢ members were advised that the number of embryos available for each trainee had been accepted by the applicant at the suggestion of the Committee
    - ➢ members noted that the excess ART embryos are trainee specific and are tied to an individual (as set out in licence condition 9105) as this is the first licence issued for training using excess ART embryos

      (There is no literature about the numbers of embryos required. The Licensing Committee has been cautious to include conditions which will allow inspections to conduct full audits of embryo use. The Licensing Committee will review the operation of the licence based on reports from the inspectors and the six-monthly reports from the licence holder.)
- Significant advance or improvement in technology (section 21 (4)(b))
    - ➢ Committee members noted that this had been addressed to their satisfaction in previous deliberations.
- Relevant guidelines from NHMRC (section 21(4)(c))
    - ➢ The Committee noted that this had been covered to their satisfaction in previous deliberations.
- HREC assessment (section 21(4)(d))

- ➢ The Committee noted that this had been addressed in previous deliberations; and
  - ➢ Noted that the HREC needs to accept changes to the consent forms proposed by the Committee.
- Any other matter (section 21(4)(e))
  - ➢ The Committee members did not raise any other matter in relation to the issue of this licence.

(c) Decision to issue licence (section 21(2))
The Committee **agreed** in principle to issue a licence to the applicant subject to changes on consent forms.

2. Other Business

(a) Working Party on the Biological Definition of an embryo

The Chair noted that the Working Party on the Biological Definition of an Embryo had a successful meeting on Friday 4 February 2005.

(b) Licence 309702A - Application for a Variation
The Working Party for this application reported that the applicant still has not provided the initial specific experiment which the Committee has asked for. The Committee noted the obligations of Act.

The Committee **agreed** that the application for a variation to licence 309702A would not be accepted unless the applicant agreed to provide details of the proposed observational study of the first allocation of embryos.

All other aspects in relation to the application for a variation in the licence had been discussed at the meeting of the Licensing Committee in December 2004.

The Chair reminded the Committee that the applicant has a licence for this project and may commence research according to the conditions of that licence.

(c) Variation to Licence 309707
On 18 January 2005, the licence holder advised NHMRC that that it had moved to a new laboratory, and that the names of the floors in the building had been changed. The lab had not moved physically but the location had been renamed to '*Floor 3*'. The previous condition 9201 states the address: Level 4, STRIP.

Members **agreed** to approve the change of address as a variation to the licence 309707.

Members noted that the next Licensing Committee meeting would be held 1 and 2 March 2005.

3. End of Meeting
Professor Findlay concluded the discussion and thanked members.
The meeting finished at 1.30pm.

Australian Government

National Health and Medical Research Council

NHMRC LICENSING COMMITTEE

Minutes of the Meeting of 1 and 2 March 2005
Novotel Canberra

9am to 5.00pm Tuesday 1 March 2005

9am to 11.30am Wednesday 2 March 2005

ATTENDANCE

Members:

Professor Jock Findlay (Chairperson)

Professor Bryan Campbell

Professor Don Chalmers

Dr Graham Kay

A/Professor Christopher Newell

Dr Julia Nicholls

Dr Helen Szoke

Professor Peter Illingworth

Professor Don Chalmers

Legal Services Branch:

Mr Neil Dwyer

Observers:

Dr Trang Thomas

Apologies:

Nil

Secretariat:

Dr Clive Morris

Dr Greg Ash

Ms Celia Jobson

Dr Alison Mackerras

Mr Phillip Hoskin (Chief Inspector)

Dr Harry Rothenfluh

Ms Julie Martin

Ms Jennifer Simpson (2 March only)

Mrs Rhonda Stilling

Mr Martin Boling

Item 1: Opening

The meeting commenced at 9.00am on Tuesday 1 March 2005.

Item 1.1: Apologies

Members noted there were no apologies for the meeting.

Item 1.2: Confidentiality and Conflict of Interest

Members were reminded of their obligations in respect of confidentiality and conflict of interest.

Professor Don Chalmers informed Committee Members that although he is Chair of the Board of the Australian Institute of Health Law and Ethics, which is one of the prescribed bodies under the *Research Involving Human Embryos Act 2002,* he was not involved in putting forward nominations for the replacement member of the Licensing Committee.

Item 1.3: Confirmation of Agenda

The timing of agenda items was confirmed.

Members congratulated Professor Findlay on receiving the 2006 Dale Medal from the UK Society for Endocrinology. The medal is the highest accolade bestowed by the UK Society and acknowledges excellence in reproductive health research.

Item 1.4: Chairman's Report

The Licensing Committee Chair's Report to Council for its meeting of 9 and 10 March 2005 was noted.

Members were also informed that, since the last meeting of the Committee, the Chair participated in:

- Council meeting of 9 – 10 December 2004;
- NHMRC Management Committee meeting of 3 February 2005;
- first meeting of the Biological Definition of Human Embryo Working Group on 4 February 2005 in Melbourne (refer Item 9);
- meeting of the Chair's of NHMRC Principal Committees and the CEO on 21 February 2005 in Sydney;
- Stem Cell Symposium held at the Caroline Chisholm Centre for Health Ethics on 23 February 2005. Dr Norman Ford's book *Stem Cells. Science, Medicine, Law and Ethics,* published in collaboration with the Caroline Chisholm Centre for Health Ethics, was tabled at the meeting; and
- opening of the new stem cell facility at Monash University.

Professor Findlay informed Members that an embryonic stem cell line (MEL1) that was produced under a licence (licence number 309709) issued to Melbourne IVF Ltd with Stem Cell Sciences had been accepted by the UK stem cell bank. Acceptance of the stem cell line recognises that the regulation under the *Research Involving Human Embryos Act 2002*, as implemented by the Licensing Committee, meets international standards.

Members anticipate receiving the report of Council's response to the *Investment Review* when available.

Item 1.5: Out of Session Activities

Members noted out of session decisions made by the Committee since the 2-3 December 2004 meeting, as presented in the meeting papers.

Item 2: Minutes of Meetings

The minutes of the 2-3 December 2004 meeting, and the teleconference held on 7 February 2005, were endorsed.

Item 2.1: Action Arising

The table detailing progress on action arising from the meeting of 2-3 December 2004 was noted.

Item 3: NHMRC Activities

Item 3.1: Council Activities

Members noted the report provided by the Council Secretariat.

Item 3.2: Report by AHEC Representative

Professor Campbell informed members about matters considered by AHEC since the 2-3 December 2004 meeting of the Licensing Committee.

- Licensing Committee is invited to provide input into the review of the *National Statement on Ethical Conduct in Research Involving Humans*. An AHEC working party is currently reviewing submissions in response to the first consultation draft. Professor Campbell noted that the joint NHMRC/AVCC Statement and Guidelines on Research Practice is also currently being reviewed.
- AHEC has no power to undertake regulation or ensure compliance and therefore has no authority to deal effectively with complaints regarding the operation of institutional ethics committees.
- An AHEC working party is looking at the issue of the ethics of care for patients with post coma responsiveness.
- In response to a request from AHMAC, the current NHMRC and AHEC documents on organ transplantation are being considered by an AHEC working party.
- Registration forms for the AHEC workshop and training day are now available on the internet.

Members were asked for comment on Information Sheet 5 – Stem Cell Research. It was agreed that:

- While comments from GTRAP were endorsed, it was felt that information Sheet 5 should remain a single document (rather than being split into separate documents on embryonic and adult stem cells);
- Comments provided by the Licensing Committee secretariat were useful; and

- Information provided for Ethics Committees should:
  - distinguish between use of adult stem cells and embryonic stem cells;
  - be limited to use of embryos for research purposes (including clinical research trials);
  - make a clear distinction between clinical and basic research.

Decision:

Members to provide feedback to Licensing Committee Secretariat. Licensing Committee Secretariat to provide consolidated feedback to AHEC Secretariat.

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Item 3.3: Interaction with GTRAP

Members were informed of issues being considered by GTRAP:

- AHEC has requested that GTRAP consider covering all stem cell research. Its current terms of reference encompass gene and related therapies (including human cellular therapies) but are restricted to clinical trials;
- GTRAP is currently determining the scope of 'cellular therapy';
- TGA is introducing a national regulatory framework for human tissues and emerging biological therapies. It is expected that this regulatory system will apply to human cells, tissues and cellular and tissue-based products used therapeutically.

Members noted that GTRAP plans to conduct a workshop focussing on clinical aspects of stem cell research in Canberra on 10 May 2005.

Item 3.4: Secretariat Activities

Members noted the verbal report on Centre for Compliance and Evaluation activities. Developments toward the provision of a secure website to allow Committee members to access documents, agenda papers and a discussion forum was highlighted. The Committee was assured that the new facility would comply with all Commonwealth publishing standards and requirements. Members supported this initiative and requested progress reports.

Decision:
Secretariat to inform Members of website progress.

Item 4: Budget

The Committee noted the report tabled at the meeting and requested that Secretariat expedite action necessary to commence projects agreed by the Committee at its December 2004 meeting.

Decision:
Secretariat to progress agreed projects and report to the May 2005 meeting.

Item 5: Licence Considerations

Possible conflicts of interest were declared and dealt with in accordance with NHMRC procedures.

Members noted information about notification of consent provided by licence holders to date.

Secretariat was asked to provide, as a standing agenda item, summary information on all variations approved for each licence.

The Committee discussed the process for consideration of 'renewal' applications submitted by licence holders, including the need for the Committee to review previous applications/licences as part of any future consideration of any application for a further licence. This matter will be considered further at future meetings. It may also need to be considered in the context of the review of legislation.

Secretariat was asked to ascertain the status of the START grant for one licence holder. The timeframe experienced by licence holders in obtaining proper consent prior to commencement of the licensed research will also be explored.

Decision:
Secretariat was asked to provide, as a standing agenda item, summary information on all variations approved for each licence.

Committee to consider the process for 'renewal' applications at future Licensing Committee meetings.

Secretariat to ascertain the status of the START grant associated with one of the licences and the timeframe being experienced by licence holders in obtaining proper consent.

Item 5.1: Standard Conditions

The Committee discussed whether the *Standard Conditions for Using Excess ART Embryos* should be amended to require Licence Holders to have a contingency plan covering excess ART embryos in the situation where the Licence Holder is unable, for any reason, to fulfil their obligations under the licence.

Members noted that:

- the *Research Involving Human Embryos Act 2002* covers research activity;
- the Act is silent on this issue;
- the Act requires the Committee to restrict the number of embryos used; and
- embryos are likely to revert to the clinic that had responsibility for them prior to proper consent being obtained for the licensed activity. They would then need to be handled in accordance with RTAC Guidelines. Alternatively, responsible persons would need to be recontacted regarding consent.

It was agreed that a new Standard Condition would be drafted to cover circumstances in which embryos consented for a particular licence will not be used in that licence. Preliminary drafting was undertaken by the Committee. The new condition will be finalised out of session. The *Standard Conditions for Using Excess ART Embryos* will then be varied.

Decision:

Secretariat to finalise the drafting of the proposed new Standard Condition in consultation with Legal Services Branch and the Committee. Agreement to vary the *Standard Conditions for Using Excess ART Embryos* will then be sought out of session and the agreed variation protocol used to vary the Standard Conditions. Committee to consider this issue in the context of their submission to the review of the legislation.

The Committee will further consider issues relating to consent at its June 2005 meeting.

Highlight variation to *Standard Conditions for Using Excess ART Embryos* in the next Information Bulletin.

Item 5.2: Applications – 309700, 309705

At its teleconference of 7 February 2005 the Committee agreed in principle to issue a licence for 309700, subject to amendment of consent forms by the applicant, and subsequent approval of those forms by the HREC. The Committee considered additional material relating to consent forms and agreed to issue licence 309700 as drafted, including special condition 9102.

With respect to the requirements of Section 21 of the *Research Involving Human Embryos Act 2002*, the Committee:

- decided to issue a licence (21(2));
- was satisfied that appropriate protocols are in place to obtain proper consent (21(3)(a)(i)) and ensure compliance with any restrictions on that consent (21(3)(a)(ii));
- noted that only embryos created before 5 April 2002 will be used (2(3)(b));
- was satisfied that the activity had been considered and approved by an HREC in accordance with 21(3)(c);
- had regard to restricting the number of embryos (21(4)(a))
- had regard to the likelihood of the activity being a significant advance in knowledge or improvement in technologies (21(4)(b));

- had regard to the relevant guidelines and the HREC assessment of the proposed activity (21(4)(c) and 21(4)(d)).

Decision:

Secretariat to issue the licence as drafted.

Item 5.3: Variations

Application to Vary Licence 309702A

The Committee noted that Secretariat had written to the applicant on 16 February 2005 but no response had been received by 28 February 2005. The Committee was unable to consider the application further.

Application to Vary Licence 309703

The Committee noted the application to vary this licence received on 15 February 2005 and the additional information received on 17 February. The Committee endorsed the list of issues identified by the Working Group and requested that Secretariat seek the additional information. The variation will then be considered further by the Working Group.

Decision:

Secretariat to request additional information and forward the response to the Working Group for consideration.

Committee to consider development of policy to inform when proposed changes constitute a variation to an existing licence and when they would require the submission of a new application.

Item 5.4: Contingency planning for end of current licences

In response to concerns raised by some licence holders, the Committee considered the existing expiry date for all licences issued. Members agreed that licence periods of up to 3 years would be consistent with the duration of NHMRC Project Grants.

Members agreed to vary the end date of licences as follows:

Licence No.	Licence ends
309701	16 April 2007
309702A	16 April 2007
309702B	16 April 2007
309703	16 April 2007
309704	16 April 2007
309707	21 December 2007
309708	5 November 2007
309709	11 June 2006

In making this decision the Committee noted that all licences are subject to both regular reporting requirements and monitoring of compliance with licence conditions. Further variations can be initiated by the Committee if this becomes necessary.

The period of appointment for inspectors was also discussed. The Chair agreed to review appointments toward the end of 2005.

Decision: Secretariat to vary licences as detailed above. Committee Chair to review duration of appointment of Inspectors by end 2005.

Item 5.5: Improvement of Consent Process

The Committee discussed using a checklist as a tool to assist the consent process and to ensure that consent processes and documents provided by applicants meet the requirements of the *Research Involving Human Embryos Act 2002*, the National Statement, and the ART guidelines. Draft checklists were considered.

The Committee agreed that the concept of the checklists is useful but requested a different emphasis. The checklists should use the language of the guidelines and then state the practical implications of the requirements. The Committee agreed to send feedback to Secretariat. The checklists will then be revised in consultation with the AHEC representative on the Committee, and their usefulness will be tested at the HREC training day to be hosted by AHEC in May 2005.

Decision: The Committee agreed in principle to use the draft checklist to assist the consent process. Members to provide feedback to Secretariat. Feedback from the HREC training day is to be provided at the next meeting of the Committee.

Item 6: Compliance and Assessment

Item 6.1: Information Exchange Visits

The Chief Inspector briefed the Committee on information exchange visits undertaken since the December 2005 meeting. Members commended the activities of the inspectors in their work, and suggested the use of NHMRC networks to develop the program of Information Exchange Visits.

It was agreed that further emphasis needs to be placed on Information Exchange Visits with consumer and community groups and it was noted that an information sheet targeted at donors is being drafted.

Decision:
Secretariat to use NHMRC networks to develop the Information Exchange Visit program and increase Information Exchange Visits with consumers during 2005.

Secretariat to liaise with the Communications Working Party to draft an information sheet for donors - for consideration at the May meeting.

Item 6.2: Update on Compliance Communication Arrangements with States and Territories

Members were informed about progress with the development of MOUs.

Decision:

The Committee agreed to development of MOUs covering inspections and compliance issues with Victoria, Western Australia, Tasmania and South Australia.

Compliance and Assessment Section will provide the Committee with an update at the May 2005 meeting.

Item 6.3: Report on Records Audit Inspection – Licence 309707

A full copy of the report was made available to the Committee. The Committee was satisfied with the outcome of the Record Audit Inspection.

Decision:

A summary of this monitoring report will be included in the next Licensing Committee Report to Parliament.

Item 6.4: Clonaid Investigation

The Chief Inspector reported the outcomes from the completed Clonaid investigation. Members noted the limitations to powers available to inspectors in relation to non-licence holders and their premises.

Decision:

The next Report to Parliament will include reference to the Clonaid investigation and highlight the fact that inspection powers are limited by the legislation.

Item 7: Review of Legislation

Secretariat informed Members of progress in establishing the Committee to undertake the reviews of the *Research Involving Human Embryos Act 2002* and the *Prohibition of Human Cloning Act 2002*.

Members noted that the NHMRC will make a submission to the reviews and the Licensing Committee's views will form part of that submission.

Decision:

The Committee will draft a submission and forward it to Council. This work will be facilitated via one of the budget projects discussed at Item 4.

Item 8: Sunset Clause

The Committee noted that Section 46 of the *Research Involving Human Embryos Act 2002* provides that paragraphs 21(3)(b) and 24(1)(c) and subsection 24(3) of the Act are repealed on 5 April 2005.

The impact on the special conditions applied to licences issued by the Committee was discussed. Advice provided by Legal Services Branch was considered.

It was agreed that all licences may need to be varied to remove reference to the restriction on the use of embryos if that use will damage or destroy the embryo. Some preliminary drafting was undertaken at the meeting. Secretariat will finalise drafting in consultation with Legal Services Branch and seek endorsement of varied licences out of session. Licences will then be varied as soon as practicable after 5 April 2005 if the clauses are repealed.

This matter would be highlighted in the next issue of the Information Bulletin and HRECs would be reminded of the sunset of these clauses. Licence holders would be informed that they may need to vary their patient information documents.

All information produced by the Committee would be reviewed to reflect the sunset of these clauses.

Decision:

Following repeal of paragraphs 21(3)(b) and 24(1)(C) and subsection 24(3) of the Act, Secretariat will review all licences, redraft licence conditions as required, seek approval of variations by Licensing Committee out-of-session and vary licences as soon as practicable after 5 April 2005.

Secretariat to include information about the sunset of these clauses in the next Information Bulletin, review all documents produced by the Committee, inform HRECs and remind licence holders about their patient information sheets.

Item 9: Definition of Embryo

The Definition of Embryo Working Group held its first meeting in February 2005. A summary of the work undertaken to date was provided at the meeting. The Committee discussed and agreed to change the name of the working group to 'The Biological Definition of Human Embryo Working Group'.

The Working Group will meet again on 23 March 2005 in Melbourne.

Decision:

Committee agreed to change the name of the working group. Secretariat to circulate the minutes of February meeting when finalised. Secretariat to report on March meeting at the next Licensing Committee meeting.

Item 10: Communications

The Implementation Plan for 2005 was endorsed.

The Committee noted the second bulletin circulated to all stakeholders and other communications work undertaken to date. The Communications Working Party was asked to work with Secretariat to draft the next issue of the Information Bulletin and the information sheet for donors.

Members noted that work to establish contacts with religious groups is continuing.

Decision:

The Committee endorsed the Communication Implementation Plan for 2005.

Communications Working Party to draft agreed material out of session.

Item 10.1 Update of information Kit

The Committee noted progress with the update and revision of the Information Kit. A preprint version of the document was available at the meeting. The document will be forwarded to members once published.

Secretariat was asked to make copies available for the AHEC workshop on 11 May 2005.

Decision:

Forward the document to Members once printed and make it available at the AHEC workshop on 11 May 2005.

Item 11. Consequences of Council's adoption of 2004 ART guidelines

Members noted progress on work being undertaken to give effect to the 2004 ART Guidelines under the *Research Involving Human Embryos Act 2005.*

Item 12: National Application form – Ethics questions relating to embryo research

The Committee noted progress on the drafting of a National Application Form to obtain ethics approval for research proposals. Members were asked to forward comments to Secretariat.

Decision: Members to forward comments to Secretariat.

Item 13: Update on Database

The Committee noted progress towards the development of the database. A number of Companies have been short listed for consideration and further evaluation in respect of the Commercial Off-The-Shelf Software. The in-house development is also progressing.

Decision: Secretariat to update Members on database progress at the May Licensing Committee meeting.

Item 14: Other Business

No other business was discussed.

Item 14.1 Next Meeting

Members agreed that the remaining Licensing Committee meetings for 2005 will be held on:

- 31 May and 1 June;
- 31 August and 1 September; and
- 23-24 November.

If the agenda for the May/June meeting requires only one day, the meeting will be held on 31 May 2005. Professor Bryan Campbell and Professor Christopher Newell are unable to attend this meeting.

The August/September meeting will be held in Adelaide.

Decision:

August/September meeting to be held in Adelaide.

Item 15: Conclusion of Meeting

The meeting concluded at 11.20am on Wednesday 2 March 2005.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-049
Supplementary Information

OUTCOME 11 – Health and Medical Research

Topic: LICENSING COMMITTEE

Written Question on Notice

Senator Harradine asked:

Please provide copies of the minutes of the meetings of the Licensing Committee, for all meetings since copies were last provided.

Answer:

The minutes from the 1 June 2005 Licensing Committee Meeting are attached.

NHMRC LICENSING COMMITTEE

Minutes of the Meeting of 1 June 2005
Blundell's Room, Crowne Plaza Canberra.

8.30am to 2.30pm Wednesday 1 June 2005

ATTENDANCE

Members:

Professor Jock Findlay (Chairperson)

Professor Don Chalmers

Dr Peter Illingworth

Dr Graham Kay

Dr Helen Szoke

Dr Julia Nicholls

Legal Services Branch:

Mr Neil Dwyer

Ms Kathleen Hall

Mr Nathan Maslen

Observer:

Ms Francesca Baas-Becking (AHEC)

Apologies:

A/Professor Christopher Newell

Professor Bryan Campbell

Secretariat:

Dr Clive Morris

Dr Greg Ash

Ms Celia Jobson

Dr Alison Mackerras

Mr Martin Boling

Dr Harry Rothenfluh

Mr Phillip Hoskin

Ms Jennifer Simpson

Mr Roland Altmann

Ms Julie Martin

Dr Mike Gear

Item 1: Opening

The meeting commenced at 8.30am on Wednesday 1 June 2005.

Item 1.1: Apologies

Members noted apologies from A/Professor Christopher Newell and Professor Bryan Campbell.

Item 1.2: Confidentiality and Conflict of Interest

Members were reminded of their obligations in respect of confidentiality and conflict of interest declarations.

Dr Peter Illingworth informed Committee Members that he is now a consultant to IVF Australia.

Decision: Licensing Committee members agreed that Dr Peter Illingworth's role as a consultant to IVF Australia remain as a standing Agenda item for all future meetings.

Item 1.3: Confirmation of Agenda

The timing of agenda items was confirmed.

Members noted the revised format of the Agenda. Items were either 'starred' or 'non-starred', with the intention that those items not-starred were for noting only or did not require discussion of the recommendation. Members were invited to identify any non-starred item that required discussion.

Item 1.4: Chairman's Report

Members were informed that since the last meeting of the Committee, the Chair participated in:

- Council meeting of 9 – 10 March 2005, Alice Springs;
- NHMRC Management Committee meeting of 21 April 2005;
- Two meetings of the Biological Definition of Human Embryo Working Group 23 March and 9 May 2005 in Melbourne;
- The Compliance and Assessment visit to Diabetes Transplant Unit and IVF Australia on 18 April 2005;
- The GTRAP workshop 'Emerging Issues in Stem Cell Research' as a guest speaker (10 May 2005 in Canberra) informing participants about the

role of Licensing Committee in stem cell research. Committee Member Dr Graham Kay also attended the workshop;

- Recruitment interviews for an NHRMC inspector, Canberra on 17 May 2005;
- Discussions with Victorian Premier regarding the establishment of the Review Committee; and
- A visit to the National Stem Cell laboratories.

The Licensing Committee Chair's Report to Council for its meeting of 9 June 2005 to be held in Canberra was tabled. Committee Members noted that Professor Don Chalmers will be attending the next Council meeting in the Chair's absence.

Members noted the Chair's scheduled meeting with the Minister directly following the meeting to provide a report on the work of the Committee to date.

Item 1.5: Out of Session Activities

Members noted out of session decisions made by the Committee since the 1-2 March 2005 meeting, as presented in the meeting papers.

Item 2: Minutes and Action Arising of Previous Meeting

The draft minutes of the 1-2 March 2005 meeting were endorsed by Members. The table detailing progress on action arising from the meeting of 1-2 March 2005 was noted.

Item 2.1: Reconsideration of Previous Minutes

The Minutes of the meetings held 2-3 December 200, 1-2 March 2004, and the out-of-session teleconference held on 7 February 2005 were reconsidered by Members and rescinded.

Decision: Secretariat to amend rescinded Minutes where noted to reflect the Committees policy on the level of detail to be included in the Minutes. Minutes to be presented to next meeting for re-endorsement by the Committee.

Item 3: NHMRC Activities

Item 3.1: Council Activities

Members noted the report provided by the Council Secretariat.

Item 3.2: Report by AHEC Representative

Professor Campbell provided a written report to inform members about matters considered by AHEC since the 1-2 March 2005 meeting of the Licensing Committee.

Decision:

Secretariat to provide members with information from the AHEC workshop in May and to upload to the website.

Item 3.3: Interaction with GTRAP

Members were provided with an update of issues being considered by GTRAP:

- Clinical application of stem cells; and
- GTRAP workshop 'Emerging Issues in Stem Cell Therapy' was held 10 May 2005, Canberra. Keynote speaker at the workshop Associate Professor Katarina Le Blanc (Karolinska University Hospital, Sweden) provided two presentations at the workshop: (i) recent advances in stem cell science and (ii) the regulatory environment in Sweden;/European Union for conducting clinical trials using stem cells. Discussions included consultations between GTRAP and HREC members in developing guidance for the clinical application of stem cells.

Item 3.4: Secretariat Activities

Members noted the summary report on Centre for Compliance and Evaluation recruitment activities and staff movements.

Item 3.5: Committee Membership

Members noted that the Chair has written to the Minister regarding progress in appointing a replacement for resigned member Dr Megan Best. The Chair noted that the work of the Committee was impeded by the lack of a person with expertise in research ethics.

Item 4: Budget

The Committee noted the budget report tabled at the meeting and requested that the Secretariat expedite action necessary to commence projects agreed by the Committee at its March 2005 meeting.

Decision:

Secretariat to progress agreed projects and report to the 31 August 2005 meeting.

Item 5: Licence Considerations

Possible conflicts of interest were declared and dealt with in accordance with NHMRC procedures.

Item 5.1: Post Sunset Clause Implications

Members noted that all Licences were varied on 27 April 2005 to remove those special conditions that related to the use of excess ART embryos created on or after 5 April 2002 for consistency between the Licence Conditions and the provisions in the *Research Involving Human Embryos Act 2002*.

Decision:

Secretariat to communicate with stakeholders about this change through Information Exchange Visits and the NHMRC Licensing Committee Bulletin.

Item 5.2: Applications

Members noted that since the 1-2 March 2005 meeting of the NHMRC Licensing Committee there have been no new Licence Applications submitted. There are no Licence Applications currently undergoing assessment.

Item 5.3: Variations

Item 5.3.1: Application to Vary Licence 309702A

The Committee noted the withdrawal of an application to vary licence 309702A. The original application for variation was sent to the committee on 2 June 2004 and the withdrawal was received on 28 February 2005.

Item 5.3.2: Application to Vary Licence 309703

Although additional information had been received for licence 309703, several issues remain unresolved. The Committee agreed to progress this application out-of-session.

Item 5.3.3: Application to Vary Licence 309707

Members noted that the application to vary administrative aspects of licence 309707 was approved by an out-of-session process and the licence was varied on 27 May 2005.

Item 5.3.4: Application to Vary Licence 309708

Members noted that the application to vary administrative aspects of licence 309708 was approved by an out-of-session process and the licence was varied on 27 May 2005.

Item 5.3.5: Summary of all Variations

As requested at the 1-2 March 2005 Licensing Committee Meeting, the Secretariat tabled a summary spreadsheet of all variations to Licences, both ongoing and completed. Members noted the summary of each licence variation.

Item 5.4: Consent

Item 5.4.1

Members noted the paper detailing consent notifications received to date.

Item 5.4.2

Members commended the consent checklist presented to the AHEC workshop on 11 May 2005.

Decision: Members endorsed the Consent Checklist subject to minor amendments and requested Secretariat to: - include it in the Licence Applicant Information Kit; - disseminate the checklist through NHMRC Information Exchange Visits; and - publish it on the Internet. Secretariat to provide advice to HRECs about assessing licence applications for embryo research.

Item 6: Compliance and Assessment

Item 6.1: Licence Holder Biannual Reports.

Possible conflicts of interest were declared and dealt with in accordance with NHMRC procedures.

Members noted the summary information received from NHMRC embryo research Licence Holders for the Licence Holder Biannual Reports reporting period 01 October 2004 to 31 March 2005. The Licence Holders included: 309700, 309701, 309702A, 309702B, 309703, 309704, 309707, 309708, and 309709.

Item 6.2: Update on Compliance Communication Arrangements with States and Territories

Members were informed about progress in developing compliance and communication arrangements with the States and Territories.

Item 6.3: Report on Records Audit Inspection – Licence 309707

A full copy of the report was made available to the Committee. The Committee was satisfied with the outcome of the Record Audit Inspection.

Decision:

A summary of this monitoring report will be included in the next Licensing Committee Report to Parliament.

Item 6.4: Report on Monitoring Inspection – Licence 309708

A full copy of the report was made available to the Committee. The Committee was satisfied with the outcome of the Records Audit Inspection.

Decision:

A summary of this monitoring report will be included in the next Licensing Committee Report to Parliament.

Item 6.5: Draft Policy on Short Notice Inspections

Members discussed the draft policy on 'Short Notice Inspections' as part of the current monitoring system to ensure compliance with the *Research Involving Human Embryos Act 2002* and the *Prohibition of Human Cloning Act 2002*.

Decision:

Members agreed that:

1. under the terms of the existing Act, inspectors have the power to undertake short notice inspection visits;
2. any unannounced or short notice inspections should generally be undertaken at a reasonable time, and inspections should not disrupt any clinical treatments in progress at the time of the inspection of the premises of a licence holder;
3. the current compliance system used by inspectors during inspections would be used during unannounced inspections. Alternative compliance procedures would only be implemented where there were demonstrated reasons for doing so; and
4. to date, all monitoring and compliance inspection reports have found all licence holder activities to be compliant with all conditions;
5. to date, the licence holders have been fully cooperative with the inspectors in all audit inspections;
6. to date, there has been no evidence from inspections so far conducted for any matters requiring further investigation.

Members agreed the Chair would discuss these issues at the scheduled meeting with the Minister (on the evening of 1 June 2005, following the meeting).

Members agreed to include unannounced inspections as a standing item at future meetings.

Item 7: Review of Legislation

Secretariat informed Members of progress in establishing the Committee to undertake the reviews of the *Research Involving Human Embryos Act 2002* and the *Prohibition of Human Cloning Act 2002*. Members noted that the NHMRC will make a submission to the reviews and the Licensing Committee's views will form part of that submission. Members requested an opportunity to discuss potential scientific developments.

Decision:

Secretariat will draft a submission for consideration by the Committee.

Item 8: Biological Definition of Human Embryo

The Definition of Embryo Working Group held its second and third meetings in March and May 2005.

Decision:

Secretariat to finalise a summary of the work undertaken to date and produce a draft discussion paper. Working party members to endorse the discussion paper, and circulate to a panel of external peer reviewers according to agreed timeframes:

- 18 July 2005 - report to be sent to reviewers;
- 31 August 2005 - report tabled at NHMRC Licensing Committee meeting; and
- 8 & 9 September 2005 - report tabled at NHMRC Council meeting.

Item 9: ...Use of Newly Created Excess ART Embryos in Licensed Activities

Members considered requests for advice received from licence holders concerning the use of newly created excess ART embryos in licensed activities (excess ART embryos that have not been cryopreserved).

Members discussed and noted that current licences were unlikely to allow the licence holders to use newly created excess ART embryos; they would need to apply to the Licensing Committee to use newly created excess ART embryos.

Decision:

The NHMRC Licensing Committee Secretariat to seek advice from Legal Services Branch on the issues identified.

Secretariat to respond in writing to letters received by licence holders advising that (i) licence holders must act in accordance with existing licences granted and therefore must use only frozen embryos for research where stated; and (ii) the Licensing Committee would provide further advice on the matter following further legal advice.

Secretariat and Legal Services Branch to request advice from Australian Government Solicitor (AGS) and report to Licensing Committee.

Item 10: Biannual Report to Parliament

Members noted progress and that a copy of the report will be forwarded to each Member once tabled in Parliament.

Item 11: Communications

Item 11.1: Information Exchange Visits

The Chief Inspector briefed the Committee on information exchange visits undertaken since the 1-2 March 2005 meeting. Members noted the reports of visits to sites, and the support provided at the NHMRC Conference on Research Ethics and the Continuing Education Day workshop. Members commended the activities of the inspectors in their work and for the success of the workshop.

Decision:

Chair to brief Minister on recent activities under this program.

Secretariat to continue to use NHMRC networks to develop the Information Exchange Visit Program and increase Information Exchange Visits with consumers during 2005.

Secretariat to liaise with Consumer Health Forum requesting assistance to inform consumer organisations about Information Exchange Visits to various capitals.
Secretariat to continue to liaise with the Communications Working Party to draft an information sheet for donors - for consideration at the 31 August – 1 September meeting.

Item 11.2: Update of Information Kit

The Committee noted progress with the publishing of the Information Kit. A preprint version of the document will be forwarded to members once finalised.

Decision:

Forward the document to Members once published and distribute copies in accordance with the Communications Plan.

Item 11.3: Information Bulletin

Members were provided with a draft information bulletin for discussion.

Decision:

Secretariat to make minor changes to the draft information bulletin as requested by members. Members agreed to endorse the draft information bulletin for circulation, once amendments are completed. Communications working group to be consulted out-of-session prior to the publication and distribution of copies in accordance with the Communications Plan.

Item 11.4: Targeted Information Sheets

Members were provided with the draft of the targeted information sheets.

Decision:

Secretariat to progress the draft and publishing process for the targeted information sheets.

Item 11.5: HREC Training Day

Members noted the workshop held on 11 May 2005 by the NHMRC's Compliance and Assessment Section regarding research involving human embryos, as a component of the NHMRC's Ethics in Human Research Conference.

Decision:

Secretariat to respond to feedback from participants requesting that similar workshops and Information Exchange Visits be provided.

Item 11.6: Report from Dr Nicholls

Members noted the report from member Dr Nicholls regarding a meeting with consumer representatives.

Decision:

Members agreed future meetings with consumer representatives were important, and at least two (2) committee Members should attend per meeting, where possible.

Members noted that it is desirable for members to attend various meetings and/or conferences as Licensing Committee representatives to engage in public consultation. Members agreed to provide information to the Secretariat about such activities before each meeting.

Item 12: Adoption of 2004 ART Guidelines in Regulations

Members noted progress on work being undertaken to give effect to the 2004 ART Guidelines under the *Research Involving Human Embryos Act 2005.* Secretariat to coordinate responses from states and territories and finalise drafting of the regulations.

Item 13: National Application Form

The Committee noted progress on the drafting of a National Application Form to obtain ethics approval for research proposals. AHEC Secretariat to stage web-based roll-out of the form prior to the end of 2005.

Item 14: Other Business

No other business was discussed.

Item 15: Next Meeting

Members agreed that the remaining Licensing Committee meetings for 2005 will be held on:

- 31 August and 1 September; and
- 23 and 24 November.

If the agenda for the August/September meeting requires one and a half days only, the meeting will commence from 1pm on 31 August 2005. The August/September meeting will be held in Adelaide.

Decision:

August/September meeting to be held in Adelaide.

Item 16: Conclusion of Meeting

The meeting concluded at 2:40pm on Wednesday 1 June 2005.

Senate Community Affairs Legislation Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2005-2006, 1 & 2 June 2005

Question: E05-051

OUTCOME 11: Health and Medical Research

Topic: THE AUSTRALIAN STEM CELL CENTRE AND CHANGES TO THE *PROHIBITION OF HUMAN CLONING ACT 2002*

Written Question on Notice

Senator Harradine asked:

Are you aware that the Australian Stem Cell Centre (ASCC) – a group to which the government has granted over $100 million – is now lobbying for changes to the *Prohibition of Human Cloning Act 2002* so that it can clone human embryos for research? Does the substantial government funding mean that the ASCC will have more credibility and therefore more impact on the review committee's considerations?

Answer:

The Legislation Review Committee is independent of government and key stakeholder groups. All stakeholders will have an opportunity to make a written submission to the Legislative Review Committee.