

REQUEST:*Urgent Care Clinics*

- The full list of the 29 locations (both locations announced and yet to be announced) earmarked for an Urgent Care Clinic as per the 2024-25 Budget measure.

RESPONSE:

29 additional Medicare UCCs (18 operating as at 22 October 2024)

Jurisdiction	Location
NSW	Bankstown
NSW	Carlton
NSW	Charlestown
NSW	Dapto
NSW	Fairfield
NSW	Liverpool
NSW	Queanbeyan
NSW	Ryde
NT	Ali Curung
NT	Alyangula
NT	Galiwinku
NT	Lajamanu
NT	Maningrida
NT	Wurruyiyanga
QLD	Hervey Bay
QLD	Inala
QLD	Morayfield
QLD	Redbank
QLD	Southport
SA	Para Hills
TAS	Bridgewater
VIC	Bendigo
VIC	Dandenong
VIC	Epping
VIC	Maribyrnong
VIC	Maroondah
VIC	Melton
VIC	Mount Waverley
WA	Armadale

REQUEST:*Better Access*

- The number of Australians who accessed a mental health session through the Better Access Program by electorate at September 2024.

RESPONSE:

Patient Electorate	Better Access Initiative Patients 2024 Year to Date Jan 2024 – Sep 2024
NSW	
Banks	10,991
Barton	12,201
Bennelong	13,472
Berowra	13,592
Blaxland	11,689
Bradfield	14,095
Calare	12,312
Chifley	13,938
Cook	12,577
Cowper	16,564
Cunningham	16,868
Dobell	14,790
Eden-Monaro	12,014
Farrer	11,181
Fowler	10,374
Gilmore	14,978
Grayndler	18,448
Greenway	14,704
Hughes	13,374
Hume	15,018
Hunter	15,502
Kingsford Smith	14,599
Lindsay	16,052
Lyne	12,136
Macarthur	16,595
Mackellar	14,198
Macquarie	15,386
McMahon	12,366
Mitchell	15,269
New England	9,103
Newcastle	16,896
North Sydney	15,305
Page	15,856
Parkes	8,714
Parramatta	13,677

Patient Electorate	Better Access Initiative Patients 2024 Year to Date Jan 2024 – Sep 2024
Paterson	16,509
Reid	13,268
Richmond	19,426
Riverina	11,743
Robertson	14,963
Shortland	13,872
Sydney	19,501
Warringah	14,153
Watson	12,484
Wentworth	16,955
Werriwa	13,056
Whitlam	15,760
Vic	
Aston	13,868
Ballarat	16,587
Bendigo	15,511
Bruce	14,414
Calwell	14,216
Casey	16,485
Chisholm	13,558
Cooper	21,028
Corangamite	16,077
Corio	15,689
Deakin	15,470
Dunkley	17,215
Flinders	14,456
Fraser	15,854
Gellibrand	16,021
Gippsland	12,161
Goldstein	17,223
Gorton	12,910
Hawke	15,772
Higgins	17,847
Holt	14,290
Hotham	13,571
Indi	12,110
Isaacs	15,340
Jagajaga	17,374
Kooyong	15,954
La Trobe	15,151
Lalor	15,321
Macnamara	21,909

Patient Electorate	Better Access Initiative Patients 2024 Year to Date Jan 2024 – Sep 2024
Mallee	10,463
Maribyrnong	15,749
McEwen	17,327
Melbourne	23,043
Menzies	13,915
Monash	13,706
Nicholls	12,524
Scullin	13,525
Wannon	11,211
Wills	21,059
Qld	
Blair	17,764
Bonner	13,535
Bowman	13,402
Brisbane	18,707
Capricornia	10,514
Dawson	10,583
Dickson	14,692
Fadden	18,707
Fairfax	17,362
Fisher	16,923
Flynn	8,878
Forde	17,777
Griffith	17,715
Groom	13,334
Herbert	14,560
Hinkler	11,914
Kennedy	9,996
Leichhardt	13,199
Lilley	14,332
Longman	16,078
Maranoa	9,122
McPherson	17,581
Moncrieff	17,737
Moreton	13,863
Oxley	14,864
Petrie	15,281
Rankin	14,163
Ryan	15,541
Wide Bay	13,649
Wright	16,846
SA	

Patient Electorate	Better Access Initiative Patients 2024 Year to Date Jan 2024 – Sep 2024
Adelaide	16,025
Barker	10,706
Boothby	14,551
Grey	9,112
Hindmarsh	13,253
Kingston	15,404
Makin	13,226
Mayo	15,275
Spence	15,275
Sturt	14,300
WA	
Brand	14,234
Burt	13,085
Canning	11,134
Cowan	12,845
Curtin	16,182
Durack	10,329
Forrest	12,745
Fremantle	15,300
Hasluck	14,174
Moore	14,004
O'Connor	10,001
Pearce	15,531
Perth	16,299
Swan	13,949
Tangney	13,347
Tas	
Bass	7,981
Braddon	8,104
Clark	9,768
Franklin	9,570
Lyons	8,544
NT	
Lingiari	4,518
Solomon	6,467
ACT	
Bean	10,985
Canberra	12,181
Fenner	11,511
Australia	2,098,939

Notes for Better Access Initiative:

- Patients counts may differ slightly from figures reported elsewhere due to differences in timing of the data extraction and the treatment of late claims.
- Includes patients who claimed at least one MBS service provided under the Better Access initiative.
- The number of sessions a patient can access under the Better Access initiative is calculated on a calendar year.
- Patients are allocated to Electorates based on the patient's geocoded address at the time of processing. The Australian total includes patients with unknown location.
- Patient counts for electorates should not be added together as patients who changed their enrolment details during the year may be counted twice. For this reason, the Australian total provided is smaller than the sum of electorates as it counts each patient only once.

REQUEST:*Private Health Insurance*

- The number of Australians with Private Health Insurance by electorate at September 2024.

RESPONSE:

- Private health insurance membership in Australia as at 30 June 2024 ([APRA quarterly private health insurance statistics](#)) is outlined below:
 - 12,235,920 (hospital treatment membership)
 - 14,884,297 (general treatment membership)
- June 2024 data was published on 14 October 2024. September data is not yet available on the APRA website.
- Data on the number of persons with PHI by SA2 level, 2020-2022 inclusive can be sourced from [ABS – Data by region methodology](#) (*Health and disability, ASGS and LGA, 2011, 2016-2022 data cube*).
- The ABS publication was updated with this data on 31 May 2024. There is no indication of when the next release is due to be published.
- The ABS data is sourced from the Australian Taxation Office (ATO) and relates to taxpayers who report having private health insurance within the financial year.
- Accordingly, this data does not include people who did not submit a tax return, such as many older Australians and most children. Further, it is not clear whether the ABS data includes hospital treatment membership only, or both hospital and general treatment membership.

REQUEST:*Bulk Billing figures*

- The monthly GPR NRA Services figures (total and bulk billed) from October 2023 to September 2024 (and October 2024 if available) as per the table provided in response to SQ24-000195 (attached) – Question 4.
- Bulk Billing Figures by electorate at September 2024.

RESPONSE:**GP Non-Referred Attendances (GP NRA) by Month of Processing, July 2023 to October 2024**

Month of Processing	GP NRA Services	GP NRA Bulk Billed Services	GP NRA Bulk Billing Rate
October 2023	13,858,679	10,479,557	75.6%
November 2023	13,571,803	10,379,111	76.5%
December 2023	11,739,422	9,120,544	77.7%
January 2024	12,778,879	9,791,002	76.6%
February 2024	13,669,911	10,519,261	77.0%
March 2024	13,461,095	10,462,361	77.7%
April 2024	14,097,604	11,087,593	78.6%
May 2024	16,031,285	12,669,809	79.0%
June 2024	13,710,091	10,800,409	78.8%
July 2024	14,940,856	11,591,540	77.6%
August 2024	14,741,462	11,429,554	77.5%
September 2024	13,595,730	10,546,125	77.6%
October 2024	14,551,968	11,254,364	77.3%

GP NRA Bulk Billing Rate by Electorate, 2023-24 and July-September 2024 (Date of Processing)

Patient Electorate	GP NRA Bulk Billing Rate July-September 2024
NSW	
Banks	84.7%
Barton	87.2%
Bennelong	79.7%
Berowra	80.8%
Blaxland	97.3%
Bradfield	74.7%
Calare	81.5%
Chifley	97.5%
Cook	72.9%
Cowper	82.4%
Cunningham	74.6%
Dobell	74.8%
Eden-Monaro	69.3%
Farrer	73.8%
Fowler	96.6%

Patient Electorate	GP NRA Bulk Billing Rate July-September 2024
Gilmore	82.6%
Grayndler	71.0%
Greenway	94.3%
Hughes	78.3%
Hume	89.9%
Hunter	75.0%
Kingsford Smith	75.2%
Lindsay	95.0%
Lyne	80.6%
Macarthur	94.2%
Mackellar	67.0%
Macquarie	82.9%
McMahon	96.6%
Mitchell	86.6%
New England	76.5%
Newcastle	59.7%
North Sydney	67.7%
Page	78.9%
Parkes	85.3%
Parramatta	93.6%
Paterson	75.4%
Reid	83.8%
Richmond	77.5%
Riverina	82.7%
Robertson	75.3%
Shortland	64.4%
Sydney	71.2%
Warringah	58.3%
Watson	94.0%
Wentworth	58.9%
Werriwa	95.2%
Whitlam	78.6%
Vic	
Aston	80.0%
Ballarat	82.0%
Bendigo	75.6%
Bruce	89.1%
Calwell	89.5%
Casey	73.6%
Chisholm	80.0%
Cooper	73.2%
Corangamite	71.6%
Corio	71.6%

Patient Electorate	GP NRA Bulk Billing Rate July-September 2024
Deakin	72.1%
Dunkley	77.2%
Flinders	70.5%
Fraser	85.5%
Gellibrand	80.3%
Gippsland	83.3%
Goldstein	61.0%
Gorton	87.6%
Hawke	79.6%
Higgins	61.2%
Holt	91.8%
Hotham	84.6%
Indi	72.8%
Isaacs	76.9%
Jagajaga	67.5%
Kooyong	62.0%
La Trobe	85.2%
Lalor	89.2%
Macnamara	66.3%
Mallee	82.1%
Maribyrnong	74.0%
McEwen	75.3%
Melbourne	64.6%
Menzies	76.1%
Monash	83.7%
Nicholls	80.6%
Scullin	83.9%
Wannon	77.3%
Wills	76.6%

Qld	
Blair	81.0%
Bonner	67.0%
Bowman	70.6%
Brisbane	55.6%
Capricornia	71.6%
Dawson	75.0%
Dickson	66.5%
Fadden	82.5%
Fairfax	70.4%
Fisher	69.7%
Flynn	73.7%
Forde	83.6%
Griffith	61.2%
Groom	79.2%
Herbert	80.2%
Hinkler	83.7%
Kennedy	77.5%
Leichhardt	80.4%
Lilley	65.0%
Longman	79.3%
Maranoa	79.1%
McPherson	78.2%
Moncrieff	80.9%
Moreton	76.3%
Oxley	80.6%
Petrie	74.1%
Rankin	84.1%
Ryan	59.4%
Wide Bay	77.4%
Wright	82.0%
SA	
Adelaide	71.4%
Barker	76.8%
Boothby	66.5%
Grey	82.2%
Hindmarsh	75.4%
Kingston	71.8%
Makin	76.7%
Mayo	70.1%
Spence	82.6%
Sturt	70.4%
WA	
Brand	74.0%
Burt	78.7%

Canning	72.4%
Cowan	75.3%
Curtin	55.6%
Durack	73.8%
Forrest	76.2%
Fremantle	65.8%
Hasluck	70.3%
Moore	63.4%
O'Connor	75.3%
Pearce	68.8%
Perth	62.0%
Swan	68.2%
Tangney	68.5%
Tas	
Bass	72.5%
Braddon	84.1%
Clark	61.8%
Franklin	60.1%
Lyons	75.4%
NT	
Lingiari	81.7%
Solomon	69.8%
ACT	
Bean	53.6%
Canberra	48.1%
Fenner	57.0%
Australia	77.6%

REQUEST:

Workforce data

- An updated forecast gap of registered nurses required in residential aged care to fulfil care minute requirements currently in place, as of 1 October 2024.
- A breakdown of the current care workforce numbers across Australia, including registered nurses, enrolled nurses, general practitioners, disability care workers and aged care workers. Please provide in the same format as response tabled 15 Feb 2024 from 2023-24 Additional Estimates.

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A breakdown of care workforce numbers across Australia by aged care and disability

Table 1. Health Workforce by Profession and Area, 2015 to 2023

Nurse Division / Area / Setting	2015		2016		2017		2018		2019		2020		2021		2022		2023	
	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE
Total Registered Nurses	252,587	214,147.8	260,263	220,624.3	267,783	227,508.9	276,710	235,933.9	286,907	245,590.2	292,184	248,971.3	303,440	267,509.4	308,851	279,347.1	326,838	296,535.5
Registered Nurses in Aged Care & Disability *	34,016	30,508.5	35,207	31,635.8	36,252	32,597.5	37,197	33,538.0	39,108	35,369.9	40,408	36,574.6	36,549	34,154.3	36,767	35,954.6	38,816	38,151.9
Aged Care	27,138	24,345.8	28,147	25,313.2	29,005	26,138.2	29,820	26,971.8	31,613	28,671.1	33,302	30,329.1	35,055	32,810.6	35,191	34,554.3	37,013	36,575.4
Residential Aged Care Setting	21,334	19,153.4	22,392	20,136.1	23,146	20,866.4	24,013	21,746.9	25,619	23,261.6	27,396	25,027.4	27,078	25,462.5	26,452	26,275.3	28,249	28,224.8
Other settings	5,804	5,192.4	5,755	5,177.1	5,859	5,271.8	5,807	5,224.9	5,994	5,409.5	5,906	5,301.7	7,977	7,348.1	8,739	8,279.0	8,764	8,350.6
Rehabilitation & Disability	6,878	6,162.7	7,060	6,322.6	7,247	6,459.3	7,377	6,566.2	7,495	6,718.9	7,106	6,245.4						
Residential Aged Care Setting	675	607.3	657	594.3	574	525.7	537	493.7	517	473.2	469	419.7						
Other settings	6,203	5,555.4	6,403	5,728.3	6,673	5,933.6	6,840	6,072.4	6,978	6,245.7	6,637	5,825.8						
Disability													1,494	1,343.7	1,576	1,400.3	1,803	1,576.6
Residential Aged Care Setting													391	378.7	354	336.8	316	299.3
Other settings													1,103	965.0	1,222	1,063.5	1,487	1,277.2
Rehabilitation													7,091	6,404.3	7,232	6,731.2	7,657	7,102.4
Total Enrolled Nurses	50,848	42,557.8	51,497	42,913.7	51,529	42,802.8	53,007	43,990.9	53,293	44,238.6	52,420	43,041.9	54,234	45,372.0	53,654	46,058.1	54,453	47,043.2
Enrolled Nurses in Aged Care & Disability *	20,362	16,694.6	20,487	16,746.3	20,125	16,425.3	20,564	16,729.2	20,605	16,840.6	20,222	16,395.7	18,439	15,155.6	17,415	14,955.6	17,463	15,152.4
Aged Care	17,287	14,083.7	17,337	14,115.6	16,969	13,768.0	17,331	14,003.5	17,382	14,119.2	17,319	14,022.2	17,600	14,472.7	16,541	14,219.2	16,504	14,334.2
Residential Aged Care Setting	13,916	11,359.4	14,133	11,483.9	13,843	11,203.9	14,061	11,345.8	14,241	11,555.6	14,404	11,615.9	13,374	10,943.9	12,304	10,516.9	12,376	10,743.9
Other settings	3,371	2,724.3	3,204	2,631.7	3,126	2,564.1	3,270	2,657.7	3,141	2,563.7	2,915	2,406.2	4,226	3,528.8	4,237	3,702.3	4,128	3,590.3
Rehabilitation & Disability	3,075	2,610.9	3,150	2,630.7	3,156	2,657.3	3,233	2,725.7	3,223	2,721.3	2,903	2,373.6						
Residential Aged Care Setting	396	344.8	334	291.2	339	309.7	307	279.8	318	280.2	298	262.8						
Other settings	2,679	2,266.1	2,816	2,339.5	2,817	2,347.6	2,926	2,445.9	2,905	2,441.1	2,605	2,110.8						
Disability													839	682.9	874	736.3	959	818.3
Residential Aged Care Setting													260	222.3	212	196.4	226	207.8
Other settings													579	460.6	662	539.9	733	610.4
Rehabilitation													2,671	2,215.8	2,647	2,308.3	2,773	2,381.5
Medical Practitioners excluding GPs	60,480	66,993.4	62,989	69,694.8	65,739	72,890.6	68,329	75,334.7	70,739	77,441.4	73,673	78,799.2	76,659	81,967.6	79,982	85,829.5	90,011	94,819.0
Aged Care	37	29.2	33	30.4	38	30.7	48	43.7	46	41.1	76	70.8	73	59.7	90	77.9	130	116.7
Primary Care GPs	33,727	25,485.2	35,133	26,697.0	36,131	27,738.1	36,916	28,547.8	37,530	29,608.9	37,837	29,353.4	38,357	31,056.3	38,881	29,920.5	39,449	29,215.0
VR GPs	25,027	20,440.3	25,967	21,277.4	27,124	22,412.2	28,203	23,331.6	29,378	24,638.4	30,156	24,914.5	30,931	26,646.5	31,599	25,784.6	31,885	24,987.6
Non-VR GPs	5,295	3,361.0	5,440	3,559.1	5,051	3,286.1	4,496	3,010.7	3,902	2,691.8	3,293	2,115.8	2,435	1,512.6	1,632	818.0	1,562	665.7
GP Trainee	3,405	1,683.9	3,726	1,860.5	3,956	2,039.8	4,217	2,205.5	4,250	2,278.8	4,388	2,323.2	4,991	2,897.1	5,650	3,337.9	6,002	3,561.7
Total Allied Health Practitioners	137,469	124,113.3	141,927	128,343.2	147,549	133,113.2	153,977	138,959.0	178,446	164,655.0	187,597	172,009.2	195,219	179,695.3	203,888	190,682.7	214,467	197,194.1
Allied Health in Aged Care & Disability	4,377	3,728.5	4,491	3,872.5	5,037	4,433.8	5,802	5,226.4	6,472	5,886.8	7,387	6,701.8	7,962	7,208.6	8,058	7,371.6	7,317	6,567.8
Aged Care	2,441	2,074.4	2,438	2,089.3	2,856	2,523.1	3,465	3,163.9	3,899	3,594.9	4,092	3,744.1	3,968	3,585.4	3,546	3,222.9	2,649	2,342.6
Disability	1,936	1,654.1	2,053	1,783.2	2,181	1,910.7	2,337	2,062.5	2,573	2,292.0	3,295	2,957.6	3,994	3,623.2	4,512	4,148.7	4,668	4,225.2

* Note: Nurses in Aged Care & Disability includes nurses who may have worked in rehabilitation in 2015 to 2020, as survey responses did not differentiate between rehabilitation and disability until 2021.

** 2023 data on Allied Health is in draft and subject to change

Table 2. Primary Care GP FTE and Number of Services

Date of Data Extraction:

Original obtained on 24 October 2023

Updated on 1 October 2024

Notes on the Analysis:

Table 1 shows registered and employed health practitioners with:

- Total headcounts and FTE,
- Split by those working in Aged Care and have indicated they work in a Residential Aged Care Setting,
- Split further by those that indicated they work in Disability in a Residential Aged Care Setting.

Registered Nurses shows all Registered Nurses including dual registrations.

Enrolled Nurses Only shows Enrolled Nurses who were not also a Registered Nurse.

The nursing job area is used to allocate to aged care and disability.

* Note: Nurses in Aged Care & Disability includes nurses who may have worked in rehabilitation in 2015 to 2020, as survey responses did not differentiate between rehabilitation and disability until 2021.

Medical Practitioners excl GPs shows medical practitioners who did not indicate their main job area as General Practice. Their job setting is used to allocate to aged care and disability.

Primary Care GPs headcount is a workforce specific method which uses elements from the MBS data set to count when, where and by what type of GP services are being delivered

Allied Health includes: ATSI Health Practitioners; Chinese Medicine Practitioners; Chiropractors; Dental Practitioners; Medical Radiation Practitioners; Occupational Therapists; Optometrists; Osteopaths; Paramedicine Practitioners; Pharmacists; Physiotherapists; Podiatrists; and Psychologists.
Their job setting is used to allocate to aged care and disability.

Full-Time Equivalent (FTE) is based on 38 hours per week for Allied Health, 38 nursing hours per week for Nurses, and 40 hours per week for Medical Practitioners and Primary Care GPs.

Full-time Equivalent for GPs is a workforce specific method to estimate the workload of GPs providing primary care services. The method calculates a GP's workload based on the MBS services claimed as well as patient and doctor factors that affect the duration of a consultation. One GP FTE represents a 40 hour week per week for 46 weeks of the year. For each Medicare provider, the measure attributes an estimate of amount of time they have spent on their claims compared to what would be worked by a full-time GP, including billable time, non-billable time, and non-clinical time. GP FTE measures presented here are different to the GP Full-time Service Equivalent (FSE) measures published on the MBS Online website.

For more information on how Primary Care GPs are classified and how GP FTE is calculated, see <https://hwd.health.gov.au/resources/information/methods-gp-workload.html>

NA means unavailable. Data is not available for that period.

→ Sources

- National Health Workforce Dataset (NHWDSD): 2015 - 2023 (excluding Primary Care GPs)
- Medicare Benefits Schedule (MBS): 2016 - 2023, Primary Care GPs

REQUEST:*Aged Care*

- An updated forecast gap of registered nurses required in residential aged care to fulfil care minute requirements currently in place, as of 1 October 2024

RESPONSE:

The forecast gap of registered nurses required in residential aged care homes is estimated at:

- 1,490 Registered Nurses in 2024-25.

This estimate varies significantly from previous estimates supplied (4,043 supplied in May 2024) as the department's modelling has been updated to reflect:

- baseline supply update from Aged Care Workforce Census 2020 to Aged Care Workforce Provider Survey 2023
- impact of the Fair Work Commission 15% Stage 2 wage increase
- Care Minutes data from Q2 2023-24 of the Quarterly Financial Reporting
- 24/7 RN minutes from April 2024

REQUEST:

A breakdown of the current care workforce numbers across Australia, including registered nurses, enrolled nurses, general practitioners, disability care workers and aged care workers. Please provide in the same format as response tabled 15 Feb 2024 from 2023-24 Additional Estimates.

RESPONSE:

Table 1: 2024 Estimated Workforce Supply (Headcount) for Residential Aged Care and Home Care

ACWF supply	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32
Residential Aged Care									
RNs+NPs	36,605	37,871	39,079	40,020	40,707	41,142	41,424	41,935	42,327
ENs	15,950	16,480	16,976	17,357	17,638	17,824	17,958	18,185	18,358
PCWs	146,225	150,043	153,627	156,594	159,023	160,973	162,701	164,062	165,632
Total of direct care workers in RAC	198,780	204,395	209,682	213,972	217,368	219,939	222,083	224,181	226,318

All workers in RAC	253,665	260,115	266,231	271,301	275,436	278,704	281,522	284,348	287,180
Home Care and CHSP combined									
RNs+NPs	6,958	7,292	7,626	7,926	8,180	8,423	8,650	8,929	9,186
ENs	2,065	2,164	2,261	2,343	2,413	2,477	2,538	2,617	2,687
PCWs	118,998	123,626	128,258	132,704	136,701	140,958	145,311	149,177	153,219
Total of direct care workers in HC/CHSP	128,021	133,083	138,145	142,973	147,294	151,858	156,499	160,723	165,093
All workers in HC/CHSP	188,586	195,676	202,768	209,623	215,967	222,552	229,216	235,613	241,881
Grand total of all direct care workers	326,801	337,477	347,827	356,945	364,661	371,797	378,582	384,904	391,411
Grand total of all aged care workers	442,251	455,791	468,999	480,924	491,403	501,256	510,738	519,960	529,061

- Figures in the table are projected workforce supply from the department's Aged Care Workforce Model.
- These estimates will vary significantly from previous estimates supplied as the Model has been updated to reflect:
 - baseline supply update from Aged Care Workforce Census 2020 to Aged Care Workforce Provider Survey 2023
 - impact of the Fair Work Commission 15% Stage 2 wage increase
 - Care Minutes data from Q2 2023-24 of the Quarterly Financial Reporting
 - 24/7 RN minutes from April 2024
- Figures include all workers in the aged care sector, including agency staff
- "Direct care workers" include enrolled nurses, registered nurses, nurse practitioners and personal care workers
- "All workers" include nurses, personal care workers, Aboriginal and Torres Strait Islander health workers, management and administration, allied health and ancillary care workers.

REQUEST:*Aged Care*

- Irrespective of priority level, the median and mean time elapsed, in days, for the following scenarios pertaining to Commonwealth Home Support Program (CHSP):

RESPONSE:*Initial submission of request for assessment to receipt of program outcome*

In 2023-24, the median elapsed time for a Regional Assessment Service (RAS) assessment from referral to completion of a support plan, irrespective of priority level, was 15 days (mean of 19 days).

*Receipt of outcome to decision on acceptance of program**Patient acceptance of CHSP, to receipt of first support service*

CHSP service median elapsed times in days in 2023-24, from service recommendation (outcome of decision) till the first session, varied depending on service type and urgency of the request:

Service Type	Median*	Average	Median New Service*	Average New Service
Allied Health and Therapy Services	18.0	41.8	21.0	42.0
Assistance with Care and Housing	21.0	43.0	23.0	45.1
Centre-based Respite	14.0	36.1	18.0	37.4
Cottage Respite	23.0	56.4	25.0	50.6
Domestic Assistance	27.0	52.4	31.0	53.1
Flexible Respite	22.0	43.9	23.0	43.9
Goods, Equipment and Assistive Technology	47.0	70.7	49.0	69.1
Home Maintenance	28.0	55.8	33.0	56.0
Home Modifications	64.0	83.4	65.0	81.6
Meals	14.0	30.4	16.0	31.1
Nursing	0.0	13.0	2.0	14.5
Other Food Services	19.0	32.6	23.0	40.4
Personal Care	11.0	28.7	12.0	28.2
Social Support Group	12.0	42.0	20.0	41.4
Social Support Individual	17.0	41.1	21.0	41.2
Specialised Support Services	12.0	25.9	12.0	26.1
Transport	14.0	41.7	19.0	43.5

*The distribution of some wait periods is positively skewed, possibly due to older people delaying their decision to take up specific services or choosing to wait for a specific provider that might be at capacity. In these cases, the Australian Bureau of Statistics recommends that the median is used as a measure of central tendency (as opposed to the average), where 50% of observations on either side of the median value – see <https://www.abs.gov.au/statistics/understanding-statistics/statistical-terms-and-concepts/measures-central-tendency#:~:text=The%20median%20is%20the%20middle,value%20is%20the%20middle%20value.>

Notes:

- There is no mandate for providers to 'accept' service referrals in My Aged Care. For this reason, elapsed time, measured from service recommendation (i.e. approval in the case of CHSP services) to the first CHSP session, is a more accurate reflection of time waited than recommendation to referral, and referral to first service.
- The term 'elapsed time' is used instead of 'wait time', as there are other factors that come into play such as personal choice, which impacts on the time between certain stages of the My Aged Care journey. This is especially the case from the point of when an approval for Commonwealth subsidised care is provided. Often older people are approved for many forms of care, and it is up to them to decide the best form of care they take up to suit their situation and care needs.
- An aged care assessor may recommend more than one form of CHSP service type and service sub-types. The older person may choose to only access one service, a few services or all of the services recommended. As a result, there are a large number of recommendations that are not taken up, and it is not possible to determine whether this is by choice or lack of available services. The result of this is that the elapsed time is not per person but per service sub-type, meaning a single person may be represented in the data multiple times in the calculation of the average or median.

REQUEST:*Aged Care*

- Irrespective of priority level, the median and mean time elapsed, in days, for the following scenarios pertaining to Home Care Packages (HCP).

RESPONSE:*Initial submission of request for assessment to receipt of package outcome*

In 2023-24, the median elapsed time for an Aged Care Assessment Team (ACAT) assessment from referral to completion of a support plan, irrespective of priority level, was 22 days (mean of 48 days).

Receipt of assessment outcome to consumer acceptance of package

For people committed into a HCP in September 2024, the average wait time from assessment outcome to package assignment, irrespective of priority level, was as follows:

- Level 1: < 1 month
- Level 2: 6 months
- Level 3: 8 months
- Level 4: 3 months
- All levels: 5 months

The amount of time it takes from package assignment to package acceptance varies from person to person. On average it took an additional 42 days from package assignment to acceptance of package in September 2024.

Acceptance of package to assignment of assessed upon level of HCP

The department has not released interim packages since May 2022, therefore when a package is assigned, it is assigned to the person at their approved level. Accordingly, please refer to wait times stated in the previous question.

Receipt of assessed package level to receipt of first support services

The department does not have visibility of when a person first receives support services by the provider, however it is worth noting that the HCP subsidy payment is paid from the first day a person is committed into HCP (package acceptance).

REQUEST:*Aged Care*

- Current point in time data of all public hospital beds occupied by individuals waiting to be approved for, or receive entrance to, a residential aged care facility. Please provide this as a breakdown by each hospital location.

RESPONSE:

The Commonwealth does not hold point in time data relating to public hospital beds occupied by individuals waiting to be approved for, or receive entrance to, a residential aged care home (RACH).

Some state and territory governments have this data, which they collect via hospital or local health district engagement. A small subset of jurisdictions provide this data to the Commonwealth regularly, noting not all jurisdictions provide the breakdown by each hospital location. While the Commonwealth is not currently authorised to share this data, authorisation will be sought ahead of the upcoming hearing.

Significant variation in local practices, care pathways, and use of coding – between and within jurisdictions – makes any accurate national approximation challenging. In addition, some jurisdictions code all older people who could otherwise be discharged from hospital as ‘awaiting residential aged care’ when they may be approved for (and awaiting) home care services.

The most reliable data held by the Commonwealth on this issue is drawn from an analysis of hospital-level data by the Independent Health and Aged Care Pricing Authority. It provides a national-level approximation and relates to the 2022-23 financial year (with 2023-24 analysis under way).

In 2022-23, there were 3,027,000 recorded separations of older people (people over 65, or over 50 for First Nations people) in public hospitals. Of these, 39,351 separations occurred while the older patient also had on their record a code indicating that they were awaiting aged care services (whether residential aged care or additional home-based support). As a proportion of all separations of older people, this represents approximately 1.3%.

The Commonwealth has invested \$882.1 million out of the recent \$1.2 billion Strengthening Medicare package towards addressing the ‘long stay older patient’ issue. Under this investment, a national evaluation framework, will deliver not only robust evaluation of the initiatives, but also generate more ‘up-to-date’ and reliable data to inform ongoing development of responsive measures.

As to those in hospital awaiting assessment for aged care services, the median wait time for a high priority hospital-based assessment in 2023-2024 was less than 1 day (with average of 2 days).