

# **PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000286**

**Question Subject:** COVID-19 test kits from Promedical

**Question Type:** Written

**Senator:** Katy Gallagher

## **Question:**

In relation to the Government's order of 500,000 COVID-19 antibody tests from Promedical:

- Who in the Department signed the contract with Promedical, and on what date?
- If Promedical had delivered the tests, did the contract provide for any quality assurance process before payment, or would the Commonwealth have paid Promedical then undertaken a post-market review (as was the case for separate orders from MD Solutions and Endo X)?

## **Answer:**

On 23 March 2020, the Acting Secretary of the Department of Health signed a contract with Promedical Equipment Pty Ltd for 500,000 Wondfo SARS-CoV-2 Antibody Test Kits.

Under the terms of this contract, the test kits were required to be approved by the Therapeutic Goods Administration for inclusion on the Australian Register of Therapeutic Goods.

The Commonwealth had the right to reject the goods within fourteen (14) days after delivery, if the goods did not comply with the requirements of the contract, including if the antibody tests were not fit for purpose.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000287**

**Question Subject:** Promedical CEO convictions

**Type of Question:** Written

**Senator:** Katy Gallaher

**Question:**

When the Department signed the contract with Promedical, was the Department aware that Promedical's Chief Executive had reportedly been convicted of rape in 2018?

- If so, what steps did the Department take to assure itself that Promedical was a trustworthy supplier?
- If not, why was due diligence not undertaken?

**Answer:**

No.

Due diligence was undertaken to ensure that the COVID-19 test kit offered for supply by Promedical had been approved by the Therapeutic Goods Administration for inclusion on the Australian Register of Therapeutic Goods with Promedical as an Australian sponsor, and that Promedical was a registered Australian company.

The contract with Promedical specified that payment would be on delivery of the COVID-19 test kits to Australia. Promedical did not deliver the COVID-19 test kits as specified in the contract and there were no payments to Promedical. The Department terminated the contract on 27 May 2020.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000288**

**Question Subject:** Promedical business partner

**Type of Question:** Written

**Senator:** Katy Gallagher

**Question:**

When the Department signed the contract with Promedical, was the Department aware that Promedical's Chief Executive had previously been a business partner of Minister Stuart Robert?

Did Minister Hunt, his Office or the Department have any exchanges (verbal or written) with Minister Roberts, his Office or Department regarding Promedical in general or this order in particular? Please table any such exchanges.

**Answer:**

No.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's Response to the COVID-19 Pandemic**

**26 May 2020**

**PDR Number: IQ20-000314**

**Question Subject:** Medicare access for women on temporary visas

**Type of Question:** Written

**Senator:** Rachel Siewert

**Question:**

Services have reported an increase in the clients who do not have access to Medicare and cannot afford abortion services– what is being done to ensure that women on temporary visas or otherwise ineligible for Medicare can access affordable and timely abortion services?

**Answer:**

Visitors to Australia who do not have Medicare eligibility under the *Health Insurance Act 1973* are responsible for all costs associated with hospital, medical and para-medical health care rendered in Australia. Health service providers may consider the fees they charge based on the circumstances of the patient.

Australian public hospitals will treat patients based on clinical need. However, Medicare ineligible patients receiving public health and hospital services may still be charged an amount as determined by each State and Territory Government.

All visitors to Australia should ensure that they have appropriate travel insurance or private health insurance to cover any health care costs while they are in Australia.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000318**

**Question Subject:** Mental health indicators during the pandemic

**Type of Question:** Written

**Senator :** Rachel Siewert

**Question:**

What data or advice does the Department have on mental health indicators during the pandemic?

**Answer:**

The Department of Health conducts weekly monitoring of mental health and support service activity, including historical comparisons, to understand how COVID-19 is impacting demand for mental health and support services. Weekly reports are prepared by the Australian Institute of Health and Welfare (AIHW) and include analysis of the use of Medicare subsidised mental health services, including use of the COVID-19 mental health telehealth items. The reports also include weekly service activity information from a number of key crisis and support services providers including Beyond Blue, Lifeline, Kids Helpline, Head to Health, ReachOut and headspace. The Department is working with other mental health service organisations to provide service activity data. The Department also draws on a range of evidence to understand the mental health and wellbeing of the Australian population, including information being published from a range of national surveys conducted since the introduction of COVID-19 restrictions.

As part of the National Mental Health and Wellbeing Pandemic Response Plan, jurisdictions are encouraged to contribute and share available data on service demand and delivery, and accelerate data and information commitments made under the Fifth National Mental Health and Suicide Prevention Plan and the recently endorsed Third National Mental Health Information Development Priorities. To support this work, the Australian Government is investing \$2.6 million (2020-21 to 2021-22) to boost national capability in monitoring, anticipating and reacting to the mental health impacts of the pandemic.

This will build on the National Suicide and Self Harm Monitoring System already being established at a cost of \$15 million over three years (announced as part of the 2019-20 Budget), and will support the provision of expert guidance for proactive decision making in mental health service deployment.

The National Suicide and Self Harm Monitoring System is being implemented by AIHW in collaboration with the National Mental Health Commission and the Department of Health. One of the key goals of the System will be to facilitate more timely data on suspected deaths by suicide from jurisdictions. The AIHW is currently establishing arrangements with jurisdictions to supply regular, up to date data on suspected suicides from their suicide registers. So far, Victoria, Queensland and Tasmania have all agreed to supply their data to the AIHW, but not for AIHW to publish this data. The AIHW is working with experts in the jurisdictions to analyse data on suspected suicides as part of the development of the National Suicide and Self Harm Monitoring System.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number:** IQ20-000319

**Question Subject:** Impact of access restrictions on sexual and reproductive health services

**Type of Question:** Written

**Senator:** Rachel Siewert

**Question:**

Has the Department met with representatives of Marie Stopes to discuss their concerns regarding the impact of access restrictions on sexual and reproductive health services?

**Answer:**

- Yes, the Department met with representatives of Marie Stopes on 22 April 2020 to discuss the impact of COVID-19 restrictions on access to sexual and reproductive health services.
- Following the meeting, Marie Stopes representatives agreed to continue engaging with the Department regarding their work. This includes providing Situation Reports and Impact Reports.

# **PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000320**

**Question Subject:** Mental health related issues in ED's

**Type of Question:** Written

**Senator:** Rachel Siewert

**Question:**

What data is being provided by the states regarding mental health related presentations in EDs?

**Answer:**

The states provide emergency department data to the Australian Institute of Health and Welfare (AIHW) on an annual basis in August each year, including mental health related presentations. As part of the national COVID-19 response, the Department is receiving frequent Emergency Department data on COVID-19 treatment from all jurisdictions. This collection does not currently include mental health specific information.

As part of the National Mental Health and Wellbeing Pandemic Response Plan, jurisdictions are encouraged to contribute and share available data on service demand and delivery, and accelerate data and information commitments made by jurisdictions under the Fifth National Mental Health and Suicide Prevention Plan and the recently endorsed Third National Mental Health Information Development Priorities. To support this work, the Australian Government is investing \$2.6 million (2020-21 to 2021-22) to boost national capability in monitoring, anticipating and reacting to the mental health impacts of the pandemic. This will build on the National Suicide and Self Harm Monitoring System already being established at a cost of \$15 million over three years (announced as part of the 2019-20 Budget), and will support the provision of expert guidance for proactive decision making in mental health service deployment. The Department of Health and AIHW are working with jurisdictions to support accelerated reporting of mental health related service delivery wherever possible.



# **PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000321**

**Question Subject:** Real time data in relation to mental health

**Type of Question:** Written

**Senator :** Rachel Siewert

**Question:**

What real-time data is being provided to the Department in relation to mental health?

**Answer:**

The Department of Health conducts weekly monitoring of mental health and support service activity, including historical comparisons, to understand how COVID-19 is impacting demand for mental health and support services. Weekly reports are prepared by the Australian Institute of Health and Welfare (AIHW) and include analysis of the use of Medicare subsidised mental health services, including use of the COVID-19 mental health telehealth items. The reports also include weekly service activity information from a number of key crisis and support services providers including Beyond Blue, Lifeline, Kids Helpline, Head to Health, ReachOut and headspace. The Department is working with other mental health service organisations to provide service activity data. The Department also draws on a range of evidence to understand the mental health and wellbeing of the Australian population, including information being published from a range of national surveys conducted since the introduction of COVID-19 restrictions.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000324**

**Question Subject:** Modelling of the mental health impact of the pandemic

**Type of Question:** Written

**Senator:** Rachel Siewert

**Question:**

1. The pandemic response plan discusses the need for immediate data monitoring and modelling of the mental health impact of the pandemic. What modelling of mental health and suicide impacts is the Department undertaking, and what modelling by external researchers is the Department supporting?
2. What modelling has the Department undertaken to date on the impacts of the pandemic on mental ill-health and increased suicide risk within the community?
3. Is the Department undertaking modelling on mental health workforce capacity and requirements?

**Answer:**

The Department conducts weekly monitoring of mental health and support service activity, including historical comparisons, to understand how COVID-19 is impacting demand for mental health and support services. The Department also draws on a range of evidence to understand the mental health and wellbeing of the Australian population, including information being published from a range of national surveys conducted since the introduction of COVID-19 restrictions.

On Friday 15 May 2020, the Australian Government announced it will invest \$2.6 million (2020-21 to 2021-22) to boost national capability in monitoring, anticipating and reacting to the mental health impacts of the pandemic. This will be used to build on the National Suicide and Self Harm Monitoring System being established at a cost of \$15 million over three years (announced as part of the 2019-20 Budget), and will support the provision of expert guidance for proactive decision making in mental health service deployment. This includes funding to commission experts to develop a predictive model to analyse likely trends in mental health and suicide risk. These models will draw on up to date data on social and economic risk factors and mental health service delivery. This modelling will inform planning for mental health workforce capacity and requirements.

# **PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

## **Department of Health**

### **Senate Select Committee on COVID-19**

#### **Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number:** IQ20-000325

**Question Subject:** Monitoring the use of Better Access scheme

**Type of Question:** Written

**Senator:** Rachel Siewert

#### **Question**

1. Is the Department monitoring the use of Better Access? If so, is there a greater use this year to date than in other years?
2. Does the data suggest people are using all ten of their sessions under the Better Access scheme earlier in the calendar year as a result of the Covid pandemic? If yes, what is the Department doing to provide these people with additional support?

#### **Answer:**

The Department is regularly monitoring mental health service use through Better Access. The data to date (shown in Table 1 below) does not suggest that the use is significantly greater in 2020 compared with 2019, noting that time delay in processing may affect most recent data.

The data indicates only a small proportion (2.2%) of people receiving Better Access services in 2020 had reached ten services from 1 January to 31 May 2020, similar to the proportion in 2019 (also 2.2%).

Additional help and support are available to those who have reached ten sessions and need further mental health treatment and support. GPs can refer those with severe ongoing mental disorders to Medicare-subsidised consultant psychiatrist services, where 50 sessions can be provided per year.

The Government also funds Primary Health Networks (PHNs) to commission services to improve outcomes for those with, or at risk of, mental illness and/or suicide, in partnership with local providers. People who have already received the 10 individual sessions available

under the Better Access initiative and are considered to clinically benefit from some additional services may be eligible for PHN funded psychological therapies.

**Table 1: Medicare subsidised mental health services delivered through Better Access between 1 January and 31 May in 2019 and 2020**

	<b>1 Jan to 31 May 2019</b>	<b>1 Jan to 31 May 2020</b>
Number of <u>people</u> who have received at least 1 service under the Better Access items	1,488,425	1,455,167
Number of <u>people</u> who have received 10 services under the Better Access items	32,007	32,007
Total number of <u>people</u> who received 1 or more mental health services	1,695,399	1,667,929
Total number of mental health <u>services</u> delivered	5,166,334	5,119,889

**Please note:**

- Services are counted as at date of processing. Data for 2020 may be an underestimate due to a lag in processing. Data are correct as at 2 June but may be subject to change.
- *Better Access items* included items delivered by GPs, psychologists and other allied health professionals and psychiatrists.
- The data are not adjusted for the number of working days in the different years.
- Arrangements around the provision of allied health mental health services allow for the provision of 10 services within a calendar year (of service). Due to lags in the lodgement of claims, these data relate to period of processing and not period of service.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number: IQ20-000330**

**Question Subject:** Midwifery care during the pandemic

**Type of Question:** Written

**Senator:** Rachel Siewert

**Question:**

What data is the Department collecting on women's experience and satisfaction with their care during the pandemic? Will this be made public?

**Answer:**

The Department does not have access to data on women's experience and satisfaction with their care during the pandemic. Most midwifery models of care are delivered through public hospitals and therefore fall under the responsibility of state and territory governments.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number:** IQ20-000332

**Question Subject:** New Medicare Benefit Schedule (MBS) item Numbers for homebirth during the COVID-19 pandemic

**Question Type:** Written

**Senator:** Rachel Siewert

**Question:**

The review of temporary MBS services did not create numbers for homebirth, despite this being a recommendation in the Medicare report for participating midwives and evidence of a significant increase in requests for homebirth services during the pandemic?

**Answer:**

The temporary COVID-19 MBS telehealth items mirror existing Medicare Benefits Schedule (MBS) items, where those items/services can be safely and appropriately provided via telehealth. There is no MBS item for homebirth and hence no telehealth item.

The Department has assumed that the Medicare report referred to in the question relates to the work of the MBS Review Taskforce, and the draft report from the Participating Midwives Reference Group, established by the Taskforce as part of the MBS Review.

This draft report was released in February 2019 for public consultation. Since this time the Taskforce has been considering feedback on that report, as well as other reports from other Taskforce subcommittees, including the Primary Care Reference Groups and the General Practice and Primary Care Consultation Committee.

It is expected the Taskforce will finalise its recommendations to Government on these issues shortly. Once the Taskforce finalises its advice, the Government will then consider its response.

# **PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

## **Department of Health**

### **Senate Select Committee on COVID-19**

#### **Australian Government's response to the COVID-19 pandemic**

**26 May 2020**

**PDR Number:** IQ20-000333

**Question Subject:** Fewer scans undertaken during pandemic and health outcomes

**Type of Question:** Written

**Senator:** Rachel Siewert

#### **Question:**

We understand that far fewer scans and inductions were undertaken during the pandemic. Will the Department undertake an analysis of whether this resulted in any adverse health outcomes and, if not, revise guidelines regarding access to these services?

#### **Answer:**

The number of diagnostic imaging services claimed through Medicare during March and April 2020 was less than for the same period in 2019. The reduction was greatest for ultrasound and diagnostic radiology (x-ray).

The Department has assumed inductions in the question refers to induction of labour. There is no standalone Medicare Benefits Schedule (MBS) item for this procedure, as it is performed as a part of broader obstetrics items relating to the management of labour and birth (items 16515-15531). Decisions on inductions are based on the clinical judgement of the treating practitioner. The Department is not aware of any data which indicates a reduction.

While definitive explanatory data is not available, at least some of the reduction is likely attributed to postponed elective surgery and patients deciding themselves to delay non-critical scans. Medicare data does not indicate any decline in health outcomes and the Department is not aware of other data or record available on the potential impact. The government has reiterated the message for patients not to delay required medical treatment<sup>1</sup>.

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<sup>1</sup> <https://www.greghunt.com.au/transcript-press-conference-canberra-4/>