

# **Community Affairs Committee**

**Examination of Additional Estimates 2006-2007**

**Additional Information Received**

**CONSOLIDATED VOLUME 1**

**HEALTH AND AGEING PORTFOLIO**

**Outcomes: Whole of Portfolio and Outcomes 1 to 3**

**MAY 2007**



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

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

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

### HEALTH AND AGEING PORTFOLIO

Senator	Quest. No.	Whole of portfolio	Vol. 1 Page No.	Date tabled in the Senate*
Crossin McLucas Evans	1, 3, 6, 72, 101, 112, 114, 121, 123, 124, 125, 127, 129, 133	Program estimates	1-3	10.05.07
McLucas	T2 tabled at hearing	Parliamentary QON Commonwealth Departments: Programmes (Questions No. 1310 to 1328)	4	10.05.07
Crossin	2, 4, 7, 73	Projected budget estimates	5	10.05.07
McLucas	25	Official Development Assistance (ODA) provided by the Department	6-13	10.05.07
Wong	59	Opinion polls/market research	14	10.05.07
Wong	53-55	Recruitment agency spending	15-18	10.05.07
Wong	56-58	Opinion polls/market research	19-21	10.05.07
Wong	64-67	Monitoring of use of water	22-25	10.05.07
Evans	185	Expenditure	26	10.05.07
Wong	52	Recruitment agency spending	27	10.05.07
Ludwig	71	Grants	28	10.05.07
Wong	61, 138, 60, 62	Advertising campaigns	29-33	10.05.07
<b>Outcome 1: Population Health</b>				
Webber	19	Strattera black box warning	34	10.05.07
Webber	20	Black box warnings	35	10.05.07
Webber	21	Ritalin – adverse drug reactions	36	10.05.07
Stott-Despoja	26-31	Pregnancy counselling	37-42	10.05.07
Stott Despoja	33, 35	Referral	43-44	10.05.07
Stott Despoja	36-37	McKesson	45-46	10.05.07
Stott-Despoja	38	Marie Stopes study	47	10.05.07
Stott Despoja	39-41	Pregnancy counselling	48-50	10.05.07
Stott Despoja	42-43	Records of calls	51-52	10.05.07
Stott Despoja	46-50	Pregnancy counselling	53-57	10.05.07
Barnett	78-79	Further applications for RU486	58-59	10.05.07
Evans	102	Victorian Government diabetes proposal	60	10.05.07

<b>Senator</b>	<b>Quest. No.</b>	<b>Outcome 1: Population Health</b>	<b>Vol. 1 Page No.</b>	<b>Date tabled in the Senate*</b>
Evans	137	Breast cancer	61	10.05.07
Barnett	148	Discussions with drug companies about the registration of RU486	62	10.05.07
Barnett	149	RU486 – report in the Annals of Hematology	63	10.05.07
Barnett	150	Safety of RU486	64	10.05.07
Barnett	152	Updated safety issues and RU486	65	10.05.07
Nettle	154	Pregnancy counselling hotline	66	10.05.07
Webber		Manual of information for the National Pregnancy Support Telephone Helpline working group representatives [Hansard CA10, 13 Feb 07 refers]	67	10.05.07
Stott Despoja	44-45	Medicare and helpline	68-69	10.05.07
Fielding	51	Number of does of RU486 imported into Australia for abortion	70	10.05.07
Evans	136	Breast cancer	71-76	10.05.07
Moore	157	National bowel screening program	77-78	10.05.07
Allison	159	National survey of secondary school students and sexual health	79	10.05.07
Stott Despoja	32	Pregnancy counselling - referral	80	10.05.07
Polley	156	Skin cancer prevention program	81	10.05.07
Polley	158	Palliative care – palliative care funding allocation	82	10.05.07
Evans	111	ICE (Crystal Methamphetamine)	83	10.05.07
Barnett	151	Data concerning the safety of RU486	84	10.05.07
Stott Despoja	68	Cord blood regulation	85	10.05.07
<b>Outcome 2: Access to Pharmaceutical Services</b>				
		Letter from DoHA dd 12 Mar 07 correcting evidence given at estimates hearings on 13 Feb 07 and 1 Nov 06	86-87	10.05.07
McLucas	155	Rotavirus vaccine	88	10.05.07
McLucas	180	PBS reform	89	10.05.07
Evans	113	Patient payments	90	10.05.07
McLucas	183	PBS cost recovery	91	10.05.07
<b>Outcome 3: Access to Medical Services</b>				
Evans	120	Take-up of various items	92	10.05.07
Stott Despoja	34	Medicare items for non-directive pregnancy support counselling	93	10.05.07
Evans	122	Round the Clock Medicare	94-95	10.05.07
Evans	117	Out-of-pocket costs	96	10.05.07
McLucas	187	Bulk-billing	97	10.05.07
Brown	188	Bulk-billing rates and Medicare safety net	98	10.05.07
Brown	190	Out-of-pocket costs	99	10.05.07
Evans	115-116	Bulk billing	100-101	10.05.07
Evans	118	Medicare safety net	102	10.05.07
Evans	119	Take up of various MBS items	103	10.05.07
Brown	189	Bulk billing	104	10.05.07
Brown	191	Out of pocket costs – Medicare Safety Net	105	10.05.07
McLucas				

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-001, E07-003, E07-006, E07-072, E07-101,  
E07-112, E07-114, E07-121, E07-123, E07-124,  
E07-125, E07-127, E07-129 and E07-133

OUTCOME Whole-of-Portfolio

Topic Program Estimates

Written Questions on Notice.

Senator Crossin asked:

Provide a list of programs and the current expense/revenue and cash forward estimates for 2006-07, 2007-08, 2008-09 and 2009-10 under Outcome 6, 7 and 8.

Senator McLucas asked:

In Outcome 4 provide a list of programs and the current expense/revenue and cash forward estimates for 2006-07, 2008-09 and 2009-10.

Senator Evans asked:

Please provide a list of programs and the current expense/revenue estimates for 2006-07, 2007-08, 2008-09 and 2009-10 under Outcome 1, 2, 3, 5, 6, 7, 9, 10, 11 and 15.

Answer:

Four-year projections of Budget estimates are published only at the functional level in statement 6 of Budget Paper No 1. The programs under all outcomes and estimates for 2006-07 are in the table below. Information for the years beyond the Budget year is not published and the department is not authorised to release that information. (See attached response from Senator Minchin to Senator Evans – Question on Notice No.1310 to 1328.)

<b>Program</b>	<b>Estimate 2006-07 \$'000</b>
1.1: Chronic Disease – Early Detection and Prevention	34,762
1.2: Communicable Disease Control	21,635
1.3: Drug Strategy	146,262
1.4: Food and Regulatory Policy	421
1.5: Immunisation	300,542
1.6: Public Health	194,461
2.1: Community Pharmacy and Pharmaceutical	174,274
2.2: Pharmaceuticals and Pharmaceutical Services	6,710,958
2.3: Targeted Assistance – Pharmaceuticals, Aids and Appliances	259,392
3.1: Medicare Services	11,317,087
3.2: Alternative Funding for Health Service Provision	3,349
3.3: Diagnostic Imaging Services	12,146
3.4: Pathology Services	8,266
3.5: Chronic Disease – Radiation Oncology	63,298
3.6: Targeted Assistance – Medical	29,237
4.1: Aged Care Assessment	71,836
4.2: Aged Care Workforce	38,564
4.3: Ageing Information and Support	39,264
4.4: Community Care	1,583,280
4.5: Culturally Appropriate Aged Care	22,037
4.6: Dementia	33,389
4.7: Flexible Aged Care	249,598
4.8: Residential Care	4,853,656
5.1: Primary Care Education and Training	262,654
5.2: Primary Care Financing, Quality and Access	258,479
5.3: Primary Care Policy, Innovation and Research	39,918
5.4: Primary Care Practice Incentives	321,631
6.1: Rural Health Services	109,852
7.1: Hearing Services	290,607
8.1: Aboriginal and Torres Strait Islander Health	384,923
9.1: Private Health Insurance	3,168,891
10.1: Chronic Disease – Treatment	16,891
10.2: e-Health Implementation	78,972
10.3: Health Information	7,300
10.4: International Policy Engagement	11,575
10.5: Palliative Care and Community Assistance	22,770
10.6: Research Capacity	31,639
11.1: Mental Health	120,787
12.1: Rural Workforce	103,379
12.2: Workforce	32,688
13.1: Blood and Organ Donation Services	422,317
13.2: Medical Indemnity	128,278
13.3: Public Hospitals and Information	8,777,466
14.1: Medical Research*	(643,476)
15.1: Health Emergency Planning and Response	57,925

\*The NHMRC was created as a separate agency on 1 July 2006. Appropriations received by the Department of Health and Ageing in the 2006-07 Budget have been transferred to the NHMRC under section 32 of the FMA Act 1997.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-002, E07-004, E07-007, E07-0073

OUTCOME: Whole-of-Portfolio

Topic: Projected Budget Estimates

Written Question on Notice.

Senator Crossin asked:

For 2006-07, 2007-08, 2008-09 and 2009-10 identify the amounts obligated or forward estimated under Outcome 4, 6, 7 and 8.

Answer:

Four-year projections of Budget estimates are published only at the functional level in statement 6 of Budget Paper No 1. Estimates under each Outcome for 2006-07 are in the table below. Information for the years beyond the Budget year is not published and the Department is not authorised to release that information. (See attached response from Senator Minchin to Senator Evans – Question on Notice No.1310 to 1328.)

<b>Outcome</b>	<b>Estimate 2006-07 \$'000</b>
1. Population Health	843,970
2. Access to Pharmaceutical Services	7,191,999
3. Access to Medical Services	11,461,534
4. Aged Care and Population Ageing	7,049,715
5. Primary Care	926,053
6. Rural Health	119,787
7. Hearing Services	298,537
8. Indigenous Health	432,870
9. Private Health	3,183,745
10. Health System Capacity and Quality	201,372
11. Mental Health	135,984
12. Health Workforce Capacity	152,503
13. Acute Care	9,365,561
14. Health and Medical Research*	(665,687)
15. Biosecurity and Emergency Response	79,482

\*The NHMRC was created as a separate agency on 1 July 2006. Appropriations received by the Department of Health and Ageing in the 2006-07 Budget have been transferred to the NHMRC under section 32 of the FMA Act 1997.

**Parliamentary Questions on Notice (QON)  
Commonwealth Departments: Programmes**

**(Questions No. 1310 to 1328)**

**Senator Chris Evans** (Western Australia) asked all ministers, upon notice, on 14 October 2005:

In relation to each department and agency in the Minister's portfolio:

- (1) Can a list be provided of all programmes that make up each output in the 2005-06 Portfolio Budget Statement.
- (2) (a) For which of the programmes identified in (1) above are estimates advised to the Department of Finance; and (b) when were those estimates last prepared.
- (3) For each of the financial years 2005-06 to 2008-09, what are the most recent estimates of programme spending or revenue for each of the programs identified in (1) above.
- (4) For each of the financial years 2002-03 to 2004-05, what were the outcomes for each of the programmes identified in (1) above.
- (5) For each of the financial years 2005-06 to 2008-09, what are the dollar amounts that are obligated or forward committed, contractually or otherwise, for each of the programmes identified in (1) above.

**Senator Minchin** (Minister for Finance and Administration) – I provide the following answer on behalf of all ministers to the honourable senator's question:

Internal programme information relating to the Australian Government General Government Sector is not publicly released.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-002, E07-004, E07-007, E07-0073

OUTCOME: Whole-of-Portfolio

Topic: Projected Budget Estimates

Written Question on Notice.

Senator Crossin asked:

For 2006-07, 2007-08, 2008-09 and 2009-10 identify the amounts obligated or forward estimated under Outcome 4, 6, 7 and 8.

Answer:

Four-year projections of Budget estimates are published only at the functional level in statement 6 of Budget Paper No 1. Estimates under each Outcome for 2006-07 are in the table below. Information for the years beyond the Budget year is not published and the Department is not authorised to release that information. (See attached response [above] from Senator Minchin to Senator Evans – Question on Notice No.1310 to 1328.)

<b>Outcome</b>	<b>Estimate 2006-07 \$'000</b>
1. Population Health	843,970
2. Access to Pharmaceutical Services	7,191,999
3. Access to Medical Services	11,461,534
4. Aged Care and Population Ageing	7,049,715
5. Primary Care	926,053
6. Rural Health	119,787
7. Hearing Services	298,537
8. Indigenous Health	432,870
9. Private Health	3,183,745
10. Health System Capacity and Quality	201,372
11. Mental Health	135,984
12. Health Workforce Capacity	152,503
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14. Health and Medical Research*	(665,687)
15. Biosecurity and Emergency Response	79,482

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Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: EO7-025

OUTCOME: Whole of Portfolio

Topic: OFFICIAL DEVELOPMENT ASSISTANCE PROVIDED BY THE DEPARTMENT

Written Question on Notice

Senator McLucas asked:

Please provide full details of the Official Development Assistance (ODA) eligible expenditure and activities undertaken by the Department since 2000-2001 to date.

A response was tabled by the Department to the Senate Estimates Committee on 13 February 2007 (see Attachment A). At the Committee hearing Senator McLucas asked an additional question:

Thank you for providing this data, however, the table has not sufficiently answered the question. "Could you provide full details of the official development assistance eligible expenditure and activities undertaken by the department since 2000-01 to date?" (p.7 <http://www.aph.gov.au/hansard/senate/commtee/S9938.pdf> ).

The information appears to be dated because at this stage the expenditure for 2005-06 should be final (currently listed as expected outcome) and an expected outcome for 2006-07 should now be available.

Please also provide breakdown of and differentiate between AusAID funds and the Department of Health and Ageing funds. The latter comprise ODA eligible expenditure which form part of OGD expenditure.

Answer:

The expected outcome amounts provided for the 2005-06 financial year are the latest available from AusAID. The Department provides the total amount of monies spent overseas (termed as total flows) to AusAID who then apply Guidelines specified by Development Assistance Committee (of the Organisation for Economic Co-operation and Development) to determine those components of the total flows that are classed as Overseas Development Assistance.

Actual spending figures for the 2005-06 financial year and the expected outcomes for the 2006-07 financial year are to be published as part of the 2007-08 Aid Budget Statement, which will be released in May of this year.

All of the funds reported in the Department's response are ODA funds expended by the Department of Health and Ageing. AusAID reports their ODA funds separately.

At Attachment B is a breakdown of DoHA ODA spending by country and by activity. This is the detail that was used to calculate the country level spend provided previously in Attachment A.

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

<b>Department</b>	<b>2000-01</b>	<b>2001-02</b>	<b>2002-03</b>	<b>2003-04</b>	<b>2004-05</b>	<b>2005-06</b>
Health and Ageing	9,267,283	10,101,504	8,672,894	11,232,875	8,944,750	10,041,265

Source: AusAID Statistical  
Databases

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

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

\* Expected outcomes

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

[Attachment B]

Country	Activity Number	Activity Name	Actual Spending AUD\$					Expected Outcomes
			2000-01	2001-02	2002-03	2003-04	2004-05	2005-06
Bangladesh	G01060	Contribution to the International Federation of the Red Cross	4,548					
Bhutan	G04228	"UMC @ TGA Pharmacovigilance Training Course, 8-19 November 2004"					6,503	
Burma (Myanmar)	G01060	Contribution to the International Federation of the Red Cross	4,548					
China	G01059	China Health Sector Cooperation - non MOU	26,700					
China	G01061	China Health Sector Cooperation under the MOU						
China	G01273	Visit by delegation from the State Administration	4,134					
China	G01275	Visit to TGA by a Chinese delegation	1,404					
China	G01277	Visit to TGA by delegation from the State Administration	5,616					
China	G02092	China Health Sector Cooperation under MOU	15,090	66,168				
China	G02129	Wonca Rural Health Conference 2002		20,230				
China	G04158	Study of HPV 6 I1 virus like particles as a therapeutic vaccine for genital warts and recurrent respiratory papillomatosis				61,561	123,122	123,122
China	G04162	Pathways to improved, sustainable morbidity control and prevention of schistosomiasis in the People's Republic of China				132,971	265,942	265,942
East Asia Unallocated	G04159	Building evidence based research and practice in South East Asia: impact on pregnancy and childbirth care and outcomes				80,734	239,254	317,040
East Asia Unallocated	G05448	NHMRC Medical Postgraduate Scholarship: HIV, women and reproduction in Australia and the Asia-Pacific Region						21,875
East Asia Unallocated	G05450	NHMRC Project Grant: a study of the molecular epidemiology and virulence determinants of enterovirus 71 strains from the Asia-Pacific Region						31,750
Fiji	G04225	"UMC @ TGA Pharmacovigilance Training Course, 8-19 November 2004"					6,640	
Fiji	G04165	The Pacific Obesity Prevention in Communities (OPIC)						80,028

		project: a four country study	
Fiji	G05449	NHMRC Postgraduate Scholarship: preparing for Group A streptococcal vaccines: epidemiology and immunology of Group A streps in Fiji	20,844
India	G01060	Contribution to the International Federation of the Red Cross	4,548
India	G05454	NHMRC Project Grant: a genome-wide linkage study of schizophrenia in a large sample from Tamil Nadu, India	200,000
Indonesia	G01060	Contribution to the International Federation of the Red Cross	4,548
Indonesia	G01276	Visit to TGA by Directors of the Indonesian Directorate	5,364
Indonesia	G02158	Indonesia-TGA Co-operation - management of adverse reactions to medicines	25,968
Indonesia	G02159	Indonesia - TGA Co-operation - evaluation of pharmaceutical chemistry data	21,058
Indonesia	G02160	Indonesia - TGA co-operation - management advice	23,600
Indonesia	G02161	Indonesia -TGA co-operation - medical device regulation	13,156
Indonesia	G02339	Consultancy on Reviewing the Medical Device Regulatory System	1,593
Indonesia	G02340	Meeting with Expert Advisory Panel on Therapeutic Goods Regulation	20,768
Indonesia	G02341	Training on the Evaluation of Clinical Information about Vaccines	
Indonesia	G03069	Reviewing the medical device regulatory system in Indonesia	1,593
Indonesia	G03208	Indonesia- TGA collaboration of the regulation of medicines and medical devices- Medicinal product GMP training	4,779
Indonesia	G03210	Indonesia- TGA collaboration on the regulation of medicines and medical devices- Medicinal product GMP training	4,779
Indonesia	G03211	Indonesia- TGA collaboration on the regulation of medicines and medical devices- Medicinal product GMP training	4,779
Indonesia	G04231	Comparative study tour to TGA on the regulation of medicines	5,078
Malaysia	G01060	Contribution to the International Federation of the Red Cross	4,548

Malaysia	G02155	Visit by the Secretary General of Health	3,068		
Malaysia	G02163	Training for World Health Organization (WHO) Fellow on medicine regulation	17,745		
Mongolia	G04227	"UMC @ TGA Pharmacovigilance Training Course, 8-19 November 2004"	8,741		
Pacific Islands Unallocated	G01278	Visit to TGA by Senior Officials from Pacific Island Countries	816		
Pacific Islands Unallocated	G05453	Postgraduate Scholarships: malaria in pregnancy in the Solomon Islands	17,515		
Pakistan	G01060	Contribution to the International Federation of the Red Cross	4,548		
Papua New Guinea	G01272	Visit to TGA by delegation from Papua New Guinea	10,080		
Papua New Guinea	G02129	Wonca Rural Health Conference 2002	20,230		
Papua New Guinea	G04156	Research and training to reduce morbidity and mortality from malaria in Papua (Indonesia) and Papua New Guinea	164,983	329,966	329,966
Papua New Guinea	G04160	Neonatal immunisation with pneumococcal conjugate vaccine in Papua New Guinea	118,197	236,394	236,394
Papua New Guinea	G04230	"UMC @ TGA Pharmacovigilance Training Course, 8-19 November 2004"	6,970		
Papua New Guinea	G05450	NHMRC Project Grant: comprehensive assessment of novel artemisinin-based combination regimens for treatment of malaria in Papua New Guinea	176,500		
Philippines	G01060	Contribution to the International Federation of the Red Cross	4,548		
South Africa	G02089	WHO Meeting on Effective Approaches to Sensible Drinking	3,162		
Sri Lanka	G01060	Contribution to the International Federation of the Red Cross	4,548		
Sri Lanka	G04157	Reducing deaths from pesticides poisoning: establishing a regional toxicology research centre	73,873	147,746	73,873

Sri Lanka	G04229	"UMC @ TGA Pharmacovigilance Training Course, 8-19 November 2004"				7,813		
Sub-Saharan Africa								
Unallocated	G01057	13th International AIDS Conference: AIDS	2,280					
Thailand	G01060	Contribution to the International Federation of the Red Cross	4,548					
Thailand	G01270	Visit to TGA	2,124					
Thailand	G01271	Visit by the Ministry of Public Health	2,202					
Thailand	G02087	Thailand Health Sector Cooperation under MOU	31,002					
Thailand	G02089	WHO Meeting on Effective Approaches to Drinking	3,426					
Thailand	G02091	Visit to Canberra about Health Care Reform	432					
Thailand	G02129	Wonca Rural Health Conference 2002		20,297				
Thailand	G02154	Thailand Health Sector Co-operation Plan of Action		40,691				
Thailand	G03072	Flexible health service delivery to rural and remote populations			25,263			
Thailand	G03074	Collaborative project to increase production of rural doctors (CPIRD) - community based medical education workshop (CBME) Phase II			2,321			
Thailand	G03212	Thailand study tour			53,108			
Thailand	G04161	Burden of disease and cost effectiveness of intervention options: Informing policy choices and health system reform in Thailand.				78,798	78,798	157,596
Thailand	G04164	Thai health risk transition: a national cohort study				123,122	246,244	246,244
Thailand	G04437	A comprehensive visiting program for the Thai Food and Drug Administration					4,652	
Thailand	G04438	Training program on vaccine quality assurance for the Thai Food and Drug Administration					5,690	
Thailand	G99491	Thailand Health Sector Cooperation Under the MOU	36,754					
Tonga	G04165	The Pacific Obesity Prevention in Communities (OPIC) project: A four country study				40,014	80,028	80,028
Vietnam	G01060	Contribution to the International Federation of the Red Cross	4,548					
Vietnam	G01274	Study tour to Australia	390					
Vietnam	G01280	Visit by Vietnamese delegation	267					

Vietnam	G04226	"UMC @ TGA Pharmacovigilance Training Course, 8-19 November 2004"								8,034
Vietnam	G04439	Visit on medicine regulation								947
Vietnam	G99613	DHAC-DAV-TGA Interagency Technical Assistance	2,500							
World Unallocated	G01279	World Self-Medication Industry Conference	10,002							
World Unallocated	G02094	World Federation of Therapeutic Communities World Conference.							20,000	
World Unallocated	G02157	Tobacco Control Capacity Building Workshop							100,000	
World Unallocated	G02342	WHO Fellowship Program							37,357	
World Unallocated	G03076	WHO Fellowship Program						37,357	86,012	83,102 66,548
World Unallocated	G04163	Enterovirus 71 in the Asia Pacific region: reverse genetic approaches to virus surveillance and vaccine development							66,486	132,972 132,972
World Unallocated	G05451	NHMRC Project Grant/Clinical Trial: a study to investigate alternative regimens for pneumococcal vaccination of infants in a developing country								172,169
World Unallocated	G99498	DHAC - International Agency for Research on Cancer	1,186,040							
World Unallocated	G99498	International Agency for Research on Cancer						1,262,190	973,551	727,025 879,979 856,331
World Unallocated	G99505	DHAC-WHO Core Payment	7,667,016	8,447,102	7,537,566	9,407,165	5,960,107	6,434,528		
World Unallocated	G99506	World Health Organization Fellowship	60,000							
World Unallocated	G99619	DHAC-Framework Convention on Tobacco Conference	145,002							
<b>Total</b>	<b>Total</b>	<b>Total</b>	<b>9,267,283</b>	<b>10,101,504</b>	<b>8,672,894</b>	<b>11,232,875</b>	<b>8,944,750</b>	<b>10,041,265</b>		



### **Glossary**

DHAC	Department of Health and Aged Care
GMP	Good Manufacturing Practice
MOU	Memorandum of Understanding
TGA	Therapeutic Goods Administration
UMC	World Health Organization Collaborating Centre for International Drug Monitoring
WHO	World Health Organization

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-059

WHOLE OF PORTFOLIO

Topic: OPINION POLLS/MARKET RESEARCH

Written Question on Notice

Senator Wong asked:

What benefit-cost assessments have been done which assess the returns from opinion polls, focus groups of market research?

Answer:

Evaluation of a campaign or communication activity demonstrates the benefits and effectiveness of the market research.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-053

OUTCOME 0: Whole of Portfolio

Topic: RECRUITMENT AGENCY SPENDING

Written Question on Notice

Senator Wong asked:

Will the Minister provide a list of the recruitment agencies which are used by the department and agencies in the Minister's portfolio?

Answer:

In 2006, the Department of Health and Ageing and its portfolio Agencies used the following recruitment agencies:

Acumen Alliance ( ACT ) Pty Ltd
Adecco Australia Pty Ltd
Alpha Personnel Recruitment Limited
Alliance Recruitment
Ambit Recruitment Group
Avant Pty Ltd
Bradman Recruitment Group Ptd Ltd
Capital Recruitment Services Pty Ltd
Careers Unlimited Pty Ltd
Catalyst Recruitment Servicis
Chandler MacLeod
Compas Pty Ltd
Cox Purtell Staffing Services Pty Ltd
Dewhurst Personnel Services
Dixon Appointment
Drake Australia Pty Ltd
Effective People Pty Ltd
Essential Personnel
Face 2 Face
Frontier Group Australia Pty Ltd
Hansen & Searson Executive Search
Hays Personnel Services Aust Pty Ltd
Hudson Global Resources Australia
Informed Sources Pty Ltd

Interstaffing
Key People
Kowalski Recruitment Pty Ltd
Manpower Services (Australia) Pty Ltd
Milsons People
Paxus Australia Pty Ltd
Peoplebank Australia Ltd
Professional Careers Australia
Ross Human Directions Limited
Select Australasia Pty Ltd
Skilled Engineering
SMS Consulting groups
South Tech Personnel
Staffing And Office Solutions Pty Ltd
Talent Partners
The Green & Green Group Pty Ltd
The One Umbrella
The Public Affairs Recruitment
Tonvia Pty. Ltd
Verossity Pty Ltd
Westaff (Australia) Pty Ltd
Wizard Personnel & Office Services

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 14 February 2007

Question: E07-054

WHOLE OF PORTFOLIO

Topic: RECRUITMENT AGENCY SPENDING

Written Question on Notice

Senator Wong asked:

What functions do recruitment agencies perform for departments and what would be the likely impact on departmental outcomes from reduction in recruitment spending on external agencies?

Answer:

Recruitment agencies provide a range of functions to assist the Department of Health and Ageing fill business critical vacancies. Functions may include search, select, initial assessment of candidates and referee checking.

Recruitment agencies have access to a large pool of available people at all levels for both specialised and general positions. They are able to provide candidates for the department to consider within tight timeframes which enables us to meet our business needs and obligations.

A reduction in spending on external recruitment agencies would result in considerable delay in recruiting a range of staff, including non-ongoing staff needed to work on emerging issues.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 14 February 2007

Question: E07-055

WHOLE OF PORTFOLIO

Topic: RECRUITMENT AGENCY SPENDING

Written Question on Notice

Senator Wong asked:

What benefit-cost assessments have been done which benchmark internal recruitment processes and/or utilising online recruitment portals?

Answer:

None.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-056

WHOLE OF PORTFOLIO

Topic: OPINION POLLS/MARKET RESEARCH

Written Question on Notice

Senator Wong asked:

What sum was spent on opinion polls, focus groups or market research in 2006 by each department and agency in the Minister's portfolio?

Answer:

The department does not conduct opinion polls. In order to inform policy and program development, as well as campaigns, information and messages to the Australian community on important health issues, the department and agencies spent \$3,676,382.27 million on market research in 2006.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-057

WHOLE OF PORTFOLIO

Topic: OPINION POLLS/MARKET RESEARCH

Written Question on Notice

Senator Wong asked:

Will the Ministers provide a list of the opinion polls, focus groups, or market research agencies that are used by the department and agencies in the Minister's portfolio?

Answer:

The following companies were used in 2006 to conduct market research:

Agriquality Pty Ltd  
Bailey's Research  
Blue Moon Research and Planning Pty Ltd  
Campbell Research & Consulting Pty Ltd  
Colman Brunton Social Research  
Customer Contact Centre Pty Ltd  
Eureka Strategic Research Pty Ltd  
IPSOS Australian Pty Ltd  
Piazza Consulting  
Roy Morgan Research Pty Ltd (Melbourne)  
Scott Market Research  
Supportgroup Services Pty Ltd  
Taylor Nelson Sofres Australia Pty Ltd  
The Social Research Centre Pty Ltd  
TNS Social Research  
Woolcott Research Pty Ltd



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-058

WHOLE OF PORTFOLIO

Topic: Opinion Polls/Market Research

Written Question on Notice

Senator Wong asked:

How much of the opinion polls, focus groups or market research expenditure of agencies or departments was conducted at the request of the Minister's office?

Answer:

None.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 14 February 2007

Question: E07-064

WHOLE OF PORTFOLIO

Topic: MONITORING USE OF WATER IN DEPARTMENTS AND AGENCIES

Written Question on Notice

Senator Penny Wong asked:

Is there any requirement to provide details of how much water is used and how much water is saved in the annual reports of each department and agency in the Minister's portfolio?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 14 February 2007

Question: E07-065

WHOLE OF PORTFOLIO

Topic: MONITORING USE OF WATER IN DEPARTMENTS AND AGENCIES

Written Question on Notice

Senator Penny Wong asked:

Is water usage monitored for each department and agency in the Minister's portfolio?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 14 February 2007

Question: E07-066

WHOLE OF PORTFOLIO

Topic: MONITORING USE OF WATER IN DEPARTMENTS AND AGENCIES

Written Question on Notice

Senator Penny Wong asked:

What is the water usage for each department and agency in the Minister's portfolio?

Answer:

Information regarding water usage is not available from building owners and/or property managers.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 14 February 2007

Question: E07-067

WHOLE OF PORTFOLIO

Topic: MONITORING USE OF WATER IN DEPARTMENTS AND AGENCIES

Written Question on Notice

Senator Penny Wong asked:

For each department and agency in the Minister's portfolio, can information be provided on whether dual flush toilets are in place in the buildings they occupy?

Answer:

There is no information available on this matter and compilation of data would require a significant diversion of resources from departmental operations.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-185

OUTCOME: Whole-of-Portfolio

Topic: EXPENDITURE

Hansard Page: Written Question On Notice

Senator Evans asked:

For each outcome, can the department:

1. Provide a list of all lapsing programs and the year in which the program was originally funded
2. For each lapsing program, provide information on:
  - a) expenditure to date, by financial year
  - b) any program expenditure which has been re-phased or re-directed
  - c) for the outyears for which program expenditure has been published\*, please provide an update on any expected variations to expenditure (for example, as a result of re-phasing, re-directions, or lower than anticipated expenditure in the early years of the program).

\*For example, a four year lapsing program which commenced two years ago and which has two years to run - therefore two years worth of expenditure where budget information has been published (when the program was originally budgeted) but where there may have been variations to planned expenditure.

Answer:

Questions 1&2:

This is an issue of budget classification, and as such it cannot be answered until after the 2007-08 Budget.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-052

OUTCOME : Whole of Portfolio

Topic: RECRUITMENT AGENCY SPENDING

Written Question on Notice

Senator Penny Wong asked:

What sum was spent on recruitment agencies in 2006 by each department and agency in the Minister's portfolio?

Answer:

In 2006, the Department of Health and Ageing and agencies spent \$3,524,673.23 on recruitment agencies.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 14 February 2007

Question: E07-071

WHOLE OF PORTFOLIO

Topic: Grants

Written Question on Notice

Senator Ludwig asked:

With regard to all grants allocated by the department/agency from 1 January 2002, could a table detailing the following information be provided:

- a) the name of the grant program
- b) the name of the grant recipient
- c) the ABN of the grant recipient (where available)
- d) the value of the grant awarded
- e) the date the grant was awarded
- f) the state of the grant recipient
- g) the postcode of the grant recipient

Answer:

The department is unable to provide a response to this question as the considerable work involved would require a significant diversion of resources from other departmental operations



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-061

WHOLE OF PORTFOLIO

Topic: ADVERTISING CAMPAIGNS

Written Question on Notice

Senator Wong asked:

In attachment A – a list of active campaigns that were tabled in on 30 October 2006, at Senate Estimates, what were the actual costs for those which have been completed as relevant to each department and agency in the Minister's portfolio.

Answer:

None of the campaigns listed in Attachment A are relevant to the Health and Ageing portfolio.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-138

WHOLE OF PORTFOLIO

Topic: ADVERTISING CAMPAIGNS

Written Question on Notice

Senator Wong asked:

For Campaign Advertising in each department and agency in the Minister's portfolio, what is the:

- (a) cost;
- (b) frequency; and
- (c) type/medium (e.g. print, television, radio) of campaign advertising for this financial year?

Can this information be provided on a monthly basis for the financial year?

Answer:

National Youth Tobacco Advertising

- (a) \$1.11 Million on media placement
- (b & c) Advertising period – December 2006 to March 2007

<b>Media Type</b>	<b>December 06</b>	<b>January 07</b>	<b>February 07</b>	<b>March 07</b>
Television	2 Weeks	Nil	4 Weeks	4 Weeks
Magazine	2 Weeks	4 Weeks	4 Weeks	4 Weeks
Radio	2 Weeks	Nil	4 Weeks	Nil
Internet	1 Week	4 Weeks	4 Weeks	Nil
Cinema	2 Weeks	4 Weeks	Nil	Nil
Outdoor	Nil	4 Weeks	4 Weeks	Nil

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-060

OUTCOME: Whole of Portfolio

Topic: Advertising Campaigns

Written Question on Notice

Senator Wong asked:

What sum was spent on each of the active advertising campaigns for each department and agency in the Minister's portfolio?

Answer:

Figures are exclusive of GST.

National Tobacco Youth Campaign	\$7.583 million (as at 2 May 2007)
National Skin Cancer Awareness Campaign	\$6.494 million (as at 2 May 2007)
Promote Private Health Cover 2007)	\$1.127 million (as at 3 May 2007)

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-062

WHOLE OF PORTFOLIO

Topic: ADVERTISING CAMPAIGNS

Written Question on Notice

Senator Wong asked:

At the Budget Estimates in May 2006, the Budget Papers listed the following Pending Campaigns (from Budget Papers: period up to 4 years)

Campaign	\$M
Smart Card	47.3
Child Support Reform	36.1
Promote Private Health Cover	52.1
Medicare direct mail	17.5
New family law arrangements	19.9
Independent Contractors	<15
Pensions real estate/assets test	5.9 (at least, over 2 years)
Smart Traveller	13.1
Alcohol abuse	25.2
Citizenship	4
Disease risk factors	
Child care rebate	
Family Law arrangements	
Illicit Drugs and mental illness	
Living in Harmony Initiative	

For those campaigns which are relevant to each department and agency in the Minister's portfolio, what is the:

- a) planning progress for campaigns;
- b) likely start dates; and
- c) media spend

Answer:

**National Alcohol Campaign**

- a) The campaign is in the developmental stage;
- b) Implementation is scheduled for early 2008 following the review of the Australian Alcohol Guidelines; and
- c) Nil to date.

**Illicit Drugs and Mental Health**

- a) The campaign is in the developmental stage;
- b) Implementation is scheduled for early 2008; and
- c) Nil to date.

**Promote Private Health Cover**

- a) The campaign has been implemented;
- b) Start date was 29 April 2007; and
- c) Nil to date.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-019

OUTCOME 1: Population Health

Topic: STRATTERA BLACK BOX WARNING

Written Question on Notice

Senator Webber asked:

With reference to the answer provided to a previous question on notice E06-049;

- a) What are the criteria for a boxed warning and why did Strattera qualify?
- b) Apart from a boxed warning on the Product Information made available to prescribers, what measures did the TGA take to inform parents that of children who take Strattera that the drug may make their children want to kill themselves?

Answer:

- a) The TGA includes a boxed warning in the Product Information (PI). This advice is provided on a case by case basis and usually with the advice of the Australian Drug Evaluation Committee (ADEC). The information in the boxed warning is intended to be succinct and to highlight the more detailed information on the adverse event that is found in the remainder of the PI. Boxed warnings are reserved for cases where risk management of the adverse event is considered essential to allow ongoing use. The TGA added a boxed warning to the Strattera PI on the advice of the ADEC.
- b) The TGA required the sponsor to:
  - amend the Strattera Consumer Medicine Information (CMI) to reflect the Product Information (PI) warnings and to include it as an insert in the tablet pack;
  - write to doctors advising them of the website address where the amended CMI could be accessed, and asking them to assist with facilitating the distribution of the amended CMI and PI by providing patients, parents or caregivers with a copy of the documents when Strattera was prescribed.

The sponsor complied with the above requests.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-020

OUTCOME 1: Population Health

Topic: BLACK BOX WARNINGS

Written Question on Notice

Senator Webber asked:

With reference to the answer provided to a previous question on notice E06-050 and given the fact that the TGA often accepts overseas and particularly US evidence in approving drugs why is it that "The TGA does not record which drugs sold in the US, with black box warnings in the US approved prescribing information document, do not carry black box warnings in the Australian prescribing information (PI) document"?

Answer:

Whilst the TGA considers the international status of all products, it makes its own independent decisions based on the available evidence. Black box warnings were introduced in Australia as a tool to highlight unusual adverse events that were described in detail in the text of the Production Information (PI). They are decided on a case by case basis, usually with the advice of the Australian Drug Evaluation Committee.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-021

OUTCOME 1: Population Health

Topic: RITALIN – ADVERSE DRUG REACTIONS

Written Question on Notice

Senator Webber asked:

With reference to the answer provided to a previous question on notice E06-048, what are the case numbers of the 25 adverse event reports, which the TGA considered serious, (of the total 190 adverse reports)?

Answer:

The case numbers are as follows:

95597  
116359  
123253  
24167  
74013  
116969  
125581  
131913  
155100  
157696  
167739  
177426  
192350  
201684  
202887  
209343  
24796  
211853  
212069  
92719  
122309  
74228  
91367  
145127  
211693



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-026

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

Can you please provide an update on the Helpline timeframes – when the helpline is due to start and other milestones between now and then.

Answer:

The Helpline will commence operation from 1 May 2007.

Family Planning WA is developing the training package for Helpline counsellors, a draft of which will be considered and approved by the National Pregnancy Counselling Expert Advisory Committee (EAC) in March.

Training for the Helpline counsellors will be delivered in April 2007.

McKesson are currently working on the Information Manual (the Manual) for the Helpline counsellors, with a draft expected in March. The Manual will then be considered and approved by the EAC.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-027

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

I understand McKesson has chosen Family Planning Western Australia to write the training manual for counsellors, and Centacare and the Caroline Chisholm Society are overseeing the accompanying information manual. Can you please provide an update on how these manuals are progressing – when will they be finalised?

Answer:

Family Planning WA was selected to develop the training package for Helpline counsellors by a tender committee comprising senior departmental staff, following a separate open Request for Tender process.

McKesson is responsible for overseeing the development of the Information Manual (the Manual).

The draft training package and the Manual will be considered and approved by the National Pregnancy Counselling Expert Advisory Committee. Both will be finalised prior to the commencement of the Helpline in May 2007.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-028

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

- a) Given both Centacare and the Caroline Chisholm Society are “pro-life”, what information will the training manual and information manual provide on the three pregnancy options?
- b) What information will be provided when training new counsellors regarding how to respond to callers who want information on abortion?
- c) What information will be in the information manual regarding the abortion alternative?

Answer:

- a) The Information Manual (the Manual) and training package will provide factual evidence based information about all three options that are available to a woman experiencing an unintended pregnancy.
- b) Counsellors will be trained to provide factual evidence based information about all three pregnancy options, including abortion.
- c) The Manual will contain factual evidence based information about all three pregnancy options, including abortion.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-029

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

How will counsellors respond to callers who request information on abortion?

Answer:

Helpline counsellors will be provided factual evidence based information about abortion to assist them in responding to callers.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-030

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

What about callers who request information on adoption; keeping the child – will they be referred on to any organisations for specialised information/support? If so, which organisations?

Answer:

Callers to the Helpline will be provided with generic information about where clients can find information about services they may wish to contact.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-031

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

As requested during estimates, please provide specific information about what the manual will outline regarding referral or other further information that will be able to provided to callers.

Answer:

The Information Manual (the Manual) will provide factual evidence based information about all three options that are available to a woman experiencing an unintended pregnancy. The Manual will be used as a resource by the counsellors when they are working with an individual client. Callers to the Helpline will be provided with generic information about where they can find information about services they may wish to contact.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-033

OUTCOME 1: Population Health

Topic: REFERRAL

Written Question on Notice

Senator Stott Despoja asked:

Will the Helpline develop a national database of services for women with unplanned pregnancy including their nearest service providing terminations of pregnancy and details of this service – cost, admission criteria & waiting times information which is particularly relevant for women from rural and remote areas.

Answer:

The Helpline will not be required to develop a national database of services as the Helpline is expected to provide only generic information about where clients can find information about services they may wish to contact.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-035

OUTCOME 1: Population Health

Topic: REFERRAL

Written Question on Notice

Senator Stott Despoja asked:

It has been reported that a clause of the contract, which states the Service Provider of the helpline is “not expected to provide referrals...” was inserted to allow Catholic organisations to tender.

- a) Can you confirm this?
- b) Was the Government/Department approached by any organisations requesting that such a clause be inserted?

Answer:

- a) This clause was not inserted to allow Catholic organisations to tender. Callers to the Helpline will be provided with generic information about where they can find information about services they may wish to contact.
- b) There was no approach by any organisation requesting that such a clause be inserted



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-036

OUTCOME 1: Population Health

Topic: MCKESSON

Written Question on Notice

Senator Stott Despoja asked:

Mr Cullen is quoted in The Australian on January 11 as saying “the purpose of the [counselling] service is to provide equal weight to the three options”. Please explain how this will be the case – perhaps take us through the information a caller requesting info on each option would receive from the helpline.

Answer:

Counsellors will provide non-directive counselling and will have factual evidence based information on all three options available to respond to client questions.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-037

OUTCOME 1: Population Health

Topic: MCKESSON

Written Question on Notice

Senator Stott Despoja asked:

The same article states “McKesson’s Cullen gamely admits that he doesn’t really know what women facing an unplanned pregnancy would expect from counselling”. Please elaborate on this. How can Mr Cullen be expected to head up the Helpline if he doesn’t understand this?

Answer:

McKesson Asia Pacific Pty Limited is a professional organisation which has a proven track record in building and delivering quality telephone counselling services across Australia for many different organisations, from different funding sources and for quite some time.

To ensure a quality service, all personnel employed by McKesson to provide Helpline services will be appropriately qualified professionals. All counsellors will be required to complete the specific pregnancy counselling training being developed by Family Planning Western Australia. Counsellors will also be required to use the information manual, which has been developed with assistance from a working group made up of clinicians, as an ongoing factual resource.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-038

OUTCOME 1: Population Health

Topic: MARIE STOPES STUDY

Written Question on Notice

Senator Stott Despoja asked:

A recent study by Marie Stopes found “Of those who had been counselled, 46 per cent said the most useful thing about it was that it was non-judgemental. A further 24 per cent nominated the unbiased nature of the counselling. Only 10 per cent said they had found the chance to talk about the pregnancy the most helpful aspect of the counselling...” (quoted from the same article in *The Australian*). The article continues: “Yet the Government insists that the ‘non-directive’ counselling it is funding is designed to encourage women to express their feelings about the pregnancy.”

- a) Can you confirm this is the Government’s approach? If so, what evidence is this approach based on?
- b) If none, why does the Government insist on barging ahead with this approach to counselling in the face of evidence such as that from the Marie Stopes study?

Answer:

- a) The Australian Government approach seeks to assist women to reach a decision that is appropriate for them.

Non-directive counselling means a form of counselling which is based on the understanding that in many situations, people can resolve their own problems without being provided with a solution by the counsellor.

It is based on the premise that in the end a client has to make their own choice and that the client will take responsibility for that choice.

Counsellors will provide unbiased, factual, evidence based information on all three pregnancy options in response to the requests of individual callers, and it is up to the individual callers to determine what they wish to discuss or not discuss.

- b) N/A

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-039

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

I understand calls to the helpline will be timed.

- a) Is this true?
- b) If so, what is the purpose of this?
- c) Will callers receive a set/limited time with a counsellor?
- d) If so, what will happen if this time expires?

Answer:

- a) Yes.
- b) Calls will be timed for forecasting and data reporting purposes.
- c) Counselling for callers to the Helpline will not be time limited.
- d) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-040

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

The department stated in Estimates that calls will be anonymous but callers may opt to be identified by nicknames.

- a) What information – if any – will be kept about the caller?
- b) Will any of this information be able to identify the caller, especially in regional areas?

Answer:

- a) Summary information on calls will be kept to ensure there is a case history for future counselling sessions, to enable continuity of care and to provide a record should there be any complaints about the quality of the counselling provided. Information on calls will be recorded using a unique identifier. McKesson Asia Pacific Pty Ltd has detailed privacy and data security protocols. Helpline counsellors are required to adhere to these protocols to ensure the privacy of all callers. A client's name may only be used if the client so requests.
- b) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-041

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

- a) Where will call centre/s be based?
- b) If some will be based in regional areas, will callers from that area be diverted to the local call centre?

Answer:

- a) The call centre for the Helpline will be based in Sydney.
- b) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-042

OUTCOME 1: Population Health

Topic: RECORDS OF CALLS

Written Question on Notice

Senator Stott Despoja asked:

Please outline the “health risk assessment”, which I understand counsellors must undertake according to the contract, about each caller?

Answer:

McKesson Asia Pacific Pty Limited has supplied the department with the following outline of the Health Risk Assessment:

“A risk assessment is performed on all callers, as risk may be present due to either the caller's mental or physical state, or situation they may be in.

Risk related to the caller's mental state is assessed for any thoughts of harming self, harming others or suicide. This is assessed through direct questioning of the caller, assessment of the caller's emotional state and the content of the caller's conversation.

Risk related to the caller's physical state is assessed through information provided during the call, such as ingestion of medication or bleeding, and evidence in speech of ingestion of substances, such as slurring of speech.

Situational risk is especially important with callers who may disclose during the call that they are at risk of harm, either through domestic violence or other situational factors that are considered to cause risk”.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-043

OUTCOME 1: Population Health

Topic: RECORDS OF CALLS

Written Question on Notice

Senator Stott Despoja asked:

In the same article in The Australian, Mr Cullen said “The information effectively forms a medical record”...followed by “There’s legislation governing how it should be held and retained”. He goes on to confirm that the records will be held by McKesson, not the department.

- a) Is the department comfortable with this?
- b) What oversight will be provided of record keeping and record management by this private company?

Answer:

- a) Yes.
- b) The Department of Health and Ageing will actively monitor McKesson Asia Pacific Pty Limited’s performance through quarterly reporting against the contract.

Under the contract, McKesson is required to ensure the confidentiality of client information through a Data Security Plan and a Privacy Protocol. All personnel involved in the provision of Helpline services must comply with these protocols. A client’s name may only be used if the client so requests, and information on calls will be recorded using a unique identifier.

McKesson will ensure an annual independent audit of the Helpline services is performed to ascertain the Helpline performance against policies and procedures, including records management procedures and privacy protocols.

In addition, the department has the option of organising a separate third party audit if it believes it is warranted.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-046

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

What will the role of Centacare and the Caroline Chisholm Society be in the development and provision of helpline services?

Answer:

Centacare and the Caroline Chisholm Society have been enlisted by McKesson Asia Pacific Pty Ltd as part of a small working group made up of clinicians, to develop a manual of factual evidence-based information that will be used as an ongoing resource by the telephone counsellors.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-047

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

- a) Will volunteers be involved in delivering helpline services?
- b) If so, what training will they be required to have?

Answer:

- a) No, volunteers will not be involved in delivering the helpline services.
- b) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-048

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Nettle asked:

How will the pregnancy counselling hotline be advertised?

Answer:

The department is developing and implementing a communication strategy to promote the National Pregnancy Support Counselling Helpline.

Initial communication activity will be aimed at women and their partners facing an unintended pregnancy and focus on providing effective and sensitive material in doctors' surgeries, pharmacies and other sources of health information and counselling.

Communication activity will also include White Pages and Yellow Pages placement.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-049

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Nettle asked:

- a) Is the department aware of a report in the Sydney Morning Herald from Saturday 3 February which raises concerns about the activities of McKessons?
- b) Was the department aware of these concerns prior to awarding the tender for the pregnancy hotline to McKessons?
- c) Has the department raised these concerns with McKessons?
- d) If not, why not?
- e) If so what was the response that the department received from McKessons?

Answer:

- a) Yes, the department is aware of the article published in the Sydney Morning Herald on 3 February 2006.
- b) No.
- c) The department wrote to McKesson seeking advice.
- d) Not applicable.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-050

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING

Written Question on Notice

Senator Nettle asked:

- a) Noting that the successful tenderer, McKesson Asia-Pacific Pty Ltd, has indicated that they have an Advisory Group and noting that Health Minister Abbott has also established an Advisory Panel to advise on the training package for any counsellors employed by McKessons, can the department advise whether it will be the Health Minister's Advisory Panel which will have the final vetting power or the Advisory Group established by McKesson?
- b) If there is a dispute between the Health Minister's Advisory Panel and the McKesson internal advisory panel, in regard to a specific counselling issue, how will the dispute be resolved?

Answer:

- a) McKesson is developing an evidence-based Information Manual (the Manual) to be used as an ongoing resource by Helpline counsellors, and has established a small working party to assist with the development of the Manual. The training package for Helpline counsellors is being developed by Family Planning WA. McKesson will collaborate with Family Planning WA to ensure that the Manual and training package are consistent.

The Department of Health and Ageing has established a National Pregnancy Counselling Expert Advisory Committee (EAC) comprising relevant experts in the fields of tele-counselling, non-directive counselling, reproductive health and primary health care. The EAC will review and approve both the training package developed by Family Planning WA and the Manual developed by McKesson Asia Pacific Pty Ltd.

- b) If there is any disagreement or dispute between McKesson and the EAC about the content of the Manual, the views of the EAC will prevail.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-078

OUTCOME 1: Population Health

Topic: FURTHER APPLICATIONS FOR RU486

Written Question on Notice

Senator Barnett asked:

- a) Other than two licenses previously reported by the TGA has the TGA received any further applications for authorised subscriber status to import and prescribe RU486 for abortion?
- b) If so, have any of these applications been finalised?

Answer:

- a) Yes.
- b) No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-079

OUTCOME 1: Population Health

Topic: APPLICATIONS TO REGISTER RU486

Written Question on Notice

Senator Barnett asked:

Has there been any application to the TGA to register RU486?

Answer:

No.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-102

OUTCOME 1: Population Health

Topic: VICTORIAN GOVERNMENT DIABETES PROPOSAL

Written question on notice

Senator Evans asked:

In December 2006 the Victorian Government released a Consultation Draft of a plan to address obesity and Type 2 diabetes under the COAG National Reform Agenda. Has the Department done any work in response to this proposal?

Answer:

The Australian Government has consistently indicated its commitment to working with State and Territory governments under the COAG National Reform Agenda (NRA) to address Type 2 diabetes. The Victorian proposal is a welcome contribution to this process.

Diabetes-related reform proposals are currently being considered by the COAG Human Capital Working Group as part of the NRA. Any announcements regarding Type 2 diabetes-related initiatives will be made in that context.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-137

OUTCOME 1: Population Health

Topic: BREAST CANCER

Hansard Page: Written Question on Notice

Senator Evans asked:

In 2005/06:

- a) How many metastatic breast cancer patients received chemotherapy services in a hospital?
- b) How many metastatic breast cancer patients had to travel more than 100km to receive chemotherapy?
- c) How many women were treated in a hospital with a combination of chemotherapy services for metastatic breast cancer and the medicine Herceptin in 2005/06?

Answer:

- a) 45,760 episodes of chemotherapy treatment were recorded for breast cancer in 2005/06. Episodes are not distinct patients - ie one patient may have multiple episodes of treatment. The actual number of people is not available, nor is it possible to distinguish between episodes for metastatic as opposed to primary cancers.
- b) This information is not available. Individual state and territory governments may hold this information as they are responsible for the Isolated Patients Travel and Accommodation Assistance Scheme.
- c) The number of women treated in a hospital with a combination of chemotherapy services and the medicine Herceptin for metastatic breast cancer in 2005/06 is not collected. However, the number of women treated in a hospital with the medicine Herceptin for 2005/06 is 1,346 women.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-148

OUTCOME 1: Population Health

Topic: DISCUSSIONS WITH DRUG COMPANIES ABOUT THE REGISTRATION  
OF RU486

Written Question on Notice

Senator Barnett asked:

Has the TGA held discussions with any drug companies or other parties about the registration of RU486?

Answer:

Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-149

OUTCOME 1: Population Health

Topic: RU486 – REPORT IN THE ANNALS OF HEMATOLOGY

Written Question on Notice

Senator Barnett asked:

Is the TGA aware of the report in the 18 December 2006 of the Annals of Hematology of a further fatality of a woman given RU486 in order to procure an abortion?

Answer:

Yes.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-150

OUTCOME 1: Population Health

Topic: SAFETY OF RU486

Written Question on Notice

Senator Barnett asked:

Is the TGA concerned with the safety of RU486 now that there are 13 deaths of women reported in association with its use to procure abortion?

Answer:

RU486 is not approved for marketing in Australia. Should an application to register RU486 be received, all safety information would be considered.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-152

OUTCOME 1: Population Health

Topic: UPDATED SAFETY ISSUES AND RU486

Written Question on Notice

Senator Barnett asked:

Are these licensed authorised subscribers obliged to update the TGA on any new safety issues associated with the use of the drug?

Answer:

Authorised prescribers are required to notify the TGA of adverse reactions associated with the use of the unapproved medicine. Consumers and other health professionals may also report any adverse events.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-154

OUTCOME 1: Population Health

Topic: PREGNANCY COUNSELLING HOTLINE

Hansard Page: CA 15

Senator Nettle asked:

“What data will the department receive from McKesson about the individuals who access the service?”

Answer:

The department will not receive any data about individuals who access the Helpline.

The department will receive quarterly reports from McKesson Asia Pacific Pty Limited, which will include data on call characteristics. This will include aggregate data on call numbers, reason for calls, average call duration and any other information the department reasonably requires provided reasonable notice is given.

The Manual of information for the National Pregnancy Support Telephone Helpline will be developed by a working group comprising of the following representatives:

Representatives from Caroline Chisholm Society:

Mary D'Elia – CEO Caroline Chisholm Society, Qualifications: BA (Major Communications, Policy and Psychology), Worked in pregnancy support for 13 years  
Denise Lee – Clinical Services Manager, Qualifications: Bachelor of Social Work, BA (Major in Women's Studies and Psychology). 6 years experience in pregnancy counselling.

Representatives from Centacare:

Gwen Bonett - Assistant Director, Family Services, Centacare Catholic Community Services. Qualifications: Registered Psychologist; Bachelor of Arts (Behavioural Science), Macquarie University; Graduate Diploma in Counselling, Charles Sturt University, Justice of the Peace.

Evelyn Picot – Director Policy, Planning and Public Relations, Qualifications: Bachelor of Social Studies (i.e., social work), University of Sydney; Master in Communications, Charles Sturt University.

Representatives from McKesson Asia-Pacific:

Katie Barwell – Project Manager – Information Manual Qualifications: Bachelor of Nursing (RN), Diploma / Certificate in Marketing.

Dr Louise Gardiner – GP and Extensive experience in Family Medicine and as a Family Planning Doctor. Qualifications: MBBS, Certificate in Fertility Regulation.

Suanne Hunt – Registered Nurse working on Nurse Triage Programs for McKesson. Qualifications: Registered Nurse (all Australian States), Registered Midwife. Past experience with Femme Medical Pty Ltd, a women's health centre in Macquarie St, Sydney.

The Manual will then be independently reviewed by the following individuals:

Dr Stephen Coogan - Obstetrician and Gynaecologist in both private practice and a consultant at the Royal Hospital for Women in Sydney. Qualifications: BM; BCh; BAO; FRANZCOG.

Dr Stephanie Bradstock – Psychiatrist in private practice at the Brain Mind Research Institute in Sydney and a consultant to McKesson Asia-Pacific. She also has previous experience working with Family Planning in NSW. Qualifications: MBBS, B.S.C (Med), FRANZCP.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-044

OUTCOME 1: Population Health

Topic: MEDICARE AND HELPLINE

Written Question on Notice

Senator Stott Despoja asked:

The Minister has stated publicly that these measures are designed to reduce the abortion rate. How will this be evaluated?

Answer:

Although the Minister has expressed a general desire to see a reduction in the abortion rate in the community, the Helpline and the Medical Benefits Schedule (MBS) items for pregnancy counselling have been designed to assist women, their partners and family members to access non-directive counselling in a timely fashion when they are uncertain about a pregnancy.

In a doorstep interview on Tuesday 2 January 2007, the Minister stated that, in his opinion, “one of the reasons why we have so many abortions in this country is that we do not offer enough support to women who find themselves unexpectedly pregnant. But in the end, it is the decision for that woman and whatever support network she has. It’s her decision and this is designed to empower women to make the best decision for themselves.”

As a reduction in abortion rates is not a formal objective of the service, it will not be measured as part of any evaluation.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-045

OUTCOME 1: Population Health

Topic: MEDICARE AND HELPLINE

Written Question on Notice

Senator Stott Despoja asked:

Given this stated intention and the assurances that the services will provide non directive counselling does this not present a conflict?

Answer:

Refer to response to question number E07-044.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-051

OUTCOME 1: Population Health

Topic: NUMBER OF DOSES OF RU486 IMPORTED INTO AUSTRALIA FOR  
ABORTION

Written Question on Notice

Senator Fielding asked:

How many doses of RU486 have been imported into Australia for abortion?

Answer:

The TGA has granted approval for the importation of 40 x 200mg tablets.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-136

OUTCOME 1: Population Health

Topic: BREAST CANCER

Hansard Page: Written Question on Notice

Senator Evans asked:

- a) How many women were diagnosed with breast cancer in 2005/06?
- b) How many men were diagnosed with breast cancer in 2005/06?
- c) How many people received treatment for breast cancer in 2005/06 in hospital?
- d) How many women were diagnosed with metastatic breast cancer in 2005/06?
- e) Which hospitals (including name, location and whether public or private) provide chemotherapy services?

Answer:

- a) Data for 2005/06 are not yet available. The most up-to-date data available are from the Australian Institute of Health and Welfare, Breast Cancer in Australia: An Overview 2006 which published data for 2002 in October 2006. 12,027 women were diagnosed with breast cancer in 2002.
- b) 84 men were diagnosed with breast cancer in 2002.
- c) 77,609 episodes of treatment were recorded for breast cancer in 2005/06. Episodes are not distinct patients - ie one patient has multiple episodes of treatment. An episode of treatment may include; diagnosis, surgery, investigations, and/or other procedures. The actual number of people is not available.
- d) The number of women that were diagnosed with metastatic breast cancer in 2005/06 is not available. Data are not collected on incidences of metastatic breast cancer.

- e) The names and locations of hospitals that provide chemotherapy services is not available. This information may be available from the states and territories as they are responsible for public hospital services and what services the hospitals provide. However, the names and locations of private hospitals that provide an oncology service is attached (see Attachment A). An oncology service can include surgery, chemotherapy and/or radiation therapy. Detail of particular services at each hospital listed is not readily available.

**PRIVATE HOSPITAL PROVIDERS OF ONCOLOGY SERVICES**  
**ATTACHMENT A**

Name	Address	Suburb	StateID	PCode
Adelaide Community Healthcare Alliance - Ashford Campus	55 Anzac Highway	ASHFORD	SA	5035
Adelaide Community Healthcare Alliance - Flinders Private Hospital (Campus)	Flinders Drive	BEDFORD PARK	SA	5042
Albury-Wodonga Private Hospital	1125 Pemberton Road	WEST ALBURY	NSW	2640
Allamanda Private Hospital	21 Spendelove Avenue	SOUTHPORT	QLD	4215
Baringa Private Hospital	Mackays Road	COFFS HARBOUR	NSW	2450
Bays Hospital Mornington Campus	202 - 272 Main St	MORNINGTON	VIC	3931
Beleura Private Hospital	925 Nepean Highway	MORNINGTON	VIC	3931
Brisbane Private Hospital	259 Wickham Terrace	BRISBANE	QLD	4000
Brisbane Waters Private Hospital	21 Vidler Avenue	WOY WOY	NSW	2256
Burnside War Memorial Hospital	120 Kensington Road	TOORAK GARDENS	SA	5065
Caboolture Private Hospital	McKean Street	CABOOLTURE	QLD	4510
Cabrini Hospital Malvern	Cnr of Coonil Cres & Wattletree Rd	MALVERN	VIC	3144
Cairns Private Hospital	1 Upward Street	CAIRNS	QLD	4870
Calvary Health Care Tasmania - Launceston	5 Frederic Street & 24 Lyttleton Street	LAUNCESTON	TAS	7250
Calvary Hospital - Adelaide	89 Strangways Terrace	NORTH ADELAIDE	SA	5006
Calvary John James Hospital	Strickland Crescent & 12 Napier Close	DEAKIN	ACT	2600
Calvary Private Hospital	Cnr Lewisham St and Hardy Ave	WAGGA WAGGA	NSW	2650
Central District Private Hospital	25 Jarvis Road	ELIZABETH VALE	SA	5112
Como Private Hospital	152 Como Parade West	PARKDALE	VIC	3194
Cooloola Community Private Hospital	78-82 Channon Street	GYMPIE	QLD	4570
Coonara Private Hospital	Level 6, Alfred Hosp, Commercial Rd	PRAHRAN	VIC	3181
Cotham Private Hospital	209 Cotham Road	KEW	VIC	3101
Darwin Private Hospital	Rocklands Drive	TIWI	NT	810
Epworth Freemasons	166 Clarendon Street	EAST MELBOURNE	VIC	3002
Epworth Private Hospital	89 Bridge Road	RICHMOND	VIC	3121
Friendly Society Private Hospital	19-23 Bingera Street	BUNDABERG	QLD	4670
Geelong Private Hospital	Cnr of Ryrie & Bellarine Streets	GEELONG	VIC	3220
Greenslopes Private Hospital	Newdegate Street	GREENSLOPES	QLD	4120
Hillcrest - Rockhampton Private Hospital	Talford Street	ROCKHAMPTON	QLD	4700
Holy Spirit Northside	627 Rode Road	CHERMSIDE	QLD	4032

John Fawkner-Moreland Private Hospital	275 Moreland Rd	COBURG	VIC	3058
John Flynn - Gold Coast Private Hospital	Inland Drive	TUGUN	QLD	4224
Joondalup Private Hospital	Shenton Ave	JOONDALUP	WA	6027
Knox Private Hospital	262 Mountain Road	WANTIRNA	VIC	3152
Linacre Private Hospital	12-16 Linacre Road	HAMPTON	VIC	3188
Lingard Private Hospital	23 Merewether Street	MEREWETHER	NSW	2291
Logan Private Hospital	48 Armstrong Road	MEADOWBROOK	QLD	4131
Malvern Private Hospital	3-9 Wilton Vale Crescent	MALVERN EAST	VIC	3144
Manly Waters Private Hospital	17 Cove Avenue	MANLY	NSW	2095
Masada Private Hospital	26-28 Balaclava Road	EAST ST KILDA	VIC	3183
Mater Hospital Yeppoon	Cnr Cliff & Hutton Streets	YEPPOON	QLD	4703
Mater Misericordiae Hospital	33 Bourbong Street	BUNDABERG	QLD	4670
Mater Misericordiae Hospital - Townsville	21-37 Fulham Road	PIMLICO	QLD	4812
Mater Misericordiae Hospital Mackay	76 Willetts Road	NORTH MACKAY	QLD	4740
Mater Misericordiae Private Hospital	35 Rocklands Road	CROWS NEST	NSW	2065
Mater Misericordiae Private Hospital Gladstone	Rossella Street	GLADSTONE	QLD	4680
Mater Misericordiae Private Hospital Rockhampton	Ward Street	ROCKHAMPTON	QLD	4700
Mater Private Hospital	301 Vulture Street	SOUTH BRISBANE	QLD	4101
Mater Private Hospital Redland	Weippin Street	CLEVELAND	QLD	4163
Melbourne Private Hospital	G, 1, 5, 6, 7, 8 Floors, Private Med Centre Bldg, Royal Melb Hosp, Royal Parade	PARKVILLE	VIC	3050
Mercy Private Hospital	159 Grey Street	EAST MELBOURNE	VIC	3002
Mildura Private Hospital	220-228 Thirteenth Street	MILDURA	VIC	3500
Mount Gambier Private Hospital	276-300 Wehl Street North	MOUNT GAMBIER	SA	5290
Mount Hospital	150 Mounts Bay Road	PERTH	WA	6000
Mount Waverley Private Hospital	343-351 Blackburn Road	MOUNT WAVERLEY	VIC	3149
Murray Valley Private Hospital	Cnr Pearce & Nordsvan Drive	WODONGA	VIC	3690
New Latrobe Regional Hospital	Princess Highway	WEST TRARALGON	VIC	3844
Noosa Hospital	111 Goodchap St	NOOSAVILLE	QLD	4566
North Gosford Private Hospital	Burrabil Avenue	GOSFORD	NSW	2250
North Shore Private Hospital	Westbourne Street	ST LEONARDS	NSW	2065
North West Brisbane Private Hospital	137 Flockton Street	EVERTON PARK	QLD	4053
North West Private Hospital	Brickport Road	BURNIE	TAS	7320

Northern Yorke Peninsula Private Hospital	Ernest Terrace	WALLAROO	SA	5556
Nowra Private Hospital	Weerona Place	NOWRA	NSW	2541
Pacific Private Hospital	119-123 Nerang Street	SOUTHPORT	QLD	4215
Peel Health Campus	110 Lakes Road	MANDURAH	WA	6210
Peninsula Private Hospital	Cnr Cranbourne Road & McClland Drive	LANGWARRIN	VIC	3910
Peninsula Private Hospital	Cnr George & Florence Streets	KIPPA-RING	QLD	4021
Pindara Private Hospital	Allchurch Avenue	BENOWA	QLD	4217
Pine Rivers Private Hospital	Dixon Street	STRATHPINE	QLD	4500
Pioneer Valley Private Hospital	57 Norris Road	NORTH MACKAY	QLD	4740
Port Macquarie Private Hospital	Lake Road/PO Box 718	PORT MACQUARIE	NSW	2444
Prince of Wales Private Hospital	Level 5/6/7, CampusCentre Building, Prince of Wales Campus	RANDWICK	NSW	2031
Ringwood Private Hospital	36 Mt Dandenong Road	RINGWOOD EAST	VIC	3134
Riverland Private Hospital	Maddern Street	BERRI	SA	5343
Shepparton Private Hospital	Fitzgerald Street	SHEPPARTON	VIC	3630
South Coast Community Hospital Inc	Rex Hutchesson Wing, Sth Coast District Hosp. , Bay Road	VICTOR HARBOUR	SA	5211
St Andrews Hospital	350 South Terrace	ADELAIDE	SA	5000
St Andrews Toowoomba Hospital	280 North Street	TOOWOOMBA	QLD	4350
St George Private Hospital	1 South Street	KOGARAH	NSW	2217
St Helens Private Hospital	186 Macquarie Street	HOBART	TAS	7000
St John of God Health Care Bendigo	Lily Street	BENDIGO	VIC	3550
St John of God Healthcare, Ballarat	101 Drummond Street North	BALLARAT	VIC	3350
St John of God Hospital	100 Murdoch Drive	MURDOCH	WA	6150
St John of God Hospital	Cnr Robertson Drive & Bussell Hwy	BUNBURY	WA	6230
St John of God Hospital	Cathedral Avenue	GERALDTON	WA	6530
St John of God Hospital Subiaco	175 Cambridge Street	SUBIACO	WA	6008
St John of God Hospital, Geelong	80 Myers Street	GEELONG	VIC	3220
St John of God Private Hospital, Warrnambool	136 Botanic Road	WARRNAMBOOL	VIC	3280
St Johns Campus of Calvary Hospital	30 Cascade Road	SOUTH HOBART	TAS	7000
St Stephen's Hospital	172 John Street	MARYBOROUGH	QLD	4650
St Vincent's Hospital, Robina	Cnr Bayberry Lane & Robina Town Centre Drive	ROBINA	QLD	4226

St Vincents Private Hospital	5 Frederick Street	LAUNCESTON	TAS	7250
St Vincent's Private Hospital	Scott Street	TOOWOOMBA	QLD	4350
St Vincent's Private Hospital	59 Victoria Parade	FITZROY	VIC	3065
St Vincent's Private Hospital	406 Victoria Street	DARLINGHURST	NSW	2010
Stirling and Districts Hospital	20 Milan Terrace	STIRLING	SA	5152
Sunbury Private Hospital	Cnr Riddell Road and Spavin Drive	SUNBURY	VIC	3429
Sunnybank Private Hospital	245 McCullough Street	SUNNYBANK	QLD	4109
Sunshine Coast Private Hospital (The )	Syd Lingard Drive	BUDERIM	QLD	4556
Sydney Adventist Private Hospital	185 Fox Valley Road	WAHROONGA	NSW	2076
The Hills Private Hospital	499 Windsor Road	BAULKHAM HILLS	NSW	2153
The National Capital Hospital	Cnr Gilmore and Hospital Road	GARRAN	ACT	2605
The Valley Private Hospital	Cnr Police and Gladstone Roads	MULGRAVE	VIC	3170
The Wesley Hospital Townsville	12-14 Oxford Street	HYDE PARK	QLD	4812
Vaucluse Private Hospital	82 Moreland Road	BRUNSWICK	VIC	3056
Wakefield Hospital	300 Wakefield Street	ADELAIDE	SA	5000
Wangaratta Private Hospital	134-150 Templeton Street	WANGARATTA	VIC	3677
Warburton Hospital	Donna Buang Road	WARBURTON	VIC	3799
Warringal Private Hospital	216 Burgundy Street	HEIDELBERG	VIC	3084
Wesley Hospital	451 Coronation Drive & Chassley St	AUCHENFLOWER	QLD	4066
Western Community Hospital	168 Cudmore Terrace	HENLEY BEACH	SA	5022
Western Private Hospital	Cnr Eleanor and Marion Streets	FOOTSCRAY	VIC	3011
Westmead Private Hospital	Cnr Mons & Darcy Roads	WESTMEAD	NSW	2145
Wolper Jewish Hospital	8 Trelawney Street	WOOLLAHRA	NSW	2025
Bowral Day Surgery	2 Holmhale St	BOWRAL	NSW	2576
Mater Private Centre for Haematology and Oncology	5th floor, Mater Centre, 293 Vulture St	SOUTH BRISBANE	QLD	4101
Peninsula Oncology Centre	24-28 Frankston-Flinders Road	FRANKSTON	VIC	3199
Riverina Cancer Care Centre	Calvary Hospital, Hardy Avenue	WAGGA WAGGA	NSW	2650
Southern Medical Day Care Centre	410 Crown Street	WOLLONGONG	NSW	2500
Sunshine Coast Haematology and Oncology Clinic	32 Second Avenue	MAROOCHYDORE	QLD	4558
Sydney Haematology and Oncology Clinic	13/49 Palmerston Road	HORNSBY	NSW	2077
Wesley Clinic for Haematology and Oncology	1st Floor, Wesley Medical Centre 40 Chasley St	AUCHENFLOWER	QLD	4066



ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-157

OUTCOME 1: Population Health

Topic: NATIONAL BOWEL CANCER SCREENING PROGRAM

Hansard Page: CA93

Senator Moore asked:

Can we get an update on the bowel cancer program?

Answer:

The National Bowel Cancer Screening Program (NBCSP) commenced in Queensland on 7 August 2006 and has progressively rolled out to other states/territories as per the rollout schedule below.

**State/Territory Rollout Schedule for the National Bowel Cancer Screening Program**

State	Commencement Date	Rollout Type <sup>1</sup>
Queensland	7 August 2006	Geographic
New South Wales	14 August 2006	Birthdate
Australian Capital Territory	11 September 2006	Birthdate
South Australia	22 January 2007	Broad Geographic
Victoria	29 January 2007	Birthdate
Western Australia	29 January 2007	Geographic
Northern Territory	5 March 2007	Geographic
Tasmania	2 April 2007	Birthdate

This phase of the Program (August 2006 to June 2008) is offering Faecal Occult Blood Tests (FOBTs) to:

- people turning 55 or 65 years of age between 1 May 2006 and 30 June 2008; and
- those involved in the successful Bowel Cancer Screening Pilot Program that ran from November 2002 to June 2004.

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<sup>1</sup> Birth date rollout: involves eligible participants being identified and invited to participate generally within 4 weeks of their 55<sup>th</sup> or 65<sup>th</sup> birthday, with an initial catch up period for delayed commencement of the Program. Geographic rollout: involves the full cohort of eligible people being issued invitations across the period of screening according to their postcode, so invitations will be sent to people in the eligible age groups at the same time as others living in their area.

## DISTRIBUTION OF FOBT KITS

A total of 114,504 invitations were sent out during the period August 2006 to January 2007. Pilot Program invitations, which are an opportunity to participate in re-screening, represent 3,412 of the 114,504 invitations sent so far for the current phase of the Program.

## STATISTICS

**Table 1: Volumes and rates (%) of invitations, participation and positive FOBT results as at 31 January 2007**

<b>State</b>	<b>Invitations Sent</b>	<b>FOBT kits received</b>	<b>Participation Rate</b>	<b>Positive Result</b>	<b>FOBT Positivity Rate</b>
QLD	11,948	2,542	21.3%	130	5.1%
NSW	90,569	28,730	31.7%	1,767	6.2%
ACT	3,505	1,157	33.0%	76	6.6%
SA	2,002	1	-	-	-
VIC	5,044	151	3.0%	12	8.0%
WA	1,436	-	-	-	-
<b>Total</b>	<b>114,504</b>	<b>32,581</b>	<b>28.5%<sup>2</sup></b>	<b>1,985</b>	<b>6.1%</b>

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<sup>2</sup> Participation rate of 28.5% at this stage is very encouraging as it is still only early stages (time lags can be expected). With only 11% of expected invitation volume sent, the current participation rate is not an accurate guide for whole of program participation rates.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-159

OUTCOME 1: Population Health

Topic: NATIONAL SURVEY OF SECONDARY SCHOOL STUDENTS AND SEXUAL HEALTH

Hansard Page: CA 119

Senator Allison asked:

I have some questions in Outcome 13. I will start by putting a question on notice, if I may, on the national survey of secondary school students and sexual health – I know that this is program 1 and we have already passed it. But if I could put on notice a question about why it is that this five-year study was not funded again as I understand is the case for this year.

Answer:

- The Australian Research Centre in Sex, Health and Society (ARCSHS) submitted a proposal in 2006 for the department to fund a 2007 national survey of Australian Secondary Students in regard to sexual health, HIV/AIDS and related diseases.
- There is only a limited amount of funding available to the department for many worthy projects and it is always a difficult decision in balancing priorities within the budget available.
- While funding was not available in 2006-07, the department will reconsider the request for funding for the survey in the new financial year.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-032

OUTCOME 1: Population Health

Topic: REFERRAL

Written Question on Notice

Senator Stott Despoja asked:

If the service can not provide referrals (apparently confirmed by McKesson director Matthew Cullen in *The Australian*: “We’re not allowed under the contract to provide referrals to any provider,” says Cullen. “We can say this is where you look for information.”).

- a) What exactly is the purpose of the helpline?
- b) If this is the case, exactly how does this value-add to existing services, given we already have a national anti-choice pregnancy counselling service which does not provide referrals?
- c) And if the service does not provide referrals, will any advertising of the Helpline disclose that the Helpline will not provide service contact information on all options?

Answer:

- a) The Helpline will provide professional, non-directive counselling to women, their partners and family members who wish to explore pregnancy options.
- b) While there is already a range of pregnancy counselling services available to women and their partners, women may be unaware of available services or may find it difficult to access them, particularly in rural areas and after hours. The Helpline will improve the nationwide availability of timely, confidential and professional pregnancy counselling to enable people to consider all of the options.
- c) Activities and materials to inform target audiences about the Helpline are currently being developed and all materials are subject to research and testing. This will ensure that the messages accurately describe the service and what it offers, in a way that resonates with potential users of the Helpline.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-156

OUTCOME: 1

Topic: Skin Cancer Prevention Program

Hansard Page: CA 92

Senator Polley asked:

What was the budget for your advertising?

Answer:

\$5 million

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-158

OUTCOME 1: Population Health

Topic: PALLIATIVE CARE - PALLIATIVE CARE FUNDING ALLOCATION

Hansard Page: CA 95

Senator Polley asked:

Could you give me the figures based state by state, and outline the program, please just in the last financial year and what is in issue?

Answer

The Local Palliative Care Grants Program is one of the elements of the Strengthening Cancer Care initiative announced in the 2005 Budget. Funding of \$23.1 million over four years has been allocated to help local groups, aged care providers and church and charitable hospices provide better support to palliative care patients and their families.

The funding allocated in 2005 -2006, through three competitive funding rounds, was as follows:

- NSW - \$2,128,169
- Victoria - \$946,492
- Queensland \$824,800
- South Australia - \$630,225
- Western Australia - \$244,044
- Tasmania - \$124,200
- ACT - \$40,000
- Northern Territory - \$125,152
- Program evaluation, communication and support activities - \$260,741

Applications for a fourth and final round closed on 16 March 2007.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-111

OUTCOME 1: Population Health

Topic: ICE (CRYSTAL METHAMPHETAMINE)

Written Question on Notice

Senator Evans asked:

Has the department done any policy work on the growing prevalence of 'ice' use? Please provide details.

Answer:

In 2002, in recognition that the use of psychostimulants (eg. Ecstasy, Ice and Cocaine) was an emerging trend, governments across Australia agreed to work together to increase research knowledge and responses to the use of psychostimulants, and improve national data collections through a core set of assessment and treatment outcome measures.

In 2003-04, the Australian Government funded a National Psychostimulants Initiative (NPI) to develop better treatment for psychostimulant use, increase the capacity of health professionals when treating psychostimulant users, and provide information to families, carers and young people.

Recognising continued efforts were needed to combat emerging trends in illicit drugs, including Ice, in 2006-07 the Australian Government committed \$38.9 million over four years to continue the NPI; to develop a National Amphetamine-Type Stimulants (ATS) Strategy; and for a third phase of the National Drugs Campaign (NDC).

The Australian Government is leading the development of the National ATS Strategy on behalf of the Ministerial Council on Drug Strategy (MCDS). The Strategy will provide a national framework for coordinating efforts to address the issues around ATS use, including Ice, and will give priority to helping workers at the front line deal more effectively with ATS issues. The Strategy is expected to be completed for MCDS's consideration late this year.

The third phase of the Australian Government's primary drugs prevention campaign, the *National Drugs Campaign* will continue to provide information about the harms of cannabis, ecstasy and speed, and will also emphasise the dangers involved with Ice. As with all Australian Government social marketing campaigns, attitudinal research is being undertaken to underpin the roll-out of this third phase.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-151

OUTCOME 1: Population Health

Topic: DATA CONCERNING THE SAFETY OF RU486

Written Question on Notice

Senator Barnett asked:

Could the TGA provide all the data concerning the safety of RU486 which has been provided to it by Dr Caroline da Costa and the other successful applicant for authorised subscriber status?

Answer:

No. This information was provided in confidence.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-068

OUTCOME 1: Population Health

Topic: CORD BLOOD REGULATION

Written Question on Notice

Senator Stott Despoja asked:

What regulation, if any, applies to the collection and storage of cord blood? Which agency is responsible? Does regulation differ between public and private facilities?

Answer:

The collection and storage of cord blood is regulated under the *Therapeutic Goods Act 1989* (the Act).

The Act is administered by the Therapeutic Goods Administration (TGA).

Public and private cord blood banks are regulated under the same legislation and to the same standards. Regulatory oversight includes ensuring compliance with the Australian Code of Good Manufacturing Practice for Human Blood and Tissues 2000 and compliance with the internationally agreed standard titled "International Standards for Cord Blood Collection, Processing, Testing, Banking, Selection and Release" Second Edition, July 2001.



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

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

Dear Mr Humphery

**Request for Amendment to Evidence Provided at Senate Standing Committee on  
Community Affairs Estimates, 13 February 2007 : Outcome 2 and Senate Standing  
Committee on Community Affairs Estimates , 1 November 2006 : Outcome 2**

I am writing to clarify statements made at the Senate Standing Committee on Community Affairs Estimates on Tuesday 13 February 2007.

Senator McLucas asked the following question:

“How many drugs on the PBS now attract a patient payment in addition to the standard copayment?”

My response was as follows:

“... as at December 2006, the total number of branded items which can require an additional patient contribution is 381.”

This response was inaccurate and should have read (changes are underlined):

“... as at December 2006, the total number of branded items which can require an additional patient contribution is 377.”

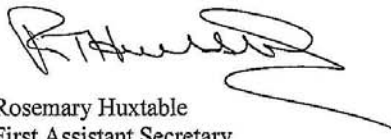
I would also like to correct advice provided by Joan Corbett, then Assistant Secretary, Pharmaceutical Benefits Branch, at the Senate Standing Committee on Community Affairs Estimates on Wednesday 1 November 2006.

Following a series of questions from Senator McLucas regarding premium payments Ms Corbett stated:

“The number of therapeutic group premiums currently is only 75. It is only for 75 items that we have a therapeutic group premium.”

This advice was inaccurate. The correct advice is that, out of the 75 individual drug items which are in Therapeutic Groups, there are 16 individual drug items to which a therapeutic group premium applies.

Yours sincerely



Rosemary Huxtable  
First Assistant Secretary  
Pharmaceutical Benefits Division

12 March 2007

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-155

OUTCOME 2: Access to Pharmaceutical Services

Topic: ROTAVIRUS VACCINE

Hansard Page: CA 55

Senator McLucas asked:

But I think you have indicated previously with other drugs the pricing arrangements and that process being completed. Are the pricing arrangements completed?

Answer:

Discussions have been held with sponsor companies regarding the prices of the rotavirus vaccines. Government is yet to finalise its consideration of these vaccines.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-180

OUTCOME 2: Access to Pharmaceutical Services

Topic: PBS REFORM

Hansard Page: CA 54

Senator McLucas asked:

Is it possible to provide that [the projected estimate of PBS reforms] to us in a disaggregated form over the four years?

Answer:

The projected savings to the Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) from PBS reforms are approximately \$1.7 billion over the five years 2006-07 – 2010-11.

The structural adjustment package to pharmacy and pharmaceutical wholesalers provides additional expenditure of \$1.1 billion over these five years, resulting in a net saving of \$582.6 million between 2006-07 and 2010-11.

The table breaks these figures down over the five year period:

	2006-07 (\$'000)	2007-08 (\$'000)	2008-09 (\$'000)	2009-10 (\$'000)	2010-11 (\$'000)
Savings to the PBS & RPBS	-\$2.3	-\$6.7	\$485.7	\$595.2	\$622.7
Structural adjustment to pharmacy & wholesalers	-\$3.6	-\$24.3	-\$330.4	-\$358.4	-\$390.1
Streamlined Authorities	-\$0.7	-\$1.4	-\$1.0	-\$1.0	-\$1.1
<b>TOTAL</b>	<b>-\$6.6</b>	<b>-\$32.4</b>	<b>\$154.3</b>	<b>\$235.8</b>	<b>\$231.5</b>

These figures include savings and expenses for the Department of Health and Ageing, Medicare Australia and the Department of Veterans' Affairs, where applicable.

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-113

OUTCOME 2: Access to Pharmaceutical Services

Topic: PATIENT PAYMENTS

Written Question on Notice

Senator Evans asked:

For all patient payments in addition to the standard co-payment, please provide:

- a) A breakdown of patient payments (other than standard co-payments) by concessional versus non-concessional status of the patient
- b) A breakdown by type of patient contribution
- c) Data on the amount collected through each type of patient contribution

Answer:

- a) In 2005-06, an estimated \$70.1 million was paid through patient paid premiums (other than the standard co-payment) in respect of PBS subsidised medicines. This comprised \$58.6 million in respect of concessional patient prescriptions and \$11.5 million in respect of general patient prescriptions.
- b) & c) The \$70.1 million referred to in a) above was broken down into:
  - (i) \$52.8 m in brand premiums;
  - (ii) \$14.5 m in therapeutic group premiums;
  - (iii) \$2.8 m in special patient contributions (SPC).

It should be noted that a brand premium can only be added to a medicine where there is an equivalent alternative available at the benchmark price (without a premium). Patients will always have a choice as to whether to pay the premium or have the benchmarked priced medicine.

A therapeutic group premium can only be applied to a medicine where there is an alternative medicine that is interchangeable at the patient level available at the benchmark price. A medical practitioner can apply to Medicare Australia to have a therapeutic group premium waived if there is a clinical reason for the patient to be dispensed the product with a premium. In 2005-06 the government paid \$3.2 m in therapeutic group premium waivers.

In the case of special patient contributions (at b (iii) above), medical practitioners can apply to Medicare Australia to have these contributions waived, again on clinical grounds. In 2005-06, the government paid \$2.1 m in SPC waivers.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-183

OUTCOME 2: Access to Pharmaceutical Services

Topic: PBS COST RECOVERY

Written Question on Notice

Senator McLucas asked:

Can you give me an understanding of what work the department did in that period [before the decision to move to full cost recovery within PBAC] and what analysis the department did about what the potential costs to industry might be?

Let us look at the anticipated cost to government, which is in the public area, and then the next step – which I am sure would have been done – which is an analysis of the number of applications, the variety applications and essentially what sorts of costs applicants are looking at.

Answer:

The Australian Government announced in the 2005-06 Budget that it would implement cost recovery in respect of submissions for new listings received by the Pharmaceutical Benefits Advisory Committee (PBAC). In considering the estimated savings that would result from this measure, an assessment was made of the total operating costs of the former Pharmaceutical Benefits Branch, excluding the costs of activities not related to the listing function. The estimated savings for a full year was around \$11 million. This is the expected amount which will be recovered from industry in a full year.

Work is continuing to set a fee which will be recovered from industry for the cost of the PBAC process. That work has not yet been finalised, and will be the subject of further industry consultation prior to finalisation. At that time, further information will be available on the costs for different types of submissions. The new arrangements will come into effect on 1 January 2008.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-120

OUTCOME 3: Access to Medical Services

Topic: TAKE-UP OF VARIOUS ITEMS

Written question on notice

Senator Evans:

Please provide most recent data on take-up of GP Enhanced Primary Care items by RRMA.

Answer:

Statistics on MBS GP Enhanced Primary Care items are not published by RRMA.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-034

OUTCOME 3: Access to Medicare

OUTCOME 5: Primary Care

Topic: MEDICARE ITEMS FOR NON-DIRECTIVE PREGNANCY SUPPORT COUNSELLING

Written Question on Notice

Senator Stott Despoja asked:

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

Answer:

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

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

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

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Budget Estimates 2006-2007, 13 February 2007

Question: E07-122

OUTCOME 3: ACCESS TO MEDICAL SERVICES, AND  
OUTCOME 5: PRIMARY CARE

Topic: ROUND THE CLOCK MEDICARE

Written Question on Notice

Senator Evans asked:

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

Answer:

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

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

**Higher MBS rebates**

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

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

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

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

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

\* Includes Medicare flow-ons

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

Expenditure is lower than budget estimates because:

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

**Table 2 – Number of after-hours MBS attendances provided since January 2005**

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

\* 6 months in 2004/05

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

### **Grant funding**

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

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

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

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-117

OUTCOME 3: Access to Medical Services

Topic: OUT-OF-POCKET COSTS

Written Question on Notice

Senator Evans asked:

Please provide the most recent data available on average patient contribution per service (patient billed services only) for un-referred GP attendances by federal electorate.

Answer:

Medicare statistics on the average patient contribution per service for un-referred GP attendances are not available by federal electorate.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-187

OUTCOME 3: Access to Medical Services

Topic: BULK-BILLING

Hansard Page: CA59

Senator McLucas:

Please provide data on bulk-billing rates for persons 65 years of age and over, disaggregated by state/territory and broad type of service.

Answer:

The requested statistics for persons 65 years of age and over, based on claims processed by Medicare Australia in the December quarter 2006, are as follows:

<b>MEDICARE - PERCENTAGE OF SERVICES BULK BILLED INVOLVING PERSONS 65 YEARS OF AGE AND OVER BY BROAD TYPE OF SERVICE GROUP AND STATE/TERRITORY (BASED ON PATIENT ENROLMENT POSTCODE) DECEMBER QUARTER 2006</b>									
<b>Broad Type of Service Group</b>	<b>NSW</b>	<b>VIC</b>	<b>QLD</b>	<b>SA</b>	<b>WA</b>	<b>TAS</b>	<b>NT</b>	<b>ACT</b>	<b>AUST</b>
<b>Non-referred (GP) attendances -</b>									
<b>GP/VRGP attendances</b>	87.7%	85.9%	85.8%	88.1%	89.2%	83.9%	85.4%	65.8%	86.7%
<b>GP/EPC attendances</b>	99.1%	98.7%	98.9%	97.9%	98.4%	99.5%	99.5%	99.0%	98.8%
<b>Other non-ref attendances</b>	82.6%	76.5%	84.2%	83.4%	70.3%	62.4%	89.5%	29.0%	80.8%
<b>Total non-ref excl prac nurse</b>	88.1%	86.2%	86.3%	88.4%	89.1%	84.3%	86.1%	66.4%	87.1%
<b>Practice nurse</b>	98.1%	96.4%	98.2%	97.6%	97.9%	96.8%	94.1%	94.0%	97.6%
<b>Total non-ref incl prac nurse</b>	88.3%	86.5%	86.9%	88.7%	89.5%	84.8%	86.3%	67.1%	87.4%
<b>Specialist attendances</b>	33.6%	25.5%	15.4%	27.1%	19.3%	28.0%	61.0%	12.3%	26.4%
<b>Anaesthetics</b>	6.4%	6.8%	7.1%	4.5%	2.9%	3.8%	1.8%	0.5%	6.1%
<b>Pathology</b>	85.4%	83.2%	83.8%	84.2%	85.3%	88.7%	94.7%	89.3%	84.6%
<b>Diagnostic imaging</b>	69.6%	69.4%	63.3%	65.8%	63.1%	65.3%	79.0%	63.3%	67.5%
<b>Operations</b>	54.9%	35.6%	56.2%	38.1%	48.2%	40.7%	58.2%	27.6%	49.2%
<b>Optometry</b>	98.4%	98.4%	98.5%	98.3%	98.8%	96.1%	99.9%	95.3%	98.4%
<b>Other (a)</b>	51.4%	47.0%	35.7%	42.8%	33.1%	47.9%	65.0%	33.9%	45.2%
<b>Total</b>	76.9%	73.9%	73.9%	74.8%	75.9%	76.6%	86.8%	67.6%	75.2%
<b>(a) includes other allied health, assistance at operations and radiation therapy.</b>									

Notes to the Statistics

These statistics relate to services rendered on a 'fee-for-service' basis for which claims for Medicare benefits were processed by Medicare Australia in the December quarter 2006. Excluded are details of services to public patients in hospital, services provided through other publicly funded programs and some compensation cases.

Records were allocated to State/Territory on the basis of patient enrolment postcode.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-188

OUTCOME 3: Access to Medical Services

Topic: BULK-BILLING RATES AND MEDICARE SAFETY NET

Hansard Page: CA 59

Senator Brown asked:

- a) What are the bulk-billing rates for the under 16 years age group as at the December quarter 2006 for non-referred GP services by state?
- b) Please provide same information for people over the age of 65.

Answer:

- a) See response to Written Question on Notice (E07-000115) from Senator Evans.
- b) See response to Question on Notice (E07-000187) from Senator McLucas.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-190

OUTCOME 3: Access to Medical Services

Topic: OUT-OF-POCKET COSTS

Hansard Page: CA 59

Senator Brown asked:

Please provide the most recent data available on average patient contribution per service (patient billed services only) for un-referred GP attendances by federal electorate.

Answer:

Medicare statistics on the average patient contribution per service for un-referred GP attendances are not available by federal electorate.

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

Additional Estimates 2006-2007, 13 February 2007

Question: E07-115

OUTCOME 3: Access to Medical Services

Topic: BULK-BILLING

Written Question on Notice

Senator Evans asked:

Please provide data on bulk-billing rates for children, disaggregated by state/territory and broad type of service.

Answer:

The requested statistics for persons under 16 years of age, based on claims processed by Medicare Australia in the December quarter 2006, are as follows:

<b>MEDICARE - PERCENTAGE OF SERVICES BULK BILLED INVOLVING PERSONS UNDER 16 YEARS BY BROAD TYPE OF SERVICE GROUP AND STATE/TERRITORY (BASED ON PATIENT ENROLMENT POSTCODE) DECEMBER QUARTER 2006</b>									
<b>Broad Type of Service Group</b>	<b>NSW</b>	<b>VIC</b>	<b>QLD</b>	<b>SA</b>	<b>WA</b>	<b>TAS</b>	<b>NT</b>	<b>ACT</b>	<b>AUST</b>
<b>Non-referred (GP) attendances -</b>									
<b>GP/VRGP attendances</b>	87.6%	79.2%	83.1%	87.1%	87.1%	80.5%	65.4%	60.6%	84.0%
<b>GP/EPC attendances</b>	98.9%	96.9%	98.3%	97.7%	97.8%	94.9%	100.0%	89.7%	98.1%
<b>Other non-ref attendances</b>	88.0%	83.0%	90.6%	93.6%	88.7%	61.1%	89.3%	32.2%	88.2%
<b>Total non-ref excl prac nurse</b>	87.7%	79.5%	83.9%	87.5%	87.2%	80.3%	67.1%	60.5%	84.3%
<b>Practice nurse</b>	98.6%	97.2%	98.4%	98.8%	99.0%	98.1%	99.3%	96.4%	98.3%
<b>Total non-ref incl prac nurse</b>	88.1%	80.1%	85.0%	88.0%	88.1%	81.4%	69.3%	62.2%	85.0%
<b>Specialist attendances</b>	31.8%	34.6%	20.3%	30.6%	15.1%	42.5%	59.2%	16.4%	29.3%
<b>Obstetrics</b>	85.5%	96.0%	82.1%	88.2%	78.3%	100.0%	100.0%	n.a.	87.5%
<b>Anaesthetics</b>	2.3%	3.0%	4.0%	0.5%	1.1%	20.1%	7.3%	1.0%	3.0%
<b>Pathology</b>	83.0%	80.6%	83.6%	91.6%	78.6%	71.9%	95.7%	84.3%	82.7%
<b>Diagnostic imaging</b>	75.1%	70.6%	71.8%	57.9%	59.2%	64.7%	63.5%	41.5%	70.1%
<b>Operations</b>	46.0%	41.3%	50.4%	33.4%	41.5%	42.2%	59.8%	36.7%	44.6%
<b>Optometry</b>	94.9%	90.8%	92.7%	91.2%	89.8%	98.3%	99.8%	82.4%	92.7%
<b>Other (a)</b>	50.2%	63.4%	35.7%	47.0%	40.5%	34.9%	67.8%	43.1%	51.7%
<b>Total</b>	80.0%	73.8%	77.6%	79.5%	77.2%	73.9%	75.1%	60.6%	77.3%

**(a) includes other allied health, assistance at operations and radiation therapy.**

Notes to the Statistics

These statistics relate to services rendered on a 'fee-for-service' basis for which claims for Medicare benefits were processed by Medicare Australia in the December quarter 2006. Excluded are details of services to public patients in hospital, services provided through other publicly funded programs and some compensation cases.

Records were allocated to State/Territory on the basis of patient enrolment postcode.



Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-116

OUTCOME 3: Access to Medical Services

Topic: BULK-BILLING - OTHER

Written Question on Notice

Senator Evans asked:

- a) Will bulk-billing rates by federal electorate be released in March as was the case last year?
- b) If not, please provide on notice to the Committee.

Answer:

Bulk billing rates for non-referred (GP) attendances, excluding practice nurse items, by federal electorate, for calendar years 2005 and 2006 (period of processing) were published on 5 April 2007. The statistics can be accessed at [www.health.gov.au/electoratereports](http://www.health.gov.au/electoratereports)

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-118

OUTCOME 3: Access to Medical Services

Topic: MEDICARE SAFETY NET

Written Question on Notice

Senator Evans asked:

- a) Will data on the Medicare Safety Net by federal electorate be released in March (as was the case last year)?
- b) If not, please provide on notice to the Committee.

Answer:

Medicare Safety Net statistics by federal electorate for calendar year 2006 (year of processing) were published on 5 April 2007. The statistics can be accessed at [www.health.gov.au/electoratereports](http://www.health.gov.au/electoratereports)

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-119

OUTCOME 3: Access to Medical Services

Topic: TAKE-UP OF VARIOUS ITEMS

Written Question on Notice

Senator Evans asked:

Please provide data on the take-up of the following new MBS items as soon as a full quarter of data is available.

- a) The cancer care case conferencing item/s (introduced November 2006).
- b) The item/s for antenatal case provided by practice nurses and Aboriginal Health Workers.
- c) The item for a health check for Australians aged between 45 and 49 years who are identified as being at risk of developing a chronic disease
- d) The item/s for practice nurses to take Pap smears and provide other preventive checks on behalf of GPs.
- e) Is it possible to provide data on each of the above by RRMA? If so, please provide this data.

Answer:

All of the items in question were introduced into the MBS on 1 November 2006. Details of the total number of services claimed for each item in the March quarter 2007, are as follow:

- a) MBS item 871 (Cancer Care Case Conference – lead and coordinate) – 511 services.  
MBS item 872 (Cancer Care Case Conference – participate in) – 357 services.
- b) MBS item 16400 (Antenatal service provided by a midwife, nurse or registered Aboriginal Health Worker) – 2,249 services.
- c) MBS item 717 (45–49 (inclusive) year old health check) – 35,819 services.
- d) MBS item 10994 (Practice nurse – taking of cervical smear and preventive checks) – 7,550 services. MBS item 10995 (Practice nurse – taking of a cervical smear from a woman between the ages of 20 and 69, inclusive, who has not had a cervical smear in the past 4 years, and preventive checks) - 887 services.
- e) This data is not published by RRMA.

Notes to the statistics

These statistics relate to services rendered on a ‘fee-for-service’ basis for which claims for Medicare benefits were processed by Medicare Australia in the March quarter 2007. Excluded are details of services to public patients in hospital and through other publicly funded programs.

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-000189

OUTCOME 3: Access to Medical Services

Topic: BULK BILLING RATES

Hansard Page: CA 59

Senator Brown asked:

- a) Will bulk-billing rates by federal electorate be released in March like it was last year?
- b) Can you confirm that on notice.

Answer:

a) and b)

Bulk billing rates for non-referred (GP) attendances, excluding practice nurse items, by federal electorate, for calendar years 2005 and 2006 (period of processing) were published on 5 April 2007. The statistics can be accessed at [www.health.gov.au/electoratereports](http://www.health.gov.au/electoratereports)

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Additional Estimates 2006-2007, 13 February 2007

Question: E07-191

OUTCOME 3: Access to Medical Services

Topic: OUT OF POCKET COSTS - MEDICARE SAFETY NET

Hansard Page: CA 60

Senators Brown and McLucas:

Could you provide us with a table that shows for 2004, 2005 and 2006 the number of families who have registered, claimed and qualify?

Answer:

Medicare Safety Net statistics for 2005 and 2006 are in the table below. Figures for 2004 are not available.

Year	Number of families registered	Number of families who qualified and claimed a safety net benefit
2005	4,059,885	610,541
2006	4,270,129	445,687

Note: - On 1 January 2006, the extended Medicare safety net annual thresholds were amended from:

- \$306.90 to \$500 for concession card holders and families in receipt of Family Tax Benefit Part A; and
- \$716.10 to \$1000 for all other families and singles.