#### **Senate Community Affairs Committee**

# ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

#### **HEALTH PORTFOLIO**

# Additional Estimates 2015 - 2016, 10 February 2016

**Ref No:** SQ16-000290

**OUTCOME:** 0 - Whole of Portfolio

**Topic:** Programs list

**Type of Question:** Hansard Page 27, 10 February 2016

Senator: Gallagher, Katy

#### **Question:**

Senator GALLAGHER: It is very specific in the MYEFO, that is all. It does not say, 'We're finding a save of 146 over four across.' It says 'by redesigning 24 health programs'. Treasury would not know that, so you must have come to them and said, 'We can redesign'— Mr Bowles: I can give you the programs. What I can't give you is what the \$146 million means to those programs at that stage.

Senator GALLAGHER: Okay, what you are attributing to each program?

Mr Bowles: Yes.

Senator GALLAGHER: You have not decided that? Mr Bowles: No. That is the work we are doing now.

Senator GALLAGHER: In order to volunteer the 24 programs or to come forward with the 24 programs, I am sure everyone was asked to find savings. You have come forward with 24 individual programs. You must have had an idea of what was reasonable within those 24 programs, to actually come up with a \$146 million global target.

Mr Bowles: We understand across the 24 programs that that equates roughly to about a five per cent issue across the programs. It is like what we did with the flexible funds. We then have a look at each of those 24. So we will not uniformly apply a percentage cut across any single program. If we do that we might disadvantage some of them. Then we have a good look at what happens.

'Volunteering' is an interesting word. I would have to redefine it in the dictionary to come up with that. That is the process that came up with the \$146 million. It comes literally from looking at the entirety of the program. We then go away and work out how to best allocate that across the 24. I can give you on notice, or I can give you later on, a list of those 24 and what they would be. At the next estimates we could try and give you a table that shows how that \$146 million is applied over the—

Senator GALLAGHER: Later, or on notice—next estimates, because you reckon those decisions will not be taken—

Mr Bowles: That is right.

Senator GALLAGHER: I might have further questions on that once I see the programs. It is hard in isolation to—

Mr Bowles: In essence, the 24 programs go right across the current 10 health and sport related programs; not the 11th, which is aged care. So it goes across all of those 10 items that we deal with in our current 10 outcomes structure.

Senator GALLAGHER: If you could provide me with that list, I might then have further questions which would come from that.

Mr Bowles: All right.

# **Answer:**

The 'More Efficient Health Programmes' measure was published in the 2015-16 Health Portfolio Additional Estimates Statements (page 23) which was released on 4 February 2016. The table below provides a list of the relevant programs.

# More Efficient Health Programmes - Health Budget Repair (MYEFO 2015-16) List of affected Programs

Description
1.1 - Public Health Chronic Disease and Palliative Care
1.2 - Drug Strategy
1.3 - Immunisation
2.1 - Community Pharmacy and Pharmaceutical Awareness
2.2 - Pharmaceuticals and Pharmaceutical Services
2.4 - Targeted Assistance - Aids and Appliances
3.1 - Medicare Services
3.2 - Targeted Assistance - Medical
3.3 - Pathology and Diagnostic Imaging Services and Radiation Oncology
3.4 - Medical Indemnity
3.5 - Hearing Services
4.1 - Public Hospitals and Information
5.1 - Primary Care Financing Quality and Access
7.1 - e-Health
7.2 - Health Information
7.3 - International Policy Engagement
7.4 - Research Capacity and Quality
7.5 - Health Infrastructure
7.6 - Blood and Organ Donation
7.7 - Regulatory Policy
8.1 - Workforce and Rural Distribution
8.2 - Workforce Development and Innovation
9.1 - Health Emergency Planning and Response
10.1 - Sport and Recreation